

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/17/2016
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NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00202102, IN00203550, IN00203930 and IN00203963.</p> <p>Complaint IN00202102 - Unsubstantiated due to lack of evidence. Complaint IN00203550 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00203930 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00203963 - Substantiated. Federal/State deficiencies related to the allegations are cited at F465.</p> <p>Survey dates: August 16 - 17, 2016</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Census bed type: SNF/NF: 114 Total: 114</p> <p>Census payor type: Medicare: 13 Medicaid: 85 Other: 16 Total: 114</p>	F 0000		
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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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F 0465 SS=D Bldg. 00	<p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410IAC16.2-3.1.</p> <p>Quality Review completed by 14454 on August 18, 2016.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observations, record reviews and interviews, the facility failed to ensure a clean and safe environment for 1 of 2 resident halls on the 3rd floor, including but not limited to, gapping covebase, scuffed/worn/broken floor tiles, uncovered/displaced electrical outlets, loose cover and exposed insulation on AC (Air Conditioning)/Heating units, dust and debris in the vents atop the AC/Heating units and a buildup of debris and discoloration along the floor perimeter of</p>	F 0465	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after September 16, 2016.</p> <p>F465 -Safe/Functional/Sanitary/Comfortable Environment</p>	09/16/2016

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	<p>all rooms. In addition, the facility failed to ensure a clean environment in the West Hall shower room related to debris and unidentifiable matter on floor and 2 of 2 resident lifts.</p> <p>This deficiency had the potential to affect 19 residents who resided in 12 of 12 rooms (rooms 325-335) on the West Hall of the 3rd floor.</p> <p>Finding includes:</p> <p>The West Hall resident rooms were observed during the unaccompanied walk through on 08/16/16 between 9:50 a.m. and 10:20 a.m. Four additional walk through's were completed during the 2 day survey. On 08/17/16, at 10:55 a.m., the West Hall shower room, identified by a slide indicator on the entry door as "clean" was observed.</p> <p>The 12 West Hall resident rooms and shower room were observed again, on 08/17/16, between 1:30 p.m. and 2:00 p.m., while accompanied by the facility's ED (Executive Director) and DNS (Director Nursing Services).</p> <p>The following was observed: Room 324: Exposed wallboard under the AC/Heating unit with covebase under the unit loose and lying on the floor.</p>		<p>It is the intent of this facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p><i>Third Floor, West Wing:</i></p> <ul style="list-style-type: none"> ·Rm324: The exposed wallboard and cove base under the AC/Heating unit has been repaired ·Rm325: The electrical outlet between the closet and bathroom has been repaired ·Rm326: The cracked plaster in the wall between the closet and the bathroom has been repaired. The cracked nightlight above the cove base has been replaced and the wall repaired ·Rm327: The phone jack has been replaced and the wall repaired. The irregular patch on the north wall with rough edges has been repaired ·Rm328: The tile flooring at the doorway has been repaired. The exposed plaster next to the cable outlet has been repaired ·Rm329: The flooring tiles with uneven and rough edges and irregular exposed area between the two resident beds has been repaired. The exposed insulation under the AC/Heating unit has been repaired ·Rm330: The two wall patches between the closet and the 		

