

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155766	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2012
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NAME OF PROVIDER OR SUPPLIER MAPLE MANOR CHRISTIAN HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 643 W UTICA ST SELLERSBURG, IN 47172
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 21, 22, 23, 24, and 25, 2012</p> <p>Facility number: 000563 Provider number: 155766 AIM number: 100267610</p> <p>Survey team: Dottie Navetta, RN-TC Avona Connell, RN Donna Groan, RN Jennie Bartelt, RN</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 0 Medicaid: 34 Other: 17 Total: 51</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 6, 2012 by Bev Faulkner, RN</p>	F0000		

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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F0156 SS=C	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>A. Based on observation and interview, the facility failed to ensure that the complaint hotline number was posted in order to file a complaint in necessary. This deficient practice had the potential to affect any resident who wished to file a complaint against the facility.</p> <p>B. Based on record review and interview, the facility failed to give a list of potential room and board costs to the resident or responsible party when a notice of non-coverage was issued. This affected 2 of 3 residents in a sample 3 reviewed for liability notice. (Resident #61, 28)</p> <p>Findings include:</p> <p>A.1. On 5/25/12 at 9:00 a.m., the</p>	F0156	<p>A1 The complaint hotline number has been and was placed prior to end of survey on the bulletin board in main dining room. B1 There is no corrective action that can be taken for these two residents due to the length of time since therapies discontinued. A1 Having the complaint hotline posted is the corrective action for all residents. B1 New procedure for notification was initiated while survey was still in process and this will address any residents from that point forward that could be affected. A1 The complaint phone number was added to the Grievances list with State Office and Local Office phone numbers. B1 DON or designated person will utilize the Form CMS 10055 along with the already used Form CMS 10123-NOMNC when notifying of skilled services ending. A1 The SSD or other designated person will use the</p>	06/24/2012

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	<p>bulletin board located in the main hallway that listed State and Local Office Phone Numbers was observed. The Complaint Hotline phone number was not listed.</p> <p>In interview with the Administrator on 5/25/12 at 9:20 a.m., he indicated he thought the number was posted.</p> <p>When the posted numbers were viewed with the Administrator at this time, the number was not posted.</p> <p>B. 1. On 5/23/12 at 9:40 a.m., the Director of Nurses provided the Notice of Medicare Provider Non-Coverage for the following residents:</p> <p>1. The notice indicated Resident #61's services would end on December 13, 2011. The form lacked a signature and date when received. Attached to the Notice was a Certified Mail receipt dated 12/10/11.</p> <p>2. The notice indicated Resident #28's services would end on January 11, 2012. The form lacked a signature and date when received. Attached to the Notice was a Certified Mail receipt mailed 1/7/12.</p>		<p>attached revised QA form to monitor availability of complaint phone number. This will be done on a bi-weekly basis and ongoing. B1 The DON or designated person will utilize the attached form to ensure both letters are sent. This QA process will be completed each time letters are sent. Addendum: The DON and/or SSD are aware of and understand the citings and the QA processes that have been initiated. Monitoring for both QA's is ongoing.</p>				

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	<p>During an interview on 5/23/12 at 9:40 a.m., with the Administrative Accountant and The Director of Nursing, the accountant indicated a list of charges was not sent with the notices and was not aware a list should be attached.</p> <p>The Director of Nursing indicated she had attended a training for notification of Liability and "was not told a list of charges for services was to be attached."</p> <p>3.1-4(f)(1)(A)</p>			

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F0241 SS=A	<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 observation, record review, and interview, the facility failed to promote the dignity of residents by posting signs identifying residents' care needs. This deficient practice affected 2 of 36 residents residing on 2 of 3 halls. (Residents #38 and #3)</p> <p>Findings include:</p> <p>1. During observation on the Initial Tour on 5/21/12 at 9:15 a.m., from the hallway outside Resident #38's room, a sign was visible posted on the waste basket next to the resident's bed. Foley catheter tubing was observed leading from the resident's bed into the waste basket. Upon closer observation inside the room, the sign indicated the catheter bag was to be left in the waste basket to help prevent spills.</p> <p>During interview in the room on 5/24/12 at 10:35 a.m., LPNs #3 and #4 indicated they did not know why the catheter bag was kept in the waste basket. During interview at this</p>	F0241	<p>All signs will be removed from visible areas unless it a specific request of resident or responsible party. If the resident or responsible party want specific signs posted even after education this will be careplanned. Addendum: All resident room have been observed with signs removed unless family has posted them and wants them to remain. Staff has been inserviced on not putting signs in rooms. DON or designated person will check all rooms at least bi-weekly for any new signs that may have been put up by utilizing a QA form which included date checked, findings, if findings what corrective action taken, signature. This will be an ongoing process.</p>	06/24/2012

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	<p>same time, CNA #2 indicated she thought the bag was in the waste basket so urine would not get onto the carpeted floor if the little tube for emptying the bag popped out of its holder.</p> <p>2. On 5/23/12 at 2:20 p.m., the following was observed: Resident #3 had a "Latex Allergy" sign posted on the main door and bathroom door. A "Family will do laundry" sign was on the clothes closet door. In interview with (Certified Nursing Assistant) CNA #1 at 2:30 p.m., on 5/23/12, she indicated the signs had been there since August and family make sure we (the facility) don't do the laundry.</p> <p>Review of the 200 Hall CNA Worksheet, provided by CNA #1 at 2;25 p.m., included, but was not limited to: "Latex & Adhesive Tape Allergy."</p> <p>On 5/24/12 at 8:50 a.m., the signs were still posted on the doors. At 9:50 a.m, in interview with LPN #2, she indicated the signs should be inside the door.</p> <p>3.1-3(t)</p>			

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F0248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, record review and interview, the facility failed to assess, plan, and provide activities to meet the individual needs and desires for 3 of 5 residents reviewed of the 28 residents who met the criteria for activity concerns.(Resident # 63, Resident # 41, Resident # 38)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #63 was reviewed on 5/23/12 at 10:30 a.m. The record indicated the resident was admitted from an assisted living facility on 3/25/12.</p> <p>The Minimum Data Set assessment, dated 4/3/12, indicated the resident scored 4 of 15 in the Basic Inventory Mental Status. The section related to Activity Preferences indicated the following were very important to the resident: listening to music, being around animals, doing favorite activities, getting outside to get fresh air in good weather, and participating</p>	F0248	<p>Resident # 63 - Activity staff and nursing staff will encourage her to get her out of bed and attend activities. If she refuses activity staff will have an in-room activity with her such as board games, puzzles, etc. She has a radio in her room which is on most of the time. Resident # 38 - Activity staff will continue to make room visits, volunteers on Sunday and Wednesdays and offer for him to go outside when it is scheduled or weather permits. Resident # 41 - Activity staff spoke with her and she said she enjoys doing activities on her own in her room but they will provide all necessary supplies needed (ie, paint/paint brushes/puzzle word books/etc). Staff will also encourage her to attend group activities of her interest when scheduled (ie, pitch in dinners/birthday parties/arts & crafts/etc.) All residents will be interviewed by activity staff by using the attached suggestion form. Newly admitted residents will be interviewed upon admission. The suggestion form has been copied onto the back of their activity attendance calendar. This form will be completed at the</p>	06/24/2012	

