

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155490	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/15/2013
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NAME OF PROVIDER OR SUPPLIER  AMBASSADOR HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 E MAIN ST CENTERVILLE, IN 47330
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was done in conjunction with Investigation of Complaint IN00121927.</p> <p>Survey dates: January 8, 9, 10, 11, 14, and 15, 2013</p> <p>Facility number: 000456 Provider number: 155490 AIM number: 100288750</p> <p>Survey team: Barbara Gray RN TC Sharon Lasher RN Leslie Parrett RN Angel Tomlinson RN</p> <p>Census bed type: SNF: 5 SNF/NF: 93 Total: 98</p> <p>Censes payor type: Medicare: 12 Medicaid: 75 Other: 11 Total: 98</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F0000	By submitting the enclosed Materials we are not admitting the truth or accuracy of any specific findings or allegations as of any proceedings and submit these rersopponses pursuant to our regulatory obligations.We are requesting a desk review for this survey.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiencystatement ending with an asterisk (\*) denotes a deficiency 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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	IAC 16.2.  Quality Review 1/23/13 by Suzanne Williams, RN				

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F0164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on interview and record review, the facility failed to keep 1 resident's personal information private for 1 of 1 resident reviewed for privacy. (Resident #4)</p> <p>Findings include:</p>	F0164	<p>1. Resident#4 face sheet was marked to notify onl;y unless emergency occurs.2. A 100% audit was completed to ensure all residents who are responsible party for themselves have their face sheet clearly marked to inform resident only unless emergency occurs.3. All staff will be in-serviced on 2/8/2013</p>	02/14/2013

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	<p>The record of Resident #4 was reviewed on 1/10/13 at 10:25 a.m.</p> <p>Resident #4's MDS (Minimum Data Set), assessment, dated 10/13/12, indicated Resident #4 BIMS (Brief Interview for Mental Status) at 15, with a score of 13-15 indicating a resident's cognition is intact.</p> <p>During an interview on 1/10/13 at 1:20 p.m., Resident #4 indicated about two weeks ago he received a phone call from a member of his family, and the family member asked him "what is going on?" "The Administrator had e-mailed my family member and said could she talk me into not calling the staff that care for me the 'N' word. I am my own responsible person and no one has said a word to me about me using the 'N' word or e-mailing my family." Resident #4 stated "I don't understand why the Administrator did not ask me about this instead of writing my family."</p> <p>During an interview on 1/15/13 at 9:17 a.m., the Administrator indicated "yes, I did e-mail (Resident #4's) family because according to some of the staff (Resident #4) called them the 'N' word and I wanted to see if they could talk to (Resident #4) about</p>		<p>regarding confidentiality.4. Admissions Coordinator will notify Director of Nursing of all residents who are their own responsible party upon admission and ensure the face sheets are correctly marked. The results these reviews will be discussed at the Quarterly Q.A. meetings of any trends noted. Monitoring will be on going.5. 2/14/13</p>				

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	not using the 'N' word."  3.1-3(o)			

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F0166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on interview and record review, the facility failed to act on grievances, related to 1 resident's complaint regarding his care, for 1 of 1 resident reviewed for grievances. (Resident #4)</p> <p>Findings include:</p> <p>The record of Resident #4 was reviewed on 1/10/13 at 10:25 a.m. Resident #4's diagnoses included, but were not limited to, quadriplegia, chronic pain and muscle spasm.</p> <p>Resident #4's MDS (Minimum Data Set), assessment, dated 10/13/12, indicated Resident #4's BIMS (Brief Interview for Mental Status) at 15, with a score of 13-15 indicating a resident's cognition is intact.</p> <p>During an interview on 1/10/13 at 1:10 p.m., Resident #4 indicated he had a problem with the way some of the CNAs turn him causing him a lot of pain. Resident #4 stated "at every care plan meeting I complain of the CNAs not pulling my arms out far</p>	F0166	<p>1. Resident #4 has been notified that situation was handled to the best of the facilities abilities. Training and check-off's to staff has been done. On going training and continuing in-servicing and education will be conducted on an as needed basis.2. All other Residents grievances have been resolved to their satisfaction.3. A systemic change includes using a " Report of Concern" form. All forms will be turned into Social Services to ensure staff has followed through with the grievance process and that the resident has been informed of the outcome.4. Social Services will review all grievances and keep a log book. Social Services will keep a separate grievance book for Resident #4 and present issues quarterly to the Q.A. Committee of any concerns or trends found. Monitoring will be on going.5. 2/14/2013</p>	02/14/2013			

