

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/26/2013
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NAME OF PROVIDER OR SUPPLIER  BROOKSIDE HAVEN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N GAVIN ST MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaints IN00132628 and IN00133088.</p> <p>Complaint IN00132628 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282, F312, F318, F309, F322, F323, F327, F353, and F441.</p> <p>Complaint IN00133088 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F312, F318, F322, F323, F309, F327, F441, F353, and F9999.</p> <p>Survey dates: July 24, 25, 26, and 29, 2013</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Survey team: Betty Retherford RN, TC Shelley Reed RN</p> <p>Census bed type: NF: 40 Total: 40</p>	F000000	F-000This Plan of Correction is prepared and executed because it is required by the provisions of the State and Federal Regulations, and not because Brookside Haven agrees with the allegations and citations listed on this statement of deficiencies. This Plan of Correction shall operate as Brookside Haven's written credible allegation f compliance. Brookside Haven respectfully request paper compliance n the attached Plan of Correction.	

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>Census payor type: Medicaid: 39 Other: 1 Total: 40</p> <p>Sample: 15</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed by Debora Barth, RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was contacted when there was an accident noted for 1 of 5 residents reviewed for physician notification in a sample of 5.</p>	F000157	F - 1571.) All licensed staff immediately re-educated, in-serviced to ensure compliance on policy and procedure on notifying physician of any change in condition or concerns that	08/27/2013			

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	<p>(Resident O)</p> <p>Findings include:</p> <p>The clinical record for Resident (O) was reviewed on 7/26/13 at 1:20 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, schizophrenia, anemia, heart disease, dementia and pain.</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/28/13, indicated Resident (O) was severely cognitively impaired and required the assistance of the staff for transfers and ambulation.</p> <p>A health care plan problem, dated 6/7/13, indicated Resident (O) had a problem of falls due to attempts to transfer self, poor safety awareness and poor weight bearing status. The approaches included, but were not limited to, bed alarm, monitor resident when call light not in close proximity and helmet to head.</p> <p>A post fall investigation tool, dated 6/9/13 at 5:16 a.m., indicated Resident (O) fell getting up from her recliner and pulled a dresser over on top of herself in her room. The post fall report included assessments for each shift from 6/9-6/13/13 The fall report indicated Resident (O) had shoes on feet and an alarm sounded during the</p>		<p>have been identified for (Resident O) and all other residents whom reside in facility to ensure compliance. Social Service Designee was re-educated and in-serviced on notifying family and residents of room changes prior to changes being done.2.) Any resident has the potential to be affected.3.) Director of Nursing re-educated, in-serviced all nursing staff regarding the importance of following the policy and procedure on notifying physician of change in condition or any concerns that have been identified.4.) Quality Assurance (QAA) Committee will meet monthly X3 months, then quarterly thereafter to ensure compliance. DON, HFA, or Designee will monitor daily (M-F) 24 hour report sheet to ensure physician notification of any changes in condition or concerns that have been identified. See attached form.5.) Date Completed 08/27/13</p>		

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	<p>fall. A nursing note, dated 6/11/13 at 3:00 a.m., indicated Resident (O) continued to have a very small area to her left knee from the 6/9/13 incident. No additional documentation was provided related to the 6/9/13 fall.</p> <p>During an interview on 7/26/13 at 1:10 p.m., the Corporate Nurse indicated a physician notification could be provided.</p> <p>Review of the current undated facility policy, provided by the Corporate Nurse on 7/26/13 at 1:55 p.m., titled "Accident and Incident Investigation", included, but were not limited to, the following:</p> <p>"Purpose:</p> <p>2. To identify any injuries after a resident sustains an accident or incident.</p> <p>Investigation Procedure:</p> <p>13. Notify the resident's attending physician of a change of condition or any concerns that have been identified.</p> <p>General Documentation Guidelines: Complete facility-specific form. Date, time (shift) of accident or incident. Notification of attending physician."</p> <p>This Federal tag relates to Complaint</p>				

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	IN00132628.  3.1-5(a)(1)			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a urine specimen for testing was obtained timely for 1 of 3 residents (Resident #M) reviewed for urine testing and failed to ensure neurochecks were completed as indicated for 2 of 4 residents reviewed for falls (Resident #'s O and F) in a sample of 15.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #M was reviewed on 7/26/13 at 9:10 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, cerebrovascular accident with psychosis, encephalopathy, and seizure disorder.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 5/28/13, indicated Resident #M was moderately cognitively impaired and required total assistance of the staff for all activities of daily living.</p> <p>A nursing note, dated 7/16/13 at 10:15 a.m., indicated a new order had been received for a urinalysis with culture and</p>	F000282	<p>F- 2821.) DON re-educated and in-serviced on the policy and procedure for obtaining urinalysis with culture sensitivity (UA/C&amp;S) in a timely manner on (Resident #M), also re-educated and in-serviced on policy and procedure on neurochecks, resident assessment, V/S, and pain. 2.) Any resident has the potential to be affected.3.) All licensed staff re-educated and in-serviced by Director of Nursing on (Resident #M) on the policy and procedures for following physician orders for obtaining a UA/C&amp;S in a timely manner.4.) The DON, HFA or Designee will monitor all lab orders and incidents to ensure compliance daily x30 days, then weekly x60 days and then monthly x3 months. The facility Quality Assurance Committee will review quarterly in their regular scheduled meetings and their recommendations will be followed. See attached form.5.) Date Completed: 08/27/13</p>	08/27/2013

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	<p>sensitivity (U/A C&amp;S) due to a history of urinary tract infections and a family member wanting the test done.</p> <p>A physician's order, dated 7/16/13, indicated the resident was to have a U/A and C&amp;S done due to a history of urinary tract infections. The order indicated the urine specimen was to be obtained by an "in and out" catheterization.</p> <p>The nursing notes for 7/16, 7/17, and 7/18 lacked any information related to the nursing staff attempting to obtain the specimen by catheterizing the resident. The nursing notes lacked any assessment of the resident's urine or vital sign information.</p> <p>The clinical record lacked any urine report information related to the order received on 7/16/13.</p> <p>The next nursing note after the 7/16/13 at 10:15 a.m. entry noted was dated 7/19/13 at 2:25 a.m. The nursing note indicated the nurse had been called to the resident's room. The note indicated the resident was very lethargic, would not answer questions, and would not move eyes to look at the staff. The physician was called and the resident was sent out to the emergency room for treatment.</p>				

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	<p>The next nursing note entry, dated 7/19/13 at 8:20 a.m., indicated the resident had returned from the emergency room with the diagnosis of a urinary tract infection. New orders for antibiotic therapy were sent to the facility from the emergency room.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack of urine testing having been completed for Resident #M related to the order received on 7/16/13.</p> <p>During an interview with the RN Consultant on 7/26/13 at 3 p.m., she provided a copy of a urinalysis and C&amp;S report for Resident #M. She indicated the report had been in a folder for the physician to review. The report indicated the urine specimen had been received by the lab on 7/18/13 and the C&amp;S results were still pending at the time the resident was sent to the emergency room for treatment on 7/19/13. The RN Consultant indicated she did not know why there had been a delay in obtaining the urine specimen for testing which was ordered on 7/16 and not obtained until 7/18/13.</p> <p>2.) The clinical record for Resident (F) was reviewed on 7/25/13 at 2:00 p.m.</p>				

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	<p>Diagnoses for the resident included, but were not limited to, hypertension, agitation, depression, psychotic mood disorder and Huntington's Disease.</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/21/13, indicated Resident (F) was severely cognitively impaired and required the assistance of the staff for transfers and ambulation.</p> <p>A health care plan problem, dated 5/31/13, indicated Resident (F) had a problem of falls due to Huntington's Disease. The approaches included, but were not limited to, Pommel cushion to wheelchair, monitor resident when call light not in close proximity and observe resident for unsteadiness and assist as needed.</p> <p>A nursing note, dated 7/8/13 at 12:45 p.m., indicated Resident (F) had a witnessed fall in the dining room. Resident (F) fell from his wheelchair, hitting his head on the floor. A large amount of drainage was found under his head. Resident (F) was observed to have an area to his left forehead, a laceration to the back of his head and a raised area to his left forehead. Resident (F) showed increased confusion and his left pupil was sluggish. Resident (F) was transferred to the local hospital at 12:55 p.m. Resident</p>						

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	<p>(F) returned to the facility on 7/8/13 at 4:45 p.m. A post ER note indicated the resident had "bruising" on his left forehead.</p> <p>A neurological checklist was initiated for Resident (F) at the time of the fall. Resident (F) was assessed initially and then sent to the local hospital. Resident (F) returned at 4:45 p.m., and neurological assessment monitoring continued. Resident (F) was monitored every 1 hour x 4 hours, then every 4 hours x 4, but no vital signs were documented 24 hours post fall to complete the neurological assessment.</p> <p>3.) The clinical record for Resident (O) was reviewed on 7/26/13 at 1:20 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, schizophrenia, anemia, heart disease, dementia and pain.</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/28/13, indicated Resident (O) was severely cognitively impaired and required the assistance of the staff for transfers and ambulation.</p> <p>A health care plan problem, dated 6/7/13, indicated Resident (O) had a problem of falls due to attempts to transfer self, poor safety awareness and poor weight bearing</p>						

