

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2015
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NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00171810.</p> <p>Survey Dates: April 21, 22, 23, 24, and 27, 2015</p> <p>Facility number: 000572 Provider number: 155535 AIM number: 100267710</p> <p>Census bed type: SNF/NF: 54 Total: 54</p> <p>Census payor type: Medicaid: 40 Medicare: 6 Other: 8 Total: 54</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. This documentation serves to confirm the facility's allegation of compliance.</p>	
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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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F 241 SS=D Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review, the facility failed to ensure residents were treated with dignity in regards to discussing a resident's health condition within hearing range of another resident for 1 of 5 residents reviewed for dignity of 5 residents who met the criteria for dignity.</p> <p>Finding includes:</p> <p>During interviews on 4/22/2015 at 8:56 A.M. and 4/24/2015 at 2:15 P.M., Resident #31 indicated that another resident had informed Resident #31 that staff were talking about the resident's recent outing and the medical equipment that Resident #31 had to take. The resident indicated that, "It just really made me mad," when the resident learned what the staff had said. Resident #31 further indicated that the staff talk about residents in the facility and "...they don't need to be spreading rumors."</p>	F 241	F241 Requires the facility to ensure residents are treated with dignity.1. Resident #31 dignity was maintained. 2. All residents have the potential to be affected. Staff was inserviced immediately on dignity and maintaining resident's privacy. No further concerns were noted. See below for corrective measures.3. The Resident Right's policy and procedure was reviewed with no changes made. (See attachment A) The staff was inserviced on the above procedure.4. The DON or her designee will conduct rounds twice daily ensuring resident's dignity is being maintained. The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before May 12,	05/12/2015

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	<p>During an interview on 4/27/2015 at 9:29 A.M., Resident #1 indicated that staff "...gossip all the time." The resident indicated that they had heard the Social Services Director talk to Resident #31 in a "...very demeaning ..." manner. The resident indicated the day Resident #31 came back from the hospital, Resident #1 overheard the Certified Nursing Aides (CNA) discussing the type of surgery Resident #31 had undergone and what type of assistance the resident would need upon return to the facility. Resident #1 also indicated the staff "bossed" Resident #31 around and "made fun" of the resident's weight.</p> <p>Record review on 04/24/2015 at 2:38 P.M., of Resident #31's Minimum Data Set (MDS) assessment indicated the resident had adequate hearing, meaning the resident had no difficulty in normal conversation. The MDS also indicated the resident's speech was clear and the resident was able to make ideas and wants understood. Resident #31's Brief Interview for Mental Status (BIMS) indicated a score of 15, meaning the</p>		2015.	

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	<p>resident was cognitively alert and oriented.</p> <p>Record review of Resident #31's diagnoses included, but were not limited to, depression, schizophrenic disorder, mental retardation, diabetes, congestive heart failure, and hypertension.</p> <p>Record review on 04/24/2015 at 2:40 P.M., of Resident #1's MDS assessment, indicated the resident had adequate hearing, meaning the resident had no difficulty in normal conversation, and clear speech, meaning the resident was able to make ideas and wants understood. Resident #1's BIMS indicated a score of 15, meaning the resident was cognitively alert and oriented.</p> <p>The current "Resident Rights" policy was provided on 4/24/15 at 3:34 P.M. by the Director of Nursing (DON). The policy was dated 2012. The policy indicated, "...A resident has the right to be treated with respect and dignity...."</p> <p>3.1-3(t)</p>			