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	<p>enough when they turn me, and I tell the DON (Director of Nursing) and the Administrator frequently but no one has come back to me about what they are going to do about my complaints."</p> <p>Documents titled "Resident/Representative Participation in Care Plan Review," dated 8/2/12, indicated "concerns/comment: discussed attitudes of caregivers with how he expected them to react."</p> <p>During an interview on 1/11/13 at 3:45 p.m., the Administrator indicated she did not know if anyone had given Resident #4 a response from his complaints of the staff not turning him correctly, but if they had, it would have been the Social Service Director.</p> <p>During an interview on 1/15/13 at 11:15 a.m., the Social Service Director indicated Resident #4's complaints of the CNAs not turning him properly had not been addressed with him, and she did not have documentation of getting back to Resident #4 with a response to his complaint.</p> <p>3.1-7(a)(2)</p>				

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to provide follow up Social Service needs for a resident experiencing depression for 1 of 3 residents reviewed for community discharge of 3 who met the criteria for community discharge (Resident #85).</p> <p>Finding included:</p> <p>Interview with Resident #85 on 1-15-13 at 11:00 a.m. indicated he had planned on returning home from the facility. The resident indicated he had been in therapy, but was not taking therapy at this time. The resident indicated he needed assistance when he returned home. The resident stated "please look hard into this." During this observation of Resident #85, he was sitting in a wheelchair in his room.</p> <p>Review of the record of Resident #85 on 1-15-13 at 11:10 a.m. indicated the resident's diagnoses included, but were not limited to, generalized weakness, bronchial asthma, gait</p>	F0250	<p>1. Resdient #85 received order on 1/15/2013 for psych evaluation and evaluation was completed on 1/19/2013. Social Services meets with the resident weekly until he shows no further signs and systems of depression. Resident is in the hospital at this time due to a medical issues.2. A 100% audit was preformed by the Administrator to ensure no one is exhibiting signs or systems of depression.3. A systemic change includes anyone exhibiting acute episodes of depression will be referred to the facility psychiatrist immediately. Social Services will meet with the resident and document weekly on resident's condition for a minium of one month. A depression screen will be completed and monitored until depression is improved.4. Social Services will review current residents exhibiting signs and systems of depression to ensure they receive psychiatric services and that they have Social Services follow through. Social Services will report findings quartly to the Q.A. Committee of any concerns or trends found. Monitoring will be on-going.5. 2/14/2013</p>	02/14/2013	

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	<p>disorder, congestive heart failure, thyroid cancer, throat cancer, insomnia and depression.</p> <p>The record of Resident #85 indicated he was admitted to the facility on 8-27-12.</p> <p>The social service progress note for Resident #85, dated 8-27-12, indicated the resident was brought to the facility from the local hospital with pneumonia. The resident was in the facility for rehab therapy with the intent to return home once goals have been met.</p> <p>The Minimum Data Set (MDS) assessment for Resident #85, dated 9-25-12, indicated the following: resident's mood severity interview score was 6, indicating mild depression, walk in room - extensive assistance of two people, dressing - extensive assistance of two people, toilet use - extensive assistance of two people and personal hygiene - extensive assistance of two people.</p> <p>The "Social Service discharge request form for physician" for Resident #85, dated 10-12-12, indicated the resident's projected discharge to home date from the facility was 10-19-12.</p>			