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	<p>status. The approaches included, but were not limited to, bed alarm, monitor resident when call light not in close proximity and helmet to head.</p> <p>A post fall investigation tool, dated 6/9/13 at 5:16 a.m., indicated Resident (O) fell getting up from her recliner and pulled a dresser over on top of herself in her room. The post fall report included assessments for each shift from 6/9-6/13/13 The fall report indicated Resident (O) had shoes on feet and an alarm sounded during the fall. A nursing note, dated 6/11/13 at 3:00 a.m., indicated Resident (O) continued to have a very small area to her left knee from the 6/9/13 incident. No neurological assessment was initiated for Resident (O) for the unwitnessed fall.</p> <p>4.) Review of the current undated facility policy, provided by the MDS (Minimum Data Set) coordinator on 7/25/13 at 1:30 p.m., titled "Head Injuries/Neurological Assessment," included, but was not limited to, the following:</p> <p>"Policy: Assessments are to be done when it is suspected or known that a resident has had a blow to the head.</p> <p>Procedure:</p>			

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	<p>Monitor the resident for 24 hours as indicated below:...</p> <p>2. Vital signs and Neurological signs as indicated below:</p> <p>a. BP (Blood pressure) and P (Pulse) q15 minutes x 4; check pupils</p> <p>b. BP and P q30 minutes x 2; check pupils</p> <p>c. Complete vital signs and neurological signs q4h x 24 hrs."</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-35(g)(2)</p>			

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F000309 SS=D	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident, with an elevated temperature, was assessed and monitored for the reason for and/or reoccurrence of the temperature for 1 of 5 residents reviewed for assessments related to change in condition in a sample of 15. (Resident #J)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #J was reviewed on 7/25/13 at 11:35 a.m.</p> <p>Diagnoses for resident #J included, but were not limited to, multiple cerebrovascular accidents, dementia, dysphagia, and hemiplegia.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 7/9/13, indicated Resident #J had problems with both short and long term memory and required extensive assistance of the staff for all activities of daily living.</p>	F000309	F-3091.) DON re-educated and in-servied nursing staff on (Resident # J) on assessment and change in condition due to elevated temperature and follow up.2.) Any resident has the potential to be affected.3.) Director of Nursing re-educated and in-serviced all licensed nursing staff on our policy and procedure on complete assessment on (resident #J) change in condition to observe, record, and report any change in condition to the attending physician so proper treatment will be implemented.4.) DON or Designee will monitor on performance improvement tool for all change in conditions x30 days, then weekly x30 days then monthly x3 months to ensure compliance and proper treatment for change in condition. See attached form.5.) Date Completed: 08/27/13	08/27/2013			

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	<p>A health care plan problem, dated 1/18/13, indicated Resident #J a potential for dehydration related to dementia and the need for nectar thick liquids. One of the approaches for this problem indicated the staff were to observe for presence of sign/symptoms of dehydration which included, but were not limited to, "elevated temperature."</p> <p>A nursing note, dated 4/4/13 at 12:05 a.m., indicated the resident felt hot to touch and had flushed skin. The note indicated the resident's temperature was taken and was 102.2 axillary. The note indicated Tylenol (a medication given to reduce the body temperature) was given. The note lacked any assessment of the resident related to lung sounds, urine output, dehydration signs and symptoms, etc. The note lacked any other vital sign readings having been taken except the temperature reading as noted above.</p> <p>A nursing note, dated 4/4/13 at 2 a.m., indicated the resident was resting and her temperature was 99.8 at that time. No other assessment information was noted.</p> <p>The next nursing note was dated 4/4/13 at 12:50 p.m., and indicated the dietician had completed a dietary assessment with no recommendations.</p>						

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	<p>The next nursing note entry was dated 4/15/13 at 2 p.m., and indicated the resident had been seen by the psychiatric services provider.</p> <p>The clinical record lacked any lung, urine or other assessment of the resident related to the possible cause of the resident's fever on 4/4/13 at 12:05 a.m. The clinical record lacked any follow-up monitoring of the resident's vital signs related to the resident's fever.</p> <p>During an interview with the RN Consultant and Administrator on 7/25/13 at 2:20 p.m., additional information was requested related to the lack of assessment and monitoring following the resident's elevated temperature on 4/4/13.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>Review of the current, but undated, facility policy, titled "Condition Change, of the Resident (Observing, Recording and Reporting), provided by the Social Services Director on 7/29/13 at 10:20 a.m., included, but was not limited to, the following:</p> <p>"Basic Responsibility: Licensed Nurse</p>			

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	<p><b>Purpose</b></p> <p>To observe, record, and report any condition change to the attending physician so proper treatment will be implemented.</p> <p><b>...Procedure</b></p> <p>1. After all resident falls, injuries or changes in physical or mental function, monitor the following:</p> <p>...d. Observe and inquire if resident has headache or pain.</p> <p>...n. Take vital signs and include temperature.</p> <p>...r. Observe for dyspnea or variations in respirations.</p> <p>...s. Observe for flushing or cyanosis.</p> <p>...5. Monitor resident's condition frequently until stable.</p> <p><b>...General Resident Care Plan Documentation Guidelines</b></p> <p>1. Identify underlying problem causing the condition change.</p> <p>...3. Develop a plan to treat the condition...."</p> <p>This Federal tag relates to Complaint</p>			

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	IN00132628 and IN00133088.  3.1-37(a)				

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F000312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on record review and interview, the facility failed to ensure residents who were dependent on staff for grooming and personal hygiene received those services in regards to a shower/complete bed bath and/or tub bath twice weekly for 5 of 8 residents reviewed for assistance with activities of daily living in a sample of 15. (Resident #'s H, F, J, E, and G)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #G was reviewed on 7/25/13 at 1:35 p.m.</p> <p>Diagnoses for resident #G included, but were not limited to, cerebral palsy, anxiety, and obsessive compulsive disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/18/13, indicated the resident had an impairment of both short and long term memory. The assessment indicated the resident was dependent on the staff for all activities of daily living.</p>	F000312	<p>F - 3121.) Immediately re-educated and in-serviced all licensed staff and CNA's on documentation on all ADL's for dependent residents on (Resident #'s H,F,J,E &amp; G). All ADL Books will be monitored for completion, including x2 showers/Bedbaths per week. 2.) Any resident has the potential to be affected.3.) The Director of Nursing re-educated all licensed nursing and CNA's on the importance of documentation of all ADL's provided to dependent residents, grooming, personal hygiene and showers/complete bed bath and /or tub bath twice weekly. DON or Designee will monitor to ensure prior to end of all shifts that documentation has been completed.4.) DON, HFA, Charge Nurse or Designee will monitor ADL books daily x30days, weekly x60 days and monthly x3 months to ensure all ADL's have been completed and documented. Quality Assurance Committee will review quarterly and will follow any recommendations. See attached form.5. Date Completed: 08/27/13</p>	08/27/2013			

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	<p>A health care plan problem, dated 6/28/13, indicated Resident #G required total assistance of the staff for all activities of daily living due to cognitive loss and the diagnosis of cerebral palsy. One of the approaches for this problem indicated "Staff to anticipate/provide total assist with care."</p> <p>The current "Shower/Bathing Schedule," provided by LPN #5 on 7/26/13 at 3:05 p.m., indicated Resident #G was to have her twice weekly shower or bath on Wednesday and Fridays on the second shift (2 p.m. to 10 p.m.).</p> <p>The last shower and/or full bath given to the resident was documented on 7/13/13. A few days were blank and the others were marked with a "P" for a partial bath. This indicated a time period of 12 days without the resident having been given a shower and/or full bath.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack of showers given to the resident.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p>						

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	<p>2.) The clinical record for Resident #J was reviewed on 7/25/13 at 11:35 a.m.</p> <p>Diagnoses for resident #J included, but were not limited to, multiple cerebrovascular accidents, dementia, dysphagia, and hemiplegia.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 7/9/13, indicated Resident #J had problems with both short and long term memory and required extensive assistance of the staff for all activities of daily living.</p> <p>The current "Shower/Bathing Schedule," provided by LPN #5 on 7/26/13 at 3:05 p.m., indicated Resident #J was to have her twice weekly shower or bath on Wednesday and Fridays on the day shift (6 a.m. to 2 p.m.).</p> <p>The last shower and/or full bath given to the resident was documented on 7/14/13. A few days were blank and the others were marked with a "P" for a partial bath. This indicated a time period of 11 days without the resident having been given a shower and/or full bath.</p> <p>During an interview with the RN Consultant and Administrator on 7/25/13 at 2:20 p.m., additional information was requested related to the lack of showers</p>						