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	<p>Room 325: An electrical outlet between the closet and bathroom was not aligned allowing an approximate 1/2" (inch) gap in the wall on the (L) (Left) side of the outlet.</p> <p>Room 326: Between the closet and bathroom, an indentation/cracked area measuring 7" x 4" with plaster exposed. The painted, metal downlight/nightlight, located above the covebase, was observed to be cracked on the perimeter, resulting in a 1/2" hole in the wall on the (R) (Right) side.</p> <p>Room 327: A phone jack on the W (West) wall near the NW (Northwest) corner was indented into the wall. An irregular "patch" with rough edges on the N (North) wall of the NW corner which measured 11" x 10".</p> <p>Room 328: The tile flooring at the doorway was observed to have a cracked, exposed, irregular corner triangle with rough edges, measuring 1"x 1"x 1". The E (East) wall, next to bed #1, a 2" x 6" area of exposed plaster was observed next to a cable outlet.</p> <p>Room 329: Four flooring tiles, next to the (L) side of bed #1 were noted to be worn with exposed uneven and rough edges. In addition, an irregular exposed</p>		<p>bathroom have been repaired</p> <ul style="list-style-type: none"> ·Rm331: The cove base next to the bathroom door has been repaired ·Rm332: The cove base and wall near the bathroom door has been repaired. The AC/Heating unit has been repaired and re-aligned. The electrical wall outlet has been replaced ·Rm333: The phone jack and the hole in the wall near bed #1 have been repaired. Both wall patches and the electrical outlet have been repaired ·Rm334: The cove base and heater vent debris has been removed and cleaned ·Rm335: The wallpaper and wallboard above the bed area has been repaired. The electrical outlet with metal encased extension has been replaced. The exposed plaster has been repaired and the plaster dust removed and cleaned <p><i>West Hall Shower Room:</i></p> <ul style="list-style-type: none"> ·The mechanical lifts have been cleaned and disinfected ·The shower #2 drain has been flushed, cleaned and disinfected ·The toilet seat has been cleaned and sanitized ·All debris has been removed from the shower room floor and the floor has been cleaned and disinfected <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be</p>		

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	<p>area of tile measuring 6" x 8" was noted between the 2 resident beds. Exposed insulation under the AC/Heating unit was observed hanging and touching the floor, from the (L) edge to the middle the unit.</p> <p>Room 330: Two wall patches were observed between the closet and bathroom. Patch #1, a 7" x 5" rectangle, was observer to be loose from the wall. Patch #2, a rectangle measuring 11" x 7" was noted to have a 1" x 1 1/2" x 1 1/2" triangular hole in the wall at the lower (L) corner.</p> <p>Room 331: Approximately 13" top of covebase was loose/gapping resulting in exposure of chipped wallboard. This was located next to the bathroom door, towards the closet door.</p> <p>Room 332: The (L) wall from the doorway had an 8" area of loose/gapping covebase as well as an 8" area on the (R) wall, near the bathroom door. The AC/Heating unit was loose & ajar, protruding 1 1/2" out from the (R) side towards the (L) side. An electrical wall outlet, on the (L) side of an occupied bed, was observed uncovered and exposed.</p> <p>Room 333: Bed #1 was located next to the (R) wall when entering the room. A phone jack, near the end of the bed, was</p>		<p>taken: All residents have the potential to be affected by this finding. All resident rooms, bathrooms and bathing areas on the third floor west wing have been observed for the items listed above and all repairs, cleaning and disinfecting will be made where needed. In addition, the facility will conduct a facility wide audit to identify all areas of needed repair, maintenance, deep cleaning, etc. These identified areas will be placed on a schedule for targeted completion. Environmental Inspections will be completed no less than three times per week through the Customer Care Program. These Environmental Inspections will include inspections/observations of resident rooms, dining rooms and common areas. Observations will include floor tiles, walls and covebases in need of repair, as well as cleanliness issues that need to be addressed. Shower room inspections will be completed every shift by the direct care staff and verified by Charge Nurse/Nurse Manager. Any environmental/repair issues or cleanliness issues noted during these Environmental Inspections and Shower Room Inspections will be directed to the Maintenance Department or Housekeeping Department through the Maintenance or Housekeeping Request Process. The ED/designee will review</p>	