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F 309 SS=G Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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, record review and interview, the facility failed to ensure the necessary treatment and services were provided related to pain assessment and pain control, resulting in the resident yelling out in pain during treatment. This deficient practice affected 1 of 4 residents reviewed for pain control of 4 residents who met the criteria for pain. (Resident # B)</p> <p>Finding includes:</p> <p>On 04/21/2015 at 2:18 P.M., Resident #B was observed with facial grimacing.</p> <p>During an interview on 04/21/2015 at 2:20 P.M., Resident #B indicated the pain medication does not control the pain level for the duration between medication doses.</p> <p>On 04/22/2015 at 10:11 A.M., Resident #B was observed yelling repetitively, "it</p>	F 309	<p>F309 Requires the facility to ensure the necessary treatment and services are provided related to pain assessment and pain control. 1. Resident B pain medication was started routinely. 2. All residents have the potential to be affected. A pain assessment was completed on all residents ensuring their pain in controlled. No further issues were noted. See below for corrective measures.3. The pain management policy and procedure was reviewed with no changes made. (See attachment C) The staff was inserviced on the above procedure. The staff was instructed that at any given time a resident makes a statement regarding pain, they are to stop care and report the concern to the nurse so it can be addressed. 4. The DON or her designee will conduct daily rounds ensuring that residents are free of pain during care and all new orders will be reviewed to ensure transcription is accurate on the medication administration record. The nursing staff will also conduct an assessment for pain</p>	05/12/2015

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	<p>hurts", while Certified Nursing Aide (CNA) #8 and CNA #9 repositioned the resident on to the left side.</p> <p>During an interview on 04/22/2015 at 10:11 A.M., Certified Nurse Aide (CNA) #8 indicated Resident #B's medication does not appear to last long enough. The resident complained frequently of pain in between pain medication doses. CNA #8 indicated Resident #B states, "it hurts", every time the resident was touched for provision of care.</p> <p>During an interview on 04/23/2015 at 9:32 A.M., Resident #B indicated the pain level was an 8 on a pain scale of 0 to 10 and the pain was all over, from head to toe.</p> <p>On 04/24/2015 at 10:52 A.M., Resident #B was observed yelling out, "my bottom hurts", loud enough to be heard from the hallway.</p> <p>During an interview on 04/27/2015 at 9:29 A.M., Licensed Practical Nurse (LPN) #2 indicated Resident #B had received a pain pill at 8:00 A.M. and Resident #B had an order for pain medication as needed (PRN) one tablet every four hours.</p> <p>On 04/27/2015 at 9:38 A.M., Resident</p>		<p>every shift ensuring that the resident's pain is controlled. The nursing staff will sign the medication assessment record after the assessment is completed and follow up on any concerns with the physician if a concern is noted. The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before May 12, 2015.</p>	

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	<p>#B was observed being placed in the sling for the Hoyer lift by CNA #5 and CNA #8. The resident complained of pain throughout the procedure.</p> <p>During an interview on 04/27/2015 at 9:44 A.M., CNA #5 and CNA #8 indicated the resident had received a pain pill prior to use of the Hoyer lift and always complains of pain .</p> <p>During an interview on 04/27/2015 at 1:17 P.M., Resident #B indicated after returning from the wound clinic, where additional pain medications were administered, the pain level was not too bad. At that time, the resident indicated the pain level was a 3 on a pain scale of 0 to 10.</p> <p>Record review on 04/27/2015 at 2:00 P.M., for Resident #B indicated the following:</p> <p>Resident #B's physician's order, dated 04/01/2015, indicated the resident was to be monitored for pain every shift and given PRN (as needed) pain medication when indicated. If the pain medication was ineffective, the physician was to be notified.</p> <p>Resident #B's physician's order, dated 04/08/2015, indicated the resident was to</p>			

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	<p>receive Percocet 10/325 mg one tablet by mouth every four hours as needed.</p> <p>The current Medication Administration Record (MAR), dated 04/06/2016, indicated the resident was to receive Percocet 10/325 mg every six hours as needed.</p> <p>Resident #B's Medication Administration Record (MAR) indicated the resident received PRN medication on the following dates and times:</p> <p>April 21, 2015 at 04:00 A.M. April 22, 2015 at 11:00 A.M. April 24, 2015 at 12:30 P.M. April 26, 2015 at 01:30 A.M.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 02/19/2015, indicated the resident was moderately impaired cognitively with a Brief Interview for Mental status (BIMS) score of 12. The resident's functional status was extensive assistance with mobility. The resident was incontinent of bowel and had an indwelling catheter for urine output. The unhealed coccyx pressure ulcer was measured at 5.8 centimeters in length, 3.6 centimeters in width and a depth of 4.3 centimeters.</p> <p>The resident's care plan for pain, dated</p>			

