

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/18/2013
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NAME OF PROVIDER OR SUPPLIER BRAUN'S NURSING HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 909 FIRST AVE EVANSVILLE, IN 47710
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F000000	<p>This visit was for the Recertification and State Licensure survey.</p> <p>Survey Dates: April 11, 12, 15, 16, 17, 18, 2013</p> <p>Facility Number: 000437 Provider Number: 155520 AIM Number: 100273770</p> <p>Survey Team: Barbara Fowler RN TC Jodi Meyer RN 4/11/2013 Diane Hancock RN 4/11, 4/12, 4/15, 4/16/ 2013 Amy Winger RN 4/15, 4/16, 4/17, 4/18/2013</p> <p>Census bed type: NF: 38 SNF/NF: 13 Total: 51</p> <p>Census payor type: Medicare: 1 Medicaid: 43 Other: 7 Total: 51</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		

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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	Quality review completed on April 29, 2013, by Jodi Meyer, RN			

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F000159 SS=E	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that</p>				

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	<p>receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on interview and record review, the facility failed to ensure residents had access to personal funds when they needed it, for 4 stage 1 sampled residents interviewed regarding funds, in that they could not access their money on the weekends. (Residents #5, #1, #9, and #49)</p> <p>Findings include:</p> <p>1. The following residents were interviewed regarding resident fund availability: Resident #5, 4/11/13 2:27 p.m., "not after 4:00 p.m., not on weekends." Resident #1, 4/11/13 3:23 p.m., "cannot get money on the weekends, have to get it on Fridays." Resident #9, 4/12/13 10:18 a.m., not on weekends, get it on Friday Resident #49, 4/12/13 2:37 p.m., "the person in charge of the money is off Saturday and Sunday."</p> <p>2. The Business Office Manager was interviewed on 4/15/13 at 10:31</p>	F000159	<p>Plan of Correction Response for F159</p> <p>The facility has implement and posted "Banking Hours" that go into effect on Saturday, May 11, 2013. They are:</p> <p>Monday through Friday: 9:00 a.m. to 4:00 p.m.</p> <p>Saturday and Sunday: 9:00 a.m. 3:00 p.m.</p> <p>The facility recognizes the following federal holidays and banking transactions will not be available on these days:</p> <ol style="list-style-type: none"> Memorial Day Fourth of July Labor Day Thanksgiving Day Christmas Day 	05/31/2013

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	<p>a.m. She indicated residents could access their funds anytime she was there, or the Financial Officer was there. She indicated they were at the facility Monday through Friday. No money was distributed on the weekend. "The ones that go out on the weekend come on Friday and get their money."</p> <p>3. The policy and procedure entitled "Commingling of Resident Funds," no date, was provided by the Administrator on 4/15/13 at 11:45 a.m. The policy included, but was not limited to, the following: "A resident petty cash fund is kept on-site to provide residents quick and on-going access to small amounts of cash (fifty dollars or less). The amount withdrawn from petty cash upon a resident's request will be debited from the resident's account within three banking days and a record of the transaction will appear on the resident's next quarterly statement."</p>		<p>Shortened banking hours (9:00 a.m. – 2:00 p.m.) will be observed on the following holiday:</p> <p>1. Christmas Eve Day</p> <p>Theses hours will be reviewed annually and adjusted accordingly.</p> <p>The Administrator educated the Business Office Manager and Licensed Nursing Staff assigned to Unit 300 on the weekend regarding this expanded service. This was completed on Saturday, May 11, 2013. A notice was posted on the Business Office Door and the reception desk in the lobby that informed all persons of the expanded "Banking Hours". This information was posted on Wednesday, May 8, 2013. An informational letter will be included in our monthly mailing that will go out by May 31, 2013. A special "Resident's Council Meeting" will be held at 2:00 p.m. on Wednesday, May 22, 2013. The Administrator will go over with residents in attendance the new and expanded banking hours. For those residents who do not attend the council meeting and the facility manages their funds, they will personally be informed of this process by the Administrator or their designee. This will be completed by the close of business on Thursday, May 23,</p>				

