

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155319	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2015
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NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 28-31, and August 3, 2015</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 12 Medicaid: 53 Other: 22 Total: 87</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the communitie's desire to comply with the requirements and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction	
F 0278 SS=D Bldg. 00	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the</p>			

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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	<p>appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure an accurate Minimum Data Set (MDS) assessment for 1 of 3 residents reviewed for urinary incontinence (Resident #39).</p> <p>Finding includes:</p> <p>During review of Resident #39's medical record on 7/31/15 at 11:08 a.m., the resident's Admission Minimum Data Set (MDS) Assessment, dated 4/12/15, indicated the resident was always continent.</p>	F 0278	<p>278-Assessment Accuracy/Coordination/Certified</p> <p>The assessment found to be incorrect was immediately corrected</p> <p>All residents have the potential to be affected by the same deficient practice The RAI Specialist conducted an audit of all resident MDSs and noted no other errors</p> <p>The DNS will monitor MDS input for errors on an ongoing basis</p> <p>The process will be monitored using the Assessment QIS tool weekly for one month, monthly for 4 months and quarterly thereafter</p> <p>The ED will monitor for compliance</p>	08/07/2015

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	<p>A review of the resident's Quarterly MDS, dated 7/7/15, indicated the resident was frequently incontinent of bladder.</p> <p>The resident's care plan, dated 4/7/15, indicated the resident was incontinent of urine.</p> <p>Review of a document titled "Nursing Admission Assessment" dated 4/7/15 at 12:04 p.m., indicated the resident was not continent of bladder prior to admission.</p> <p>On 7/31/15 at 1:39 p.m., a document titled "Point of Care Bowel/Bladder Category Report," dated for the assessment period from 4/7/15 to 4/12/15, was provided by the RAI Specialist. The document indicated the resident was incontinent each day of the 7-day assessment period.</p> <p>On 7/31/15 at 1:33 p.m., during an interview, the Resident Assessment Instrument (RAI) Specialist, indicated the coding on the MDS was based on the information gathered during the assessment period. She indicated the MDS Coordinator had coded the resident's continence status incorrectly on the Admission MDS.</p> <p>The Centers for Medicare/Medicaid (CMS) RAI Version 3.0 Manual, dated</p>			

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F 0323 SS=D Bldg. 00	<p>September 2010, page H-8, Section H0300: Urinary Incontinence: Steps for Assessment indicated, "1. Review the medical record for bladder or incontinence records or flow sheets, nursing assessments and progress notes...3. Ask direct care staff...about incontinence episodes..."</p> <p>3.1-31(d)</p> <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. Based on observation, interview, and record review, the facility failed to ensure wooden handrails were maintained for 1 of 4 nursing units and toilet risers were properly installed for 1 of 2 toilet risers reviewed for environmental hazards (Resident #31)</p> <p>Findings include:</p> <p>1. During an observation on 7/29/15 at 11:05 a.m., the wooden handrails on the "A" hallway were observed with heavy scarring and rough surfaces.</p> <p>On 8/3/15 at 1:15 p.m., with the</p>	F 0323	<p>1-No residents were found to be affected by the rough handrails. All residents have the potential to be affected Damaged areas repaired immediately. The handrails will be inspected and repaired as needed to ensure safety. New handrails will be installed within 90 days. Handrails will be inspected daily x2 weeks and weekly until new handrails are installed. ED will monitor for compliance.</p> <p>2-Res. 31 had no adverse effects from the riser. The roommate does not use that bathroom. All residents with toilet risers have the potential to be affected. Staff education provided to</p>	08/21/2015

