

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155253	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/21/2014
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NAME OF PROVIDER OR SUPPLIER  MEADOWOOD HEALTH PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 2455 TAMARACK TR BLOOMINGTON, IN 47408
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 15, 16, 17, 18, and 21, 2014</p> <p>Facility number: 000156 Provider number: 155253 AIM number: N/A</p> <p>Survey team: Angela Patterson, RN-TC Melissa Gillis, RN Cheryl Mabry, RN Diana McDonald, RN (7/15/2014)</p> <p>Census bed type: SNF: 52 Total: 52</p> <p>Census payer type: Medicare: 18 Other: 34 Total: 52</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 25, 2014; by Kimberly Perigo, RN.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000246 SS=E	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on interview and record review, the facility failed to ensure that residents were able to schedule what type of bathing preferences they were allowed and how many times a week they can take a shower or bath according to their preference for 6 of 7 residents reviewed who met the criteria for review of choices. (Resident #39, Resident # 41, Resident # 97,Resident #114, Resident #120, Resident #134)</p> <p>Findings include:</p> <p>1). Resident #39's clinical record was reviewed on 7/21/14 at 8:00 a.m. The current MDS (Minimum Data Set) assessment dated 6/20/2014, indicated a BIMS (Brief Interview Mental Status) score of 14; which indicated cognitively intact and interviewable.</p> <p>On 7/15/14 at 3:25 p.m., interview with Resident #39 indicated when asked; Do you choose how many times a week you</p>	F000246	<p>REASONALBE ACCOMMODATION OF NEEDS/PREFERENCES - 1. Nursing In-service's will be completed by 8/20/14 on the use of the Nursing Data Collection Tool. Nurses will then be capturing the resident's preference information on this particular data collection tool as well. Medical Records or designee will audit the completion of the Nursing Data Collection Tool upon their 48 hr. admission audit for 30 days. The Director of Nursing or designee will audit 2 new admission charts weekly for 30 days, then 4 charts monthly for 30 days. We will monitor quarterly after compliance is established and report to Q.A. 2. The Director of Nursing or designee will review the Nursing Data Collection Tool within 48 hrs. to ensure preferences have been transcribed to the appropriate ADL sheets. The Director of Nursing or designee will monitor this process for all new admissions for 30 days, then 2 new admission charts weekly for 30 days, then 4 charts monthly for 30 days. 3. The Activities Director will collect</p>	08/20/2014

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	<p>take a bath or shower? "No, I get a shower twice a week and the rest of the time is bed bath. I would like a shower every other day."</p> <p>On 7/18/14 at 1:59 p.m., the ADM provided without title and undated documentation which she called the CNA (Certified Nursing Assistant) daily assignment sheet. The sheet indicated, "... Showers ... Night: Mon/Thurs. ..."</p> <p>2). Resident #41's clinical record was reviewed on 7/21/14 at 9:45 a.m. The current MDS (Minimum Data Set) assessment dated 6/7/2014, indicated a BIMS (Brief Interview Mental Status) score of 4, which indicated cognitively impaired.</p> <p>On 7/16/14 at 1:59 p.m., interview with Resident #41 indicated when asked, Do you choose how many times a week you take a bath or shower? "No, I'll ask for them but don't get it. I have had only 3 since I have been here. I would like a daily shower or bath. Mix them. I would like something daily." When asked do you choose whether you take a shower, tub bath or bed bath? "No, I would like a Jacuzzi bath at times."</p> <p>On 7/18/14 at 1:59 p.m., the ADM provided without title and undated</p>		<p>the resident's preference information upon their 5 day MDS interview using the "Section F Preferences for Customary Routine and Activities Worksheet along with the Healthy Generation Resident Recreation Program Review tool". The MDS Coordinator will audit for the completion of these forms upon entering the resident's 5 day MDS assessment. The MDS coordinator will monitor for compliance of the completed form by the Activities Department on the completion of each resident's 5 day MDS assessments for 2 weeks, then 3 residents for 2 weeks then random weekly auditing of 2 resident for 30 days. We will monitor quarterly after compliance is established and report to Q.A.</p> <p>4. The Activities Director or designee will use the "Resident Council Meeting Audit Tool" during the facilities monthly resident council meeting. All information gathered from the resident council regarding preferences/needs not being met will be brought to the management team for follow-up. The Social Service Director will audit the "Resident Council Meeting Tool" monthly following the resident council meeting for 3 months. We will monitor quarterly after compliance is established and report to Q.A.</p>	

