

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155750	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2013
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NAME OF PROVIDER OR SUPPLIER MORGANTOWN HEALTH CARE-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 1, 2, 3, 4, and 5, 2013</p> <p>Facility number: 000399 Provider number: 155750 AIM number: 100289100</p> <p>Survey team: Susan Worsham, RN-TC Cheryl Mabry, RN Diana McDonald, RN</p> <p>Census bed type: SNF/NF: 37 Total: 37</p> <p>Census payor type: Medicaid: 30 Other: 7 Total: 37</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on April 16, 2013; by Kimberly Perigo, RN.</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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F000174 SS=E	<p>483.10(k) RIGHT TO TELEPHONE ACCESS WITH PRIVACY</p> <p>The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>Based on observation and interview, the facility failed to ensure the residents' rights to have reasonable access to the use of a telephone where calls could be made without being overheard for 9 out of 14 residents reviewed for telephone privacy. (Resident #20, #24, #5, #36, #41, #42, #40, #23, and #12)</p> <p>Findings include:</p> <p>Interview with Resident #12 on 4/4/13 at 1:30 p.m., indicated that none of the residents can use the phone in private.</p> <p>Observation during 4-1-13 thru 4-5-13, indicated residents had to use a phone at the nurses station in view of other residents and facility staff.</p> <p>Observation from 4-1-13 thru 4-5-13, indicated the residents were having to use the nurse's station phone, positioned on a medication cart in the hallway, with phone calls being observed, and residents having to talk</p>	F000174	<p>1. New phone line and phone installed (Portable) so residents may have access and not be overheard by residents or staff.2. Any resident has the potential to be affected.3. Phone line and phone (portable) was installed on April 19, 2013 so that residents can have access to privacy and use of phone.4. Phone (portable) will be taken or given to resident for personal phone calls in an area that is private. Staff will monitor daily to make sure privacy and phone available. Q.A. to monitor for six (6) months.5. Completed on 04/20/2013.</p>	04/20/2013			

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	<p>without privacy.</p> <p>Interviews with random residents (#5, #36, #41, #42, #40, and #23) during 4-1-13 thru 4-5-13, indicated the facility had a portable phone available to residents up until 4 months ago, now they only have the phone at the nurse's station .</p> <p>Observed Resident #20 on 4-4-13 at 10:01 a.m., requesting to use the phone and the Social Worker gave him the phone at nursing station, without asking if he needed privacy. Resident #20's phone call was made in front of several individuals in the area.</p> <p>Resident #24 was observed on 4-4-13, after Resident #20 to also make a telephone call at nurse's station without privacy. Staff at the nurse's station did not ask him if he needed privacy.</p> <p>Interview with LPN #1 on 14/4/13 at 11:39 a.m., indicated the facility used to have a cordless telephone that could be taken into a room for privacy, but the cordless phone was broken and not replaced. Having indicated the phone being broken for a least 3 weeks.</p>						

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	<p>On 4/4/13 at 1:24 p.m., The Director of Nursing (DON) indicated that if a resident needed privacy on phone they could use the DON, Social Service, and/or Administrator's telephone(s)</p> <p>3.1-3(f)</p>			

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F000246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on record review and interview, the facility failed to provide reasonable accommodations of individual needs and preferences for 1 of 14 residents reviewed for bathing preferences. (Resident #40) (DON, CNA #2, CNA #5 and LPN #1)</p> <p>Findings include:</p> <p>Resident #40's clinical records were reviewed on 4/4/13 at 1:50 p.m. Resident #40's diagnosis included, but were not limited to major depression, psychotic disorder, mild mental retardation, agitation, verbal aggression, and hallucinations.</p> <p>Review of Resident #40's behavioral careplan dated 3/18/13 indicated, "resident combative, crying, resisting care, swing at staff, resisting shower."</p> <p>On 4/3/13 at 10:28 a.m., interview with Resident #40 indicated he was made to take showers by the cna's (certified nursing assistants). Having</p>	F000246	<p>1. Director of Nursing contacted State Legal Guardian and Care Plan updated to note any changes.2. Any resident has the potential to be affected.3. All residents are asked upon admission to facility their preference of time of day and type of bathing they prefer. These preferences are added to CNA assignment sheets and to the care plan.All care plans were reviewed and updated to reflect the preferences.4. All nursing staff were in serviced and re-educated on Resident Rights pertaing to showers and bathing. Personal cleaning cloth obtained for resident who did not wish to shower. Q.A to monitor for six (6) months.5. Completed 4/26/13</p>	04/26/2013	

