

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2012	
NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: October 22, 23, 24, 25, 26, 29 and 30, 2012</p> <p>Facility number: 000485 Provider number: 155655 AIM number: 100291190</p> <p>Survey team: Shelley Reed, RN TC Julie Call, RN Linn Mackey, RN Virginia Terveer, RN</p> <p>Census bed type: SNF: 14 NF: 20 SNF/NF: 106 Residential: 80 NCC: 11 Total: 231</p> <p>Census payor type: Medicare: 12 Medicaid: 93 Other: 126 Total: 231</p> <p>Residential sample: 10 NCC sample: 2</p>			F0000			

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/1/12 Cathy Emswiler RN</p>				

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F0157 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 interview and record review the facility failed to notify the physician when a decline in dental condition occurred for 1 of 3 residents reviewed for dental care and services</p>	F0157	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? A dental assessment was completed for resident #71</p>	11/29/2012	

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	<p>out of a sample of 45. (Resident #71)</p> <p>Findings include:</p> <p>An interview with Resident #71's spouse on 10-22-2012 at 2:59 p.m., indicated the resident had missing teeth and the teeth were rotted at the gum line.</p> <p>An interview with the Director of Nursing on 10-30-2012 at 10:15 a.m., indicated there was not documentation in the clinical record of physician notification after the weekly assessment on 4-16-2012 which indicated "likely cavity or broken natural teeth". The weekly assessment dated 3-27-2012 included documentation of the "Oral Assessment-None of the Above". The choices included:</p> <p>"Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose) No natural teeth or tooth fragment(s) (edentulous) Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture poor partial if one is worn) Obvious or likely cavity or broken natural teeth Inflamed or bleeding gums or loose natural teeth</p>		<p>on 10/25/12. The family/responsible party, and/or interested family were notified and the physician was consulted. A pain assessment was completed on 11/9/12, and no pain was indicated. The care plan was modified to reflect the resident's preferred interventions.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. A dental assessment was completed on all residents by 11/12/12. Physician notification and consultation as well as notification to responsible party and or interested family was completed related to significant changes and/or deterioration of health as it relates to dental conditions by 11/12/12. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The policy for "Oral Assessments" was reviewed and modified on 11/6/12. Oral assessments will be completed upon admission, quarterly, and with significant changes. Education for licensed nursing staff was conducted by the Director of Nursing/Designee related to accurate Oral Assessments, Proper notification of: physicians, responsible party and/or interested family, Care</p>				

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	<p>Mouth or facial pain, discomfort or difficulty with chewing Unable to examine None of the above"</p> <p>The record review began on 10-25-2012 at 3:17 p.m., and Resident #71 diagnoses included but were not limited to hypertension, anemia, hypokalemia, osteoarthritis, glaucoma, gastroesophageal reflux, depression, dementia with psychosis and hypothyroidism.</p> <p>The Annual MDS (Minimum Data Set) assessment dated 7-6-2012, indicated "obvious or likely cavity or broken natural teeth". The BIMS (Brief Interview Mental Status which indicated the status of the resident's memory and mental function) score was 0/15 (a score of 0/15 indicated severe impairment). The MDS quarterly assessment dated 4-2-2012 indicated resident #71 did not have any dental problems.</p> <p>A review of the weekly assessment dated 4-16-2012 was the first oral assessment which documented the resident had an "obvious or likely cavity or broken natural teeth".</p> <p>On 10-30-2012 at 10:45 a.m., the Director of Nursing provided an "Oral</p>		<p>plans, appropriateness of routine/emergency dental services and communicating changes of condition on the "hot sheet/24 hour report" on 11/7/12.</p> <p>All newly hired licensed nursing staff will receive education related to the "Oral Assessment" policy and required procedures. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed.</p> <p>The DON/Designee will review the "hot sheets/24 hour" reports during the morning meeting (M-F) for significant changes in residents related to oral health (newly admitted as well as current residents residing at facility). The Director of Nursing/Designee will audit oral assessments (admission, quarterly, and with significant changes) for accuracy and compliance with notification to responsible parties and physicians and care pans with interventions including routine and/or emergency dental care. Audits will be completed by the DON/Designee monthly times six (6) months and ongoing thereafter until 100% threshold is achieved. The QAPI committee will oversee compliance.</p>				

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	<p>Assessment" policy for the Peabody Retirement Community with an effective date of 3/08. The policy indicated, "It is the policy of Peabody Retirement Community to assess for the presence or absence of teeth....." and the procedure stated under number "11. Contact physician if dental referral is needed...."</p> <p>3.1-5(a)(2)</p>			