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	<p>in religious services or practices. The Care Area Assessment did not trigger related to activities.</p> <p>The record did not include a care plan related to activities.</p> <p>During observation on 5/23/12 at 2:40 p.m., Resident #63 was observed in bed. During observation on 5/23/12 at 2:45 p.m., many residents were observed seated around the table in the Activity Room, being led in Bible study.</p> <p>During interview on 5/24/12 at 9:00 a.m., the Activity Director indicated she had not yet developed a care plan for the Resident #63's activities but was "working on it." The Activity Director indicated she keeps record of residents' attendance at activities in a notebook and showed a record for the church service on the evening of 5/23/12. Review of the record at this time indicated Resident #63 did not attend the church service on the evening of 5/23/12. The Activity Director indicated residents would be saying the Rosary as the first activity of the morning on 5/24/12.</p> <p>On 5/24/12 at 10:00 a.m., Resident #63 was observed in her bed. During observation on 5/24/12 at</p>		<p>end of each month to prepare for the next month. Changes to the activity calendar will be made based on these interviews to incorporate interests. The attached QA form will be completed by activity staff to ensure residents that are able to have input are asked and if not able attempt will be made to contact responsible party for input. Addendum: This QA will be ongoing.</p>		

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	<p>10:05 a.m., many residents were observed seated around the table in the Activity Room. A visitor at the table completed saying the Rosary and then served cookies to the residents.</p> <p>On 5/24/12 at 2:20 p.m., ladies were observed in the Activity Room having their nails manicured. Resident #63 was not among the ladies. During observation on 5/24/12 at 2:25 p.m., Resident #63 was observed in bed.</p> <p>Activity attendance records maintained by the Activity Director were provided by the Director of Nursing on 5/24/12 at 1:05 p.m. Review of the record indicated the following:</p> <p>No entries indicated activity attendance in March 2012.</p> <p>In April 2012, the resident's name first appeared on the attendance list on 4/10/12, and then not again until 4/14/12, and then not again until 4/16/12. The record indicated the following next to the resident's name after 4/16/12:</p> <p>4/17 Gardening 4/18 Bible Study 4/19 Nail Care 4/22 Church and Bingo</p>						

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	<p>4/23 Bingo, Exercise 4/24 Gardening 4/25 Bible Study, and no other entries for April 2012.</p> <p>In May 2012, the resident's name was checked for attendance at the following: 5/2 Bible, Beauty shop 5/7 Bible, Bingo, council 5/9 Bible Study Undated: Rosary (The face sheet indicated the resident was Protestant and attended the Church of Christ) Undated: Pitch in dinner 5/14 Bingo 5/16 Bible Study 5/18 Foot Doctor 5/21 Exercise 5/22 Game, Ice Cream 5/23 Bible Study.</p> <p>Documentation failed to indicate the resident was offered or participated in listening to music, being around animals, doing favorite activities, or getting outside to get fresh air in good weather.</p> <p>2. The clinical record for Resident #38 was reviewed on 5/23/12 at 2:56 p.m. The resident was most recently readmitted in June 2011, and his diagnoses included, but were not limited to, multiple sclerosis,</p>				

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	<p>depressive psychosis, and dementia with behavioral disturbance.</p> <p>The Activity Assessment was completed most recently on 2/22/12 and indicated with check marks: participates in one-to-one visits, is a passive participant, participates with assistance, has appropriate behavior in activities, prefers to be with people, makes friends easily, initiates conversations, prefers to stay in room, visits with family and friends, communicates verbally, able to make needs known, room bound, vision is poor, hearing is poor, forgetful, alert, short attention span, and psychosocial needs of adjustment to placement and spiritual growth. The same assessment responses were check marked for each of the seven previous assessments since 2/22/10.</p> <p>The Care Plan, dated 5/24/10, indicated, "Activities-Change Activity Program [name of resident] is dependent on staff for social interaction and cognitive stimulation." The goal, dated 5/24/12 with target of 5/28/12, indicated, "[Name of resident] will continue to have involvement in cognitive stimulation and socialization AEB [as evidenced by]: will socialize with activity director and respond verbally 2 Xs [times] a</p>			

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	<p>week by 5/28/12." Approaches, all dated 5/24/10, indicated, "1. Activity director will inform resident of the days she will be coming to socialize with him QW [every week]. Every week on Mon [Monday]. praise [name of resident] when he responds prn [as needed]. 3. Encourage family visits to stimulate [name of resident] with reminiscing prn. 4. Will make sure [name of resident's] TV is on his favorite channel 5 days a week, or put a movie in for him prn."</p> <p>Activity attendance records maintained by the Activity Director were provided by the Director of Nursing on 5/24/12 at 1:05 p.m. Review of the record indicated no check mark for Resident #38 during March, April, and May 2012, except for 3/6/12, when "room visit" was checked.</p> <p>Record of "Room Visits 2X Week" included notes from 2/27/12 through 5/24/12. All the visits indicated staff talked with resident, watched TV with resident, or the resident was sleeping in his room. On 3/21/12, notes indicated, "Talked about the weather. He said he wish he could get [arrow pointing up] and go outside." On 4/4/12, notes indicated, "Visit with Res [resident] he said he would like to</p>			

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	<p>go outside. Told him I would try to take him out next time." On 5/21/12, notes indicated, "Talked about a fishing trip. Said he would like to come." Documentation in the notes failed to indicate the resident was out of his room from 2/27 through 5/24/12.</p> <p>Nurse's Notes for 4/29/12 at 1:30 p.m., indicated, "Res up in gerichair - outside on porch [symbol for with] this nurse. Smiling @ visitors as they enter bldg [building]. Informed this nurse, 'Enjoy being outside'...."</p> <p>Nurse's Notes for 5/5/12 at 10:30 p.m., indicated the resident was up in his gerichair watching TV in the lobby. The resident refused to go to bed at this time.</p> <p>During interview on 5/24/12 at 3:05 p.m., Resident #38 indicated he would like to get into his gerichair and go outside to enjoy the nice weather.</p> <p>During interview on 5/25/12 at 9:30 a.m., the Director of Nursing indicated Resident #38 can get up in his cardiac chair. She indicated he watches movies with the other residents and goes outside.</p> <p>3. On 5/23/2012 at 8:05 a.m., the</p>			

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	<p>clinical record was reviewed for Resident #41. Diagnoses included, but not limited to: metastatic lung cancer, compression fracture lumbar 3, anemia, depression, anxiety, hypertension.</p> <p>The Minimum Data Set assessment, dated 12/05/2011 upon admission to facility, indicated that being involved in activities was "very important."</p> <p>Psychiatric evaluation, dated 5/9/12, indicated appearance- "laying flat in bed" affect-"pleasant" attention span-"good", sleep-"ok", appetite-"ok", no pain and mood- "I'm fine."</p> <p>On 05/21/2012 at 02:07 p.m., in an interview with Resident # 41 when queried if the organized activities meet your interests, the resident indicated "no" and that she feels out of place in activities because she is a different age than the other residents.</p> <p>Activity progress notes, dated 4/09/11, 9/7/11, 12/5/11, and 3/4/12, indicated, but not limited; to that Resident #41 had no goals triggered at these times and is doing the same in activities.</p> <p>On 5/23/2012 at 1:09 p.m., review of</p>						

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	<p>the activities roster, dated from 3/22/12 to 5/21/12, provided by the Activities Director indicated, but was not limited to; Resident #41 was involved in activities on 5/22-ice cream social, 5/8-she asked for supplies to paint in her room, 4/24-AD visit in room, 4/19-sewing in room, 4/17-gardening, 4/14-family in to visit, 4/13-participated in sing a long, 4/6-party, 4/3-sewing in room, 4/2-went to council meeting, 3/23-listening to country music, 3/21-family in to visit, 3/19-sewing, 3/13-snack get together, 3/6-AD visited in room. Documentation indicated activities for 15 of the 61 days reviewed.</p> <p>In an interview with MDS/CarePlan Coordinator on 5/23/2012 at 10:50 a.m., she indicated that Resident #41 likes to go out and smoke. MDS/CarePlan Coordinator indicated that Resident #41 "just lets them know when she wants to go out and someone takes her." We do not have set times.</p> <p>The Care Plan for depression indicated, but not limited to: Problem-depression-is at risk for depression r/t to end stage lung cancer. Goal-resident will demonstrate</p>			