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	<p>indicated, "I don't like showers."</p> <p>On 4/4/13 at 1:44 p.m., a DON (director of nursing) interview indicated Resident #40 resisted showers and change of clothing, "therefore he feels that they talk mean when he resist" and he "has offensive odor." The DON further indicated Resident #40 liked attending church. I was made aware by the church that Resident #40 had an offensive odor and will not be permitted to attend church if not showered first. "If he has offensive odor he is going to get a shower, there is not an alternative."</p> <p>On 4/5/13 at 11:00 a.m., during a second interview the DON (director of nursing) indicated there was no careplan for bathing preference and/or shower refusal. Resident #40, "must shower before going to church in the community per Guardian's request." The DON provided a careplan dated 4/5/13. The careplan indicated, "Resident #40 must shower before going to church in the community."</p> <p>On 4/5/13 at 11:45 a.m., during a second interview Resident #40 indicated he doesn't like showers. " I want to use a wash rag."</p>						

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	<p>On 4/5/13 at 11:48 a.m., CNA #5 interview indicated Resident #40 does his own shower, with cueing. "Resident #40 sometimes likes a shower. Depending on his mood he has to be reproached, because he loves to go to church and he likes to take a shower for it. "We encourage him [you want to smell good for church and be clean]." One day (unknown date) Resident #40 was refusing LPN#1 and CNA #2 for a shower and the DON and I (CNA #5), "We had an issue getting him to take shower. He was screaming and saying off the wall things. We still got him into the shower, he was still refusing and then calm down. Usually we just give showers and no alternative."</p> <p>3.1-3 (v)(1)</p>				

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F000371 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>A. Based on observation, interview, and record review, dietary staff failed to wear hair nets correctly during food preparation , cooking, and plating of food. The incorrect use of hair nets resulted in raw and cooked food, clean equipment, utensils, and linens being exposed to hair. (Dietary Manager and Dietary Aide #1)</p> <p>B. Based on observation and record review, the Dietary Cook and the Dietary Aide failed to wash hands between tasks as indicated by the facility's policy and procedure. (Dietary Cook #1 and Dietary Aide #1)</p> <p>C. Based on observation, interview, and record review, 1 of 2 facility freezers did not have a thermometer to measure internal temperatures as indicated by facility policy.</p> <p>D. Based on observation and</p>	F000371	<p>1. DM immediately verbally re-inserviced staff to follow facility policy and procedure to prepare and serve food in a sanitary condition.2. Any resident has the potential to be affected.3. Proper hair net or caps shall be worn to ensure that hair is enclosed during food preparation. In-served 4/5/13.Hand washing shall be completed after each task and according to policy and procedures. In-serviced 4/5/13 and 4/15/13.All freezers and refrigerators shall have internal thermometers for proper temperatures, in-serviced 04/05/13.Window Air conditioner repaired to ensure that liquid condensation is funneled to outside of the dietary area. Repaired 4/21/134. Dietary Supervisor to monitor daily for proper Hand Washing, Hair Net or Caps and for thermometers as well as proper operation of A/C in the dietary area for 6 (six) months. Q. A. to monitor for 6 months.5. Completed April 26, 2013.</p>	04/26/2013	

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	<p>interview, the window air conditioner in the kitchen window leaked a substance from the lower right bottom corner between the wood frame and the metal air conditioner corner.</p> <p>Findings Includes:</p> <p>A. On 04/01/2013 at 10:45 a.m., observed the Dietary Manager and Dietary Aide (DA) #1 wearing hair nets, which only covered the top half of their heads. All the hair from the ears down, four or more inches was outside of the hair net.</p> <p>Interview on 04/01/2013 at 11:00 a.m., with DA#1 indicated the hair nets did not fit properly and would not stay on correctly.</p> <p>Review of the facility's copy of Retail Food Establishment Sanitation Requirements indicated, "Effectiveness of hair restraint:</p> <p>Food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that, are designed and worn to effectively keep their hair from contacting: exposed food, clean equipment,</p>						

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	<p>utensils, and linens and unwrapped single-service and single-use articles."</p> <p>B. On 04/01/2013 at 10:55 a.m., Dietary Cook #1, while cooking chicken washed her hands for 20 seconds and then went to the freezer.</p> <p>On 04/01/2013 at 11:15 a.m., the Dietary Cook, failed to wash hands before putting a glove on the right hand and placing raw chicken into a pan.</p> <p>Review on 04/03/13 at 12:30 p.m., of the Facility's hand washing policy dated 04/01/13 provided by DON indicated, "appropriate thirty (30) - seconds hand washing must be performed..."</p> <p>C. On 04/05/2013 at 1:38 p.m., observed the freezer located on the back porch did not have a thermometer.</p> <p>On 04/05/2013 at 1:45 p.m., interview with Dietary Aide (DA) #1 indicated the temperature of the freezer was not known, because the freezer did not have a thermometer.</p>						

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	<p>Review of the facility's copy of Retail Food Establishment Sanitation Requirements indicated, "Time and temperature control of frozen food. Stored frozen foods shall be maintained frozen and should be stored at zero(0) degrees Fahrenheit."</p> <p>D. On 04/05/2013 at 1:30 p.m., observed the window air conditioner in the kitchen window leaking a substance from the lower right bottom corner between the wood frame and the metal air conditioner corner. The liquid substance was dripping into the kitchen sink, which is used to wash food product and as a pre wash sink for the dish washer. Interview on 04/05/2013 at 1:30 p.m., with Dietary Aide (DA) #indicated that the air conditioner "always leaks."</p> <p>3.1-21(i) (2)</p>						

