

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2014
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NAME OF PROVIDER OR SUPPLIER BRAUN'S NURSING HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 909 FIRST AVE EVANSVILLE, IN 47710
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F000000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey Dates: February 10, 11, 12, 13, 2014</p> <p>Facility Number: 000437 Provider Number: 155520 AIM Number: 100273770</p> <p>Survey Team: Denise Schwandner RN TC Barbara Fowler RN Anna Villain RN Diana Perry RN Diane Hancock RN 2/10, 2/11, 2/12/2014 Sylvia Martin RN 2/12, 2/13/2014</p> <p>Census bed type: NF: 52 SNF/NF: 6 Total: 58</p> <p>Census payor type: Medicare: 6 Medicaid: 45 Other: 7 Total: 58</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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F000282 SS=D	<p>Quality reveiw completed on February 18, 2014 by Jodi Meyer, RN 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 observation, interview, and record review, the facility failed to ensure care was provided according to the care plan for 1 of 1 residents reviewed in a sample of 34 residents who met the criteria for review of care plans, in that, a dialysis dressing was not removed according to the physician's orders. (Resident #75)</p> <p>Findings include:</p> <p>The clinical record of Resident #75 was reviewed on 2/11/14 at 1:09 p.m. Resident #75 had a diagnosis including, but not limited to, ESRD (end stage renal disease).</p> <p>Resident #75 had a physician's order, dated 1/20/14, to remove a bandage from the right upper arm at bedtime every Tuesday, Thursday, and Saturday.</p>	F000282	<p>Plan of Correction Response for F282 All nursing personnel have received inservicing regarding Hemodialysis Access Care. In addition, each Nurse received guidelines for "Dialysis Nursing Measurers". This process will be completed by Friday, February 28, 2014. A new check list was implemented on Saturday, February 22, 2014 requiring that a second Nurse verify that the dressing was removed. Beginning with Monday, February 24, 2014, the Director of Nursing or their designee will review the TAR and "Dialysis Dressing Removal" check list Monday through Friday for one month, then a weekly basis for a month, monthly for a quarter, and then quarterly thereafter. The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for F282 will be available to the surveyors upon their request. Compliance Date: February 28, 2014</p>	02/28/2014			

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	<p>A care plan, dated 2/12/14, indicated Resident #75 was to have a bandage removed from the right arm fistula every HS (hour of sleep) on Tuesday, Thursday, and Saturday.</p> <p>During an observation on Tuesday, 2/11/14 at 1:10 p.m., Resident #75 was observed to be sitting in a wheelchair. Resident #75 indicated she had just returned from having dialysis. Resident #75 was observed to have a bandage to the right upper arm.</p> <p>During an observation on Wednesday, 2/12/14 at 8:21 a.m., Resident #75 was observed to be sitting on the side of her bed with a bandage intact to the right upper arm. Upon query, Resident #75 indicated the bandage had been on since her return from dialysis on 2/11/14.</p> <p>During an observation on Wednesday, 2/12/14 at 10:30 a.m., Resident #75 was observed to be sitting at a table in the 200 unit dining room. Resident #75 was observed to have a bandage on her right upper arm.</p> <p>During an observation on Wednesday, 2/12/14 at 1:55 p.m.,</p>		Margaret H. Braun, HFA Administrator Braun's Nursing Home		

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F000318 SS=D	<p>Resident #75 was observed to be sitting in a wheelchair in the door of her room. Resident #75 was observed to have a bandage to the right upper arm.</p> <p>During an interview with the DoN (Director of Nursing) on 2/12/14 at 1:50 p.m., the DoN indicated the nurse working on the evening shift should have removed the bandage on Resident #75 at bedtime on 2/11/14.</p> <p>3.1-35(g)(2)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>Based on observation, interview and record review, the facility failed to ensure range of motion exercises were provided to 1 of 2 sampled residents observed during care, in the sample of 4 who met the criteria.</p>	F000318	Plan of Correction Response for F318 The facility is in the process of re-educating all CNA's regarding the "Policy and Procedure for Range of Motion Exercises". Staff is required to provide return demonstration in proper ROM. This process will be completed by the close of	02/28/2014