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	<p>The care plan for Resident #85, dated 8-20-12 (sic), indicated the resident intended to be discharged to home upon completion of his goals in therapy.</p> <p>The care plan for Resident #85, dated 9-25-12, indicated the resident refuses to come out of his room daily.</p> <p>The care plan for Resident #85, dated 9-26-12, indicated the resident received lexapro (antidepressant) and remeron (antidepressant) daily for depression and insomnia. The interventions included, but were not limited to, monitor for signs of depression such as tearfulness.</p> <p>The care plan for Resident #85, dated 11-26-12, indicated the resident "sees no reason to continue living." The interventions were obtain a psychiatric consult, be alert to depression, anxiety and other clues, observe for signs of agitation and/or need for medication, talk with resident about concerns and situations that cause distress.</p> <p>The social service progress note for Resident #85, dated 10-26-12, indicated the resident discharge was not anticipated at this time. The note</p>				

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	<p>indicated the facility will monitor the resident's mood and behavior once informed of family's plan for long term care.</p> <p>The social service note for Resident #85, dated 11-2-12, indicated the resident stated he gets depressed when thinking about his interests and not being able to pursue them as before. The resident indicated he felt tired more than half the day. Discharge plans were no longer in place.</p> <p>The social service note for Resident #85, dated 11-26-12, indicated the resident was alert and oriented. The resident's mood severity score was 15 (moderately severe depression). The resident indicated he did feel depressed when he thinks about not being able to pursue his interests. The resident indicated he thought of suicide and had thoughts about it for some time now. The resident was sent to the local hospital for further assessment.</p> <p>Resident #85's record indicated no further social service documentation related to the resident's condition and depression since 11-26-12. The only other documented social service note was dated 1-10-13 and indicated the</p>			

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	<p>facility had talked with the resident about him having a room mate, and the resident was okay with it.</p> <p>The local hospital note for Resident #85, dated 11-26-12, indicated the resident had voiced some suicidal ideations. The resident indicated he had not, that he said he would rather die than live at the facility for the rest of his life. The resident indicated he had no intentions of harming himself. The resident had a psychiatric evaluation completed and was deemed appropriate to return to the facility.</p> <p>The physician progress note for Resident #85, dated 12-11-12, indicated the resident was still hoping to go home. The resident was not at a point where he was able to do so. The note indicated the resident will remain at the facility until he is at the point he can be safely discharged.</p> <p>Interview with LPN #3 on 1-15-13 at 11:10 a.m. indicated Resident #85's daughter wanted to take the resident home, but it was felt that she was unable to care for him. LPN #3 indicated she was told the resident was going to be permanent at the facility.</p>						

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	<p>Interview with the Social Service Director (S.S.D.) on 1-15-13 at 11:15 a.m. indicated Resident #85's Power Of Attorney (POA) did not feel it was safe for the resident to return home and was planning on moving the resident to an assisted living facility. The S.S.D. indicated she had talked with the resident about being discharged to assisted living.</p> <p>Interview with Resident #85's POA on 1-15-13 at 12:30 p.m. indicated he did not feel like the resident was safe to go home. The POA indicated he was in the process of attempting to get the resident moved to assisted living. The POA indicated the resident would love to get out of the nursing home, and the resident had been depressed.</p> <p>Interview with the S.S.D. on 1-15-13 at 1:00 p.m. indicated Resident #85 did not feel suicidal anymore. The S.S.D. indicated she had not documented the resident's condition related to depression. The S.S.D. indicated she usually would stop by Resident #85's room daily.</p> <p>During interview with Resident #85 on 1-15-13 at 1:03 p.m., the resident stated "I am going to go crazy if they keep me in here." The resident indicated he did not feel like hurting</p>				