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	<p>given to the resident.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>3.) The clinical record for Resident #E was reviewed on 7/26/13 at 1:20 p.m.</p> <p>Diagnoses for resident #E included, but were not limited to, Alzheimer's type dementia with behavior disturbances and delusions and degenerative joint disease.</p> <p>The current "Shower/Bathing Schedule," provided by LPN #5 on 7/26/13 at 3:05 p.m., indicated Resident #E was to have her twice weekly shower or bath on Tuesdays and Fridays on the day shift (6 a.m. to 2 p.m.).</p> <p>The last shower and/or full bath given to the resident was documented on 7/16/13. A few days were blank and the others were marked with a "P" for a partial bath. This indicated a time period of 10 days without the resident having been given a shower and/or full bath.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack of showers given to the resident.</p>				

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	<p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>4.) The clinical record for Resident (F) was reviewed on 7/25/13 at 2:00 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, hypertension, agitation, depression, psychotic mood disorder and Huntington's disease.</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/21/13, indicated Resident (F) was severely cognitively impaired and required extensive assistance for bathing with one person physical assistance.</p> <p>A health care plan problem, dated 5/31/13, indicated Resident (F) had a problem related to self-care deficit related to the inability to independently groom himself due to Huntington's disease. The approaches included, but were not limited to, provide resident with all supplies he will need, provide verbal cues and supervision as needed and assist with the completion of task as needed.</p> <p>The current "Shower/Bathing Schedule," provided by LPN #5 on 7/26/13 at 3:05 p.m., indicated Resident #F was to have his twice weekly shower or bath on</p>			

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	<p>Wednesday and Saturdays on the day shift (6 a.m. to 2 p.m.)</p> <p>A Medication Administration Record (MAR), dated 7/1-7/31/13, indicated Resident (F) received a shower on 7/1, 7/3, 7/5, 7/12 and 7/15/13. No shower had been provided since 7/15/13.</p> <p>5.) The clinical record for Resident (H) was reviewed on 7/24/13 at 4:00 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, aphasia, cerebral atrophy, Alzheimer's disease, hypertension and ataxia.</p> <p>A quarterly minimum data set (MDS) assessment, dated 6/18/13, indicated Resident (H) was severely cognitively impaired and required extensive assistance for bathing with one person physical assistance.</p> <p>A health care plan problem, dated 6/28/13, indicated Resident (H) had a problem related to self-care deficit related to the inability to independently groom himself due to cognitive loss and physical debility. The approaches included, but were not limited to, provide verbal cues, assist resident with all of his Activities of Daily Living (ADL)'s and notify nurse and MD if any decline.</p>			

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	<p>The current "Shower/Bathing Schedule," provided by LPN #5 on 7/26/13 at 3:05 p.m., indicated Resident #H was to have his twice weekly shower or bath on Tuesdays and Fridays on the day shift (6 a.m. to 2 p.m.)</p> <p>A Medication Administration Record (MAR), dated 7/1-7/31/13, indicated Resident (H) received a shower on 7/5, 7/11 and 7/16/13. No shower had been provided since 7/16/13.</p> <p>6.) During an interview on 7/26/13 at 11:40 a.m., the RN Consultant indicated current facility policy was for the residents to have two showers and/or tub baths a week.</p> <p>During an interview with the Administrator on 7/29/13 at 10:00 a.m., she indicated there had been some issues with staffing. She indicated the Housekeeping Supervisor and Maintenance Supervisor were not CNAs and had not been trained in the duties they performed on 7/13/13.</p> <p>Review of the current undated facility policy titled "Bath (Shower)," provided by the Administrator on 7/26/13 at 12:15 p.m., included, but was not limited to, the following:</p>			

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	<p>"...Purpose:</p> <ol style="list-style-type: none"> <li>1. To cleanse and refresh the resident.</li> <li>2. To observe the skin.</li> <li>3. To provide increased circulation.</li> </ol> <p>...General guidelines for assessment may include, but are not limited to:</p> <p>*Condition of skin *Range of motion limitation *ADL [activities of daily living] function...."</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-38(a)(2)(A)</p>						

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F000318 SS=E	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>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. Based on observation, record review, and interview, the facility failed to ensure residents, with an identified decline in range of motion who were to be receiving restorative nursing services, actually received those services as identified in their plan of care for 5 of 7 residents reviewed for restorative services in a sample of 15. (Resident #'s F, C, J, M and L)</p> <p>Findings include:</p> <p>1.) During observation on 7/26/13 at 2:30 p.m. and 7/29/13 at 8:20 a.m., Resident #M was observed in her room in her bed with the head of the bed slightly elevated. The resident's hands were both noted to be curled inward with fingernails touching the palm of her hands without any type of handroll or positioning device in place.</p> <p>The clinical record for Resident #M was reviewed on 7/26/13 at 9:10 a.m.</p> <p>Diagnoses for the resident included, but</p>	F000318	F- 3181.) Director of Nursing immediately in-serviced all nursing staff that the Restorative CNA was not to be pulled to floor unless DON or HFA approval. All restorative programs are to be completed and documented for their 15 minutes daily as scheduled per their individualized programs to ensure no further decline in Range of Motion or any other programs. MDS Cord. will review and update any and all care-plans to reflect current physician orders.2.) Any resident has the potential to be affected.3.) Director of Nursing re-educated and in-serviced all nursing staff on policy and procedures for the restorative programs.4.) DON, HFA and/or Designee will monitor restorative documentation to ensure the individualized programs have been completed as scheduled daily x30 days, weekly x60 days and then monthly x3 months. Quality Assurance Committee (QAA) will review quarterly to ensure continued compliance on the restorative program and will follow any new recommendations. See attached	08/27/2013			

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	<p>were not limited to, cerebrovascular accident with psychosis, encephalopathy, and seizure disorder.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 5/28/13, indicated Resident #M was moderately cognitively impaired and required total assistance of the staff for all activities of daily living. The assessment indicated the resident had a bilateral impairment of range of motion of her upper and lower extremities. The assessment indicated the resident received range of motion services seven days a week.</p> <p>A health care plan problem, dated 6/7/13, indicated the resident needed passive range of motion exercises daily due to immobility and contractures in her hands and feet.</p> <p>A "Restorative Nursing Program" for July 2013 indicated the resident was to have passive range of motion twice daily to all joints times 10 repetitions each set. The restorative nursing program record lacked any restorative services having been provided on 7/14, 7/21, 7/23, 7/24, and 7/25/13. The record indicated the restorative services were only provided once daily on 7/6, 7/7, 7/12, 7/13, 7/14, 7/15, 7/16, 7/17, 7/18, 7/19, 7/20, and 7/21/13.</p>		form.5.) Date Completed: 08/27/13				

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	<p>7/24/13 at 1:45 p.m. - LPN #4 indicated the restorative CNA had been pulled to be a resident care CNA on 7/24/13 due to not having enough CNAs. LPN #4 indicated she felt adequate care could be given if her shift had the routine 3 CNAs and a Restorative CNA providing care to the residents. She indicated it was much harder without the routine amount of staff.</p> <p>7/29/13 at 8:50 a.m.- CNA #8 indicated they normally have 3 CNAs and a Restorative CNA on days, but only have 2 CNAs and a Restorative CNA today. She indicated it takes longer to get the work done with just the 3 of them. She indicated staffing issues had been worse for the last 30 days or so. She said they have several residents who require a Hoyer lift for transfers and it takes two staff members for a Hoyer lift transfer.</p> <p>7/29/13 at 9 a.m. - CNA #6 indicated the SS Director who was also a CNA helped when she could. She said staffing issues had been worse the last few weeks. She indicated new staff hire in, but they didn't stay long.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., she indicated Restorative CNAs</p>						

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	<p>were only scheduled Monday thru Saturday and were not scheduled on Sundays.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack of restorative services having been provided as noted previously.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>2.) The clinical record for Resident #J was reviewed on 7/25/13 at 11:35 a.m.</p> <p>Diagnoses for resident #J included, but were not limited to, multiple cerebrovascular accidents, dementia, dysphagia, and hemiplegia.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 7/9/13, indicated Resident #J had problems with both short and long term memory and required extensive assistance of the staff for all activities of daily living. The assessment indicated the resident had a bilateral impairment of range of motion of her upper and lower extremities.</p> <p>A "Restorative Nursing Program" for July</p>						

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	<p>2013 indicated the resident had contractures of both her feet and weakness in all her extremities. The program indicated the resident was to have two sets of passive range of motion times 15 repetitions each set. The restorative nursing program record lacked any restorative services having been provided on 7/14, 7/21, 7/23, 7/24, and 7/25/13.</p> <p>7/24/13 at 1:45 p.m. - LPN #4 indicated the restorative CNA had been pulled to be a resident care CNA on 7/24/13 due to not having enough CNAs. LPN #4 indicated she felt adequate care could be given if her shift had the routine 3 CNAs and a Restorative CNA providing care to the residents. She indicated it was much harder without the routine amount of staff.</p> <p>7/29/13 at 8:50 a.m.- CNA #8 indicated they normally have 3 CNAs and a Restorative CNA on days, but only have 2 CNAs and a Restorative CNA today. She indicated it takes longer to get the work done with just the 3 of them. She indicated staffing issues had been worse for the last 30 days or so. She said they have several residents who require a Hoyer lift for transfers and it takes two staff members for a Hoyer lift transfer.</p>						