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	<p>2/25/2015, indicated Resident #B had a goal of pain to be less than 3 on a scale from 0 to 10. The interventions included, but were not limited to, monitor for signs of pain, such as facial grimacing, moaning, and restlessness. Pain medications were to be administered as ordered and monitored for efficacy. The physician and the resident's responsible party were to be notified of changes.</p> <p>The current policy and procedure for Pain Assessment, provided by the Director of Nursing (DON) on 04/24/2015 at 3:42 P.M., indicated the purpose was to "identify those residents who utilized routine medications for pain or who utilized frequent PRN pain medications in an effort to ensure adequate pain control was achieved... 3. Any change in condition affecting pain and/or pain medication shall be evaluated by the interdisciplinary team during care plan review and notification shall be made to the physician accordingly. 4. Should, following admission, the resident exhibit pain which was not sufficiently controlled by current pain medication ordered, a pain Assessment shall be completed and any necessary interventions implemented accordingly."</p> <p>3.1-37(a)</p>			

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F 315 SS=D Bldg. 00	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on record review and interview, the facility failed to ensure the necessary treatment and services were provided to prevent a urinary tract infection for 1 of 3 residents reviewed for urinary catheter care of the 10 residents who met the criteria for urinary catheter use. (Resident # B)</p> <p>Finding includes:</p>	F 315	<p>F315 Requires the facility to ensure the necessary treatment and services are provided to prevent a urinary tract infection.</p> <p>1. Resident B currently does not have a urinary tract infection. 2. All residents have the potential to be affected. The nursing staff was inserviced on how to properly provide catheter care. See below for corrective measures.3. The Perineal Care policy and procedure was reviewed with no changes made. (See attachment</p>	05/12/2015

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	<p>During an observation 04/24/2015 at 10:48 A.M., Resident #B was given a bed bath by CNA #4 and CNA #5. The CNA #4 washed the catheter tubing and the CNA #5 rinsed the catheter tubing, without cleansing the entrance of flesh where the catheter tubing entered the resident's body. The resident's loose skin covered the area of entrance and was not pulled back for cleaning.</p> <p>On 04/24/2015 at 2:25 P.M., the record review of the urine culture result collected on 04/19/2015 for Resident #B, indicated the resident's urine had a growth of Pseudomonas Aeruginosa and Enterococcus Faecalis.</p> <p>On 04/27/2015 at 11:13 A.M., the record review of the nursing notes for Resident #B, dated 04/23/2015, indicated the resident had a urinary tract infection (UTI).</p> <p>Review of the current "Perineal Care Policy", dated 10/2014, provided by the Directory of Nursing (DON) on 04/24/2015 at 3:42 P.M., indicated but not limited to "...10. For females: separate labia and wash urethral area first. 11. For males: Pull back foreskin if male is uncircumcised. Wash and rinse tip of penis using circular motion beginning at urethra. Rinse off soap and</p>		<p>D) The staff was inserviced on the above procedure.4. The DON or her designee will conduct 2 perineal care observations ensuring the staff is correctly providing care to prevent a urinary tract infection. The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before May 12, 2015.</p>	

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F 441 SS=E Bldg. 00	<p>dry. Return foreskin over the top of the penis."</p> <p>A document titled, "Catheter Assessment", dated 03/11/2015, provided by the Director of Nursing, on 04/27/2015 at 9:34 A.M., indicated catheter care was to be performed every shift and the catheter was to be changed monthly.</p> <p>3.1-41(a)(2)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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</p>			