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	<p>effective coping behavior.</p> <p>Approach-encourage and involve family in residents care, monitor food intake and weight information, allow resident to talk about feeling and let her know that staff is empathetic, assist resident to participate in religious activities, encourage socialization with others who have a common background.</p> <p>Documentation was lacking for activities care planning.</p> <p>Review of the current Policy and Procedure provided by Director of Nursing on 5/25/12 at 10:27 a.m., indicated, but was not limited to: Policy: It is the intent of the facility to provide for an ongoing program of activities designed to meet, in accordance with comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Procedure: * The facility intends to provide group activities that are compatible with the resident's known interest, needs, abilities and preferences. * Group activities will be adapted for the resident as needed and appropriate to the resident.</p>						

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	<p>* Resident needing individual activities in his/her room will be provided the needed assistance.</p> <p>* Recognition and assessment of the preferences, choices, specific conditions, causes and/or problems, needs and behaviors of the residents will be done.</p> <p>* Activities will be defined in order that the residents needs and goals are met.</p> <p>* Resident responses will be monitored and evaluated as appropriate.</p> <p>* The facility intends to have indoor and outdoor activities, as well as, activities away fro the building.</p> <p>* Attendance to houses of worship will be provided to assure that resident's may attend should they desire.</p> <p>* The facility will assist the resident to obtain needed supplies to assure that for individual activities needs, preferences, and interests are met.</p> <p>3.1-33(a) 3.1-33(b)(2) 3.1-33(b)(3)</p>				

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F0279 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, record review and interview, the facility failed to develop comprehensive care plans for 4 of 26 residents reviewed for comprehensive care plans in a sample of 26 who met the criteria for comprehensive care plans . (Resident #63, Resident #31, Resident #38, Resident #41)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #63 was reviewed on 5/23/12 at 10:30 a.m. The record indicated the</p>	F0279	<p>1)Updated careplans have been made and/or updated for each affected resident. 2) Res. # 38 - careplan specifically related to pain will be completed.</p> <p>1) Careplans for all residents are being reviewed with careplans being updated or implemented related to activities. 2) Residents that are on scheduled pain meds will have a pain careplan implemented. 1.) New admits will have an activity careplan implemented by initial careplan conference. 2.) Pain careplans will also be completed for any new resident that has pain issues. These will be reviewed</p>	06/24/2012	

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	<p>resident was admitted from an assisted living facility on 3/25/12.</p> <p>The Minimum Data Set assessment, dated 4/3/12, indicated the resident scored 4 of 15 in the Basic Inventory Mental Status. The section related to Activity Preferences indicated the following were very important to the resident: listening to music, being around animals, doing favorite activities, getting outside to get fresh air in good weather, and participating in religious services or practices. The Care Area Assessment did not trigger related to activities.</p> <p>The record did not include a care plan related to activities.</p> <p>During interview on 5/24/12 at 9:00 a.m., the Activity Director indicated she had not yet developed a care plan for the Resident #63's activities but was "working on it."</p> <p>2. During observation of repositioning of Resident #38 by LPN #2 and CNA #5, the resident cursed and groaned as he was rolled onto the right side. During interview at this time, LPN #2 indicated recently the resident had been sent to the hospital for placement of a Baclofen (muscle relaxant) pump, but a urinary tract</p>		<p>with updates made at least with every careplan conference and prn. 1) The attached QA form will be utilized by activity staff. 2) The attached QA sheet will be utilized to ensure careplans are completed for pain issues by the MDS Coordinator or designated person initially then each time a MDS is done for the next 3 months. Addendum: Activity staff, MDS Coordinator and Restorative Nurse have been inserviced by DON on need to have these careplans in place with specific citings discussed/reviewed. 1) QA will be ongoing 2) QA to be done for 3 months then if 90% threshold is met QA will be d/c'd but if not met will continue until it is met.</p>		

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	<p>problem requiring placement of a suprapubic catheter had caused postponement of the pump placement. The resident's legs were observed to be contracted up toward the body.</p> <p>During observation of incontinence care on 5/24/12 at 10:35 a.m., Resident #38 complained throughout with groaning and cursing that the care was hurting him. During interview at this time, the resident indicated his legs hurt when the staff moves them.</p> <p>During observation on 5/24/12 at 1:55 p.m., of a wound dressing changes to Resident #38's gastrostomy tube stoma and pressure ulcers in the right and left groin areas, the resident cursed and complained of pain when moved. LPN #3 and LPN #4 worked together to complete the care, which required separation of the contracted legs to cleanse and dress the groin wounds. The resident complained and cursed, especially when the legs were moved. The nurses instructed the resident repeatedly to relax. During interview at this time, the resident indicated the pain was in the lower legs. LPN #3 indicated she worked nights previously, and the nurse on nights had a way of moving</p>			

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	<p>the resident's legs to open them for the dressing change, which caused less pain, but she indicated she was unable to remember how the nurse moved the legs.</p> <p>The clinical record for Resident #38 was reviewed on 5/23/12 at 2:56 p.m. The resident's diagnoses included, but were not limited to, multiple sclerosis, depressive psychosis, and dementia with behavioral disturbance.</p> <p>The Pain Assessment, dated 8/26/11, and updated most recently on 2/22/12, indicated the resident verbalizes pain, and described the pain as stabbing and sharp. The assessment also indicated the resident displayed the following non-verbal signs of pain: grimacing/distorted face, clenched jaw/teeth, frowning/scowling, glazed eyes, moaning, cursing, and irritability. The assessment indicated, "Pain is increased by: movement of any type." The assessment indicated the resident received Lortab (narcotic pain medication) twice daily and every eight hours as needed for pain. Comments on 2/22/12 indicated, "Remains A&O X 2 (alert and oriented times 2), clearly voices needs, denies pain/discomfort at this time but states, "hurts when they move me."</p>				

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	<p>The nursing Monthly Summary, dated 5/2/12, indicated checkmarks related to pain: "almost constantly" indicated by non-verbal sounds, vocal complaints of pain, and facial expressions.</p> <p>The Restorative Care Flow Record indicated, "Restorative Nursing Program: Turn and Reposition." The Monthly Summary for the program, dated 5/1/12, indicated, "Resident is turned and repositioned per schedule, routinely complains of pain with nearly all movement, charge nurse/staff are aware...."</p> <p>The resident had no specific Care Plan related to management of pain. The only Care Plan that mentioned pain indicated, "2/28/11 Medication - Pain - Signs and Symptoms potential for side effects r/t [related to] use of anticoagulant - ASA [aspirin]. Also received psychotropic meds [medications]." The Goal indicated, "[Name of resident] will have no drug related side effects by 5/28/12." The Approaches listed were related to side effects of medications.</p> <p>During interview on 5/25/12 at 10:55 a.m., the Director of Nursing (DON) indicated Resident #38 did not have a</p>						

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	<p>care plan related to pain except the plan indicated above. The DON indicated the resident always complains of pain, even before staff touches him. She indicated she thought the resident was afraid care would cause pain, so he began complaining as soon as staff entered the room. She indicated the care related to pain or the fear of pain had not been planned.</p> <p>3. On 5/23/2012 at 8:05 a.m., the clinical record was reviewed for Resident #41. Diagnoses included, but not limited to: metastatic lung cancer, compression fracture lumbar 3, anemia, depression, anxiety, hypertension.</p> <p>On 05/21/2012 at 02:07 p.m., in an interview with Resident #41 when queried if the organized activities meet your interests, resident indicated "no" and that she feels out of place in activities because of her age.</p> <p>Documentation was lacking for activities care planning.</p> <p>In an interview with the Care Plan Coordinator on 5/24/12 at 1:00 p.m.,</p>			