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	<p>documentation which she called the CNA (Certified Nursing Assistant) daily assignment sheet. The sheet indicated, "... Showers ... Day: Thur/Sun."</p> <p>3). Resident #97's clinical record was reviewed on 7/21/14 at 10:00 a.m. The current MDS (minimum data set) assessment dated 6/10/2014, indicated a BIMS (Brief Interview Mental Status) score of 15, which indicated cognitively intact and interviewable.</p> <p>On 7/16/14 at 9:55 a.m., interview with Resident #97 indicated when asked, Do you choose how many times a week you take a bath or shower? "No, they choose it. I get a shower twice a week if I'm lucky. It is very short, about 3 minutes. I would like at least 4 times a week."</p> <p>On 7/18/14 at 1:59 p.m., the ADM provided without title and undated, documentation which she called the CNA (Certified Nursing Assistant) daily assignment sheet. The sheet indicated, "... Showers ... Day: Mon/Thurs ..."</p> <p>4). Resident #114's clinical record was reviewed on 7/21/14 at 10:30 a.m. The current MDS (Minimum Data Set) assessment dated 4/18/2014, indicated a BIMS (Brief Interview Mental Status) score of 15, which indicated cognitively</p>			

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	<p>intact and interviewable.</p> <p>On 7/15/14 at 3:30 p.m., interview with Resident #114 indicated when asked, Do you choose how many times a week you take a bath or shower? "No, a shower twice a week, I took one every other day."</p> <p>On 7/18/14 at 1:59 p.m., the ADM provided without title and undated, documentation which she called the CNA (Certified Nursing Assistant) daily assignment sheet. The sheet indicated, "... Showers ... Day: Sun/Wed ..."</p> <p>5). Resident #120's clinical record was reviewed on 7/18/14 at 9:46 a.m. The current MDS (Minimum Data Set) assessment dated 5/5/2014, indicated a BIMS (Brief Interview Mental Status) score of 13, which indicated cognitively intact.</p> <p>On 7/16/14 at 11:39 a.m., interview with Resident #120 indicated when asked, Do you choose how many times a week you take a bath or shower? "No, I get twice a week and prefer 3 times."</p> <p>On 7/18/14 at 11:58 a.m., the ADM provided without title and undated, documentation which she called the CNA (Certified Nursing Assistant) daily</p>			

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	<p>assignment sheet. The sheet indicated, "... Showers ... Night: Mon/Thurs. ..."</p> <p>6). Resident #134's clinical record was reviewed on 7/21/14 at 11:00 a.m. The current MDS (Minimum Data Set) assessment dated 6/9/2014, indicated a BIMS (Brief Interview Mental Status) score of 15, which indicated cognitively intact.</p> <p>On 7/16/14 at 10:42 a.m., interview with Resident #134 indicated when asked, Do you choose how many times a week you take a bath or shower? "Not really. I would like to take a shower 4 times a week."</p> <p>On 7/18/14 at 1:59 p.m., the ADM indicate provided without title and undated, documentation which she called the CNA (Certified Nursing Assistant) daily assignment sheet. The sheet indicated, " ... Showers ... Day: Tue/Sat."</p> <p>On 7/18/14 at 11:51 a.m., interview with DON (Director of Nursing) indicated, when asked how often are the preference sheets completed.? "Those are CNA (Certified Nursing Assistant) information forms. Upon admission and if anything changes with the resident. I look at those when I do the MDS (Minimum Data Set) assessment." How do you know if there</p>			

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	<p>are any changes? "Typically they let us know. We tell them on admission to what days the room has showers and ask if that is ok with them." What if the resident doesn't let you know their preference for bathing has changed, how will you know? "If they don't tell us often times they will tell their family. Certainly if it doesn't come out in daily conversation, we can follow up on the new residents in a couple of weeks to see how things are. I think at this point we can just do a general eval of all the residents."</p> <p>On 7/17/14 at 1:30 p.m., the Administrator provided "SOCIAL SERVICE INTERVENTIONS" policy revision date 12/8/08, and indicated that was the policy currently used by the facility. The policy indicated, "... Social service interventions are any interventions provided to the resident with the goal of helping a resident attain or maintain the highest practicable level of physical, mental and psychosocial well-being. ... EDUCATION: The Social Service Department ay [Department may] provide residents and family members with educational information designed to meet a variety of needs such as ... information about resident rights and choice, ..."</p> <p>3.1-3(v)(1)</p>			