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	<p>noted to be crooked and askew, resulting in a 1/2" hole on the upper (R) edge. The hole was next to a wall patch measuring 18" x 11" which had been applied crookedly and had raised edges. The wall next to the doorway, to the (R), was noted to have a wall patch measuring 24" x 24", with loose and gapping edges. The wall patch was located to an electrical outlet that was not flush to the wall and also had a 1/2" hole next to the (R) upper corner.</p> <p>Room 334: Noted only the debris along the covebase and the heater vent debris.</p> <p>Room 335: Observed loose, hanging wall paper with exposed wallboard above the bed area. In addition, to the (L) side of the bed, an electrical outlet with a metal encased extension which measured 57" in length, was observed out of the wall and lying on the floor behind the bed. The outlet extension appeared to have come loose after it had been secured into the wall with 4 screws, resulting in exposed plaster and a pile of plaster dust on the floor.</p> <p>The West Hall Shower Room attached door sign indicated: "CLEAN." 1. The floor was noted to have scatted areas of loose & dried debris of unidentifiable dark brown matter</p>		<p>Maintenance Logs/Requests and Housekeeping Request issues to ensure all necessary repairs and corrections have been completed.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>A mandatory all staff in-service will be conducted by the ED/DNS/designee on or before 9/16/16. This in-service will include review of the facility policy related to environmental inspections/observations of resident rooms, bathrooms, common areas and shower rooms as well as the process of notification to the Maintenance Department for repairs or maintenance needs and the importance of maintaining a safe/functional/sanitary/comfortable environment. The ED/designee will review Maintenance Logs/Requests and Housekeeping Request issues to ensure all necessary repairs and corrections have been completed.</p> <p>A mandatory Housekeeping Department in-service will be conducted by the ED/Housekeeping Supervisor on or before 9/16/16 to review the deep cleaning policy for resident rooms, focusing on the need to address details such as</p>	

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	<p>throughout.</p> <p>2. Two of two resident lifts were noted to contain debris. Lift #1 had scattered debris as well as dried dark brown matter on the foot plate where residents placed are to stand. Lift #2 had a dried "splash" of dark brown-red material on the base.</p> <p>3. Shower #2: drain appeared occluded with debris, paper, and hair.</p> <p>4. The back of the toilet seat contained an irregular area of dried, viscous appearing pink matter, measuring approximately 4" x 3".</p> <p>5. A clump of debris which appeared to be tape, hair and other unidentifiable matter was noted on the floor, between the 2 resident lifts.</p> <p>The ED and DNS indicated, during the tour, areas observed in the resident rooms as well as the shower area should have been addressed with either housekeeping or maintenance.</p> <p>The Maintenance Director was interviewed, on 08/17/16 at 2:15 p.m., in Room 335, and indicated the department should have been notified of the outlet issue, as well as the other room issues. The Maintenance Director indicated he</p>		<p>bed frame cleaning, bathroom floors, floor corners and edging.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action and to ensure the environment is safe/functional/sanitary and comfortable, the ED/DNS/designee will be responsible for directing the Environmental Inspections Audit daily for three weeks and no less than three times per week for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed:</p> <p>Completion date = 9/16/16.</p>		

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	<p>had no records of, or awareness of the needed repairs.</p> <p>The Housekeeping Director was interviewed, on 08/17/16 at 3:00 p.m. The Housekeeping Director provided documentation of the deep cleaning schedule for rooms on the West Hall for July and August 2016. The documentation indicated the rooms on the West Hall were deep cleaned:</p> <p>Room 324: 07/15/16 Room 325: 07/18/16 Room 326: 07/19/16 Room 327: 07/20/16 Room 328: 07/21/16 Room 329: 07/22/16 Room 330: 07/25/16 Room 331: 07/26/16 Room 332: 07/27/16 Room 333: 07/28/16 Room 334: 07/29/16 Room 335: 08/01/16 Room 325: 08/16/16 Room 325: 08/17/16</p> <p>The Housekeeping Director indicated the rooms are deep cleaned on a continuing rotating basis, once monthly, with the order reversed from month to month. The Housekeeping Director indicated being unaware of the buildup of debris along the room perimeters edges and indicated staff should have reported any concerns.</p>			

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	This Federal tag relates to Complaint IN00203963. 3.1-19(f)				