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	<p>she indicated that she does not have all the care plans done yet. She had been trained for 2 weeks by the last careplan coordinator, but that someone was going to come soon to train her formally.</p> <p>4. On 5/24/12 at 12:50 p.m., the clinical record was reviewed for Resident #31. Diagnoses included, but not limited to; hypertension, osteoporosis, overactive bladder, end stage Alzheimer's disease, dementia, peripheral vascular disease.</p> <p>The Care Plan, dated 5/7/12, indicated, but was not limited to: Problem-resident will start back in the activities that she did before, such as playing the piano, singing in church groups. Goal-resident will be encourage to attend the activities. Approach-AD will invite res.[resident] to the activities. Staff and family and AD will let her know the activities are that day. Will assist her to the activities of her choice. Post a activities calendar every month. Will do room visits if she is unable to attend that day.</p> <p>On 5/21/12 at 12:30 p.m., observation of Resident #31 indicated that she required staff to feed her as she could</p>						

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	<p>not raise her hands or arms.</p> <p>On 5/22/12 at 8:50 a.m., in an interview with the daughter of Resident #31, she indicated that her mother is total care including being fed all meals and that the facility would have to take her to activities.</p> <p>On 5/24/12 at 10:00 a.m., observation of resident indicated no interaction by self but would answer simple questions when spoken to.</p> <p>The care plan did not reflect the resident's current status.</p> <p>Review of the current Policy and Procedure provided by the Director of Nursing on 5/25/2012 at 10:27 a.m., indicated but was not limited to: Policy: It is the intent of the facility to assure that the resident unless adjudicated incompetent, or incapacitated under State law, participates in planning care and treatment or changes in care and treatment. It is also the intent of the facility that the comprehensive care plan is developed by the facility interdisciplinary team including the attending physician, registered nurse who has responsibility of the resident and all appropriate staff in disciplines</p>						

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	<p>determined by the resident's needs. Procedure:</p> <ul style="list-style-type: none"> * The comprehensive care plan is developed 7 days after the comprehensive assessment is completed by the interdisciplinary team to determine the resident's needs. Each team member will document their presence at the care plan meeting. * The team will review the resident's care plan at the care conference to assure that each updated assessment is documented on the care plan. The team will also initial that goals and approaches have been updated. * The care plan team will review the care plan periodically as needed to address any needed changes. * The interdisciplinary team will review resident goals and assist resident in achieving those goals. <p>3.1-35(a)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow the written plan of care for 1 of 26 residents reviewed for following the written plan of care related to skin care. (Resident #52)</p> <p>Findings include:</p> <p>The closed record for Resident #52 was reviewed for 5/23/12 at 8:30 a.m. The resident's diagnoses included, but were not limited to renal cancer with metastasis. The resident was admitted to the facility on 4/12/12.</p> <p>The MDS (Minimum Data Set) 14 day Assessment, dated 4/26/12, included but was not limited to: Requires extensive assist of with Activities of Daily Living and Pressure 2 - Stage 3 on 4/26/12.</p> <p>The Admission Evaluation, dated 4/12/12, included, but was not limited to: "Skin Dry no obvious problems." Admission Orders for April 2012 included, but were not limited to: "Magic Butt Cream apply to buttocks</p>	F0282	<p>No further action can be taken or this resident as he expired in April. All charts of residents with skin issues will be reviewed with comparison of orders, TAR documentation and careplans with updates made as needed. Each time a new skin issue is noted the order, documentation and careplans will be reviewed/updated. The following QA will be done for at least 12 weeks. The attached QA form will be utilized by Unit Manager or other designated person 3x's weekly for 4 weeks, then 2x's weekly for 4 weeks then 1x weekly for 4 weeks. It will be determined at that time if QA will continue or end. Addendum: DON inserviced Unit Managers ont he QA process to be completed with specific citings discusses/reviewed. After 12 weeks of monitoring if 90% threshold is met then QA will be d/c'd if not met then will continue until it is met.</p>	06/24/2012			

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	<p>every 2 hour prn (as needed) with brief changes."</p> <p>Review of the April 2012 MAR (Medication Administration Record) and the April 2012 TAR (Treatment Administration Record) indicated the Magic Butt Cream had not been applied on an as needed basis, as there were no initials indicating usage.</p> <p>The Dietary Notes included, but were not limited to: "4/13/12 they were to monitor labs, monthly wts, no skin issues and no s/s dehydration."</p> <p>Nurse's Notes included, but were not limited to: "4/22/12 4 a.m. open blister on rt buttock .9 cm x .8 cm. and an area of black sponge in tact skin on coccyx 2.5 cm x 1.2 cm. Repositioned to keep pressure off of areas."</p> <p>An MD order was received on 4/24/12 for Xeroform with border gauge every day to the coccyx.</p> <p>The Interim Plan of Care, dated 4/12/12, reviewed on 5/23/12 at 8:30 a.m., included, but was not limited to: "#5. Skin Integrity Preventive Care Pressure reduction mattress with a check mark on Pressure Ulcer</p>			

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	<p>Problem: 4/25/12- St (stage) III R (right) buttock 0.9 x 0.7 cm (centimeters), St III coccyx 1.5. 0.8 cm. Approach 4/23/12 Air Mattress placed on bed." Documentation was lacking of the interventions being updated for treatment to prevent pressure ulcers.</p> <p>In interview with the DON (Director of Nursing) on 5/23/12 at 8:50 a.m., she indicated "I put an air mattress on the bed and he was using Magic Butt cream. The Magic Butt cream was not applied as per the April 2012 MAR."</p> <p>3.1-35(g)(2)</p>			

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F0309 SS=G	<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 assess, and plan and implement care to manage pain for 1 of 3 residents reviewed in a sample of 7 who met the criteria for pain management. (Resident #38) Resident #38 continuously complained of pain during all observations requiring movement or repositioning.</p> <p>Findings include:</p> <p>1. On 5/21/12 at 12:15 p.m., during observation of repositioning of Resident #38 by LPN #2 and CNA #5, the resident cursed and groaned as he was rolled onto the right side. During interview at this time, LPN #2 indicated recently the resident had been sent to the hospital for placement of a Baclofen (muscle relaxant) pump, but a urinary tract problem requiring placement of a suprapubic catheter had caused postponement of the pump</p>	F0309	<p>Resident # 38 has been discussed with Nurse Practitioner - Urologist wrote order on 6/13/12 that resident is now clear from urology standpoint to have Baclofen pump placed. Appointment has been set for August 6 but awaiting time of procedure. Pain assessments will be reviewed on each resident. Those that indicate resident has pain will be discusses/reviewed with Nurse Practitioner with medication adjustments made as directed. After this initial review each time a pain assessment is completed on a resident if it indicates resident is having pain it will be reviewed with Nurse Practitioner and medication adjustments made as directed. The attached QA will be completed by the MDS Coordinator and/or designated person each time a MDS is done for at least the next 12 weeks. Addendum: After 12 weeks if 90% accuracy is achieved then QA will be d/c'd, if not then QA will continue until it is met.</p>	06/24/2012	

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	<p>placement. The resident's legs were observed to be contracted up toward the body.</p> <p>During observation of incontinence care on 5/24/12 at 10:35 a.m., Resident #38 complained throughout with groaning and cursing that the care was hurting him. During interview at this time, the resident indicated his legs hurt when the staff moves them.</p> <p>During observation of a wound dressing changes to Resident #38's gastrostomy tube stoma and pressure ulcers in the right and left groin areas on 5/24/12 at 1:55 p.m., the resident cursed and complained of pain when moved. LPN #3 and LPN #4 worked together to complete the care, which required repositioning of the resident in bed, and separation of the contractured legs to cleanse and dress the groin wounds. The resident complained and cursed, especially when the legs were moved. The nurses instructed the resident repeatedly to relax. During interview at this time, the resident indicated the pain was in the lower legs. LPN #3 indicated she worked nights previously, and the nurse on nights had a way of moving the resident's legs to open them for the dressing</p>			