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			<p>2013.</p> <p>Beginning with Friday, May 10, 2013, the Administrator has made assurances that this process is being followed. This will continue to be done weekly for one month, on a monthly basis for a quarter, and on a quarterly basis for three quarters. If at this time there are no violations of this process, the Administrator or their designee will monitor the process on an as needed basis.</p> <p>The Administrator assumes responsibility for and ensures compliance. Any documentation regarding the POC for F159 will be available to the surveyors upon their request.</p> <p>Compliance Date: Multiple Dates. Final date is May 31, 2013</p> <p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>		

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care plan was developed for 1 of 10 residents who met the criteria for review of unnecessary medications, in that, a care plan was not developed for insomnia prior to starting a hypnotic medication. (Resident #41)</p> <p>Findings include:</p> <p>Resident #41 was observed on 04/15/13 at 10:45 a.m., ambulating in the hallway.</p>	F000279	<p>Plan of Correction Response for F279</p> <p>The facility will review all care plans to assure that proper non-pharmacological interventions are implemented and care planned accordingly. This process will be completed by the close of business on Wednesday, May 15, 2013. Beginning with Thursday, May 16, 2013, the Director of Nursing, or their designee will review all care plans on a weekly basis for one month, on a monthly basis for a quarter, and on a quarterly basis</p>	05/17/2013	

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	<p>The clinical record of Resident #41 was reviewed on 04/15/13 at 2:00 p.m. The record indicated the diagnoses of Resident #41 included, but was not limited to, Huntington's Chorea.</p> <p>The most recent Quarterly MDS [Minimum Data Set Assessment] dated 02/06/13 indicated Resident #41 had trouble falling asleep or staying asleep or sleeping too much..</p> <p>A Physician's telephone order dated 03/15/13 at 3:30 p.m. indicated a new order was obtained for, " Ambien [a hypnotic medication for sleep] 10 mg [milligram] po [by mouth] qhs [at the hour of sleep] prn [as needed] insomnia after 10 pm"</p> <p>The March 2013 MAR [Medication Administration Record] indicated Resident #41 had been administered Ambien on March 20, 2013 for insomnia at 11:00 p.m.</p> <p>A Nurse's note dated 03/20/13 at 2300 [11:00 p.m.] indicated, "Resident up at nurses station c/o [complaint of] having difficulty sleeping. States, "I just can't sleep" prn Ambien given at this time..."</p>		<p>for three quarters, and from this point forward with their quarterly assessment.</p> <p>The facility will review all Clinical Protocols and Procedures relevant to "Care Plans" in order to identify any process that contributed to this oversight. This review will be completed by the close of business on Friday, May 17, 2013. Appropriate staff was educated; they reviewed Policies and Procedures, and signed off on the process prior to May 17, 2013.</p> <p>The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for F279 will be available to the surveyors upon their request.</p> <p>Compliance Date: May 17, 2013</p> <p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>	

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	<p>During an interview on 04/15/13 at 2:47 p.m. LPN #2 indicated a Behavior/Intervention Monthly Flow Record should have been initiated upon receiving the Ambien order. She further indicated, at that time, the order was obtained in the middle of the month and the plan of care had been missed.</p> <p>The clinical record lacked any documentation related to a plan of care for insomnia or a plan of care for non-pharmacologic interventions to be attempted before the administration of Ambien.</p> <p>During an interview with the MDS Nurse on 04/16/13 at 8:57 a.m., she indicated no plan of care had been developed related insomnia or to interventions to be used prior to the administration of Ambien for insomnia.</p> <p>During an interview on 04/18/13 at 1:00 p.m. the DoN [Director of Nursing] indicated a care plan should have been developed when the Ambien order was received and had been missed</p> <p>3.1-35(b)(1)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 10 residents reviewed for unnecessary medications was free of unnecessary medications, in that a hypnotic medication was administered without non-pharmacologic interventions being attempted. (Resident #41)</p> <p>Findings include:</p> <p>Resident #41 was observed on</p>	F000329	<p>Plan of Correction Response for F329</p> <p>The facility has written clear and concise Policies and Procedures to address all areas identified under F329. They are identified below:</p> <ol style="list-style-type: none"> F329 483.25 (I) Sleep Disorders – Clinical Protocol F329 483.25 (I) Behavior Assessment and Monitoring 	05/17/2013