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	<p>himself, and that if he was going to do that, he would have done it a long time ago. The resident indicated he felt sad because he was "useless" and "not good for nothing." The resident indicated his dog didn't even know him anymore. The resident indicated he stays in his room most of the time. The resident indicated no one had talked to him about feeling sad or about how he was feeling. The resident indicated the S.S.D. did talk to him about filing paperwork for Medicaid. The resident indicated he would be willing to talk to a psychiatrist about his feelings of being sad. The resident indicated it would be okay to talk to someone about it as long as they came to his room and talked to him. The resident was observed at this time sitting in a recliner in his room. The resident was frowning and tearful during the interview.</p> <p>Interview with the S.S.D. on 1-15-13 at 1:30 p.m. indicated a referral for psychiatric services had not been made for Resident #85. The S.S.D. indicated it would be nursing or the physician that would make that referral. The S.S.D. indicated she would have nursing make a referral for Resident #85. The S.S.D. indicated the facility psychiatrist did</p>				

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	<p>come into the facility to talk to the residents.</p> <p>The Social Service job description, provided by the Administrator on 1-15-13 at 1:40 p.m., indicated the job analysis included, but was not limited to, assessment of each resident's psychosocial needs and development of a plan for providing appropriate care, review of residents' needs and care plan with progress notes indicating implementation of methods to respond to identified needs and assist residents in adjusting to the facility.</p> <p>3.1-34(a)</p>				

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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 interview and record review, the facility failed to complete an assessment for 13 days after a resident was admitted to the facility with an unstageable pressure ulcer on the left heel, for 1 of 3 residents reviewed for pressure ulcers of 5 who met the criteria for pressure ulcers. (Resident #65).</p> <p>Finding include:</p> <p>Review of the record of Resident #65 on 1-10-13 at 10:06 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes, anemia, left hip fracture, end stage renal failure, congestive heart failure and osteomyelitis.</p> <p>The local hospital note for Resident #65, dated 9-20-12, indicated the resident had an unstageable pressure</p>	F0314	<p>1. Resident #65 was discharged on 11/5/2012.2. A 100% audit was done by nursing to ensure skin conditions on admission assessments have continued monitoring by doing weekly assessments with documented measurements. All current residents with skin concerns have been audited to ensure that each pressure area is assessed weekly with documented measurements.3. All nursing staff will be educated regarding the admission assessment and communication process to ensure that the wound nurse is aware of each new resident's skin concerns by using the 24 hour report. A systemic change includes and resident with a skin concern either admitted or acquired will be recorded on the 24 hour report. The 24 hour report will be reviewed daily (Monday -Friday) by Director of Nursing or Assistant Director of Nursing. The Director of Nursing will check the</p>	02/14/2013			

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	<p>ulcer on her heel and it was being treated with xenaderm.</p> <p>The resident data collection for Resident #65, dated 9-20-12, indicated no assessment of the unstageable wound on the resident's heel.</p> <p>The skilled daily nurses note for Resident #65, dated 9-20-12, indicated the resident arrived from the local hospital. The documentation indicated no assessment completed for the unstageable wound on the resident's heel.</p> <p>The physician order for Resident #65, dated 9-20-12 indicated the resident was to have xenaderm to heels two times a day as needed.</p> <p>The weekly wound evaluation and flow record for Resident #65 indicated on 10-3-12 the resident had an unstageable pressure ulcer on her left heel that measured 3.0 centimeters by 2.8 centimeters. The wound was necrotic. This assessment indicated no assessment had been done on the resident's unstageable wound for 13 days after being admitted from the hospital.</p> <p>The care plan for Resident #65, dated</p>		<p>wound assessment form to ensure it has been started. The Directors of Nursing will also rerview all admission assessments and copy for wound nurse to ensure they do not get missed.4. The Director of Nursing and/or disgree will review 24 hour reports and admission assessments to ensure skin assessments are monitored. mThe results of these reviews will be discussed at the quarterly Q.A. Meeting of any trends noted.5. 2/14/2013</p>				