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	<p>change, which caused less pain, but she indicated she was unable to remember how the nurse moved the legs.</p> <p>The clinical record for Resident #38 was reviewed on 5/23/12 at 2:56 p.m. The resident's diagnoses included, but were not limited to, multiple sclerosis, depressive psychosis, and dementia with behavioral disturbance.</p> <p>The Pain Assessment, dated 8/26/11, and updated most recently on 2/22/12, indicated the resident verbalizes pain, and described the pain as stabbing and sharp. The assessment also indicated the resident displayed the following non-verbal signs of pain: grimacing/distorted face, clenched jaw/teeth, frowning/scowling, glazed eyes, moaning, cursing, and irritability. The assessment indicated, "Pain is increased by: movement of any type." The assessment indicated the resident received Lortab (narcotic pain medication) twice daily and every eight hours as needed for pain. Comments on 2/22/12 indicated, "Remains A&O X 2 (alert and oriented times 2), clearly voices needs, denies pain/discomfort at this time but states, "hurts when they move me."</p>			

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	<p>The nursing Monthly Summary, dated 5/2/12, indicated checkmarks related to pain: "almost constantly" indicated by non-verbal sounds, vocal complaints of pain, and facial expressions.</p> <p>The Restorative Care Flow Record indicated, "Restorative Nursing Program: Turn and Reposition." The Monthly Summary for the program, dated 5/1/12, indicated, "Resident is turned and repositioned per schedule, routinely complains of pain with nearly all movement, charge nurse/staff are aware...."</p> <p>The resident had no specific Care Plan related to management of pain. The only Care Plan that mentioned pain indicated, "2/28/11 Medication - Pain - Signs and Symptoms potential for side effects r/t [related to] use of anticoagulant - ASA [aspirin]. Also received psychotropic meds [medications]." The Goal indicated, "[Name of resident] will have no drug related side effects by 5/28/12." The Approaches listed were related to side effects of medications.</p> <p>The Medication Administration Record for May 2012 indicated the resident received the following medications including, but not limited</p>				

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	<p>to, Lortab 7.5/500 mg three times daily routinely (with physician's order date of 3/27/12) from 5/1 through 5/24/12. The resident also received a Baclofen four times daily. The Medication Administration Record for as needed medications indicated the resident had physician's orders for Tylenol every four hours as needed for pain (with physician's order date of 1/23/12) and also Lortab 7.5/500 mg three times daily as needed (with physician's order date of 3/27/12). The Medication Administration Record indicated one dose of the Tylenol was administered on 5/16/12 at 3:00 a.m., for wound pain in the left an right groin, and was effective. Documentation failed to indicate other doses of as needed pain medications were administered.</p> <p>During interview on 5/25/12 at 10:55 a.m., the Director of Nursing (DON) indicated Resident #38 did not have a care plan related to pain except the plan indicated above. The DON indicated the resident always complains of pain, even before staff touches him. She indicated she thought the resident was afraid care would cause pain, so he began complaining as soon as staff entered the room. She indicated the care related to pain management or the</p>			

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	fear of pain had not been planned. 3.1-37(a)			

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure assessment, care planning, intervention and treatments were in place for 2 of 3 residents reviewed in a sample of 8 who met the criteria for pressure ulcer. (Resident #38 and Resident #52)</p> <p>Findings include:</p> <p>1. Repositioning of Resident #38 by LPN #2 and CNA #5 was observed on 5/21/12 at 12:15 p.m. During interview at this time in regard to Resident #38's skin problems, LPN #2 indicated the resident receives treatment for open areas in the right and left groin areas.</p> <p>During interview on 5/23/12 at 3:25 p.m., LPN #6 indicated Resident #38's wound dressings are changed on the night shift, since the resident</p>	F0314	<p>Resident # 38 - Wound care being completed per wound nurse recommendations after MD/NP approval. Baclofen pump is scheduled to be placed on August 6 which with hopefully relieve some pressure at groin sites. Resident # 52 - No further action can be taken for this resident as he expired in April. Pressure ulcer risk assessments will be reviewed on all residents then compared to care plan and interventions for appropriateness. After this initial review each time a pressure ulcer risk assessment is completed for the next 12 weeks it will be compared to the careplan for appropriateness. Current process of skin assessments weekly by staff nurse with nurse manager review will continue as well as nurse manager completing weekly wound rounds. The attached QA will be utilized by MDS Coordinator, Unit Manager and/or designated person. It will be completed initially then each time</p>	06/24/2012			

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	<p>takes his showers at night.</p> <p>Incontinence care for Resident #38 was observed on 5/24/12 at 10:35 a.m. CNA #2 provided care, and LPN #4 and LPN #3 assisted with positioning the resident. As CNA #2 cleansed the groin area to right and left, and serosanguinous drainage was observed on the washcloth. LPN #4 indicated wound dressings were not in place to the wounds on the right and left groin, and she would redress the wounds. LPN #4 indicated the dressings must have come off during care. No dressings were observed on the resident's bed or in the bed clothing.</p> <p>On 5/24/12 at 1:55 p.m., LPN #4 indicated she was preparing to dress the wounds to Resident #38's right and left groin areas. LPN #3 and LPN #4 worked together to complete the care, which required repositioning of the resident in bed, and separation of the contractured legs to cleanse and dress the groin wounds. LPN #4 cleansed the wounds with normal saline, applied Bactroban, and covered with calcium alginate dressing and foam pad on each side. The wound was not observable due to the resident's positioning. LPN #4 indicated the wound was difficult to</p>		<p>a MDS is done for at least the next 12 weeks. Addendum:Inservice was conducted on 6/19/12 for all nurses including administrative nurses that included review of citings. MDS Coordinator/Unit Managers were instructed by DON on QA process to be used. After 12 weeks of monitoring if 90% threshold is met then QA will be d/c'd if not met then will continue until met.</p>		

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	<p>observe due to the resident's contractures.</p> <p>The clinical record for Resident #38 was reviewed on 5/23/12 at 2:56 p.m. The resident's diagnoses included, but were not limited to, multiple sclerosis, depressive psychosis, and dementia with behavioral disturbance.</p> <p>The Norton Plus Pressure Ulcer Scale assessments from 2/7/11 through 2/22/12 indicated the resident was at high risk for pressure ulcers.</p> <p>The Wound Care Integrity Evaluation from the contracted wound nurse, dated 5/20/12, indicated the resident had a healing Stage 3 pressure ulcer to the left groin with onset date of 2/8/11.</p> <p>The Care Plan, dated 2/28/11, indicated "Problem: Risk - Skin Breakdown [name of resident] is at risk for skin breakdown due to immobility and incontinent of bowel. History of skin breakdown." Approaches included, but were not limited to, use of an air mattress and pressure relief cushion, turning and repositioning every 2 to 3 hours and as needed, keeping skin and bed linens clean, dry, and wrinkle free, providing prompt incontinence care,</p>			

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	<p>and administering treatments and medications as ordered. The care plan lacked indication of specific interventions related to pressure relief for the contracted legs with pressure to the groin areas.</p> <p>A Wound/Skin Healing Record, dated 1/11/12, indicated the resident had a Stage 2 pressure ulcer to the right groin, 2 X 2 X 0.2 cm (length by width by depth). The record indicated no exudate, no odor, and slough in the wound bed.</p> <p>A physician's order, dated 1/11/12, indicated, "Calcium Alginate & Foam Dressing to R [right] groin sore."</p> <p>A physician's order, dated 1/23/12, indicated, "Cleanse R groin [symbol for with] N/S [normal saline] (illegible word), apply Calcium Alginate & foam drsg [dressing] QD [every day] & prn [as needed]."</p> <p>During interview on 5/24/12 at 12:50 p.m., the Director of Nursing (DON) indicated the facility's contracted wound nurse visits residents with wounds monthly. The DON indicated the wound nurse did not evaluate Resident #38 at her January visit on 1/24/12, since the order for the dressing change had been changed</p>			