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	<p>7/29/13 at 9 a.m. - CNA #6 indicated the SS Director who was also a CNA helped when she could. She said staffing issues had been worse the last few weeks. She indicated new staff hire in, but they didn't stay long.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., she indicated Restorative CNAs were only scheduled Monday thru Saturday and were not scheduled on Sundays.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack of restorative services having been provided as noted previously.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>3.) The clinical record for Resident #L was reviewed on 7/24/13 at 3 p.m.</p> <p>Diagnoses for Resident #L included, but were not limited to, post motor vehicle accident with brain injury, right sided weakness, and encephalopathy.</p> <p>A quarterly Minimum Data Set (MDS)</p>				

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	<p>Assessment, dated 4/16/13, indicated Resident #L was severely cognitively impaired and required extensive assistance of the staff for transfers, bed mobility, dressing, and toileting.</p> <p>A "Restorative Nursing Program" for July 2013 indicated the resident had right sided weakness and had a potential for a decline in his range of motion due to immobility. The program indicated the resident was to have one set of passive range of motion times 20 repetitions once daily. The restorative nursing program record lacked any restorative services having been provided on 7/7, 7/14, 7/21, 7/23, 7/24, and 7/25/13.</p> <p>7/24/13 at 1:45 p.m. - LPN #4 indicated the restorative CNA had been pulled to be a resident care CNA on 7/24/13 due to not having enough CNAs. LPN #4 indicated she felt adequate care could be given if her shift had the routine 3 CNAs and a Restorative CNA providing care to the residents. She indicated it was much harder without the routine amount of staff.</p> <p>7/29/13 at 8:50 a.m.- CNA #8 indicated they normally have 3 CNAs and a Restorative CNA on days, but only have 2 CNAs and a Restorative CNA today. She indicated it takes longer to get the work</p>				

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	<p>done with just the 3 of them. She indicated staffing issues had been worse for the last 30 days or so. She said they have several residents who require a Hoyer lift for transfers and it takes two staff members for a Hoyer lift transfer.</p> <p>7/29/13 at 9 a.m. - CNA #6 indicated the SS Director who was also a CNA helped when she could. She said staffing issues had been worse the last few weeks. She indicated new staff hire in, but they didn't stay long.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., she indicated Restorative CNAs were only scheduled Monday thru Saturday and were not scheduled on Sundays.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack of restorative services having been provided as noted previously.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>4.) The clinical record for Resident (C) was reviewed on 7/25/13 at 9:10 a.m.</p>				

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	<p>Diagnoses for the resident included, but were not limited to, Dandy Walker syndrome, bipolar, anemia, anasarca and morbid obesity</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/21/13, indicated Resident (C) was moderately cognitively impaired and had bilateral impairment on both upper and lower extremities.</p> <p>A health care plan problem, dated 5/31/13, indicated Resident (C) had a problem related to contractures of left elbow, fingers and ankles. The approaches included, but were not limited to, Passive Range of Motion (PROM) to all joints 10 reps x 2 sets daily and assess residents tolerance to range of motion as compared to previous session.</p> <p>A restorative nursing program sheet, dated 7/1-7/31/13, indicated Resident (C) did not receive any PROM on 7/12, 7/21 and 7/23. Resident (F) received PROM 1 time daily on 7/13, 7,14 and 7/20.</p> <p>7/24/13 at 1:45 p.m. - LPN #4 indicated the restorative CNA had been pulled to be a resident care CNA on 7/24/13 due to not having enough CNAs. LPN #4 indicated she felt adequate care could be given if her shift had the routine 3 CNAs and a Restorative CNA providing care to the</p>						

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	<p>residents. She indicated it was much harder without the routine amount of staff.</p> <p>7/29/13 at 8:50 a.m. - CNA #8 indicated they normally have 3 CNAs and a Restorative CNA on days, but only have 2 CNAs and a Restorative CNA today. She indicated it takes longer to get the work done with just the 3 of them. She indicated staffing issues had been worse for the last 30 days or so. She said they have several residents who require a hooyer lift for transfers and it takes two staff members for a Hoyer lift transfer.</p> <p>7/29/13 at 9 a.m. - CNA #6 indicated the SS Director who was also a CNA helped when she could. She said staffing issues had been worse the last few weeks. She indicated new staff hire in, but they didn't stay long.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., she indicated Restorative CNAs were only scheduled Monday thru Saturday and were not scheduled on Sundays.</p> <p>5.) The clinical record for Resident (F) was reviewed on 7/25/13 at 2:00 p.m.</p> <p>Diagnoses for the resident included, but</p>				

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	<p>were not limited to, hypertension, agitation, depression, psychotic mood disorder and Huntington's disease.</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/21/13, indicated Resident (F) was severely cognitively impaired and required extensive assistance for dressing, eating and bathing.</p> <p>A health care plan problem, dated 5/31/13, indicated Resident (F) had a problem related to dressing and grooming skills related to Huntington's disease. The approaches included, but were not limited to, providing verbal cues, assist as needed, allow ample time and encourage daily participation.</p> <p>A restorative nursing program sheet, dated 7/1-7/31/13, indicated Resident (F) did not receive any PROM on 7/21 and 7/23. Resident (F) received PROM 1 time daily on 7/13, 7/14 and 7/20/13.</p> <p>7/24/13 at 1:45 p.m. - LPN #4 indicated the restorative CNA had been pulled to be a resident care CNA on 7/24/13 due to not having enough CNAs. LPN #4 indicated she felt adequate care could be given if her shift had the routine 3 CNAs and a Restorative CNA providing care to the residents. She indicated it was much</p>			

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	<p>harder without the routine amount of staff.</p> <p>7/29/13 at 8:50 a.m.- CNA #8 indicated they normally have 3 CNAs and a Restorative CNA on days, but only have 2 CNAs and a Restorative CNA today. She indicated it takes longer to get the work done with just the 3 of them. She indicated staffing issues had been worse for the last 30 days or so. She said they have several residents who require a Hoyer lift for transfers and it takes two staff members for a Hoyer lift transfer.</p> <p>7/29/13 at 9 a.m. - CNA #6 indicated the SS Director who was also a CNA helped when she could. She said staffing issues had been worse the last few weeks. She indicated new staff hire in, but they didn't stay long.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., she indicated Restorative CNAs were only scheduled Monday thru Saturday and were not scheduled on Sundays.</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-42(a)(2)</p>				

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F000322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident receive proper gastrostomy tube care for 1 of 1 residents reviewed for enteral feedings. (Resident K)</p> <p>Findings include:</p> <p>The clinical record for Resident (K) was reviewed on 7/25/13 at 1:20 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, Huntington's disease, dysphagia, psychosis, dementia and aphagia.</p> <p>A quarterly minimum data set (MDS) assessment, dated 7/9/13, indicated</p>	F000322	F - 3221.) Facility immediately in-serviced nursing staff on General Infection Control Guidelines for proper handwashing procedure for proper dressing changes to be done on G-Tubes for resident (K). Re-educated all nursing staff that physician orders are to be followed as ordered/scheduled in a timely manner. 2.) Any resident has the potential to be affected.3.) Director of Nursing re-educated and in-serviced all nursing personnel on General Infection Control Guidelines for proper handwashing/dressing changes to be done on G-Tubes as scheduled.4.) Quality Assurance Committee (QAA) will review quarterly to ensure continued compliance on handwashing/dressing	08/27/2013	

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	<p>Resident (K) was severely cognitively impaired and required extensive assistance for dressing, eating and bathing.</p> <p>A health care plan problem, dated 4/19/13, indicated Resident (K) had a problem related to alternate nutrition and hydration related to Huntington's disease. The approaches included, but were not limited to, feeding and flushes as ordered by physician, routine feeding tube care as indicated and notify family and doctor of changes.</p> <p>A Medication Administration Record (MAR), dated 7/1-7/31/13, indicated Resident (K) received Isosource (enteral nutrition) 1.5, give 250 ml (milliliter) bolus feedings 6 times daily. Resident (K) also received Bacitracin 500 unit/gram ointment to the gastrostomy site, 8 a.m. with daily dressing change</p> <p>During observation on 7/26/13 at 1:35 p.m., QMA #1 (Qualified Medication Aide) failed to wash her hands prior to the start of the bolus feed. The dressing was noted to be soiled with drainage and the site was surrounded by dried drainage. Resident (K) was given the bolus feeding without difficulty.</p> <p>The gastrostomy tube contained a balloon</p>		<p>changes for G-Tube Care. DON, or Designee will monitor to ensure continued compliance of treatments and General Infection Control Guidelines. See attached form.5.) Date Completed: 08/27/13</p>		

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	<p>port, a feeding port and a medication port. The medication port cap was not connected to the gastrostomy tube. QMA #1 found the missing medication cap, wrapped in tape, under Resident (K). A hospice nurse, who was providing care to another resident in the same room, took the loose cap into the bathroom, without washing her hands prior to touching it, and rinsed it under water. She gave it back to QMA #1. QMA #1 then placed the cap back onto the medication port.</p> <p>During interview on 7/26/13 at 1:50 p.m., QMA #1 indicated the dressing was changed on night shift around 4:00 a.m. She also indicated she did not wash her hands prior to the start of the bolus feed.</p> <p>During observation and interview on 7/26/13 at 2:20 p.m., the Corporate Nurse washed her hands prior to donning gloves to assess Resident (K)'s dressing. She indicated the dressing was soiled and "looked bad."</p> <p>During an interview on 7/27/13 at 3:10 p.m., the Corporate Nurse indicated she did not wash her hands for 15 seconds prior to donning gloves to assess Resident (K)'s dressing.</p> <p>Review of the current undated facility policy, provided by the Administrator on</p>			