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	<p>Maintenance Supervisor present, handrails in the "A" hall had heavy scarring and rough surfaces. The Maintenance Supervisor indicated it had been "about two and a half months" since the hand rails were inspected.</p> <p>On 8/3/15 at 2:00 p.m., the Maintenance Supervisor provided a copy of the Maintenance Logs for June, 2015. The section titled "Quarterly Tasks" included, but was not limited to, "6/3, 6/4, and 6/5 Handrails 8 broken clips/fastened loose rails to wall all rails need sanded and stained/some replaced." The supervisor indicated the facility had been approved for rail replacements, to be done some time before the end of the year.</p> <p>2. On 7/30/15 at 10:59 a.m., Resident #31's room was observed. A toilet riser was observed over the toilet in the resident's bathroom. It had four legs and was positioned over the seat of the stool. The legs were not in contact with the floor. The device could easily be tilted from side to side.</p> <p>On 7/31/15 at 11:30 a.m., CNA #8 was observed to enter the resident's room and assisted her into the bathroom. The CNA exited the room and left Resident #31 unattended on the raised toilet seat while she responded to another resident's call</p>		<p>ensure toilet risers are used appropriately/according to manufacturer instructions. All bathrooms with risers will be monitored for appropriate positioning weekly for 1 month, bi-weekly for 2 months and monthly for 4 months. ED will monitor for compliance.</p>		

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	<p>light.</p> <p>On 8/3/15 at 1:15 p.m., with the Maintenance Supervisor, the device was observed in the same position. The Supervisor raised the toilet seat and placed the device over the toilet bowl. The legs were then in contact with the floor and it did not tilt. The Supervisor indicated the toilet seat is usually removed or raised before the riser was positioned.</p> <p>Resident #31's clinical record was reviewed on 8/3/15 at 1:30 p.m. An Annual Minimum Data Set (MDS) assessment, dated 7/21/15, coded the resident with severe cognitive impairment. The assessment indicated the resident required extensive assistance of two for toileting. The assessment indicated the resident's balance was unsteady, but able to stabilize without staff assistance.</p> <p>Manufacturer's recommendations for the "Carex" toilet riser (no date) was provided by the Administrator on 8/3/15 at 1:49 p.m. The information (in picture form) showed the device was placed over a toilet, with the lid in the raised position.</p> <p>3.1-45(a)(1)</p>				

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F 0371 SS=E Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review the facility failed to ensure foods were stored and prepared under sanitary conditions. This had the potential to affect 87 of 87 residents who received food that was prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation of the kitchen and food storage area on, 7/28/15 at 10:18 a.m., four white canisters were found to be dirty on the handles, lids, and outside of the containers. The sugar canister contained a large paper clip and a wrapper from a butter pad. The canister had coffee running down the outside edges and inside the container. Two jackets and a vinyl bag were laying on the counter top and touched the uncovered mixer.</p>	F 0371	<p>No residents were affected by the practice. All residents have the potential to be affected The personal items were immediately removed and the mixer and table top were sanitized according to policy. The containers that were found dirty were immediately sanitized and have been moved to another area in the kitchen. The sugar container was emptied and sanitized. Sanitation check-offs will be completed daily x2 weeks, weekly x4 weeks and monthly thereafter. ED will monitor for compliance.</p>	08/03/2015

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	<p>On 7/31/15 at 10:33 a.m., Cook #1 indicated employees were not supposed to put personal belongings in the kitchen.</p> <p>On 7/31/15 at 2:15 p.m., Administrator (ADM) indicated food storage canisters should have been clean and should not contain any foreign debris. She further indicated, employees are not to bring personal items, jackets or bags, into the kitchen.</p> <p>A facility policy, titled "Food Storage," identified as current by the ADM on 7/31/15 at 2:20 p.m., indicated, "...Sufficient storage facilities are provided to keep foods safe, wholesome, and appetizing. Food is stored, prepared and transported at an appropriate temperature and by methods designed to prevent contamination...4. Containers with tight fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods...."</p> <p>A facility policy, identified as current, titled "Infection Control," provided by the ADM on 8/3/15 at 10:00 a.m., indicated, "...Personal items should not be stored on food preparation equipment or in food storage areas...."</p> <p>3.1-21(i)(3)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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