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	<p>the day before her visit. The DON indicated the first documentation she could find of assessment of the right groin wound by the wound nurse was on 3/22/12.</p> <p>The Wound/Skin Healing Records indicated the wound was assessed weekly from 1/11 through 3/21/12. On 3/21/12, the record indicated the wound was a Stage 2 Pressure Ulcer with measurements of 1.5 X 1 X 0.1, no odor or exudate, and wound bed of slough.</p> <p>The Wound Care Skin Integrity Evaluation by the wound nurse, dated 3/22/12, indicated, "Wound 2, Groin - right; Date onset 1/11/2012; Assessment Date 3/22/12; Exudate: Moderate; Thickness: Healing Full Thickness; Etiology: Pressure - Healing Stage III; Size (L X W cm): 2.00 X 1.00; Depth: 0.2...Drainage Consistency: Serosanguinous; Acquisition: Facility Acquired; Wound Bed: 100% granular; Periwound: slight redness, very moist; Clinical Rationale/Wound Comments: Pt [patient] has a new area to groin requiring treatment. Recurrent area, previously responded well to treatment. Requires calcium alginate for drainage control with foam for added moisture control. No</p>				

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	<p>tape required due to contractures. Difficult to visualize and treat due to severe contractures; Treatment Intervention: 1. Cleanse with NS or wound cleanser 2. Apply Bactroban to wound bed. 3. Apply calcium alginate for moisture control. 4. Cover with foam 5. Change daily."</p> <p>The next Wound Care Skin Integrity Evaluation by the wound nurse, dated 5/20/12, indicated identical information to the assessment on 3/22/12 except wound measurements, which indicated the wound was now 1 X 1 X 0.2 cm.</p> <p>2. The closed record for Resident #52 was reviewed for 5/23/12 at 8:30 a.m. The residents diagnoses included, but were not limited to renal cancer with metastasis. The resident was admitted to the facility on 4/12/12 and expired on 4/26/12.</p> <p>The Admission Evaluation, dated 4/12/12, included, but was not limited to: "Skin Dry no obvious problems." Admission Orders for April 2012 included, but were not limited to: "Magic Butt Cream apply to buttocks every 2 hour prn (as needed) with brief changes."</p> <p>The Interim Plan of Care, dated 4/12/12, reviewed on 5/23/12 at 8:30</p>			

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	<p>a.m., included, but was not limited to: "#5. Skin Integrity Preventive Care Pressure reduction mattress with a check mark on Pressure Ulcer. Problem: 4/25/12 St (stage) III R (right) buttock 0.9 x 0.7 cm (centimeters), Stage III coccyx 1.5. 0.8 cm. Approach 4/23/12 Air Mattress placed on bed." Documentation was lacking of the interventions being updated for treatment to prevent pressure ulcers.</p> <p>Reviewed at this time, the MDS (Minimum Data Set) 14 day Assessment, dated 4/26/12, included but was not limited to: Requires extensive assist of with Activities of Daily Living and Pressure 2 - Stage 3 on 4/26/12. The Dietary Notes of 4/13/12 included, but were not limited to: monitor labs, monthly wts, no skin fissures and no S/S dehydration."</p> <p>Nurse's Notes included, but were not limited to: 4/22/12 4 a.m." open blister on rt buttock .9 cm x .8 cm. and an area of black spongy in tact skin on coccyx 2.5 cm x 1.2 cm. Repositioned to keep pressure off of areas."</p> <p>4/23/12 "pressure ulcer coccyx. Attempted to position off buttocks with poor awareness. Turned self back</p>			

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	<p>over to back." Documentation was lacking of a follow-up call to the MD so as to obtain treatment for the pressure ulcers.</p> <p>An MD order was received on 4/24/12 for Xeroform with border gauge every day to the coccyx.</p> <p>Dr. [named] was in on 4/25/12 and indicated on the Annual Physical Examination Form "Rectal: Stage 3 coccyx ulcer."</p> <p>In interview with the DON (Director of Nursing) on 5/23/12 at 8:50 a.m. the Director stated, "I put an air mattress on the bed and he was using Magic Butt cream." A request was made for the DON to review the April MAR, at this time. The DON verified the Magic Butt cream was not used prn. The DON indicated staff should have made a follow-up call to the doctor on the 4/23/12.</p> <p>3.1-40(a)(2) 3.1-40(a)(4)</p>				

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to implement a program to prevent an accident for 1 of 4 resident reviewed in a sample of 4 who met the criteria for accidents. (Resident #44)</p> <p>Findings include:</p> <p>Review of Resident #44's clinical record on 5/23/12 at 11:04 a.m., nurses notes, dated 4/6/12 at 12 noon, indicated the following:</p> <p>"Res (resident) being propelled in a w/c to mdr (main dining room) and resident threw foot down thus stopping w/c. Res. yelled out in pain, assessed res leg with no apparent injuries noted. Palpated leg and questioned res. She denied any pain and thanked this nurse."</p> <p>4/6/12 at 3 p.m. "res being propelled from dining room following an activity when she put her foot down and stopped wheelchair. Res cried out 'my leg' then started crying. Res</p>	F0323	Resident #44 has been placed in another wheelchair that was recommended by therapy with foot pedals in place. All residents were assessed and those found to at any time needed to be pushed in their wheelchair had foot pedals placed. All staff was inserviced on and signed acknowledgement regarding the use of foot pedals (see attached). New staff is also given this information. The attached QA form will be utilized by DON or designated person at random intervals throughout the day to ensure wheelchair pedas are in place and being used. This QA will occur at least 3x's daily Monday thru Friday for 4 weeks, if 90% threshold is met then QA will end if not it will continue until met.	06/24/2012

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	<p>stated 'this is the worse pain I ever felt.' MD notified n.o.[new order] for tib/fib [tibia and fibula] x-ray. Radiology notified. POA (name) notified with no adverse reaction."</p> <p>4/6/12 at 6 p.m. "N.O.(new order) recvd (received) noted for rt/to [related to] x-ray results have returned. Resident has fx (fracture) to L (left) tib (tibia) & fib (fibula). Dr (name) and family advised. Transferring resident to acute care hospital. Will Continue to monitor."</p> <p>4/7/12 at 6 a.m. "Pt (patient) has returned from hospital. Neurovascular checks ordered q 6 hours. Neurovascular checks WNL. Pt is resting in bed with leg elevated ice applied. Temporary cast to lle (left lower extremity). We are to follow up with North on Monday. Vicodin ordered qid [4 times daily] po [by mouth] for pain. Will continue to monitor. Call light in reach."</p> <p>The Minimum Data Set, dated 1/22/12, indicated the resident required extensive assist of 1 to transfer and assist of 2 to walk in room.</p> <p>The x-ray report on 4/6/12 indicated "Left Tibia-Fibula: Cross table</p>			

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	<p>examination of the leg shows fracture through the distal tibia with angulation at the fracture sited. Definite fracture of the distal fibula is poorly delineated, but thought to be present as well. Impression: There are fractures of both bones in their distal shaft with angulation at the tibial fracture."</p> <p>After the first incident of resident stopping wheelchair at 12 noon, the facility failed to put a system in place to ensure the resident's feet were on foot rests while being pushed by staff.</p> <p>Interview with DON on 05/23/12 she indicated Resident #44 did not have foot rests on at the time of the incident resulting in a fracture. She indicated that staff (she thought) were taking her to the bathroom and that is why they were pushing her.</p> <p>The in-service "W/C Propelling" was given on 04/10/12 at 11:00 a.m.</p> <p>The DON indicated the staff had been instructed in wheelchair propelling and signed acknowledgement. The signed acknowledgement reads as follows "I, _____ have been instructed that wheelchairs are required to have foot rests on them prior to being pushed by staff. Residents can</p>						