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	<p>04/15/13 at 10:45 a.m., ambulating in the hallway.</p> <p>The clinical record of Resident #41 was reviewed on 04/15/13 at 2:00 p.m. The record indicated the diagnoses of Resident #41 included, but was not limited to, Huntington's Chorea.</p> <p>The most recent Quarterly MDS [Minimum Data Set Assessment] dated 02/02/13 indicated Resident #41 experienced minimal cognitive impairment.</p> <p>A Physician's telephone order dated 03/15/13 at 3:30 p.m. indicated a new order was obtained for, " Ambien [a hypnotic medication for sleep] 10 mg[milligram] po [by mouth] qhs [at the hour of sleep] prn [as needed] insomnia after 10 pm"</p> <p>The March 2013 MAR [Medication Administration Record] indicated Resident #41 had been administered Ambien on March 20, 2013 for insomnia at 11:00 p.m. The record lacked any documentation related to non-pharmacologic interventions being attempted before the hypnotic medication was administered.</p> <p>A Nurse's note dated 03/20/13 at</p>		<p>The Administration will in-service and educate all professional nursing staff and appropriate administrative personnel regarding the Sleep Disorders – Clinical Protocol and Behavior Assessment and Monitoring Policy and Procedure before May 17, 2013.</p> <p>Each chart will be reviewed to assess for any changes in mood or behaviors and to ensure if a change is noted, that a "Mood/Behavior" Monitoring Flowsheet is in place with appropriate non-pharmacological interventions. Beginning with Thursday, May 16, 2013, the Director of Nursing, or their designee will review all charts on a weekly basis for one month, on a monthly basis for a quarter, and on a quarterly basis for three quarters, and from this point forward with their quarterly assessment.</p> <p>Weekly "At Risk" meetings are held to discuss any significant changes in the resident's medical condition and/or status. This meeting is attended by the Assessment Coordinator, Social Service Director, Dietary Manager, Unit Manager, Director of Nursing, and Administrator. The group will expand their discussion to address residents with any behavioral changes, current interventions</p>		

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	<p>2300 [11:00 p.m. indicated, "Resident up at nurses station c/o [complaint of] having difficulty sleeping. States, "I just can't sleep" prn Ambien given at this time..." The Nurse's note lacked any documentation related to non-pharmacologic interventions being attempted before the hypnotic medication was administered.</p> <p>During an interview on 04/15/13 at 2:47 p.m. LPN #2 indicated a Behavior/Intervention Monthly Flow Record should have been initiated upon receiving the Ambien order. She further indicated, at that time, that non-pharmacologic interventions should have been attempted before the hypnotic medication had been administered.</p> <p>The clinical record lacked any documentation which indicated non-pharmacologic interventions had been attempted before the administration of Ambien.</p> <p>During an interview on 04/18/13 at 1:00 p.m. the DoN [Director of Nursing] indicated non-pharmacologic interventions should have been attempted before the hypnotic medication was administered but, she could not provide any documentation that non-pharmacologic interventions</p>		<p>implemented, or the need to modify the intervention, and if appropriate the need to seek pharmacological interventions.</p> <p>The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for F329 will be available to the surveyors upon their request.</p> <p>Compliance Date: May 17, 2013</p> <p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>		

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	had been attempted. 3.1-48(a)(4)			

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F000441 SS=D	<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 prevent the spread of infection, the facility must isolate the resident. (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. (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</p>	F000441	Plan of Correction Response for	05/17/2013			