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	<p>10-3-12, indicated the resident had an unstageable area on the left heel. The interventions included, but were not limited to, wound care nurse to measure and document weekly, physical therapy to deride wound, staff to assist resident with turning every two hours and as needed and skin to be assessed daily with bath.</p> <p>Interview with LPN #1 on 1-11-13 at 10:05 a.m. indicated the facility had been treating Resident #65's unstageable left heel pressure ulcer, but an assessment of the pressure ulcer had not been done until 10-3-12.</p> <p>The pressure ulcer policy, provided by Human Resources on 1-11-13 at 12:00 p.m., indicated, "A comprehensive wound assessment and documentation of this assessment should be done when the wound is initially identified and at specific intervals thereafter." Criteria to include in the assessment included, but was not limited to, site or location, stage of pressure ulcer, size of pressure ulcer and appearance of the wound.</p> <p>3.1-40(a)(2)</p>						

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F0323 SS=E	<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>A.) Based on observation, interview, and record review, the facility failed to ensure hot water was maintained at a safe temperature in the bathrooms of 4 residents, of 18 residents who resided on the rehabilitation and ventilation hallways. (Room # RH16, #VU3, #VU5, and #VU8)</p> <p>B.) Based on observation and interview, the facility failed to ensure a resident's safety in regard to side rail use for 1 occupied resident bed, for 1 of 54 beds with side rails reviewed for safety. (Resident #78)</p> <p>Findings include:</p> <p>A.) On 1/8/13 at 2:13 P.M., room #VU5's bathroom water temperature was tested. The hot water temperature reached 138 degrees. The resident who resided in room #VU5 denied ever being burned by the water.</p> <p>On 1/8/13 at 2:26 P.M., room #RH16's bathroom water temperature</p>	F0323	<p>1. Resident # 78 bed was removed immediately when Administrator was informed of bed rail issue, A new mixer valve and circulating pump have been installed on the East Unit. Water Temperatures have been between 100- 120 with adjustments. 2. All bedrails have been checked and were found to be in compliance. Daily ( Monday - Friday) water temperatures on the East Unit have been done by the Housekeeping Supervisor, Maintenance, or the Administrator to ensure temperatures remain between 100-120, adjusted have been done nwhen needed. 3. The Housekeeping Supervisor and/or designee will do daily water temperature checks daily through 2/12/2013, then drop to Monday-Weds-Friday. Checking at least 4 rooms per hallway. Monitoring will be on going through out the facility. 4. Housekeeping Supervisor will report any issues with water temperatures to the quarterly Q.A. Committee. 5. 2/14/2013</p>	02/14/2013			

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	<p>was tested. The hot water temperature reached 131.8 degrees. The resident who resided in room #RH16 denied ever being burned by the water. She indicated she accessed her bathroom water independently. The water temperature in #RH16's bathroom was tested again on 1/8/13 at 3:08 P.M. The hot water temperature reached 136.9 degrees.</p> <p>An interview with the Administrator on 1/8/13 at 3:17 P.M., indicated no residents had been burned by the water.</p> <p>An interview with the Maintenance Supervisor on 1/8/13 at 3:18 P.M., indicated he checked random room water temperatures monthly. He indicated he missed taking random water temperatures in December 2012. He indicated the last random water room temperatures were taken in November 2012. The Water Temperature monthly check logs were provided at that time for September, October, and November 2012. The water temperatures documented on the Water Temperature monthly check logs indicated the water temperatures remained between 100 and 120 degrees.</p>						

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	<p>The water temperature in #RH16's bathroom was tested again on 1/8/13 at 3:28 P.M. The hot water temperature reached 130.5 degrees. The Maintenance Supervisor also tested the hot water temperature at that time. His thermometer indicated the hot water temperature reached 129.8 degrees. At that time, the Maintenance Supervisor indicated he believed the circulating valve needed adjusted.</p> <p>On 1/8/13 at 3:45 P.M., room #VU8's bathroom water temperature was tested by the Maintenance Supervisor. His thermometer indicated the hot water temperature reached 143 degrees. The resident who resided in room #VU8, shook her head in a "no" gesture when questioned if she had ever been burned by the water. The resident was non-verbal.</p> <p>On 1/8/13 at 3:48 P.M., room #VU3's bathroom water temperature was tested by the Maintenance Supervisor. His thermometer indicated the hot water temperature reached 133.3 degrees. The resident who resided in room #VU3 denied ever being burned by the water. At that time, the Maintenance Supervisor</p>				