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	<p>continue to propel themselves without but if staff is needed to push the wheelchair the leg rests will be obtained and placed. I understand that I am responsible for making sure that this policy is followed and if found not to be following will be subject to disciplinary action."</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>			

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 record review and interview, the facility failed to implement non pharmacological interventions prior to use of anti-anxiety medication for 2 of 10 residents reviewed for unnecessary medication in a sample of 10. (Resident #56, #3)</p> <p>Findings include:</p> <p>1. Resident #3's clinical record was reviewed on 5/23/12 at 2:00 p.m. The</p>	F0329	<p>No corrective action can be taken at this time due to meds had already been given. All resident charts will be reviewed for prn psychotropic orders. Nurses will be inserviced on need of trying non-med interventions and documentation of those interventions with the results. This will occur with the inservice scheduled 6/19/12. The attached QA will be utilized by the Med. Rec. Supervisor to monitor prn psychotropic administration. This will be done 2x's weekly x 4 weeks, then 1x weekly x 4</p>	06/24/2012

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	<p>resident had diagnoses including but not limited to: high blood pressure, diabetes, atrial fibrillation, cervical disk disease, anxiety, depression, and neuropathy.</p> <p>The resident received Ativan 0.5 mg three times a day for increased anxiety with behaviors. The Ativan was originally ordered on 01/09/12.</p> <p>The pharmacy reviews, dated 4/30/12 and 5/23/12, indicated no recommendations.</p> <p>Review of the behavior log for May 2012 indicated the resident was crying /tearful on 3 occasions on the 10th and 15th. Interventions included 1-6-8-9. 1=redirect, 6= toilet, 8= give fluids, 9= change position. A plus was indicated for improved behavior after the interventions.</p> <p>In interview with the Director of Nursing on 05/25/12 at 9:44 a.m., she indicated that without the Ativan the resident cries all the time. The Ativan improves her mood and she is more active. She goes to activities and also her daughter wants her to have the medication.</p> <p>Nurses notes, dated 1/8/12 at 4 p.m., indicated "daughter (name) visiting</p>		<p>weeks. If 90% accuracy is achieved then QA will stop if not it will continue until 90% is achieved.</p>		

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	<p>res began being tearful, yelling out. daughter wanted MD notified for res behavior N.O. (new order) received per [MD name] via phone to increase Ativan 3x daily." Nurses notes, dated 1/24/12 at 2 p.m. "res cont pain very tearful and demanding with staff gave routine Tylenol and Ativan."</p> <p>Social Services notes, dated 4/23/12, indicated the "resident has dementia, depression and anxiety. No change in meds since last assessment. Per her daughter res is not expected to be discharged from our facility and there is no need to ask res [resident] about discharge on every assessment."</p> <p>In interview with Social Service Director at 11:15 a.m., on 5/24/12, she indicated the resident had a lot of problems and anxiety when she was first admitted. Social Service felt when the daughter was getting married the behavior was more repetitive complaints and she didn't visit as much and this upset the resident. Resident #3's behavior was much better and she was not currently looking at her for any further behaviors.</p> <p>2. The clinical record for Resident #56 was reviewed on 5/23/12 at 1 p.m. The resident's diagnoses</p>			

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	<p>included, but were not limited to: dementia with disturbance of behavior and mood, anxiety, depression and agitation. Nurse's Notes included, but were not limited to: 5/20/12 at 5 PM, "Res with cont (continuous attempts to get out of wheelchair. Redirect successful x (times) 4. PRN (as needed) Ativan given with little results."</p> <p>Review of the May 2012 Behavior/intervention Monthly Flow Record included, but was not limited to: May 20 for the evening shift No behavior episodes were documented for Mood Changes, Anxiety, and Agitation.</p> <p>The current signed Physician Orders for April 2012 included, but was not limited to: 04/27/11 Lorazepam Tab (tablet) 0.5 mg (milligram) IE: Ativan. Take 1 tablet by mouth every 12 hours as needed for agitation (3/30/12)</p> <p>The DON was looking at the Care Plan for use of Ativan on 5/23/12 at 2 05 p.m. A Specific Care Plan for use of Ativan and interventions to attempt prior to administration were not in the current care plan.</p> <p>On 5/23/12 at 3:10 p.m., in interview</p>						

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	<p>with the Consultant Pharmacist, she indicated psych notes are reviewed. She looks for a GDR (Gradual Dose Reduction) initiated every 6 months, looks at behaviors being monitored and reads nurses notes. "You can split hairs with a diagnosis of anxiety disorder."</p> <p>3.1-48(a)(3) 3.1-48(a)(4)</p>			

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F0356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. 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: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <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"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <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, record review and interview, the facility failed to post the Registered Nurse hours and the total number of hours worked by licensed and unlicensed nursing staff for 5 of 5 survey days.</p>	F0356	Residents were not affected by this. Residents are not adversely affected by this not being completed. Form has been updated to include DON hours and the total number of hours worked by licensed and	06/24/2012			

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	<p>Findings include;</p> <p>On May 21, 2012 at 9:30 a.m., the Nurse Staffing Data Sheet was observed posted on a bulletin board near the main dining room. Upon review, the Nurse Staffing Data Sheet lacked the number of Registered Nurse hours and the total number of hours worked for the 6:30 a.m. - 6:30 p.m. shift. The information remained the same on May 22, 23, 24 and 25, 2012.</p> <p>On 5/25/12 at 9:10 a.m., in interview with the Medical Record person, in charge of the posting, she indicated she was told the Director of Nursing was not to be included in the Registered Nurse hours and was not aware the total number of licensed and unlicensed nursing staff was to be included on the Nurse Staffing Data Sheet.</p> <p>3.1-13(a)</p>		<p>unlicensed nursing staff. DON or designated person will review form each day Monday thru Friday to ensure all information is included on posted form. The attached QA will be utilized for 4 weeks. Addendum: Medical Records staff was inserviced by DON on correct format/content of the form. After 4 weeks of QA if 90% accuracy is achieved then QA will be d/c'd if not then will continue until met.</p>		

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F0371 SS=F	<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</p> <p>Based on observation, record review and interview, the facility failed to ensure hands were washed, hair was covered, equipment was clean and freezer temps were recorded on 2 of 2 dietary observations. This deficient practice had the potential to affect 51 of 51 residents.</p> <p>Findings include:</p> <p>On 05/21/12, during the initial tour of the dietary department, between the hours of 9:30 a.m. and 10:00 a.m., the following was observed:</p> <ol style="list-style-type: none"> 1. The Administrator entered the kitchen without washing his hands. 2. The pest control person entered the kitchen without handwashing or hair covered. 3. The freezer lacked a thermometer on the inside to monitor temperatures. <p>On 05/23/12 between 10:11 a.m. and</p>	F0371	<p>1,2,3,4,&5 - There are no corrective actions that can be done at this time due already having occurred. Potentially each issue could have affected all residents. Inservicing to be done for education related to these issues. Inservice on 6/19/12 to include new handwashing policy (see attached). All staff will sign for acknowledgement of policy. Hair net/beard covers will be placed at each entry to kitchen along with hand sanitizer. Notices will be placed at each door to remind staff to sanitize or wash hands and place hair/beard covers prior to entering kitchen. Dishes will not be washed in the Activity Room they will be sent to the kitchen for cleaning. Dietary staff will be inserviced on proper food storage-refrigerated including proper way to check temperatures in refrigerators and freezers and record (see attached) Dietary staff will be inserviced on HACCP and Food Safety. They will be instructed to place utensils on a plate or spoon holder not on counter. CDM is to check temp charts daily and observe staff taking temperatures</p>	06/24/2012