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	<p>(Resident #54)</p> <p>Finding includes:</p> <p>CNA #1 was observed providing morning care to Resident #54 on 2/12/14 at 9:20 a.m. CNA #2 assisted.</p> <p>The bed bath was completed; the resident was dressed in a t-shirt and a brief, and covered up. The CNA indicated she was done. No range of motion exercises were provided to the resident. At 10:05 a.m., CNA #1 was interviewed. She indicated exercises were done with the bath, moving the arms and legs around. She did not indicate why she had not ranged every joint the number of repetitions care planned.</p> <p>Resident #54's clinical record was reviewed on 2/11/14 at 1:44 p.m. The resident was admitted to the facility on 1/16/13 with diagnoses including, but not limited to, dementia, diabetes, hypertension, gastroesophageal reflux disease, and anemia.</p> <p>The significant change Minimum Data Set (MDS) assessment, dated 1/22/14, indicated the resident had limited range of motion in the upper</p>		<p>business on Friday, February 28, 2014. Beginning with Monday, March 3, 2014, the Director of Nursing or their designee will monitor this process on a weekly basis for one month, on a monthly basis for a quarter, and on a quarterly basis going forward. The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for F318 will be available to the surveyors upon their request. Compliance Date: February 28, 2014 Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>		

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F000371 SS=E	<p>and lower extremities on both sides.</p> <p>The resident required extensive assistance with bed mobility and transfers and was non-ambulatory.</p> <p>Resident #54's care plan, dated 1/17/13, indicated a problem of alteration in mobility with bilateral lower extremity contractures. The care plan indicated passive range of motion was to be completed for each major joint daily.</p> <p>3.1-42(a)(2)</p> <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 Based on observation, interview, and record review, the facility failed</p>	F000371	Plan of Correction Response for F371 The facility is in the process	02/28/2014	

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	<p>to ensure food was distributed and served under sanitary conditions, in that staff failed to properly distribute drinking glasses and straws for 1 of 22 residents eating the noon meal in the Main Dining Room.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 2/10/14 at 12:17 p.m., CNA #3 was randomly observed to handle a drinking glass from the rim for an unidentified resident. CNA #3 was also observed to handle a straw without the paper barrier, and placed the straw in an unidentified resident's drinking glass. On 2/12/14 at 1:51 p.m., interviewed CNA #1. CNA #1 indicated drinking glasses should be handled from the bottom of the glass. CNA #1 further indicated if a resident requests a straw, the paper barrier should be removed from the bottom half of the straw, while handling the top half, after which, the straw should be handled from the top half where the paper barrier. CNA #1 indicated the straw should then be placed in the glass and the top portion of the paper barrier removed. CNA #1 indicated the straw should not be handled directly with bare hands 		<p>of re-educating all CNA's regarding the revised Policy and Procedure for "Assistance with Meals". Staff is required to provide return demonstration in proper handling and distribution of drinking glasses and straws.. This process will be completed by the close of business on Friday, February 28, 2014. Beginning with Monday, March 3, 2014, the Director of Nursing or their designee will monitor this process on a weekly basis for one month, on a monthly basis for a quarter, and on a quarterly basis going forward. The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for F371 will be available to the surveyors upon their request. Compliance Date: February 28, 2014 Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>				

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	<p>3. On 2/13/14 at 11:17 a.m., the "Assistance with Meals" policy provided by the Administrator was reviewed. The policy indicated, "All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling".</p> <p>3.1-21(i)(3)</p>			

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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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> <p>Based on observation, interview,</p>	F000441	Plan of Correction Response for F441 The facility is in the process	02/28/2014			