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:                      Identification and demographic information;                      Customary routine;                      Cognitive patterns;                      Communication;                      Vision;                      Mood and behavior patterns;                      Psychosocial well-being;                      Physical functioning and structural problems;                      Continence;                      Disease diagnosis and health conditions;                      Dental and nutritional status;                      Skin conditions;                      Activity pursuit;                      Medications;                      Special treatments and procedures;                      Discharge potential;                      Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and                      Documentation of participation in assessment.                      Based on observation, interview, and</p>	F000272	COMPREHENSIVE ASSESSMENTS - The nurses will	08/20/2014

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	<p>record review, the facility failed to ensure residents were accurately assessed in that 2 residents had broken teeth and no clinical documentation indicating their tooth was broken for 2 of 2 residents randomly observed. (Resident #13, Resident #21)</p> <p>Findings include:</p> <p>1). Resident #13's clinical record was reviewed on 7/18/2014 at 12:33 p.m. Diagnoses included, but were not limited to, Parkinson's, osteomyelitis, coronary artery disease.</p> <p>On 7/16/2014 at 10:20 a.m., observation of Resident #13's mouth indicated the bottom tooth was broken. At that time, an interview with Resident #13 indicated it was broken for three years.</p> <p>No documentation in progress notes and/or assessments dated 12/2013-7/28/2014, indicating Resident #13 had any broken teeth.</p> <p>Nurses notes dated from 12/3/2013 until 7/18/2014, did not identify Resident #13 had documentation of a broken tooth.</p> <p>The nutritional assessment completed by the facility's dietician and dated 10/9/2013, did not indicate any issues</p>		<p>be in-serviced by 8/20/14 regarding the use of the "Nursing Data Collection Tool" and performing an accurate oral assessment. 2. The Activities Director or designee will inquire about the resident's dental care and/or any dental needs that the resident may have on their 5 day MDS assessment. The Activities Director will note in the chart that all dental needs have been met and/or the next steps in meeting the resident's needs. 3. The Dietary Director or designee will make a note in the chart upon their 5 day MDS assessment regarding the resident's ability to chew due to dental status/needs. Medical Records will then audit the completion of Nursing Data Collection Tool during their 48hr. admission audit on all new admissions for 3 months. Upon the completion of the residents 5 day MDS assessment the MDS Coordinator or designee will audit the completion of the "Nursing Data Collection Tool by the nurses along with the completion of a "dental note" by the Activities Director and the Dietary Director. We will monitor quarterly after compliance is established and report to Q.A.</p>	

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	<p>with dentition.</p> <p>On 7/18/2014 at 1:15 p.m., an observation of Resident #13's teeth with the Director of Nursing (DON) indicated there was a broken tooth on the bottom front.</p> <p>2). Resident #21's clinical record was reviewed on 7/18/2014 at 1:27 p.m. Diagnoses included, but were not limited to, depression, compression fracture, chronic kidney disease, osteoporosis, anemia, osteoarthritis, and diverticulitis.</p> <p>On 7/16/2014 at 10:20 a.m., an observation of Resident #21's teeth indicated #8 was broken and remained jagged. At that time, an interview with Resident #21 indicated the tooth had been broken for months.</p> <p>The facility's "Data Collection Tool" dated 4/29/2014, indicated Resident #21 had her own teeth, no documentation of broken teeth.</p> <p>On 7/18/2014 at 1:05 p.m., an observation of Resident #21's teeth with the Director of Nursing (DON) indicated tooth #8 was broken and remained jagged. At that time an interview with the DoN indicated she was unaware the tooth was broken.</p>			

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F000309 SS=D	<p>No progress notes, careplan, nurses notes, and nursing summaries, assessments to identify tooth number #8 was broken off. No nutritional assessment identified in the clinical record.</p> <p>On 7/21/2014 at 2:40 p.m., the Administrator provided the ORAL HEALTH REVIEW, dated 2/01/2010, and indicated the policy was the one currently used by the facility. The policy indicated: "3.0 FUNDAMENTAL INFORMATION, This review will be conducted during the completion of the Nursing Data Collection Tool. 4.0 PROCEDURE, 1. Use the Nursing Data Collection Tool section 7. 2. Perform the review according to the tools questions, enter your findings. ..."</p> <p>3.1-31(c)(9)</p>				
	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING				