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	<p>7/29/13 at 8:00 a.m., titled "Enteral Feeding Tube (care of)," included, but was not limited to, the following:</p> <p>"General Infection Control Guidelines...</p> <p>2. Wash your hands before and after all procedures. ...4. Clean and dry skin well before procedure.</p> <p>Procedure:...</p> <p>2. Remove soiled dressing and discard properly. 3. Clean skin around tube with warm water and soap... 6. Assess any drainage around site of tube insertion."</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-44(a)(2)</p>						

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F000323 SS=D	<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, record review and interview, the facility failed to ensure 1 of 1 residents, in a sample of 1 resident observed for Hoyer transfer, was transferred in the safest possible manner and according to manufacturer's recommendations for Hoyer transfer. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident (C) was reviewed on 7/25/13 at 9:10 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, Dandy Walker syndrome, bipolar, anemia, anasarca and morbid obesity</p> <p>A quarterly minimum data set (MDS) assessment, dated 5/21/13, indicated Resident (C) was moderately cognitively impaired and had bilateral impairment on both upper and lower extremities. Resident (C) required total assistance to transfer.</p>	F000323	F - 3231.) Facility immediately checked all hoyer slings for any defects. All staff in-serviced and re-educated to ensure any defects on slings will be removed from facility to ensure non-usage. Facility has purchased new slings to replaced any defective slings should the need arise.2.) Any residnet has the potential to be affected.3.) Director of Nursing and Administrator re-educated and in-serviced all nursing, cna's and laundry staff the importance to inspect prior to usage of any hoyer sling, and laundry to inspect during laundry services.4.) The Quality Assurance Committee will review quarerly during regular scheduled meeting to ensure continued compliance. All licensed nursing, non-licensed and laundry staff will monitor daily continuously to ensure trasnsfers are done in the safest possible manner according to manufactures's recommendations and to ensure compliance. See attached form.5.) Date Completed: 08/27/13	08/27/2013			

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	<p>A health care plan problem, dated 5/31/13, indicated Resident (C) had a problem related to fall risk and Hoyer lift transfers. Resident (C) had bilateral impairment on both upper and lower extremities and had a current weight of 289 lbs.</p> <p>During observation on 7/25/13 at 10:00 a.m., QMA #2 (Qualified Medication Aide) and LPN #4 transferred Resident (C) from her bed to her geri chair. Following the transfer, it was noted that both sides of the Hoyer sling were torn approximately 4-5 inches.</p> <p>During an observation and interview on 7/25/13 at 10:30 a.m., the Corporate Nurse was shown the torn sling and indicated it should have not been used.</p> <p>Review of the current operator and maintenance manual, provided by the Administrator on 7/25/13 at 1:00 p.m., titled "Patient Slings," included, but was not limited to, the following;</p> <p>"Using the Sling Transport/Transfer Slings-Before lifting the patient...after each laundering (in accordance with instructions on the sling), inspect sling(s) for wear, tears, and loose stitching... Bleached, torn, cut, frayed, or broken</p>						

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	<p>slings are unsafe and could result in injury. Discard immediately."</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-45(a)(2)</p>			

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F000327 SS=D	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on observation, record review, and interview, the facility failed to ensure each resident received sufficient fluid intake to maintain proper hydration for 2 of 6 residents reviewed for hydration services in a sample of 15. (Resident #'s J and G)</p> <p>Findings include:</p> <p>1.) During an observation on 7/24/13 at 9:55 a.m., Resident #J was up in her room in her reclining geri-chair. The resident's lips and tongue were dry. Both her upper and lower lips were cracked and rough. There was yellowish debris in the corners of the resident's mouth. There was no water pitcher in the room. There was a 4 ounce plastic cup approximately 1/2 full sitting on the bedside stand.</p> <p>During an observation on 7/24/13 at 5:35 p.m., the resident was being assisted with her meal in the dining room. She was receiving a pureed diet and had a 240 cc glass of what appeared to be milk and a 120 cc glass of what appeared to be juice. The resident's lips remained dry and cracked.</p>	F000327	<p>F -3271.) Immediately re-educated and in-service all licensed and non-licensed staff on proper hydration for (Resident #'s J and #G). Facility will follow policy and procedure regarding hydration needs. 2.) All residents have the potential to be affected.3.) DON re-educated and in-serviced all licensed and non-licensed nursing staff on facility policy and procedure on proper hydration/signs and systems of dehydration for all residents. In addition to recording regular fluid intake at meals, an hydration cart will be passed x3 per day and recorded to ensure compliance on proper hydration.4.) DON, HFA, or Designee will monitor recording on fluid intake for all meals and hydration cart daily x30 days, weekly x60 days then monthly x3 months. Quarterly Quality Assurance Committee will monitor monthly during regular scheduled (QAA) meetings. See attached form.5.) Date Completed: 08/27/13</p>	08/27/2013			

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	<p>During an observation on 7/25/13 at 10:10 a.m., Resident #J was up in her reclining geri-chair in her room. Her lips were cracked and dry. There was no water in the resident's room.</p> <p>During an observation with the RN Consultant on 7/25/13 at 10:20 a.m., the RN Consultant indicated the resident's lips were dry and cracked. She instructed a staff member to provide oral care to the resident. The RN Consultant indicated the resident did not have a water pitcher in her room because she was on thickened liquids. She indicated she would have the staff take a glass of thickened liquids to the resident's room.</p> <p>The clinical record for Resident #J was reviewed on 7/25/13 at 11:35 a.m.</p> <p>Diagnoses for resident #J included, but were not limited to, multiple cerebrovascular accidents, dementia, dysphagia, and hemiplegia.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 7/9/13, indicated Resident #J had problems with both short and long term memory and required extensive assistance of the staff for all activities of daily living.</p>						

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	<p>A health care plan problem, dated 1/18/13, indicated the resident had a potential for dehydration related to dementia and the need for nectar thick fluids. Approaches for this problem included, but were not limited to, "Observe for presence of signs/symptoms of dehydration and Encourage resident to consume all fluids provided with her meals."</p> <p>A "Nutrition Risk Data Collection and Assessment" report, completed by the Registered Dietician on 4/4/13, indicated the resident had an estimated need of 1551 milliliters (ml) of fluid daily.</p> <p>The July 2013 fluid consumption records for Resident #J indicated she did not meet this estimated need on any date from July 1-23, 2013. The daily fluid intake documented with meals was as noted below:</p> <p>July 1 = 1120 ml total for all three meals July 2 = no documentation, areas blank July 3 = 680 ml total for all three meals July 4 = 720 ml total for breakfast and lunch, no supper intake documented July 5 = 920 ml total for breakfast and lunch, no supper intake documented July 6 = 540 ml total for breakfast and lunch, no supper intake documented July 7 = 560 ml total for breakfast and</p>			

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	<p>lunch, no supper intake documented  July 8 = 960 ml total for all three meals  July 9 = 960 ml total for all three meals  July 10 = 240 ml total for supper, no breakfast or lunch documentation  July 11 = 1080 ml total for all three meals  July 12 = no documentation, areas blank  July 13 = 240 ml total for supper, no breakfast or lunch documentation  July 14 = 600 ml total for breakfast and supper, no lunch documentation  July 15 = 240 ml total for supper, no breakfast or lunch documentation  July 16 = 240 ml total for supper, no breakfast or lunch documentation  July 17 = 240 ml total for supper, no breakfast or lunch documentation  July 18 = 240 ml total for supper, no breakfast or lunch documentation  July 19 = 720 ml total for breakfast and lunch, no supper documentation  July 20 = no documentation, areas blank  July 21 = 960 ml total for breakfast and lunch, no supper documentation  July 22 = 240 ml total for supper, no breakfast or lunch documentation  July 23 = 600 ml total for all three meals</p> <p>The Medication Administration Record for July 2013 lacked any information related to the amount of fluids given during medication passes.</p> <p>During an interview with the RN</p>						

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	<p>Consultant and Administrator on 7/25/13 at 2:20 p.m., additional information was requested related to the lack sufficient fluid intake having been documented for Resident #J during the month of July 2013.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>2.) During an observation on 7/25/13 at 9:50 a.m., the resident was resting in her bed. There was no water pitcher or other fluids present in the resident's room.</p> <p>During an observation with the RN Consultant on 7/25/13 at 10:20 a.m., the RN Consultant indicated the resident did not have a water pitcher in her room because she was on thickened liquids. She indicated she would have the staff take a glass of thickened liquids to the resident's room.</p> <p>During an observation on 7/26/13 at 2:30 p.m., the resident was resting in her bed. There was no water pitcher or other fluids present in the resident's room.</p> <p>The clinical record for Resident #G was reviewed on 7/25/13 at 1:35 p.m.</p> <p>Diagnoses for resident #G included, but</p>						