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	<p>1:00 p.m. the following was observed:</p> <p>4. Cook #1 indicated she was pureeing for 15 residents. She washed her hands for 10 seconds. Then she proceeded to place the required amount of vegetable lasagna into the Robo Coupe. She turned on the processor and during the process used a spatula to scrape the sides of the bowl. The spatula was placed on the counter 4 times during the process without using a plate or barrier to ensure the spatula was kept clean.</p> <p>5. At 10:14 a.m., 12 coffee cups, 1 plastic glass, 1 cup with a lid and plastic tongs was observed in a dish drainer in the activity room. A large plastic lid and two ice cream dippers were observed in the sink. In interview with the Activities Director, at this time, she indicated she washes the dishes with detergent, but does not use a sanitizer. The cups and dishes were used for coffee and other activities.</p> <p>3.1-21(i)(3)</p>		<p>at least 2 times per week. CDM will initial on refrigerated temperature sheets daily by utilizing the attached QA form. CDM will observe cooks daily when in facility for proper handling of equipment and food safety and record by utilizing the attached QA form. Attached QA forms will be utilized by Dietary Manager or designated person to monitor use of hand washing/sanitizing and hair/beard covers prior to entering kitchen and dishes being sent to kitchen from activity room. All QA's will be done Monday-Friday for 4 weeks, then three days a week x 4 weeks then 1 day a week for 4 weeks. It will be decided at that time if QA can be discontinued or needs to continue. Addendum: After 12 weeks of QA if 90% threshold is met then QA will be d/c'd if not met then will continue until met.</p>				

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F0425 SS=A	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on observation, record review and interview, the facility failed to ensure discontinued medications of discharged residents were disposed of for 1 of 3 medication rooms observed.</p> <p>Findings include:</p> <p>On 5/22/12 at 1:30 p.m., the medication room on the 300 hall was observed with LPN #5. On the counter was a plastic bag of partially used medications. LPN #5 indicated the medications were for destruction and should not still be in the</p>	F0425	<p>Nurses will be instructed on the need to remove discontinued meds/treatments from carts and that return to pharmacy, family of disposal is completed within 7 days. Night shift nurses are responsible 1x weekly to clean/clear out med carts and treatment carts. Addendum: All med/tx carts and med rooms have been observed by DON and/or Unit Manager with no issues found at that time. Unit Manager or designee will use the QA form submitted for F431 to monitor med rooms also. This will be done 2x's monthly ongoing.</p>	06/24/2012

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	<p>medication room. Also observed in the room were medications including Warfarin, Mucinex, Loratidine, Claritin D, Bayer Aspirin 81, Lasix, and other medications. LPN #5 indicated the medications should have been returned to the family when the resident went to the hospital on 2/27/12.</p> <p>3.1-25(o)</p>			

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & 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 and interview, the facility failed to ensure medications were marked with open dates on 2 of 3 medication carts</p>	F0431	There were no noted affected residents. Med carts will be checked for any opened containers that do not have dates on them with the appropriate	06/24/2012

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	<p>observed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 5/24/12 at 11:15 a.m., LPN #3 opened the medication cart for the 200 hall. In one drawer was a container of nasal spray with no open date. LPN #3 indicated the nasal spray should be marked with an open date, to determine when the spray expired. On 5/24/12 at 2:00 p.m., LPN #5 opened the medication cart for the 300 hall. In the drawer of the cart were three containers of nasal sprays unmarked for date opened for determination of expiration date. <p>3.1-25(k)(6)</p>		<p>actions taken if any observed. In service on 6/19/12 to include instructions to nurses on importance of dating containers when opened so to know when they expire. Carts will be checked weekly by night shift nurses to ensure all containers are dated. The attached QA form will be used by Unit Manager or designated person to monitor compliance. This will be done 2x's monthly ongoing.</p>		

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F0441 SS=D	<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 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, record review and interview, the facility failed to</p>	F0441	No corrective action can be taken for these residents for these	06/24/2012	

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	<p>follow the facility's policy for handwashing and glove use for 2 of 5 observations for direct care and 2 of 5 observations of linen handling. (Residents #44, #48, #11)</p> <p>Findings include:</p> <p>1. On 05/23/12 at 10:23 a.m., Resident # 44 was observed to receive peri- care. Certified Nursing Assistants (CNA) #1 and #2 placed the Hoyer Lift Sling behind the resident in her wheelchair. CNA #1 washed her hands for 15 seconds, put on gloves and proceeded to place wipes in the sink basin and wet with water. She indicated the wipes were dry and she was using warm water to wet them. She then placed the wipes directly on the night stand, without using a barrier. She then used the same wipes to cleanse the resident.</p> <p>The CNA removed her gloves washed her hands for 15 seconds. The paper towel dispenser was empty and with wet hands the CNA entered the resident's bathroom touching the door knob and without re-washing her hands obtained paper towels to dry her hands.</p> <p>Review of the Hand Washing policy/procedure provided by the</p>		<p>ocurances due to having already occurred. Inserviceing will be provided for all nursing and laundry staff on handwashing and handling of lenen as this has the potential to affect any resident. Inservice on 6/19/12 to include reviewing handwashing procedure along with specific issues noted on 2567. Laundry staff to be inserviced on need to have clothes covered when transporting them in hallway and keep away from their clothing. Handwashing QA will be done per the attached QA form by Unit Managers or designated person. This will be done on all employees initially then quarterly and prn. Housekeeping supervisor will utilize the attached QA form to monitor distribution of clothes. Addendum: Handwashing QA of employees will be quarterly and prn ongoing. Housekeeping supervisor will conduct QA for distribution of clothes 2-3x's a day 5 days a week x 4 weeks then 2x's a day 3 days a week x 4 weeks then 2x's a day 1 day a week x 4 weeks. If 90% threshold is met after 12 weeks then QA will be d/c'd if not then will continue until met.</p>		

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	<p>Director of Nursing on 5/24/12 at 9:55 a.m. the following was noted under the section titled "You should wash your hands":</p> <p>Bullet 4. Before , between, and after all contact with residents.</p> <p>Bullet 7. Before putting on gloves and after removing gloves.</p> <p>Procedure: Number 6. Use clean, dry paper towel to dry all surfaces of hands, wrists, and fingers.</p> <p>Number 7. Use clean, dry paper towel to turn off faucet, without contaminating hands. Do not touch the inside of the sink at any time.</p> <p>www.cdc.gov/handwashing: Current Centers for Disease Control recommendations for handwashing indicate wash hands for 20 seconds.</p> <p>2. On 05/24/12 at 1:35 p.m., the housekeeping supervisor was observed entering Room 115. Resident #48's personal clothing was uncovered on hangers and was touching her uniform against the resident's clothing. In interview, at this time, the housekeeping supervisor indicated she "should have covered the clothes while carrying through the hallway. Should not carry next to uniform. "</p>			

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	<p>3. The following was observed on 5/22/12 between 12:45 p.m. and 1:15 p.m. Resident #11 was observed being wheeled into the bathroom in the resident's room, by Certified Nursing Assistant (CNA) #4. After CNA #4 donned gloves, she removed the resident's wet pants and brief. CNA #4 continued to provide incontinence care without washing her hands and changing gloves after removing the wet pants and brief and placed them into a plastic bag. CNA #4 using the same gloves, went to retrieve clean pants from the resident's closet. Without changing gloves, the CNA put clean briefs and pants on the resident and assisted the resident back into the wheelchair from the toilet without changing gloves.</p> <p>In interview with CNA #4, at the time, she indicated this was her third day on the job.</p> <p>In interview with the Director of Nursing on 5/24/12 at 9:20 a.m., she indicated gloves should be changed after removing soiled clothing, hands would be washed and clean gloves applied to replace clean clothing.</p> <p>3.1-18(1)</p>			

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