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	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure clinical documentation was received from the dialysis center for 1 of 1 residents reviewed for dialysis. (Resident #104)</p> <p>Findings include:</p> <p>Resident #104's clinical record was reviewed on 7/21/2014 at 12:02 p.m. Diagnoses included, but were not limited to, diabetes mellitus, right lower extremity below the knee amputation, peripheral vascular disease, atrial fibrillation, hypertension, and renal failure.</p> <p>Physicians orders dated July 2014, indicated Resident #104 received dialysis every Monday, Wednesday, and Friday.</p> <p>On 7/21/2014 at 11:36 a.m., an interview with R.N. #1 indicated they do not have a dialysis binder from the dialysis center for Resident #104. When asked how the facility receives information from the dialysis center for the resident she indicated, they didn't.</p>	F000309	<p>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING – The facility will ensure clinical information will be received/shared with the dialysis centers for all residents needing this service. Moving forward the facility will monitor the sharing of dialysis information as follows: 1.The facility will create a communication binder for each resident to be used with all dialysis centers. Within the communication binder will be the “Dialysis Center Communication Record”. This record will be filled out by our facility nurses prior to dialysis treatment then by the nurses at the dialysis center and in the end by our nurse after the resident returns to the facility. Director of Nursing or designee will monitor the use of the communication binder by both parties daily for 30 days, weekly for 60days. We will monitor quarterly after compliance is established and report to Q.A.</p>	08/20/2014

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F000356 SS=C	<p>On 7/21/2014 at 12:25 p.m., an interview with the DON indicated that the facility had not been receiving communication from the dialysis center about Resident #104, after returning from the dialysis center.</p> <p>On 7/21/2014 at 2:40 p.m., the Administrator provided the HEMODIALYSIS GUIDELINES dated 1/1/01, and indicated the policy was the one currently used by the facility. The policy indicated: 2.) FUNDAMENTAL INFORMATION... 2. Facility Responsibilities: a. Monitoring the residents condition post dialysis and to assure physicians orders for medical care and diet are implemented... c. collaborate with the dialysis nurse/technician in the coordination of the resident's plan of care...."</p> <p>3.1-37(a)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date.</p>			

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	<p>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to post nurse staffing information as indicated by facility policy for 2 of 5 survey days. (July 15 and 16, 2014)</p> <p>Findings include:</p> <p>On 7/15/2014 from 10:00 a.m. to 4:30 p.m., observation of the facility indicated there was no nurse staffing hours posted.</p>	F000356	POSTED NURSING STAFFING INFORMATION - Nursing staffing hours will be posted daily by the Director of Nursing or designee. The Administrator will audit the posting of the nursing hours 5 times a week for 2 weeks, 3 times a week for 2 weeks then weekly for 60 days. We will monitor quarterly after compliance is established and report to Q.A.	08/20/2014

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	<p>On 7/16/2014 from 8:45 a.m. to 3:00 p.m., observation of the facility indicated there was no nurse staffing hours posted.</p> <p>On 7/16/2014 at 2:05 p.m., an interview with the Director of Nursing (DoN) indicated the nurse staffing hours had not been posted the last two days. At that time, the DoN indicated it is normally posted outside the DoN's office.</p> <p>On 7/16/2015 at 2:15 p.m., an interview with the Administrator indicated the nurse staffing hours had not been posted the last two days and would ensure they were posted.</p> <p>On 7/21/2014 at 1:33 p.m., the Administrator provided the Long term Care Facilities - Posting of Nurse Staffing Information protocol, dated 12/27/05, and indicated the policy was the one currently used by the facility. The policy indicated: "1.0 INTRODUCTION ...nursing homes must post daily, in a readily accessible area, the number of full time RN's [Registered Nurses], licensed practical/vocation nurses, and certified nursing assistants working in the facility along with the daily resident census. This information must be available to any member of the public who requests it....2.0</p>			

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F000371 SS=D	<p><b>FUNDAMENTAL INFORMATION</b></p> <p>1. The Stated posting will be prepared and posted using the form set forth in this policy which complies with the CMS [Centers for Medicare and Medicaid] suggested form, at the beginning of each shift...</p> <p>3. The data must be available to the public on a daily basis. The Administrator will be required to select an area for posting that will be accessible to the public..."</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions A). Based on observation, interview, and record review, the facility failed to ensure food was discarded from 2 of 2 refrigerators when the expiration date had passed, employees' personal items were not stored in the kitchen, and handwashing practices were followed by facility staff as indicated by facility policy for 1 of 2 dining rooms. (Courtyard Dining Room) (DA #2, DA #3)</p>	F000371	<p>FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY – 1. Dietary staff will be in-serviced reviewing our “Safe Food Handling” policy FD-503. In-services will be completed by 8/20/14. 2. Leftovers must be dated with the use by date (within three days), labeled and covered cooled rapidly and stored in refrigerator or freezer. 3. Safe food handling will be monitored through the checklist located on the production sheets. The Executive Chef and/or Sous</p>	08/20/2014