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	<p>and record review, the facility failed to ensure infection control procedures were followed for 4 of 4 residents observed receiving care, in that hands were not washed between glove changes and an overbed table was not sanitized after bath water was spilled onto it. (Resident #12, Resident #54, Resident #2, Resident #64)</p> <p>Findings include:</p> <p>1. On 2/11/14 at 2:40 p.m., LPN #1 was observed to provide perineal care and do a dressing change to a wound on Resident #12's coccyx. The resident had just had a large bowel movement in the toilet. LPN #1 wore gloves. She wiped the resident with toilet paper, washed the resident's perianal area with soap and water, rinsed, and dried the area. She then changed into clean gloves. She removed the old dressing. Then changed gloves again and washed the area, applied skin prep around the area, put a small amount of Santyl [to debride the area] ointment on the wound bed and covered the area with a foam bordered dressing. She then gathered up the soiled bagged linens and trash and left the room, disposing of them in the soiled utility</p>		<p>of re-educating all CNA's and Nurses regarding the "Policy and Procedure for Handwashing Hygiene" and CNA's with the revised Policy and Procedure for Giving a Bed Bath. All Staff are required to provide return demonstration in proper Handwashing technique. The Director of Nursing is in the process of observing this group of employees during various types of resident care to include toileting, peri-care, bathing, dressing changes, etc. The DON is documenting the type of care observed and that infection control procedures are followed accordingly. This process will be completed by the close of business on Friday, February 28, 2014. Beginning with Monday, March 3, 2014 the Director of Nursing, or their designee will monitor this process on a weekly basis for one month, on a monthly basis for a quarter, and on a quarterly basis from this point forward. The Director of Nursing assumes responsibility for and ensures compliance. The Administrator is ultimately responsible for overall compliance. Any documentation regarding the POC for F441 will be available to the surveyors upon their request. Compliance Date: February 28, 2014 Margaret H. Braun, HFA Administrator Braun's Nursing Home</p>		

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	<p>closet. She then returned to the room and washed her hands. No handwashing was completed between glove changes.</p> <p>2. On 2/12/14 at 9:20 a.m., CNA #1 was observed giving a bed bath to Resident #54. The CNA had two wash basins of water setting on the overbed table. Water was observed spilled on the table. The CNA also removed soiled gloves and placed them on the overbed table during the bath. When the bath was completed, she obtained wet paper towels and dry paper towels and wiped off the overbed table. When queried about sanitizing the overbed table, she indicated there was sanitizer available, but she didn't have it at the time and wiped off the table with the paper towels.</p> <p>3. On 2/12/14 at 8:53 a.m., observed CNA #6 hand wash for 8(eight) seconds during toileting assistance of Resident #64.</p> <p>4. On 2/12/14 at 9:04 a.m., CNA #4 and CNA #7 were observed giving a bed bath to Resident #2. CNA #4 and CNA #7 washed their hands prior to starting the bath for approximately 10 seconds and</p>			

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	<p>applied gloves. CNA #4 and CNA #7 were observed to change their gloves during the bath with no handwashing or sanitizing of their hands observed after giving pericare to the resident. CNA #4 was observed to retrieve a clean bed pad, which had dropped to the floor while the bath was being given, without changing her gloves or washing/sanitizing her hands.</p> <p>During an interview on 2/12/14 at 9:35 a.m., CNA #4 and CNA #7 indicated their hands should have been washed after removing their dirty gloves and before applying clean gloves during the bath. The CNAs further indicated their hands should have been washed for a longer period of time. The CNAs indicated they had been instructed to sing, "Happy Birthday" 2 times while washing their hands.</p> <p>A policy, titled "Handwashing/Hand Hygiene" and obtained from the DoN on 2/12/14 at 1:30 p.m., indicated employees must wash their hands for at least 15 (fifteen) seconds, using antimicrobial or non-antimicrobial soap and water..."</p> <p>3.1-18(b) 3.1-18(l)</p>						