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	<p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin 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 dispose of needles, razors, and other sharp waste items in an approved sharps container for 1 of 6 medication and treatment carts observed. The facility also failed to ensure staff washed hands for the required length of time for 2 of 3 resident care procedures observed. (Residents #D and #G)</p> <p>Findings include:</p> <p>1. A treatment cart was observed on the 200 hall on 4/23/2015 at 1:20 P.M. No red sharps container was noted in the bracket mounted on the side of the cart. Empty vials, syringes with needles and razors were visible laying in the bottom of the bracket. The bracket had no lid or locking cover.</p>	F 441	F441 Requires the facility to dispose of needles, razors, and other sharp waste items in an approved sharps container and ensure staff washes hands for the required length of time. 1. Resident D and G dressings were completed. No signs and symptoms of infection were noted. The sharp waste items were disposed of in an approved sharps container. 2. All residents have the potential to be affected. The nursing staff was inserviced on how to properly wash their hands per policy and ensuring the staff is aware to place all sharps waste items in an approved sharps container. See below for corrective measures.3. The hand washing and sharp disposal policy and procedure were reviewed with no changes made. (See attachment E and F) The staff was inserviced on the above procedure.4. The DON or her	05/12/2015

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	<p>During an interview on 04/23/2015 at 2:07 P.M., LPN (Licensed Practical Nurse) #2 indicated sharps containers, when full, were taken to the hazardous waste disposal area and replaced with a new one from the supply room. The nurse indicated there were several in the supply room.</p> <p>During an interview on 04/23/2015 at 2:11 P.M., LPN #3 indicated sharps containers were boxed and disposed of in the biohazard room. An observation was conducted with LPN #3 of the supply closet and several new sharps containers were noted on a shelf.</p> <p>An observation and interview was conducted with the DON (Director of Nursing) on 04/23/2015 at 2:17 P.M. The DON indicated sharps containers were replaced when full. She then observed and acknowledged there was no sharps container in the bracket on the side of the treatment cart in the 200 hall. She pushed the cart down the hall to the Maintenance Supervisor who was standing by the nurse's station, at 2:18 P.M., he reached into the bracket with his bare hands, unscrewed it from the side of the treatment cart and removed it.</p> <p>The current Sharps Disposal Policy and</p>		<p>designee will conduct 2 hand washing observations ensuring the staff is correctly washing their hands to maintain proper infection control. The DON or her designee will check all medication carts and treatment carts to ensure the nursing staff is utilizing an approved sharps container. The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before May 12, 2015.</p>		

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	<p>Procedure was provided by the DON on 04/24/2015 at 3:42 P.M. The policy indicated all used needles and syringes were to be placed in a needles/sharps disposable container after use.</p> <p>2. An observation of resident care was conducted on 04/24/2015 at 9:53 A.M. for Resident #D. RN (Registered Nurse) #1 performed the dressing change with the assistance of CNA (Certified Nursing Aide) #4 and CNA #5. Prior to entering the room, the nurse had gathered her supplies and had them laying on a clean towel on the bedside table. The RN and the CNAs donned gloves.</p> <p>The nurse opened the dressing packages and, with the CNAs assistance, repositioned the resident onto the left side. The nurse removed the soiled dressing and packing from the wound on the resident's coccyx, disposed of the dressing, and removed her gloves. RN #1 washed her hands for 12 seconds, shut off the water with her bare hands, used paper towels to dry her hands and donned clean gloves. The nurse cleansed the wound with normal saline, packed the wound with Endo Form (wound packing product) using a cotton swab, applied an alginate plug (a wound packing product), covered the wound area with Mepitel (adhesive wound covering), and removed</p>			

