STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 09/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN-HILL MANOR	501 N LINCOLN AVE FOWLER, IN 47944

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F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: September 16, 17, 18, and 19, 2014 Facility number: 000288 Provider number: 155743 AIM number: 100287380 Survey team: Jennifer Redlin, RN-TC Caitlyn Doyle, RN Heather Hite, RN Julie Ferguson, RN Census bed type: SNF/NF: 24 Total: 24 Census payor type: Medicare: 3 Medicaid: 17 Other: 4 Total: 24 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 25, 2014, by Janelyn Kulik, RN.	F000000	Submission of this plan of correction does not constitute an admission or agreement by the provider of the truths of facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F000242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on record review and interview, the facility failed to ensure the resident's individual preferences were followed, related to not giving the resident a choice of the amount of bathing he would prefer for 1 of 3 residents reviewed for choices. (Resident #23) Finding includes: A family interview on 9/16/14 at 1:41 p.m., indicated Resident #23 received 2 showers a week, but the family would prefer he received 3 showers a week. Record review was completed on 9/18/14 at 10:36 a.m. The Admission Minimum Data Set assessment completed on 6/26/14, indicated Resident #23 was cognitively impaired with a BIMS (Brief Interview of Mental Status) of 3. The resident's diagnoses included, but were	F000242	1. No residents were affected by this alleged deficient practice. Resident # 23 is now receiving three showers weekly per his family's wishes. Resident # 23's preference on bathing schedule,/frequency/times, shower schedule, and care plan have all been updated to reflect said changes. 2. No residents were affected by this alleged deficient practice. One resident had the potential to be affected by this alleged deficient practice. Resident # 23 is now receiving three showers weekly per his family's wishes. Resident #23's preference on bathing schedule, frequency,/times, shower schedule, and care plan have all been updated to reflect said changes. 3. The Director of Social Services or Designee will be responsible to complete a "Preferences for Customary Routine Interview," with	10/10/2014

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	not limited to, Alzheimer's, anxiety, depression, and psychotic disorder. The resident was an extensive 1 person assist with hygiene and required physical help in part of bathing. A care plan dated 7/15/14 for Daily Preferences indicated "Preferences for Customary Routine Interview," The resident responded that the indicated daily preferences are: very important or somewhat important while in the facility. The intervention to assist to bathe according to his/her preference and comfort was left blank. A care plan dated 7/15/14 indicated the resident requires up to 2 assist in performing ADLs (Activities of Daily Living). The interventions included, *Showers/baths per schedule and more frequently PRN (when necessary) or requested. *Offer bathing choices. A shower list indicated Resident #23 had a shower in the evenings on Wednesday's and Saturday's. Interview with CNA #1 on 9/18/14 at 10:58 a.m., indicated residents were put on a shower list when they were admitted, the staff would look at the schedule and put them on days where there were less residents. She further		all alert and oriented residents, and or families of cognitive impaired residents upon admission. The Director of Social Services and or designee will also complete a "Preferences for Customary Routine Interview" quarterly with all current residents and or families of cognitive impaired residents to assure each resident is receiving their desired amount of showers and at the time they wish to receive showers. 4. The Social Service Director and or designee will be responsible for keeping an ongoing log that will include date/time each resident is asked about preferences concerning showers. The Social Service Director or designee will be responsible to update the shower schedule and care plans with any noted changes. The Social Service Director or designee will review any noted concerns during monthly QA meetings for three months and then quarterly thereafter.	

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	indicated she was aware of when residents get a shower by looking at the shower list. Interview with the SSD (Social Service Director) on 9/18/14 at 11:02 a.m., indicated on admission she would usually go over a preference list with residents and family's that discuss showers; in regards to amount, times, and days. She further indicated Resident #23's family was not asked about preferences and should have been asked. 3.1-35(g)(2)			
F000282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure the resident's care plan was followed related to bathing preferences for 1 of 3 residents reviewed for choices. (Resident #23) Findings include: A family interview on 9/16/14 at 1:41	F000282	1. No residents were affected by this alleged deficient practice. Resident # 23 is now receiving three showers weekly per his family's wishes. Resident # 23's preference on bathing schedule,/frequency/times, shower schedule, and care plan have all been updated to reflect said changes. 2. No residents were affected by	10/10/2014