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	<p>indicated he was going to have a local company come in and fix the water system.</p> <p>The water temperature in #VU3's bathroom was tested again on 1/8/13 at 4:07 P.M. The hot water temperature reached 130 degrees.</p> <p>An interview with LPN #4 on 1/8/13 at 4:27 P.M., indicated the residents residing in room #VU3, #VU5, and #VU8, required assistance and did not use the water in their bathrooms independently.</p> <p>An interview with RN #5 on 1/8/13 at 4:35 P.M., indicated the resident who resided in room #RH16 was able to access her water independently.</p> <p>On 1/8/13 at 4:37 P.M., the Maintenance Supervisor indicated a local company was in the facility working on the water system.</p> <p>On 1/8/13 at 4:57 P.M., the Administrator indicated the local company working on the water system had informed her the screens in the mixer valve were stopped up. She indicated the screens would be replaced.</p> <p>An interview with CNA # 6 on 1/8/13</p>				

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	<p>at 5:18 P.M., indicated she had not experienced any problems with the water that day. CNA #6 indicated she worked the Ventilation unit hallway.</p> <p>An interview with CNA #7 on 1/8/13 at 5:20 P.M., indicated the water temperatures fluctuated and had to be adjusted.. CNA #7 indicated she had never been burned by the hot water or knew of any residents who had ever been burned. CNA #7 indicated she worked the Rehabilitation and Ventilation unit hallways.</p> <p>An interview with CNA #8 on 1/18/13 at 5:26 P.M., indicated she had never noticed any problem with the water temperatures being too hot. CNA #8 indicated she had never been burned or knew of any residents ever being burned by the water.</p> <p>An interview with the Administrator on 1/9/13 at 8:35 A.M., indicated the local company was still working on the water system. The Administrator indicated the local company had informed her a pipe had been missing from the circulation pump.</p> <p>An interview with the Maintenance Supervisor on 1/9/13 at 3:02 P.M., indicated the local company was still</p>			

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	<p>working on the water system.</p> <p>On 1/10/13 at 11:15 A.M., the Administrator indicated she believed the water system was fixed.</p> <p>On 1/10/13 at 11:16 A.M., the Maintenance Supervisor began taking water temperatures. His thermometer indicated the following water temperatures: Bathroom #VU3 was 102.2 degrees. Bathroom #VU5 was 118.2. Bathroom #VU8 was 118.2. Bathroom # RH16 was 100.8.</p> <p>Resident Council minutes were reviewed for the months of October, November, and December, 2012 on 1/14/13 at 11:15 A.M. No concerns related to water temperatures were documented on the Resident Council minutes.</p> <p>On 1/15/13 at 2:38 P.M., the Maintenance Supervisor began taking water temperatures. His thermometer indicated the following water temperatures: Bathroom #VU3 was 117.9. Bathroom #VU5 was 117.9. Bathroom #VU8 was 119.5. Bathroom #RH16 was 121.1. The Maintenance Supervisor indicated he felt additional work was needed on the water system and was going to have the local company do that</p>						

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	<p>additional work to make sure the water system was functioning correctly.</p> <p>The most current Water Temperature policy, provided by the Administrator on 1/8/13 at 4:35 P.M., indicated the following: "Policy: To ensure the safety of our Residents. Procedure: Hot water temperatures for all bathing and hand washing facilities well be controlled by automatic control valves. Water temperatures at point of use will be maintained between 100 degrees and 120 degrees Fahrenheit. Maintenance to do monthly random checks on all hallways to ensure that water temperatures are within guidelines." B.) The record of Resident #78 was reviewed on 1/10/13 at 11:45 a.m.</p> <p>Resident #78's MDS (Minimum Data Set) assessment, dated 11/24/12, indicated Resident #78's BIMS (Brief Interview for Mental Status) at 10, with a score of 8-12 indicating a resident's cognition was moderately impaired. The MDS also indicated Resident #78 required extensive assistance and one person physical assist with bed mobility.</p> <p>On 1/8/13 at 10:00 a.m., Resident #78 was in bed. The 1/2 side rails at</p>			