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	<p>her gloves. The nurse washed her hands for six seconds, shut off the water with her bare hands, pulled a marker from her pocket, wrote the date on a piece of paper tape, put the marker back in her pocket and tore several pieces of tape to secure the dressing. The nurse applied clean gloves, covered the wound with an ABD (Abdominal) pad and secured it with the previously torn pieces of paper tape. The staff made the resident comfortable and then, the nurse disposed of the used supplies appropriately.</p> <p>The current Hand Washing/Hand Hygiene policy and procedure was provided by the DON on 04/24/2015 at 3:42 P.M. The policy indicated proper hand washing procedure included "...1. Turn on faucet with a clean paper towel... 4. Apply enough soap to cover all hand surfaces... Rub hands together vigorously ... for at least 20 seconds... 12. Dry hands thoroughly with a single use towel. 13. Use towel to turn off faucet and discard towel."</p> <p>3. During an observation on 04/24/2015 at 2:09 P.M., RN#1 provided wound care and a dressing change for Resident #G. Resident #G was in isolation for a diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA). RN #1 collected supplies from the treatment cart</p>			

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	<p>and walked into Resident #G's room.</p> <p>The resident requested assistance with consuming a brownie with a fork. The RN donned gloves and assisted the resident to consume one half of the brownie. RN #1 removed her gloves and walked out of the resident's room. After walking out of the resident's room, the RN walked up to the treatment cart and gathered additional gauze from the top draw. The RN walked back into the resident's room and placed the supplies on the resident's bed. The RN, with her bare hands, picked up the resident's fork and assisted the resident with consuming the other half of the brownie. After the resident had finished the brownie, the RN, without washing her hands, donned gloves. The RN removed the foot pedals of the resident's wheelchair and then removed the soiled dressing from the resident's left heel. RN #1 removed her gloves and washed her hands for 15 seconds. RN #1 donned gloves, bent over the resident's leg, pulled the lower leg up right up next to her uniform top and cleansed the heel area. Without changing gloves, the RN applied the wound treatment and clean dressing to</p>			

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	<p>the resident's left heel. The RN then picked up the resident's sock off of the floor and placed the sock over the dressing. The RN removed her gloves and washed her hands for 19 seconds. The RN walked over to the resident's bed and moved the unused supplies to the resident's TV stand, using her bare hands. The RN picked up her scissors with bare hands and rubbed hand sanitizer gel over the scissors and her hands at the same time. The RN placed the scissors in her pocket, walked out of the resident's room and continued down the hall to the medication cart, located by the nurses' station. RN #1 gave report and completed the narcotic count with the on-coming nursing staff. RN #1 then prepared Resident #D's medications and walked down the hall towards the resident's room.</p> <p>During an interview on 04/24/2015 at 2:07 P.M., RN #1 indicated that Resident #G was in contact isolation, meaning a protective gown and gloves should be worn when having contact with the resident or the resident's belongings.</p>			

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F 465 SS=E Bldg. 00	<p>On 04/24/2015 at 2:38 P.M., RN #1 was observed entering Resident #D's room to administer the resident's medication. The RN was wearing the same uniform top as in the previous observation with Resident #G. The RN leaned up against the resident's top side rail of the bed while administering the medications.</p> <p>Record review on 04/24/2015 at 3:42 P.M., of Resident #G's "Additional Extended Care Admitting Orders", indicated the resident needed contact isolation for MRSA in the thigh wound.</p> <p>3.1-18(a) 3.1-18(j) 3.1-18(l)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview the facility failed to maintain heating vents and provide knobs on the heating/ air conditioning units for 4 of 4 units observed. (Rooms #106, 110, 120, and 219) and the facility failed to maintain</p>	F 465	<p>F465 Requires the facility to maintain heating vents and provide knobs on heating/air conditioning units and maintain walls, safety mats and floors related to dry wall damage, tears and cleanliness.</p> <p>1. Resident rooms 106, 110, 120</p>	05/12/2015