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	<p>B). Based on observation, interview, and record review, the facility failed to ensure staff used proper handwashing in the preparing of trays in the Pavilion dining room and in the Courtyard dining room in that the staff was observed not to wash their hands as indicated by facility policy and the Center for Disease Control. This deficient practice had the potential to affect 3 out of 3 residents being served in the Pavilion dining room. (Resident #120, Resident #60, Resident #8) (CNA #1, Dietary Aide #1, Dietary Aide #2)</p> <p>Findings include:</p> <p>A.1). Observation on 7/15/14 at 10:15 a.m., indicated the Purchasing Manager present on initial tour. In the dairy refrigerator there was a large container of ham and beans with plastic wrap over the top with a stored date of 7/12/14, a large container of sauce with plastic wrap over the top with a stored date of 7/11/14, and a large container of ranch dressing with a plastic wrap over the top with a stored date of 7/10/14. At that time, an interview with the Purchasing Manager indicated the food can only be in the refrigerator for 3 days.</p> <p>A.2). Observation on 7/15/14 at 10:40 a.m., indicated refrigerator 2 with a</p>		<p>Chef will monitor for compliance daily for two weeks then three times a week for a total of 90 days. We will monitor quarterly after compliance is established and report to Q.A. 4. The dietary department will be in-serviced regarding our companies policy on hand washing along with the Centers for Disease Control and Prevention article titled, "Hand washing: Clean Hands Save Lives...When and How to Wash Your Hands... How should you wash your hands?". The in-service will be completed by 8/20/14. The Executive Chef, Sous Chef, Food and Beverage Director, Manager on Duty or designee will randomly audit the hand washing for all shifts within the dietary department 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 60 days. We will monitor quarterly after compliance is established and report to Q.A. 5. The dietary staff will be in-serviced reviewing our "Safe Food Handling Guidelines" Policy CL-1511. In-services will be completed by 8/20/14. All foods/beverages in the facility that belong to employees will be stored in the employee refrigerators or other designated areas and labeled with the date the item was placed in the unit. Safe food handling guidelines will be monitored through the checklist located on the production sheets. The Executive Chef and/or Sous Chef will monitor for compliance daily for two weeks then three times a week for a total of 90 days. We will</p>		

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	<p>personal lunch bag on a shelf, a large container of fresh diced tomatoes with a open date of 7/11/14, and a small container of roasted diced red bell peppers with a open date of 7/8/14.</p> <p>On 7/18/14 at 2:30 p.m., requested a copy of the facilities policy for leftover food.</p> <p>On 7/21/14 at 9:28 a.m., an interview with Regional Dietary Manager indicated when asked how long food should be stored, "Food that is prepared is kept in the refrigerator for only 3 days."</p> <p>On 7/17/14 at 2:31 p.m., the Administrator provided the "Food Safety" policy, dated 1/1/01, and indicated the policy was the one currently used by the facility. The policy indicated, "...Food/Beverages for Employee Consumption: 1. All foods/beverages in the facility that belong to employees will be stored in employee refrigerators or other designated areas and is labeled with the date the item was placed in the refrigerator..."</p> <p>A.3). Observation on 7/15/14 at 12:25 p.m., of the Courtyard Dining Room, indicated DA #2 served lunch to Resident #16, went back to the serving line and washed her hands for 7 seconds. DA #2 then put food on a plate and served</p>		monitor quarterly after compliance is established and report to Q.A.	