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	<p>provide proper hand hygiene was observed after glove changes in 1 of 3 residents observed for care. (Resident #35)</p> <p>Findings include:</p> <p>CNA [certified nursing assistant] #1 and CNA #2 were observed on 4/15/13 at 10:10 a.m., to be performing a.m. care to Resident #35 CNA #1 was observed to perform pericare to the front side of the body, remove her gloves, and re-apply a new set of gloves without performing hand hygiene or handwashing. CNA #1 was then observed to provide incontinent care to the rectal area, remove her gloves, and re-apply a new set of gloves without performing hand hygiene or handwashing. CNA #1 was then observed to remove her gloves and remove the dirty linens from the room. CNA #1 returned to the resident's room and applied a clean set of gloves without performing any hand hygiene or handwashing and applied clean clothing to Resident #35.</p> <p>Interview with CNA #1 and CNA #2 on 4/16/13 at 11:30 a.m., indicated handwaching should have been completed after they removed their gloves before re-applying a new set.</p>		<p>F441</p> <p>The facility is in the process of re-educating all CNA's regarding the "Policy and Procedure for Handwashing Hygiene". Staff is required to provide return demonstration in proper Handwashing technique. The Director of Nursing is in the process of observing this group of employees during various types of resident care to include toileting, peri-care, bathing, etc. The DON is documenting the type of care observed and that infection control procedures are followed accordingly. This process will be completed by the close of business on Friday, May 17, 2013. Beginning with Friday, May 10, 2013, the Director of Nursing, or their designee will monitor this process on a weekly basis for one month, on a monthly basis for a quarter, and on a quarterly basis from this point forward.</p> <p>The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance.</p> <p>Any documentation regarding the POC for F441 will be available to the surveyors upon their request.</p> <p>Compliance Date: May 17, 2013</p>		

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	<p>The policy on "Handwashing/Hand Hygiene", obtained from the DoN [Director of Nursing] on 4/17/13 at 9:45 a.m., indicated the use of gloves does not replace handwashing/ hand hygiene.</p> <p>3.1-18(l)</p>		<p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>	

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F000458 SS=E	<p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>Based on observation, interview, and record review, the facility failed to provide at least 80 square feet (sq ft) per resident in multiple resident rooms. This was evidenced in 9 of 43 resident rooms in the facility (Rooms 106, 107, 108, 109, 110, 111, 112, 113, 114)</p> <p>Findings include:</p> <p>Observation during the facility tour and facility documentation provided by the HFA [Health Facilities Administrator] on 04/11/13 at 2:00 p.m. indicated the following room sizes of observed rooms:</p> <p>*1. Room 106- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*2. Room 107- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*3. Room 108- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*4. Room 109- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p>	F000458	<p>Plan of Correction Response for F458 The rooms identified on CMS form 2567, are located on Unit 100 and do not meet the square footage requirement per Federal and State requirement. When the unit was built, the room size met and/or exceeded the minimum requirement at that time. When the square footage requirement adjusted and the rooms did not meet the requirement, the facility was grandfathered and granted an annual room waiver. The management team currently in place at Braun's Nursing Home has for the time being, made a decision to utilize each resident room on Unit 100 as a private room. Although rooms 111 – 114 were equipped for semi-private residence during the survey, they will be utilized as private rooms when the decision to market them is made. In addition, beds and equipment are stored outside the facility for prompt restructuring to semi-private availability. I respectfully request this waiver be granted in conjunction with the recertification survey conducted April 11, 2013 through April 18, 2013. Margaret H. Braun, HFA Administrator Braun's</p>	05/18/2013	

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	<p>*5. Room 110- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*6. Room 111- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*7. Room 112- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*8. Room 113 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>*9. Room 114- 2 beds, 145.12 sq. ft SNF/NF, 72.56 sq ft per resident.</p> <p>During an interview on 04/18/13 at 2:00 p.m. the HFA indicated she would like to continue the room waiver.</p> <p>3.1-19(l)(2)</p>		Nursing Home	

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to provide a functional, safe and comfortable environment for residents, for 2 of 2 open units, in that walls, floors and cove molding were soiled/marred, had wax build-up, had peeling paint, and/or cove molding missing. (unit 200 and unit 300)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Room 221 was observed on 4/12/13 at 10:34 a.m. The bathroom was observed to have caulking around the toilet that was discolored brown and cracked. Bed 2 was observed to have a large section of peeling wall board/paint. There was an odor of feces in the room. 2. Room 302 was observed on 4/12/13 at 8:59 a.m. The wall board behind the bed was torn and missing a 6 foot by 1 foot section. The bathroom floor had water standing under the sink. 3. Room 225 was observed on 4/11/13 at 11:05 a.m. The floor had a 	F000465	<p>Plan of Correction Response for F465</p> <p>1.) Total remodel of room 221 will be completed by May 23, 2013. At this time the peeling wall board/paint will be removed, repaired and or replaced. Although the caulking around the commode was corrected on April 18, 2013, the commode will be removed and replaced by the May 23, 2013 timeframe. As for the odor of feces in the room, housekeeping personnel, who was cleaning this room informed the Administrator that she suspected the resident in room 221 bed B had a BM. The Administrator informed nursing personnel and the resident was cleaned. The smell of feces was a lingering odor and not indicative of a cleanliness or lack of care issue. Had the Administrator or Director of Nursing been aware of this concern, an explanation would have been provided at that time.</p> <p>2.) The entire wall board for the west wall in room 302 will be replaced by June 2, 2013. On May 1, 2013, the Maintenance Supervisor inspected the</p>	06/02/2013	