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	<p>resident's walls, safety mats, and floors related to dry wall damage, tears and cleanliness for 2 of 3 halls observed. (Rooms #111, 120, 205, 211, 215, and 219)</p> <p>Findings include:</p> <p>During an interview with the Maintenance Supervisor on 04/23/2015 at 10:15 A.M., he indicated the filters for the heating / air conditioning units are cleaned three to four times a year.</p> <p>1. An observation and interview was conducted on 04/27/2015 at 11:00 A.M. with Resident #2 in room #106. The resident indicated the room was too hot, stated staff had been made aware of the concern, and staff had indicated to the resident that the maintenance department would be notified of the concern. The resident indicated nothing had been done to resolve the concern in the two months the resident had been at the facility. No knobs to control the heat and air conditioning were noted on the unit. The vent grate was dusty and dirty.</p> <p>2. An observation was conducted on 04/27/2015 at 1:16 P.M. of room #110. No knobs to control the heat and air conditioning were noted on the unit. The vent grate was dusty and dirty.</p>		<p>and 219 had knobs placed on their heating/air conditioning units. Resident rooms 111, 120, 205, 211, 215 and 219 were cleaned.</p> <p>2. All resident rooms have the potential to be affected. The administrator conducted room rounds ensuring that the environment was safe, functional, sanitary and comfortable. See below for corrective measures.</p> <p>3. The Maintenance Director was inserviced on the importance of maintaining the heating/air conditioning units including controls and cleanliness. The Maintenance Director was inserviced on repair of walls and floors. The housekeeping staff was inserviced on providing a sanitary environment and ensuring safety mats and floors are cleaned.</p> <p>4. The administrator will conduct five room observations a day ensuring that heating/air conditioning units are clean with knobs are present. Administrator will ensure safety mats are cleaned, resident's walls are free of damage, and floors are cleaned as well. The Administrator or his designee will utilize the monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment G) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be</p>	

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	<p>3. An observation of room #111, in which two residents resided, was conducted on 04/24/2015 at 9:45 A.M. The wall around an outlet was scarred; a mat on the floor beside the bed near the window had several dark stains. A second folded mat with several dark stains was standing upright at the end of the bed by the door.</p> <p>During an interview on 04/24/2015 at 1:28 P.M. in room #111, Resident #14 indicated the mats do not get wiped down daily.</p> <p>4. An observation was conducted on 04/23/2015 at 1:43 P.M. in room #120. No knobs to control the heat and air conditioning were noted on the unit.</p> <p>An observation of room #120, in which two residents resided, was conducted on 04/24/2015 at 10:52 A.M. A 3 x 6 inch yellow, crusty area was noted on the floor beneath the resident's urinary drainage bag. An area of the same size and location was noted on the following dates/times:</p> <p>04/21/2015 at 2:18 P.M. 04/22/2015 at 10:11 A.M. 04/23/2015 at 9:12 A.M. 04/24/2015 at 10:52 A.M.</p>		<p>adjusted accordingly.</p> <p>5. The above corrective measures will be completed on or before May 12, 2015.</p>		

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	<p>04/27/2015 at 9:38 A.M. 04/27/2015 at 1:16 P.M.</p> <p>During an interview on 04/27/2015 at 9:40 A.M., CNA #5 and #8 indicated room #120's floor does not get mopped. CNA #5 indicated she had looked for a broom to sweep it herself because, "it was so bad", but could not find one.</p> <p>An observation was conducted on 04/27/2015 at 10:01 A.M. of the heater in room #120. No knobs to control the heat and air conditioning were noted on the unit. The vent grate was dusty, dirty, and had a push pin, cotton swab, and nickel-size piece of brown debris lying on it.</p> <p>During an observation on 04/27/2015 at 1:07 P.M. of room #120, a resident's safety mat beside the bed, near the window, had several worn spots with cracks in the covering and a 2 x 4 inch brown spot.</p> <p>5. On 04/27/2015 at 10:18 A.M. a palm size area, where the paint and drywall were scraped off, was noted on the wall beside the bed in room #205, in which two residents resided.</p> <p>6. During an observation on 04/21/2015 at 11:35 A.M. in room #211, in which</p>			