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	<p>were not limited to, cerebral palsy, anxiety, and obsessive compulsive disorder.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/18/13, indicated the resident had an impairment of both short and long term memory. The assessment indicated the resident was totally dependent on the staff for all activities of daily living.</p> <p>A health care plan problem, dated 6/28/13, indicted Resident #G had a potential for dehydration due to the diagnosis of intellectual disabilities and the need for total assistance with consuming fluids.</p> <p>A "Nutrition Risk Data Collection and Assessment" report, completed by the Registered Dietician on 6/13/13, indicated the resident had an estimated need of 1554 milliliters (ml) of fluid daily.</p> <p>The July 2013 fluid consumption records for Resident #G indicated she did not meet this estimated need on any date from July 1-23, 2013. The daily fluid intake documented with meals was as noted below:</p> <p>July 1 = 660 ml total for breakfast and supper, lunch documented as refused</p>						

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	<p>July 2 = no documentation, areas blank</p> <p>July 3 = 840 ml total for all three meals</p> <p>July 4 = 720 ml total for breakfast and lunch, no supper intake documented</p> <p>July 5 = 720 ml total for breakfast and lunch, no supper intake documented</p> <p>July 6 = 720 ml total for breakfast and lunch, no supper intake documented</p> <p>July 7 = 480 ml total for breakfast and lunch, no supper intake documented</p> <p>July 8 = 1080 ml total for all three meals</p> <p>July 9 = 1080 ml total for all three meals</p> <p>July 10 = 240 ml total for supper, no breakfast or lunch documentation</p> <p>July 11 = 360 ml total for supper, no breakfast or lunch documentation</p> <p>July 12 = no documentation, areas blank</p> <p>July 13 = 1080 ml total for all three meals</p> <p>July 14 = 720 ml total for breakfast and supper, no lunch documentation</p> <p>July 15 = 360 ml total for supper, no breakfast or lunch documentation</p> <p>July 16 = 360 ml total for supper, no breakfast or lunch documentation</p> <p>July 17 = 360 ml total for supper, no breakfast or lunch documentation</p> <p>July 18 = 340 ml total for supper, no breakfast or lunch documentation</p> <p>July 19 = 340 ml for supper, no lunch documentation, breakfast documented as refused</p> <p>July 20 = no documentation, areas blank</p> <p>July 21 = 460 ml total for breakfast and lunch, no supper documentation</p>			

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	<p>July 22 = 240 ml total for supper, no breakfast or lunch documentation July 23 = 1540 ml total for all three meals</p> <p>The Medication Administration Record for July 2013 lacked any information related to the amount of fluids given during medication passes.</p> <p>During an interview with the RN Consultant and Administrator on 7/26/13 at 10:45 a.m., additional information was requested related to the lack sufficient fluid intake having been documented for Resident #G during the month of July 2013.</p> <p>The facility failed to provide any additional information as of exit on 7/29/13.</p> <p>3.) Review of the current facility policy, revised on 2/13, titled "Hydration Therapy," provided by the Administrator on 7/26/13 at 1:15 p.m., included, but was not limited to, the following:</p> <p>"Prevention is critical....Dehydration in the elderly is especially common for many reasons. Some medications may cause diuresis, thirst mechanism may be diminished thus relying on caregivers to provide adequate hydration, dementia may decrease the ability to communicate</p>						

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	<p>thirst and decreased renal function may lead to fluid and electrolyte imbalances.</p> <p>Signs of Dehydration...</p> <p>Dry mucous membranes Cracked lips...</p> <p>Prevention</p> <p>Monitor fluid intake ... and watch for signs of dehydration listed above Educate staff on the importance of providing adequate fluid supplements, especially during summer months and flu season...."</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-46(b)</p>			

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F000353 SS=E	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on record review and interview, the facility failed to ensure there was sufficient nursing staff on duty to pass resident trays, pass ice water, perform restorative services, monitor hydration concerns, and give showers in accordance with facility policy. This had the potential to affect 40 of 40 residents.</p> <p>Findings include:</p> <p>During an interview with the Administrator on 7/24/13 at 10:00 a.m., information was requested related to the</p>	F000353	F -353 1.) Facility immediately reviewed current nursing schedule to ensure sufficient staff on duty to pass resident trays, pass ice water, perform restorative services, monitor hydration concerns, and to give showers in accordance with facility policy and procedure. In-serviced all staff of facility attendance policy and enforcement. DON and HFA will contact nursing staff for any replacement needs to ensure staffing is appropriate. 2.) Any resident has the potential to be affected.3.) DON re-educated	08/27/2013	

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	<p>routine staffing patterns in place for the current census of 40 residents.</p> <p>Review of the "Routine Scheduling" sheet, provided by the Administrator on 7/24/13 at 11 a.m., indicated the following:</p> <p>Day Shift- 1 nurse, 1 QMA [who assists the nurse passing meds], 3 CNAs, and 1 Restorative CNA (who provides the restorative nursing services)</p> <p>Evening Shift- 1 nurse, 1 QMA [who assists the nurse passing meds], 2 CNAs full time and 1 CNA part time (5 p.m.-9 p.m.)</p> <p>Night Shift - 1 nurse, 2 CNAs</p> <p>Review of the "Resident Census and Conditions of Residents" form, completed by LPN #7 on 7/24/13 at 2 p.m., included, but was not limited to the following:</p> <p>40 residents currently resided in the facility. 14 residents were totally dependent on the staff for bathing The other 26 residents required the assistance of one or 2 staff for bathing. 34 residents were occasionally or frequently incontinent of urine. 36 residents received preventive skin</p>		<p>and in-serviced all licensed and non-licensed personnel 4.) DON, HFA, or Designee will monitor daily x30 days, weekly x30 days and then monthly x4 months to ensure sufficient staffing to meet all resident needs are met. Quality Assurance Committee will monitor monthly x3 months then quarterly thereafter. See attached form.5.) Date Completed: 08/27/13</p>				

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	<p>care.</p> <p>6 residents had contractures.</p> <p>32 residents had documented psychiatric diagnoses</p> <p>Only 7 residents were independently ambulatory.</p> <p>27 residents were on a pain management program.</p> <p>During an interview with the Social Services (SS) Director on 7/24/13 at 10:30 a.m., information was requested related to the nursing staff on duty for patient care needs at that time. The SS Director indicated there was one nurse, one QMA, and 2 CNAs on duty. She indicated she was also a QMA/CNA and had been pulled to be the third CNA since there had been "call-ins". She indicated the Restorative CNA was working as a CNA that day since there were only 3 CNAs (including herself) providing care.</p> <p>During interviews on the following dates and times, the following was indicated in regards to staffing issues:</p> <p>7/24/13 at 11:30 a.m. - CNA #8 indicated she felt they could get the work done and resident care if they had the routine amount of staff. She indicated it was much harder with less staff on duty. She indicated she had been called around 5 p.m. on 7/13/15 and asked to come in to</p>				

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	<p>work because there were no CNAs in the building. She indicated she was out of town when they called and didn't get to the facility until around 7 p.m. (not exactly sure of time). She indicated CNA #9 had also been called in and had got there sometime around 6 p.m. She indicated residents were still being fed at 7 p.m. She indicated the Maintenance Supervisor and Director of Housekeeping had also been called in to help with the residents. She said the Director of Housekeeping had taken residents out to smoke when she came in and the Maintenance Supervisor was feeding Resident #G (who she indicated was easy to feed). She indicated she did not see the nurses feeding or providing care. She indicated it took her and CNA #9 an hour and 45 minutes to do bedcheck. She indicated some of the residents were very wet and needed changed.</p> <p>7/24/13 at 1 p.m. - The Director of Housekeeping indicated she worked the day shift in the housekeeping department. She indicated she had been called around 3:40 p.m. on 7/13/13 and asked to come back to the facility and help because there were not CNAs in the building. She indicated she came back to the facility and helped. She passed ice to the residents, transported some residents in wheelchairs to the dining room, and</p>						

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	<p>passed meal trays at supper, but did not feed anyone. She indicated she also took the residents outside and supervised them while they smoked. She indicated the Maintenance Supervisor was also called to the facility and arrived shortly after she did. She indicated some of the residents who usually eat in the dining room were left in bed because there were no CNAs to transfer them. She indicated two CNAs later arrived and some of the residents were then fed in their rooms. She indicated she left after the CNAs arrived. She indicated she had no training in the procedure for passing ice water.</p> <p>7/24/13 at 1:55 p.m. - Dietary Assistant #11 indicated she had worked the 2-8 shift in dietary on 7/13/13. She indicated trays were slower because she had to wait for staff to help the residents. She indicated she kept the food warm for the late trays.</p> <p>7/24/13 at 1:45 p.m. - LPN #4 indicated the restorative CNA had been pulled to be a resident care CNA on 7/24/13 due to not having enough CNAs. LPN #4 indicated she felt adequate care could be given if her shift had the routine 3 CNAs and a Restorative CNA providing care to the residents. She indicated it was much harder without the routine amount of staff.</p>						