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	<p>the top of his bed were in the up position. The rectangular spaces on the rail were separated by vertical bars. The space in the middle of the side rail measured 7 1/4 inches wide and 7 1/2 inches long. The space at the end nearest the foot of the bed measured 7 inches wide and 7 1/2 inches long.</p> <p>An interview with the Maintenance Supervisor on 1/5/13 at 10:40 a.m., indicated the system for checking bed rails to see that they are in compliance is if there is a complaint about the bed rails.</p> <p>The Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment-Guidance for Industry and FDA Staff issued March 10, 2006, indicates the FDA (Food and Drug Administration) recommends openings with the rail, between rail supports, under the rail, next to a single rail support and between the rail and mattress should be small enough to prevent the head from entering or being entrapped. "The Hospital Bed Safety Workgroup (HBSW)" and the "International Electrotechnical Commission (IEC)" along with the FDA recommend the space be less than 4 3/4 inches.</p>			

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F9999	<p><b>State Finding:</b></p> <p>The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. Water temperature at the point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain hot water temperatures above 100 degrees Fahrenheit in 3 areas of the west unit (bedroom #8, resident kitchenette and the nursing station). This had the potential to affect 15 residents residing on the west unit.</p> <p>Findings include:</p> <p>During observation on 1-8-13 at 2:10 p.m., in Room #8 where three residents resided, the hot water was turned on for 5 minutes, and the temperature of the water felt cold. Interview with LPN #3 indicated she</p>	F9999	<p>1. No residents were affected by hot water heater going out on the West Unit due to hot water was still available on the West Wing.2.The hot water heater was replace in less than 24 hours. Staff used hot water from shower room to care for the 3 residents that were without hot water.3. Housekeeping Supervisor has checked water temperatures weekly and no issues have been noted. On 2/12/2013 we will be checking at least 4 rooms on all wings Mondya-Weds-Friday to ensure that our resident have access to hot water at all times.</p>	02/14/2013	

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	<p>would report the residents' bedroom water not getting hot.</p> <p>Interview with the Administrator on 1-8-13 at 3:00 p.m. indicated something on the hot water heater valve on the west unit bumped or something and the maintenance man adjusted the hot water heater. The Administrator indicated the facility would recheck the water temperature in an hour to ensure the water temperature was appropriate.</p> <p>Interview with the Maintenance Supervisor on 1-8-13 at 3:18 p.m. indicated the last water temperatures tested in the facility were in November 2012.</p> <p>Interview with the Maintenance Supervisor on 1-8-13 at 4:25 p.m. indicated the water on the west unit was rechecked and it was 111 degrees.</p> <p>During observation on 1-9-13 at 9:25 a.m., the hot water was turned on in bedroom #8 and let run for 5 minutes; the temperature of the water was cold. LPN #3 agreed the residents' hot water was cold and indicated she would report it to maintenance. The hot water was also felt in the kitchenette in the residents' small</p>						

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	<p>dining room and the nursing station, and the hot water temperature was also cold.</p> <p>Interview with the Maintenance Supervisor on 1-9-13 at 9:45 a.m. indicated the hot water heater had broken on the west unit on 1-8-13. The Maintenance Supervisor indicated it would be fixed.</p> <p>Interview with LPN #3 on 1-9-13 at 9:50 a.m. indicated she had not received in report that the hot water heater was broken. LPN #3 indicated the sink in the kitchenette in the residents' small dining room was where staff washed their hands. LPN #3 indicated there were 15 residents residing on the west unit.</p> <p>During observation on 1-9-13 at 10:50 a.m., Room #8's hot water temperature was 53.4, the nursing station hot water temperature was 60.6, and the kitchenette hot water temperature was 69.1.</p> <p>3.1-19(r)</p>				