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	p.m., indicated Resident #23 received 2 showers a week, but the family would prefer he received 3 showers a week. Record review was completed on 9/18/14 at 10:36 a.m. The Admission Minimum Data Set assessment completed on 6/26/14, indicated Resident #23 was cognitively impaired with a BIMS (Brief Interview of Mental Status) of 3. The resident's diagnoses included, but were not limited to, Alzheimer's, anxiety, depression, and psychotic disorder. The resident was an extensive 1 person assist with hygiene and required physical help in part of bathing. A care plan dated 7/15/14 for Daily Preferences indicated "Preferences for Customary Routine Interview," The resident responded that the indicated daily preferences are: very important or somewhat important while in the facility. The intervention to assist to bathe according to his/her preference and comfort was left blank. A care plan dated 7/15/14 indicated the resident requires up to 2 assist in performing ADLs (Activities of Daily Living). The interventions included, *Showers/baths per schedule and more frequently PRN (when necessary) or requested. *Offer bathing choices.		this alleged deficient practice. One resident had the potential to be affected by this alleged deficient practice. Resident # 23 is now receiving three showers weekly per his family's wishes. Resident #23's preference on bathing schedule, frequency,/times, shower schedule, and care plan have all been updated to reflect said changes. 3. The Director of Social Services or Designee will be responsible to complete a "Preferences for Customary Routine Interview," with all alert and oriented residents, and or families of cognitive impaired residents upon admission. The Director of Social Services and or designee will also complete a "Preferences for Customary Routine Interview" quarterly with all current residents and or families of cognitive impaired residents to assure each resident is receiving their desired amount of showers and at the time they wish to receive showers. 4. The Social Service Director and or designee will be responsible for keeping an ongoing log that will include date/time each resident is asked about preferences concerning showers. The Social Service Director or designee will be responsible to update the shower schedule and care plans with any noted changes. The Social Service Director or designee will review any noted concerns during monthly QA meetings for three months and then quarterly thereafter.	

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	A shower list indicated Resident #23 had a shower in the evenings on Wednesday's and Saturday's. Interview with CNA #1 on 9/18/14 at 10:58 a.m., indicated residents were put on a shower list when they were admitted, the staff would look at the schedule and put them on days where there were less residents. She further indicated she was aware of when residents get a shower by looking at the shower list. Interview with the SSD (Social Service Director) on 9/18/14 at 11:02 a.m., indicated on admission she would usually go over a preference list with residents and family's that discuss showers; in regards to amount, times, and days. She further indicated Resident #23's family was not asked about preferences and should have been asked. 3.1-3(v)(1)			
F000441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS			

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	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. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation, interview and record review, the facility failed to ensure the infection control practices and standards were maintained related to	F000441	1. No residents were affected by this alleged deficient practice. The toothbrush that was located on the back of the toilet tank in room 40 was thrown away, and	10/10/2014

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	improper storage of a toothbrush and a toilet riser for 2 of 22 resident's rooms that were observed. Findings include: 1. South hallway a. During a room observation on 9/16/14 at 2:21 p.m., a toothbrush was observed on the back of the resident's toilet tank in the bathroom of Room 40. During the follow-up environmental tour on 9/18/14 at 2:45 p.m., the resident's toothbrush was observed to be on the back of the toilet tank in Room 40. The Administrator indicated the toothbrush should not have been stored on the back of the toilet tank. 2. West hallway b. During a room observation on 9/16/14 at 3:53 p.m., the resident's toilet riser was observed on the bathroom floor uncovered in Room 31. During the follow-up environmental tour on 9/18/14, the toilet riser was observed on the floor uncovered. The Administrator indicated the toilet riser device should not be on the floor.		the resident residing in room 40 was given a new toothbrush. The toilet riser located on the bathroom floor in room 31 was removed from the resident's bathroom due to non use. 2. No residents were affected by this alleged deficient practice. In an effort to identify other residents potentially affected, house-wide rounds were completed to confirm correct storage of personal items/equipment. If concerns were observed,corrective action was taken and applicable staff re educated as to proper storage necessary to adhere to infection control practices. The current policy remains in effect in regard to storage. Should a resident be independent and non compliant with proper storage, the resident will be re educated and the potential of non compliance addressed on the applicable residents plan of care.The toothbrush that was located on the back of the toilet tank in room 40 was thrown away, and the resident residing in room 40 was given a new toothbrush. The toilet riser located on the bathroom floor in room 31 was removed from the resident's bathroom due to non use. 3. All staff has been re-inserviced on Infection Control policy and procedures. The facility now has a policy and procedure on storage of toilet risers. House wide rounds were completed to	