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F000372 SS=C	<p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.</p> <p>Based on observation and interview, the daily garbage from the kitchen day shift is bagged and place on a cart between the freezer and refrigerator on the back porch.</p> <p>Findings include:</p> <p>On 04/05/2013 at 1:35 p.m., observed 3 large 56 gallon garbage bags stored on a plastic cart between the freezer and refrigerator. The freezer and refrigerator were located on an unsecured porch open to the environment on the sides and front of porch.</p> <p>Interview on 04/05/2013 at 1:50 p.m., Dietary Aide #1 indicated at the end of the shift, the garbage bags were removed to the larger trash container.</p> <p>Dietary Aide #1's shift ended at 2:00 p.m.</p> <p>On 04/05/2013 at 4:45 p.m., observation of the porch indicated the 3 garbage bags were on the back</p>	F000372	<p>1. DM immediately re-insericed Dietary staff to follow facility policy and proceures on proper disposal of gargage and refuse. In-service done 4/5/13.2. Any resident has the potential to be affacted.3..Supervisor on 4/5/13 in-serviced employees on proper disposal of gargage and refuse. DM shall monitor for 6 months as well as daily on proper disposal of gargage and refuse.4. Supervisor will report to Q. A. commitee for six (6) months.5. Completed April 23, 2013.</p>	04/23/2013	

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F000431 SS=B	<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 medications</p>	F000431	1. DON destroyed undated medication and verbally counseled evening charge nurse on 4/5/13.2. Any resident has the potential to be affected.3. All Lic.	04/23/2013			

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	<p>stored in 1 of 1 medication storage room's refrigerator did not have the documented date when the medication bottle was open.</p> <p>Finding include:</p> <p>On 04/03/2013 at 2:18 p.m., observation of medications stored in the medication room refrigerator indicated for Resident #4- Levemir, Resident #42 - Novolin, Resident # 8-Lorazepam, and Resident # 37-Sulfamethoxzole, the medications were observed to have been opened and did not have documented open dates on the medication bottles. 3.1-25(j)</p>		<p>Nurses have been inserviced and re-educated on dating and initials on drugs when opened on 4/19/13. Night shift nurse will monitor containers daily. DON to monitor weekly as well as 3 months. QMA from pharmacy will monitor monthly.4. Q. A. to monitor for 6 months.5. Completed 4/23/13.</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F000441 SS=E	<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>	F000441	1. DON immediately and verbally counseled Nurisng staff on 4/5/13	04/14/2013			

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	<p>A. Based on observation and record review, the facility failed to ensure staff washed their hands between residents during observation of medication administration. (LPN#1) (Resident #14, #24, and #43)</p> <p>B. Based on observation, interview, and record interview, the facility failed to ensure staff washed their hands after each direct resident contact for which hand washing was indicated. (Resident #35) (CNA #2, #5, and #6) (LPN #1)</p> <p>Findings include:</p> <p>A. On 04/02/2013 at 9:30 a.m., observed LPN #1 to have failed to wash her hands between residents (#14 and #43), during medication administration.</p> <p>Observation on 04/02/2013 at 9:40 a.m., LPN # 1 did not wash her hands and applied gloves when administering Flonase to Resident # 24.</p> <p>The facility policy (non-dated) provided by the DON on 4/01/13 at 2:00 p.m. indicated, " Appropriate thirty (30) - seconds hand washing must be performed under the following conditions: Before preparing</p>		<p>reminding them of the facility Infection Control Policy and Procedures.2.Any resident has the potential to be affected.3. DON inserviced and re-educated all staff on Hand Washing and the wearing of glovers on 4/15/13.4.DON to monitor staff member randomly daily for proper hand washing and wearing of gloves times 3 months. Q. A. to monitor for 6 months.5. In-service completed on 4/15/13.</p>		

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	<p>or handling medications."</p> <p>B. On 4/2/13 at 10:56 a.m., CNA #6 was observed hand washing for 10 seconds and LPN #1 was observed hand washing for 10 seconds. During the same observation LPN #1 completed a second hand washing for 15 seconds, after picking an item up off the floor. LPN # 1 was observed a third time washing her hands for 3 seconds, after positioning Resident #35 up in bed.</p> <p>On 4/3/13 at 2:00 p.m., CNA #2, CNA #5, and CNA #6 observed doing pericare on a resident, without hand washing for 30 seconds.</p> <p>On 4/3/13 at 2:15 p.m., CNA # 5 interview indicated "hand wash for 15 seconds, 30 seconds." When asked if this was done CNA #5 had no response. CNA #5 and #6 indicated, "I sing the birthday song twice."</p> <p>The facility policy (non-dated) provided by the DON on 4/01/13 at 2:00 p.m. indicated, " Appropriate thirty (30) - seconds hand washing must be performed under the following conditions: Before/after each resident contact... "</p> <p>3.1-18 (I)</p>						

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