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	<p>Resident #9 and went back to the serving line and washed her hands for 5 seconds. DA #2 put food on several plates and placed the plates on the serving line. DA #2 then put on gloves, threw away something in a trash can, took off her gloves and washed her hands for 5 seconds.</p> <p>On 7/17/14 at 1:30 p.m., the Administrator provided the "Handwashing Policy," revised 2/15/11, and indicated the policy was the one currently used by the facility. The policy indicated, "1. Purpose: To maintain proper hand washing technique at all times. 2. Scope: All staff 3. Fundamental Information: Hand washing is one of the most crucial measures in reducing transmission of pathogens in healthcare settings...5...Method/Steps: a. Wet hands with warm water. b. Moisten hands, soap thoroughly, and lather including wrists and lower forearm. c. Rub hands together using friction for 15-20...seconds. Front and backs of hands, fingers, in between the fingers, around the nail, cuticle and under the nails should all be thoroughly cleaned. d. Rinse hands under warm running water..."</p> <p>B.1). On 7/15/14 at 12:15 p.m., observed DA #1 to handwash for 10 seconds while preparing trays in the Pavilion dining</p>			

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	<p>room.</p> <p>B.2). On 7/15/14 at 12:30 p.m., observed the Admissions Coordinator in the Courtyard dining room pick up a menu out of the lid for Resident #8 with his bare hands and place the menu back into the lid on the tray. No handwashing was observed. DA#2 prepared a plate for Resident #8 and covered the food with the lid.</p> <p>B.3). On 7/15/14 at 12:35 p.m., observed CNA #1 in the Courtyard dining room to take a plate to Resident #60 and touch another resident at the table on the shoulder, walk to the tray line, retrieve the tray for Resident #120, walk over to Resident #120 and place the plate in front of Resident #120. No hand washing was observed prior to giving Resident #120 her plate.</p> <p>On 7/17/14 at 1:30 p.m., the Administrator provided "HAND WASHING" policy dated 2/15/11, and indicated the policy was the one currently used by the facility. The policy indicated, " ... Hand washing is performed: ... c. before and after each resident contact. ...f. After contact with an object, ... Handling food, ..."</p> <p>3.1-21(i)(3)</p>						

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F000431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure</p>	F000431	DRUG RECORDS, LABEL/STORE DRUGS AND BIOLOGICALS- The facility will monitor the use of	08/20/2014

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	<p>the refrigerators that store medications in the medication rooms had temperature logs for 2 of 2 refrigerators in 2 of 2 medication rooms.</p> <p>Findings include:</p> <p>On 7/20/2014 at 9:15 a.m., an observation of the Skilled unit medication room indicated there was no temperature logs available for the refrigerator in the medication room. At that time, an interview with LPN #3 indicated there should be a temperature log to measure the temperature of the refrigerator since its used to store medications for future use.</p> <p>On 7/20/2014 at 10:00 a.m., an observation of the Comprehensive unit medication room indicated there was no temperature logs available for the refrigerator in the medication room. At that time, an interview with LPN #4 indicated there should be a temperature log for the medication room refrigerator.</p> <p>On 7/20/2014 at 10:30 a.m., an interview with the DON indicated they would get temperature logs for the medication room refrigerators.</p> <p>On 7/21/2014, at 2:40 p.m., the Administrator provided the facilities</p>		<p>temperature logs on all refrigerators that store medications as follows: The night shift nurse on unit one will monitor/log the temperature daily. The night shift nurse on unit one will also be responsible for starting a new temperature log at the beginning of each month and filing the completed log with Medical Records. The Director of Nursing or designee will monitor the temperature log 5 times a week for 2 weeks, then 3 times a week for 2 week, then weekly for 60 days. Medical Records will audit monthly that the temperature log was completed/filed and a new one posted for 3 months. We will monitor quarterly after compliance is established and report to Q.A.</p>		

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F000441 SS=D	<p>Medication Management Program Guidelines dated 11/14/2005, and indicated it was the current one currently used by the facility. The policy indicated: "8. Monitor storage temperatures; Check refrigerator temperatures daily to ensure the temperature range is maintained. Store items requiring refrigeration at 38-46 degree F [Fahrenheit]."</p> <p>3.1-25(m)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin</p>			

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	<p>lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to hand washing and glove change during personal care and wound care as indicated by the facility policy and Center for Disease Control for 1 of 2 randomly observed resident for pressure ulcers and 1 of 1 randomly observed resident for personal care. (Resident #31, Resident #127) (LPN #1, LPN #4, CNA #1, CNA #2)</p> <p>Findings include;</p> <p>1). On 7/21/14 at 10:14 a.m., observed the DON (Director of Nursing) walking down the hallway with gloves on and entered room 6. No handwashing was observed nor removal of the gloves. The DON walked over to Resident #127 and held her hand. The DON was then observed to roll and hold Resident #127 on her right side. LPN #4 cleansed the</p>	F000441	<p>INFECTION CONTROL, PREVENT SPREAD, LINENS -</p> <p>The nursing department will be in-serviced regarding our company policies on hand washing and clean dressing changes. The in-service training will also include the Centers for Disease Control and Prevention article titled, "Hand washing: Clean Hands Save Lives...When and How to Wash Your Hands... How should you wash your hands?". The in-service will be completed by 8/20/14. The Administrator, Manager on Duty or designee will randomly audit the hand washing for all shifts within the nursing department 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 60 days. We will monitor quarterly after compliance is established and report to Q.A.</p>	08/20/2014