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	The policy tilted "ORAL HYGIENE PROCEDURE" was received from the Administrator on 9/19/14 at 12:35 p.m., and identified as current. The policy indicated the following: "...PROCEDURE:...8. Remove all equipment, clean and replace bedside unit. Discard disposable items. Place toothbrush and toothpaste in plastic bag in resident's bedside table...." On 9/19/14 at 1:15 p.m., the Administrator indicated there was no policy for storage of toilet risers. 3.1-18(a)		confirm correct storage of personal care items/equipment. The current policy remains in effect in regard to storage. Should a resident be independent and non compliant with proper storage, the resident will be re educated and potential of noncompliance addressed on the applicable residents plan of care. All resident bathrooms have been checked with no further concerns identified. The Administrator and or designee will be responsible to check all resident bathrooms daily on working days x 1 month, then weekly thereafter to ensure that this deficient practice does not recur. 4.The Administrator or Designee will be responsible to monitor all resident bathrooms daily on working days x 1 month,then weekly thereafter to ensure that this deficient practice does not recur.The Administrator or designee will immediately correct any deficiency that is identified. The Administrator or Designee will review any noted concerns during monthly Q.A. meetings for three months and then quarterly thereafter.	
F000465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure the resident's environment was clean and in good repair	F000465	1. No residents were affected by this alleged deficient practice. All concerns that were identified	10/10/2014

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	related to bathroom faucets and sink drains with green residue, marred and gouged walls for 4 of 4 halls and the main dining room (North, East, West and South Hallways). This had the potential to affect 16 residents residing in the facility. Finding include: During the Environmental tour on 9/18/14 from 2:05 p.m. until 2:25 p.m. with the Maintenance Supervisor and Administrator, the following was observed: 1. North hallway a. In Room 34, the bathroom wall and inside door frame were marred. One resident resided in this room. 2. East hallway a. The bathroom in Room 36 had marred walls. One resident resided in this room. b. The wall beside the oxygen concentrator in Room 38 had gouges and the vent under the window was rusted. One resident resided in this room. c. In Room 42, the bathroom soap dispenser had paint chipped around it, the		during the environmental tour have been corrected. This includes all marred walls, gouges, rusted vents,chipped paint, peeled paint, rolled up floor, faucets, handles, drains, and toilet paper holder. 2. No residents were affected by this alleged deficient practice. In an effort to identify other resident rooms and/or areas which could have been potentially affected, house-wide rounds were completed and areas of concerns relative to maintaining a clean environment in good repair were identified. Identified areas were immediately addressed, or prioritized and placed on schedule for repairs to be completed. Monthly inspections of all rooms and common area continue per preventative maintenance schedule. All concerns that were identified during the environmental tour have been corrected. This includes all marred walls, gouges, rusted vents, chipped paint, peeled paint, rolled up floor, faucets, handles, drains, and toilet paper holder. 3. The maintenance director and or designee will be responsible to check all resident rooms including resident bathrooms monthly to ensure that this deficient practice does not recur. In an effort to identify other resident rooms and/or areas which could have been potentially affected,house-wide rounds were	

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	walls were marred and had gouges above the floor vent. 3. West hallway a. In the shared bathroom between Rooms 10 and 11, the flooring was rolled up and separated from the floor and wall behind the toilet. The bathroom walls were marred. One resident resided in each room. b. In the shared bathroom between Rooms 14 and Room 15, the faucet and toilet paper holder had a green residue. One resident resided in each room. c. In Room 15, the wall behind the resident's bed was marred. One resident resided in this room. d. In the shared bathroom between Rooms 17 and 18, the walls were marred in front of the toilet and the sink's drain and faucet had a green residue. One resident resided in each room. e. In the shared bathroom between Rooms 19 and 20, the faucet, handles, and sink drain had a green residue. One resident resided in each room. f. In Room 30, the paint was peeled on the bathroom wall by the sink. One		completed and areas of concern relative to maintaining a clean environment in good repair were identified. Identified areas were immediately addressed, or prioritized and placed on schedule for repairs to be completed. Monthly inspections of all rooms and common areas continue per preventative maintenance schedule. 4. The maintenance director or designee will be responsible to monitor all resident rooms including resident bathrooms monthly to ensure that this deficient practice does not recur. Any identified concerns will be immediately corrected. The maintenance director and or designee will bring any noted concerns to the Q.A. meeting monthly x 3 months then quarterly thereafter.	

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	resident resided in this room. g. The wall below the window in Room 31 was marred. One resident resided in this room. 4. South hallway a. In the shared bathroom for Rooms 21 and 22, the skin's drain and faucet had a green residue. One resident resided in each room. 5. The dining room ceiling, close to the front door, had a spot of peeled paint. During an interview with the Maintenance Supervisor at the time of the environmental tour, indicated all areas were in need of repair. 3.1-19(f)			