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	<p>7/24/13 at 3 p.m. - CNA #12 stated resident care is OK if they have the full amount of staff. He stated it was harder to provide the care if you don't.</p> <p>7/24/13 at 4:30 p.m. - LPN #5 indicated staffing was OK if they had the full crew. She indicated they all pitch in and try to help if needed. She indicated she always tries to replace staff that call in, but often can't get anyone to come in as a replacement.</p> <p>7/25/13 at 2:30 p.m. - The Administrator indicated the facility had had a staffing problem on 7/13/13 and had not had any CNAs in the building for a short while. She indicated the DoN did not come in because of a pregnancy complication and had since miscarried.</p> <p>7/29/13 at 8:50 a.m.- CNA #8 indicated they normally have 3 CNAs and a Restorative CNA on days, but only have 2 CNAs and a Restorative CNA today. She indicated it takes longer to get the work done with just the 3 of them. She indicated staffing issues had been worse for the last 30 days or so. She said they have several residents who require a Hoyer lift for transfers and it takes two staff members for a Hoyer lift transfer.</p>			

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	<p>7/29/13 at 9 a.m. - CNA #6 indicated the SS Director who was also a CNA helped when she could. She said staffing issues had been worse the last few weeks. She indicated new staff hire in, but they didn't stay long.</p> <p>7/29/13 at 7:55 p.m. - RN #13 indicated she had worked the 6 a.m. to 6 p.m. shift on 7/13/13. She indicated she did not have a QMA helping her that day, but instead had LPN #14 (scheduled from 8 a.m. to 8 p.m.) working with her and helping to pass medications and other nursing duties. She indicated she had two CNAs working with her on the day shift on 7/13/13. She indicated they try to have 3 CNAs on the day shift on the weekends but did not always have 3. She did not recall having Restorative CNAs on the weekend. She indicated one of the CNAs working on 7/13/13 got off at 2 p.m. She indicated CNA #10 (her second CNA) was supposed to work until 6 p.m. on that date, but told her at 2 p.m. she was giving her one hour to get her some help or she was leaving the building. She indicated CNA #10 was the only CNA in the building at that time. She indicated she attempted to get staff to come in, but was unable to do so and CNA #10 left the facility shortly after 3 p.m. She indicated she called the DoN who told her "I quit". She called the Administrator and left a</p>						

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	<p>message. Her call was returned within a few minutes and the Administrator started to call staff for her. RN #13 indicated she called two department heads, the Director of Housekeeping and the Maintenance Supervisor and asked them to come in and help. She indicated they both came in and were able to help answer the phones, take residents out to smoke, pass trays, and answer call lights. She indicated they helped until the CNAs obtained by the Administrator came in to work. She indicated there was a time period of about 2 and one half hours when there were no CNAs in the building.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., the following was noted:</p> <p>1. She indicated Restorative CNAs were only scheduled Monday thru Saturday and were not scheduled on Sundays. She indicated there were no QMAs scheduled to assist the nurse on weekends, there would be a second nurse instead who worked 8 a.m. to 8 p.m. and served as the QMA position on both the day and evening shifts.</p> <p>2. Time period July 4th through July 7, 2013</p> <p>July 4, 2013- missing 1 QMA position</p>						

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	<p>and the half shift CNA position on second shift July 5, 2013 - missing 1 Restorative CNA position (she was pulled to be a resident care CNA) and a QMA position the day shift July 5, 2013 - missing 1 QMA position on the second shift (she was pulled to be a CNA) July 6, 2013 - missing 1 CNA position and one Restorative CNA position on the day shift July 6, 2013 - missing a half shift CNA on second shift</p> <p>3. Time period July 12-21, 2013</p> <p>July 12, 2013 - missing one QMA position on the second shift July 13, 2013 - missing one CNA position and one Restorative CNA position on the day shift (SS Director had helped for approximately 2 hours that morning while in the building) at the start of the day. One of the 2 CNAs on duty left at 2 p.m. and the other left at 3:20 p.m. Additional CNA's were called, but the facility was without any CNAs in the building for a time period of 2 hours and 40 minutes of the evening shift. Two nurses were present in the building during that time. The Housekeeping Supervisor and Director of Maintenance also came in to assist. During staff interviews it was</p>				

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	<p>determined that they performed CNA duties such as passing meal trays and ice water and the Maintenance Supervisor assisted a resident with eating.</p> <p>July 14, 2013 - missing a half shift CNA on the day shift.</p> <p>July 17, 2013 - missing a half shift CNA on the day shift</p> <p>July 18, 2013 - missing a half shift CNA on the second shift</p> <p>July 19, 2013 - missing a half shift CNA on the second shift</p> <p>July 21, 2013 - missing a half shift CNA on the second shift.</p> <p>During an interview with the Administrator on 7/29/13 at 10:00 a.m., she indicated there had been some issues with staffing. She indicated the Housekeeping Supervisor and Maintenance Supervisor were not CNAs and had not been trained in the duties they performed on 7/13/13. She indicated she had not reported the staffing issues on 7/13/13 to the ISDH as an unusual occurrence.</p> <p>Concerns were also identified during the survey with the lack of restorative services, showers, and hydration services being provided.</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p>			

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F000441 SS=D	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> 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. Based on observation, interview, and record review, the facility failed to ensure</p>	F000441	F- 4411.) The facility DON immediately in-serviced and	08/27/2013			

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	<p>handwashing was completed and staff technique followed infection control guidelines for 1 of 1 resident observed for a dressing change (Resident #L) and for 1 of 1 resident observed for gastrostomy tube services (Resident #K) in a sample of 15. (LPN #3 &amp; QMA # 1)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #L was reviewed on 7/24/13 at 3 p.m.</p> <p>Diagnoses for Resident #L included, but were not limited to, post motor vehicle accident with brain injury, right sided weakness, and encephalopathy.</p> <p>The clinical record indicated the resident had a wound on his right shoulder from a removal of a skin cancer.</p> <p>A physician's order, dated 6/27/13, indicated the staff were to wash the area on the shoulder and apply a light non-occlusive dressing daily.</p> <p>During an observation of the treatment on 7/25/13 at 10:35 a.m., completed by LPN #3, the following was observed:</p> <p>Resident #L was up in his wheelchair in a shower room (a common area used by many residents) with CNA #6. The area</p>		<p>re-educated LPN #3 and QMA #1 on facility policy and procedure on hand-washing and infection control guidelines as observed for (Resident #L however wound is healing effectively) and (Resident # K).2.) Any resident has the potential to be affected.3.) DON re-educated and in-serviced all licensed and non-licensed staff on facility policy and procedures on hand-washing and infection control guidelines.4.) DON, HFA or Designee will monitor dressing changes to ensure hand-washing and infection control policy and procedure guidelines are followed per facility daily X30 days, weekly X 2 months and then monthly X 3 months to ensure compliance. The Quality Assurance committee will monitor Quarterly during regular scheduled (QAA) meetings. See attached form.5.) date Completed: 08/27/13</p>		

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	<p>on the resident's right shoulder was uncovered and ready for the treatment to be completed. LPN #3 entered the room and donned gloves. LPN #3 did not wash her hands before donning the gloves. LPN #3 took a clean washcloth and dipped it into the sink which had been half filled with warm water. She applied soap to the washcloth and washed the wound. She got a clean washcloth and dipped it into the water for rinsing and rinsed the wound area. She got a dry washcloth and dried the wound. She then applied the non-occlusive dressing, removed her gloves, dated the dressing, and washed her hands.</p> <p>The three washcloths used to wash, rinse, and dry the wound had each been laid on the edge of the sink following use and were not put into any type of bag or soiled linen container until after the treatment was completed.</p> <p>During an interview on 7/25/13 at 10:40 a.m., LPN #3 indicated she had not cleaned or disinfected the sink in any way prior to filling it with water and completing the treatment and should not have placed the soiled linens on the sink.</p> <p>Review of the current undated facility policy, titled "Dressing Change (Clean)", provided by the Administrator on 7/26/13</p>			

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	<p>at 12:15 p.m., included, but was not limited to, the following:</p> <p>"Purpose</p> <ol style="list-style-type: none"> <li>To protect wound.</li> <li>...3. To prevent infection and spread of infection.</li> <li>To promote healing.</li> </ol> <p>...General infection control guidelines:</p> <ol style="list-style-type: none"> <li>Observe (standard) universal precautions or other infection control standards as approved by appropriate committee.</li> <li>Wash you hands before and after all procedures. Wear gloves when appropriate.</li> </ol> <p>...Dispose of soiled linen appropriately...."</p> <p>2.) The clinical record for Resident (K) was reviewed on 7/25/13 at 1:20 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, Huntington's disease, dysphagia, psychosis, dementia and aphagia.</p> <p>A quarterly minimum data set (MDS) assessment, dated 7/9/13, indicated Resident (K) was severely cognitively impaired and required extensive</p>			