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	<p>wound with normal saline, removed the gloves and hand washed for 10 seconds. LPN #4 returned to the bedside, put on new gloves, applied calcium alginate, then foam dressing, and closed the brief. LPN #4 retrieved a pillow and placed it behind Resident #127's back. The DON and LPN #4, with gloves on, pulled up the blanket and covered Resident #127. They both removed gloves at that time and LPN #4 was observed to handwash for 13 seconds.</p> <p>On 7/21/14 at 10:30 a.m., interview with LPN #4 indicated when asked what should she have done after completing the dressing change for Resident #127, "I should have hand washed." When asked if she removed the gloves after completing the dressing change indicated, "Before I pulled up blanket. No, I didn't." What kind of problems can occur from you not removing your gloves? "Contamination." When asked how long should she handwash for, LPN #4 indicated, "20 seconds according to CDC." When asked if that was done, LPN #4 indicated, "I thought I did. I counted to myself."</p> <p>On 7/21/14 at 10:40 a.m., interview with the DON indicated when asked if gloves are allowed to be worn in the hallway, "If I am not going from room to room." Can</p>			

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	<p>you tell me what your facility policy is on glove use? "I don't know. We wear gloves for everything."</p> <p>On 7/21/14 at 12:45 p.m., interview with the Administrator indicated, "We don't have a glove policy related to wearing them in the hallway, but they shouldn't be doing that."</p> <p>2). On 7/16/14 at 11:23 a.m., observation of LPN#1 and CNA #1 providing personal care for Resident #31. LPN #1 and CNA #1 changed Resident #31's brief with gloves on and then pulled the resident up in bed by a draw sheet with the same gloves on. No handwashing of LPN #1 nor CNA #1 was observed. CNA #1 removed gloves and hand washed for 6 seconds, placed on new gloves and removed trash.</p> <p>When asked what should be done after providing personal care, "I should have changed gloves, before pulling him up in bed. " Did you contaminate the draw sheet? "Yes, I should have took the gloves off first."</p> <p>When asked how long she should hand wash? "30 minutes or sing the ABC song." Did you handwash once personal care completed? "No, I just changed gloves." What does your policy say</p>			

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	<p>about handwashing and glove use? "Well, wash for 2 minutes, sanitize and use gloves. I don't know. I will let you know."</p> <p>CNA #2 was observed to enter the room and CNA #1 indicated for her to change the draw sheet because it was contaminated.</p> <p>On 7/21/14 at 12:05 p.m., the Administrator provided "CLEAN DRESSING CHANGE" policy, dated 6/1/07, and indicated the policy was the one currently used by the facility. The policy indicated, "... 14. Remove gloves; place in bag for disposal. 15. Wash hands. 16. Return resident to a comfortable position; ... 17. Discard equipment ... 18. Wash hands. ..."</p> <p>On 7/17/14 at 1:30 p.m., the Administrator provided "HAND WASHING" policy, dated 2/15/11, and indicated the policy was the one currently used by the facility. The policy indicated, "... Hand washing is performed: ... b. When hands are ...contaminated with blood or other body fluids. c. Before and after each resident contact. d. Wash hands if moving from a contaminated-body site to a clean-body site during resident care. e. After contact with ... articles that are contaminated ..."</p>			

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F000514 SS=D	<p>body fluids. f. After contact with an object ... or source where there is a concentration of microorganisms ... or wound. ...l. Before applying and after removal of medical/surgical or utility gloves. ..."</p> <p>On 7/21/14 review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated "..."</p> <p>Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the 'Happy Birthday' song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them."</p> <p>3.1-18(l)</p> <p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on</p>			