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F000458 SS=E	<p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>Based on observation, interview, and record review, the facility failed to provide at least 80 square feet (sq ft) per resident in multiple resident rooms. That was evidenced in 9 of 43 resident rooms in the facility (Rooms 106, 107, 108, 109, 110, 111, 112, 113, 114)</p> <p>Findings include:</p> <p>Observations during the facility tour and facility documentation provided by the Adm (Administrator) on 2/11/2014 at 12:55 p.m., indicated the following room sizes of observed rooms:</p> <ul style="list-style-type: none"> *1. Room 106 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident. *2. Room 107 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident. 	F000458	<p>Plan of Correction Response for F458 The rooms identified on CMS form 2567, are located on Unit 100 and do not meet the square footage requirement per Federal and State requirement. When the unit was built, the room size met and/or exceeded the minimum requirement at that time. When the square footage requirement adjusted and the rooms did not meet the requirement, the facility was grandfathered and granted an annual room waiver. The management team currently in place at Braun's Nursing Home has for the time being, made a decision to utilize each resident room on Unit 100 as a private room. Although rooms 111 – 114 were equipped for semi-private residence during the survey, they will be utilized as private rooms when the decision to market them is made. In addition, beds and equipment are stored outside the facility for prompt restructuring to semi-private availability. I respectfully request this waiver be granted in conjunction with the recertification survey conducted February 10, 2014 through</p>	02/28/2014
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	<p>*3. Room 108 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>*4. Room 109 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>*5. Room 110 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>*6. Room 111 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>*7. Room 112 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>*8. Room 113 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>*9. Room 114 2 beds 145.12 sq. ft SNF/NF 72.56 sq. ft per resident.</p> <p>During an interview on 2/12/14 at 2:53 p.m., the Adm indicated she would like to continue the room waiver.</p> <p>3.1-19(l)(2)</p>		February 13, 2013. Margaret H. Braun, HFA Administrator Braun's Nursing Home				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2014
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F000465 SS=D	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure resident areas were maintained in a sanitary manner, in that a strong urine odor was present for 2 of 10 resident rooms and 1 of 1 shower room on the 300 unit. (Rooms 306,307,300 Shower Room)</p> <p>Findings include:</p> <ol style="list-style-type: none"> The Hall area outside of room 306 and 307 was observed to have a strong odor of urine on the following dates and times: 2/12/14 at 8:53 a.m., 2/12/14 at 10:20 a.m., 2/12/14 at 2:30 p.m., 2/12/14 at 3:40 p.m., 2/13/14 at 11:20 a.m. The 300 unit shower room was observed and had a strong urine odor on the following dates and times: 2/12/14 at 8:53 a.m. and 2/13/14 at 11:22 p.m. 	F000465	<p>Plan of Correction Response for F465 The source of the strong odor has been narrowed down to two (2) air mattresses located in rooms 305 and 306. The following steps were implemented to address the concern: 1. The above air mattresses were removed, thrown away and replaced with new air mattresses. This was completed on Friday, February 28, 2014. 2. A new Policy and Procedure for "Routine Cleaning of Air Mattress When in Use" was implemented. All Housekeeping staff was trained and orientated to the new protocol, with return demonstration. This was completed on Friday, February 28, 2014. 3. The unit 300 shower room is deep cleaned every Sunday and then cleaned daily. In order to address this concern, the above schedule will remain but additionally, the shower room will be cleaned daily by the afternoon/evening housekeeping personnel. This practice was initiated on February 28, 2014. Beginning with Monday, March 3, 2014 the Administrator, or their designee will monitor this</p>	03/28/2014
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2014
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	The Health Facility Administrator (HFA) was interviewed on 2/12/14 at 12:53 P.M. During that interview the HFA indicated she was aware of the odor present on the 300 unit and indicated the facility was actively trying to resolve the issue. 3.1-19(f)		area to assure the steps implemented are effective. This will be done on a daily basis for one week, on a Monday thru Friday schedule for a quarter, and on a quarterly basis from this point forward. The Administrator assumes responsibility for and ensures compliance. Any documentation regarding the POC for F465 will be available to the surveyors upon their request. Compliance Date: February 28, 2014		