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	<p>two residents resided, a six inch, scraped area where the paint was missing, was noted on a corner of the wall. An electrical outlet box located by a resident's television was missing the cover.</p> <p>An observation and interview was conducted on 04/27/2015 at 10:22 A.M. in room #211 with Resident #58. The wall by the television had a 4 x 1 inch torn patch in the dry wall. Several pin holes and 4 large screw holes were noted in the wall. A 1 x 6 inch area and a 1 x 3 inch area of dry wall were missing from a corner of the wall and several large chips in the dry wall were noted on two corners in the room. Resident #58 indicated the outlet cover was replaced recently.</p> <p>7. An observation of room #215, in which two residents resided, was conducted on 04/27/2015 at 10:29 A.M. A palm size area of wall paper was peeling under the window and a 5 x 5 inch piece of base board was missing off the wall. A blue mat, by Resident #26's bed, had a large palm size brown stained area, a 2 x 3 inch piece of tape with dirt stuck to it, and 1 x 4 inch frayed area. A black mat beside the bed had a piece of tape, dated 04/06/14, indicating when the mat had been cleaned. A 5 x 6 inch, "L" shaped tear in the mat covering exposed</p>			

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	<p>the internal sponge cushion. The mat had several white flecks and foot prints on it. Neither resident could remember when the mats were last cleaned.</p> <p>8. An observation was conducted on 04/27/2015 at 10:09 A.M. of room #219. No knobs to control the heat and air conditioning were noted on the unit. The vent grate was dusty and dirty.</p> <p>An observation on 04/27/2015 at 1:39 P.M. of room #219, in which two residents resided, revealed two unpainted, patched areas on the wall the size of a dinner plate.</p> <p>During an interview on 04/23/2015 at 10:15 AM, the Maintenance Supervisor indicated most of the resident's rooms had been painted in the last four years and there currently was no planned painting schedule.</p> <p>An interview on 04/24/2015 at 11:25 A.M., with Housekeeper #11, indicated resident's rooms were swept and mopped once a month, this included pulling the furniture out and cleaning the blinds. She further indicated rooms were swept daily with a broom and, if needed, with a dust mop. Safety mats on the floor by the beds were wiped down and swept underneath daily. Noticeable spots on the</p>			

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	<p>walls were wiped down daily.</p> <p>An interview was conducted on 04/27/2015 at 9:55 A.M. with Housekeeper #6. She indicated resident's rooms are deep cleaned once a month and the heaters are wiped down then. She further indicated maintenance takes care of the filters in the heaters.</p> <p>During an interview with the facility Administrator on 04/27/2015 at 2:46 P.M., he indicated there were no policies or procedures for maintenance for resident room conditions.</p> <p>An interview was conducted on 04/27/2015 at 2:54 P.M. with the Maintenance Supervisor. He indicated the heater/air conditioner knobs are usually missing a week after being replaced. Every room that had missing knobs had been replaced this year. When a resident complains of their room being too hot or too cold and there aren't any knobs on the unit, new knobs are placed on the unit.</p> <p>An interview with the Housekeeping and Laundry Supervisor was conducted on 04/27/2015 at 3:27 P.M. She indicated the resident's rooms were dusted, swept and mopped every day. She indicated no daily checklist for each room was</p>			

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	<p>available, just the monthly calendar indicating when rooms had been deep cleaned. She indicated staff were trained on "Everyday" and "Monthly" cleaning procedures.</p> <p>During an interview on 04/27/15 at 3:30 P.M. with the Maintenance Supervisor, he indicated there were about 10 rooms that had knobs missing on a regular basis.</p> <p>3.1-19(f) 3.1-19(j)</p>				