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	<p>each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure that residents who receive psychotropic medications had complete and accurate documentation for monitoring side effects for 2 of 5 residents in a sample of 5 reviewed for unnecessary medication use. (Resident #93, Resident #31)</p> <p>Findings include:</p> <p>1). Resident #93's clinical record was reviewed on 7/18/14 at 11:42 a.m. Diagnoses included, but were not limited to: GERD (gastro esophageal reflux disease), mild depression, general anxiety, insomnia, and constipation.</p> <p>Resident #93 received Cymbalta 60 mg (milligram) daily for depression since 2/24/14, Zoloft 150 mg daily for depression since 11/1/13, Ativan 0.25 mg bid (twice a day) for anxiety since 5/13/14 and temazepam 7.5 mg for</p>	F000514	<p>RECORDS-COMPLETE/ACCURATE/ACCESSIBLE - The facility will monitor the side effects of psychotropic medications as follows.</p> <p>1. Our consultant pharmacist will audit all residents taking psychotropic medications upon his next scheduled visit. 2. The Social Service Director or designee will audit all current behavior sheets by 8/20/14. 3. All new admissions will be audited by the Social Service Director within 72 hrs. ensuring the side effects of any psychotropic medications are accurate. The MDS coordinator will audit the documentation of the side effects of psychotropic medications on the 5 day MDS assessment for each new admission for 90 days. 4. The Social Service Director will review the accuracy of the psychotropic medication side effects at the facilities monthly Behavior Meeting. Administrator will monitor the completion of the monthly behavior meeting review for 3 months. We will monitor quarterly after compliance is established and report</p>	08/20/2014

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	<p>insomnia since 6/11/14</p> <p>Social Service care plan dated 6/16/14 indicated, "... Temazepam ... Monitor for s/s (signs and symptom) of dizziness, weakness, lightheadedness, uncoordinated movement."</p> <p>Social Service careplan dated 6/16/14 indicated " ... Ativan ... monitor for side effects related to ... CNS (central nervous system) Depression, weakness, unsteady, transient Memory impairment, disorientation."</p> <p>Social Service careplan dated 6/16/14 indicated " ... Cymbalta ... monitor for side effects related to ... GI (gastro intestinal) upset, insomnia, somnolence, Anorexia, weight loss, tremor, dry mouth..."</p> <p>Care plan dated 4/2/14, "PSYCHOPHARMACOLOGICAL" indicated, " ... Monitor side effects/adverse consequences dry mouth, constipation, over sedation, ... pharmacist review for my lowest effective dosage and give recommendations..."</p> <p>There was no documentation sheets provided for monitoring Resident #93's side effects of these psychotropic</p>		<p>to Q.A. 6. New behavior sheets will be added with appropriate side effects for psychotropic medications as needed for all residents. The social service director will monitor any new behavior sheets through the monthly behavior meeting. Administrator, Director of Nursing or designee will audit the social service director's monthly audits stemming from the monthly behavior meeting for 3 months. We will monitor quarterly after compliance is established and report to Q.A.</p>	

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	<p>medications.</p> <p>2). Resident #31's clinical record was reviewed on 7/21/14 at 8:49 a.m. Diagnoses included, but not limited to: insomnia, constipation, COPD (chronic obstructive pulmonary disease), fatigue, CHF (congestive heart failure), edema (swelling), Gout, HTN (hypertension), osteoarthritis and depression.</p> <p>Resident #31 received Zoloft for depression since 6/4/14, Seroquel for mania/depression since 7/9/14, and Ativan for anxiety since 7/10/14.</p> <p>Review of care plan "Antidepressant " dated 7/1/14, indicated, "... monitor daily for [side effects] ... dizziness, drowsiness, dry mouth and constipation.</p> <p>Social Service care plan dated 9/29/30, indicated, "Agitation ..." There was no side effects listed for monitoring."</p> <p>Social Service careplan dated 7/21/14 indicated, "Depression ... monitor for s/s of depression, self isolation, insomnia, loss of appetite, self-defeating statements, inability to concentrate, suicidal thoughts/ideation."</p> <p>Social Service careplan dated 6/22/14 indicated, "Anxiety." There were no side</p>			

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	<p>effects listed for monitoring.</p> <p>On 7/21/14 at 2:55 p.m., interview with LPN #4 and with the Social Service Director present indicated when asked how are side effects being monitored for the psychotropic medications? The Social Service Director indicated, "We track at the behavioral meetings." LPN #4 indicated, "We use the behavior sheets." When asked how are reactions to the medication monitored, LPN #4 indicated, "Well the side effects are listed on the careplan." When asked if nursing was documenting side effects, LPN #4 indicated, "There is a space on the behavioral sheet for monitoring side effects but I guess we are not."</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>						