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	<p>grayish build-up. The corners and edges of the room were soiled.</p> <p>4. Room 301 was observed on 4/12/13 at 11:07 a.m. The wall extension to the right of the closets had loose cove molding. The wall extension was movable.</p> <p>5. Room 304 was observed on 4/12/13 at 9:15 a.m. The cove molding to the right of the bathroom door was missing. The caulking around the toilet was cracked and stained.</p> <p>6. The Main Dining Room (200 Unit) was observed on 4/15/13 at 2:00 p.m. All lower walls were marred with black marks; also noted were dried spills on the walls, especially under the activity calendar. The cove molding at the corner to the right of the activity calendar was loose from the wall. The door frame into the pantry was marred with black marks. The cove molding under the heat/air unit was loose from the wall. The dining room floor had a build-up of gray soil.</p> <p>7. The 200 hall from the nurses' station to the end of the hall was observed on 4/15/13 at 2:15 p.m. The lower walls were marred with black marks. The wall across from</p>		<p>plumbing under the sink in the restroom and no issues were identified.</p> <p>3.) The floor will be stripped and re-waxed by the close of business on Friday, May 24, 2013.</p> <p>4.) The cove molding will be replaced by the close of business on Friday, May 24, 2013. The wall extension will need to be rebuilt. This will be completed by Sunday, June 2, 2013.</p> <p>5.) The cove molding will be replaced by the close of business on Friday, May 24, 2013. The caulking around the commode was replaced on April 18, 2013.</p> <p>6.) The cove molding on the corner near the activity calendar and under the heat/air unit will be replaced by the close of business on Friday, May 24, 2013. The floor, door frame into the pantry and all lower walls will be repaired by Sunday, June 2, 2013. Housekeeping personnel have been assigned to wash down any wall with spills during the cleaning of the dining room three times a day.</p> <p>7.) The wall across from the unit 200 nurses station will be painted by Sunday, May 26, 2013. The walls on the south end of unit 200 will be painted by Sunday, June 2, 2013.</p>		

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	<p>the nurses' station was marred with multiple black marks, along the lower one foot section.</p> <p>8. The 300 hall was observed on 4/15/13 at 2:45 p.m. The wall between the linen room and the shower room had cove molding missing and paint peeling. All lower walls on the 300 hall were marred with black marks. All door frames had peeling paint, especially the lower sections.</p> <p>9. Upon interview with the Financial Officer on 4/16/13 at 10:25 a.m., he indicated they had done a lot of environmental improvements, but were unsure what was next on the list. He indicated there had been so much to do when they took over the facility.</p> <p>10, The Administrator was interviewed on 4/16/13 at 3:10 p.m. She indicated they had inherited a building with many environmental concerns and they were working on them as they could.</p> <p>3.1-19(f)</p>		<p>8.) The cove molding will be installed by the close of business on Friday, May 24, 2013. The lower walls throughout the entire unit will be painted by Sunday, June 2, 2013. The door frames will be painted by June 2, 2013.</p> <p>The Administrator compiles, prepares and distributes a maintenance schedule for each week to address the timeframes for any remodel, construction, or repair program underway. Upon the completion of any project, the Administrator or their designee personally inspects the work to assure that the work performed remains environmentally sound. At the time the remodel process is completed, the maintenance staff will reference a preventative maintenance schedule. The Administrator or their designee will monitor the environment, equipment, etc at least monthly from this point forward</p> <p>Total Compliance Date: June 2, 2013</p> <p>Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>		