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	<p>assistance for dressing, eating and bathing.</p> <p>A health care plan problem, dated 4/19/13, indicated Resident (K) had a problem related to alternate nutrition and hydration related to Huntington's disease. The approaches included, but were not limited to, feeding and flushes as ordered by physician, routine feeding tube care as indicated and notify family and doctor of changes.</p> <p>A Medication Administration Record (MAR), dated 7/1-7/31/13, indicated Resident (K) received Isosource (enteral nutrition) 1.5, give 250 ml bolus feedings 6 times daily. Resident (K) also received Bacitracin 500 unit/gram ointment to gastrostomy site, 8 a.m. with daily dressing change</p> <p>During observation on 7/26/13 at 1:35 p.m., QMA #1 failed to wash her hands prior to the start of the bolus feed. The dressing was noted to be scolded with drainage and the site was surrounded by dried drainage. Resident (K) was given the bolus feeding without difficulty.</p> <p>The gastrostomy tube contained a balloon port, a feeding port and a medication port. The medication port cap was not connected to the gastrostomy tube. QMA</p>			

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	<p>#1 found the missing medication cap, wrapped in tape, under Resident (K). A hospice nurse, who was providing care to another resident in the same room, took the loose cap into the bathroom without washing her hands prior to touching it. She rinsed it under water and gave back to QMA #1. QMA #1 then place the cap back onto the medication port.</p> <p>During interview on 7/26/13 at 1:50 p.m., QMA #1 indicated the dressing is changed on night shift around 4:00 a.m. She indicated she did not was her hands prior to the start of the bolus feed.</p> <p>During observation and interview on 7/26/13 at 2:20 p.m., the Corporate Nurse washed her hands prior to donning gloves to assess Resident (K)'s dressing. She indicated the dressing was soiled and it "looked bad". She indicated the dressing should have been changed on the day shift and not on the night shift.</p> <p>During an interview on 7/27/13 at 3:10 p.m., the Corporate Nurse indicated she did not was her hands for 15 seconds prior to donning gloves to assess Resident (K)'s dressing.</p> <p>Review of the current undated facility policy, provided by the Administrator on 7/29/13 at 8:00 a.m., titled "Enteral</p>			

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	<p>Feeding Tube (care of)," included, but was not limited to, the following;</p> <p>"General Infection Control Guidelines</p> <p>    ...2. Wash your hands before and after all procedures.</p> <p>    ...4. clean and dry skin well before procedure.</p> <p>Procedure</p> <p>    ...2. Remove soiled dressing and discard properly.</p> <p>    3. Clean skin around tube with warm water and soap.</p> <p>    ...6. Assess any drainage around site of tube insertion."</p> <p>This Federal tag relates to Complaint IN00132628 and IN00133088.</p> <p>3.1-18(1)</p>						

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F009999	<p>State Findings:</p> <p>The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within (24)twenty-four hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents....</p> <p>This state rule was not met as evidence by:</p> <p>Based on record review and interview, the facility failed to ensure the Administrator reported an unusual occurrence related to a time period when no CNAs were present in the building to provide resident care to the ISDH in accordance with state regulation and facility policy for one of one unusual staffing occurrence.</p> <p>Findings include:</p>	F009999	F- 99991.) An apparent misunderstanding occurred regarding reportable guidelines on unusual occurrences. The facility still had one RN and one LPN in facility related to the time period which there was no CNA's in facility, However the RN consultant re-educated administrator on the reportable guidelines.2.) Any resident has the potential to be affected.3.) Administrator has review scheduling with Director of Nursing to ensure facility is staffed as scheduled.4.) The Administrator and Director of Nursing shall review reportable guidelines on all unusual acurrences to ensure compliance with state reportable guidelines.5.) Date Completed 08/27/2013	08/27/2013			

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	<p>During an interview with the Administrator on 7/24/13 at 10:00 a.m., information was requested related to the routine staffing patterns in place for the current census of 40 residents.</p> <p>Review of the "Routine Scheduling" sheet, provided by the Administrator on 7/24/13 at 11 a.m., indicated the following:</p> <p>Day Shift- 1 nurse, 1 QMA [who assists the nurse passing meds], 3 CNAs, and 1 Restorative CNA (who provides the restorative nursing services)</p> <p>Evening Shift- 1 nurse, 1 QMA [who assists the nurse passing meds], 2 CNAs full time and 1 CNA part time (5 p.m.-9 p.m.)</p> <p>Night Shift - 1 nurse, 2 CNAs</p> <p>During interviews on the following dates and times, the following was indicated in regards to a staffing issue occurring on 7/13/13:</p> <p>7/24/13 at 11:30 a.m. - CNA #8 indicated she had been called around 5 p.m. on 7/13/15 and asked to come in to work because there were no CNAs in the building. She indicated she was out of</p>						

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	<p>town when they called and didn't get to the facility until around 7 p.m. (not exactly sure of time). She indicated CNA #9 had also been called in and had got there sometime around 6 p.m. She indicated resident's were still being fed at 7 p.m. She indicated the Maintenance Supervisor and Director of Housekeeping had also been called in to help with the residents. She said the Director of Housekeeping had taken residents out to smoke when she came in and the Maintenance Supervisor was feeding Resident #G (who she indicated was easy to feed). She indicated she did not see the nurses feeding or providing care. She indicated it took her and CNA #9 an hour and 45 minutes to do bedcheck. She indicated some of the residents were very wet and needed changed.</p> <p>7/24/13 at 1 p.m. - The Director of Housekeeping indicated she worked the day shift in the housekeeping department. She indicated she had been called around 3:40 p.m. on 7/13/13 and asked to come back to the facility and help because there were not CNAs in the building. She indicated she came back to the facility and helped. She passed ice to the residents, transported some residents in wheelchairs to the dining room, and passed meal trays at supper, but did not feed anyone. She indicated she also took</p>			

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	<p>the residents outside and supervised them while they smoked. She indicated the Maintenance Supervisor was also called to the facility and arrived shortly after she did. She indicated some of the residents who usually eat in the dining room were left in bed because there was no CNAs to transfer them. She indicated two CNAs later arrived and some of the residents were then fed in their rooms. She indicated she left after the CNAs arrived. She indicated she had no training on the procedure for passing ice water.</p> <p>7/24/13 at 1:55 p.m. - Dietary Assistant #11 indicated she had worked the 2-8 shift in dietary on 7/13/13. She indicated trays were slower because she had to wait for staff to help the residents. She indicated she kept the food warm for the late trays.</p> <p>7/25/13 at 2:30 p.m. - The Administrator indicated the facility had had a staffing problem on 7/13/13 and had not had any CNAs in the building for a short while. She indicated the DoN did not come in because of a pregnancy complication and had since miscarried.</p> <p>7/29/13 at 7:55 p.m. - RN #13 indicated she had worked the 6 a.m. to 6 p.m. shift on 7/13/13. She indicated she did not have a QMA helping her that day, but</p>			

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	<p>instead had LPN #14 (scheduled from 8 a.m. to 8 p.m.) working with her and helping to pass medications and other nursing duties. She indicated she had two CNAs working with her on the day shift on 7/13/13. She indicated they try to have 3 CNAs on the day shift on the weekends but did not always have 3. She did not recall having Restorative CNAs on the weekend. She indicated one of the CNAs working on 7/13/13 got off at 2 p.m. She indicated CNA #10 (her second CNA) was supposed to work until 6 p.m. on that date, but told her at 2 p.m. she was giving her one hour to get her some help or she was leaving the building. She indicated CNA #10 was the only CNA in the building at that time. She indicated she attempted to get staff to come in, but was unable to do so and CNA #10 left the facility shortly after 3 p.m. She indicated she called the DoN who told her "I quit". She called the Administrator and left a message. Her call was returned within a few minutes and the Administrator started to call staff for her. RN #13 indicated she called two department heads, the Director of Housekeeping and the Maintenance Supervisor and asked them to come in and help. She indicated they both came in and were able to help answer the phones, take residents out to smoke, pass trays, and answer call lights. She indicated they helped until the CNAs obtained by the</p>			

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	<p>Administrator came in to work. She indicated there was a time period of about 2 and half hours when there were no CNAs in the building.</p> <p>During a review of staffing schedules with the Administrator on 7/29/13 at 9:30 a.m., the following was noted:</p> <p>July 13, 2013 - missing one CNA position and one Restorative CNA position on the day shift (SS Director had helped for approximately 2 hours that morning while in the building) at the start of the day. One of the 2 CNAs on duty left at 2 p.m. and the other left at 3:20 p.m. Additional CNA's were called, but the facility was without any CNAs in the building for a time period of 2 hours and 40 minutes of the evening shift. Two nurses were present in the building during that time. The Housekeeping Supervisor and Director of Maintenance also came in to assist. During staff interviews it was determined that they performed CNA duties such as passing meal trays and ice water and the Maintenance Supervisor assisted a resident with eating.</p> <p>During an interview with the Administrator on 7/29/13 at 10:00 a.m., she indicated there had been some issues with staffing. She indicated the Housekeeping Supervisor and</p>			

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	<p>Maintenance Supervisor were not CNAs and had not been trained in the duties they performed on 7/13/13. She indicated she had not reported the staffing issues on 7/13/13 to the ISDH as an unusual occurrence.</p> <p>This Federal tag relates to Complaint IN00133088.</p>				