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F0272 SS=E	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, interview and record review, the facility failed to accurately complete a resident assessment for 1 of 45 residents who met the criteria for comprehensive</p>	F0272	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? A dental assessment was completed for resident #18</p>	11/29/2012

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	<p>assessment related to oral/dental status. (Resident #18)</p> <p>Findings include:</p> <p>During observation on 10/24/12 at 9:15 a.m., Resident #18 was observed to have several missing teeth on his upper denture plate.</p> <p>During an interview on 10/24/12 at 10:09 a.m., Resident #18 indicated he had been in the facility approximate over one year. Resident indicated he has dentures with some teeth missing and food will occasionally get stuck under his plate and he will have to remove his dentures to get the food out. He indicated his dentures do cause him some pain.</p> <p>During record review on 10/25/12 at 9:36 a.m., Resident #18's chart did not indicate if the resident had been seen by a dentist since admission on 6/23/11. The admission assessment on 6/23/11 did not identify any dentist preference from the resident or family. The Minimum Data Set (MDS) dated 6/29/11, indicated the resident did not have any missing, loose or broken teeth or dental pain on admission. The MDS dated 7/3/11 did not indicated the resident had any missing, loose or broken teeth or</p>		<p>on 10/26/12. The family/responsible party, and/or interested family were notified and the physician was consulted. A pain assessment was completed on 11/7/12 and no pain was indicated. The care plan was modified to reflect the resident's preferred interventions.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. A dental assessment was completed on all residents by 11/12/12. Physician notification and consultation as well as notification to responsible party and or interested family was completed related to significant changes and/or deterioration of health as it relates to dental conditions by 11/12/12. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The policy for "Oral Assessments" was reviewed and modified on 11/6/12. Oral assessments will be completed upon admission, quarterly, and with significant changes. Education for licensed nursing staff was conducted by the Director of Nursing/Designee related to Accurate Oral Assessments, Proper notification of physicians, responsible party and/or interested family, Care</p>	

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	<p>dental pain. The MDS dated 9/23/11 indicated the resident had broken or loosely fitting full or partial dentures.</p> <p>During record review on 10/25/12 at 9:36 a.m., the MDS dated 6/23/11, Resident #18 scored a 9 of 15 for the brief interview mental status (BIMS), indicating the resident had moderate impairment. Resident #18's diagnoses include but not limited to, chronic heart failure, chronic ischemic heart disease, Parkinson's disease and diabetes mellitus.</p> <p>During an interview on 10/29/12 at 1:25 p.m., the DoN indicated Resident #18 had not been seen by a dentist since his time of admission. She indicated the MDS completed on Resident #18 at the time of admission did not accurately describe the residents current dental state. No dentist preference was identified on the admission assessment and his teeth were broken prior to being admitted to the facility. She could not state the change in MDS information, but did indicate the resident was admitted to the facility with broken dentures and no dentist was indicated on his initial admission assessment to the facility. She indicated no care plan was created related to dental care and services for this resident.</p>		<p>plans, appropriateness of routine/emergency dental services and communicating changes of condition on the "hot sheet/24 hour report" on 11/7/12</p> <p>All newly hired licensed nursing staff will receive education related to the "Oral Assessment" policy and required procedures. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed.</p> <p>The DON/Designee will review the "hot sheets/24 hour" reports during the morning meeting (M-F) for significant changes in residents related to oral health (newly admitted as well as current residents residing at facility). The Director of Nursing/Designee will audit oral assessments (admission, quarterly, and with significant changes) for accuracy and compliance with notification to responsible parties and physicians and care plans with interventions including routine and/or emergency dental care. Audits will be completed by the DON/Designee monthly times six (6) months and ongoing thereafter until 100% threshold is achieved. The QAPI committee will oversee compliance.</p>		

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	<p>Review of a current facility police dated 7/26/06 titled "Oral Assessment" which was provided by the Director of Nursing on 10/30/12 at 10:45 a.m., indicated the following:</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Complete assessment upon admission and weekly with weekly summary. Take proper equipment to room such as, tongue blade, and flash light. 5. Inquire as to any dental history, painful areas, ask resident, if appropriate, or family member, if available. 7. Examine dentures for presence of name label and defects or sharp edges, repairs, etc. If dentures are not present, ask location. <p>3.1-31(a)(9)</p>			
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F0279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review the facility failed to ensure dental care plans were developed after changes in dental conditions were assessed for 1 of 3 residents reviewed for dental care and services in a sample of 45. (Resident #71)</p> <p>Findings include:</p> <p>An interview with Resident #71's spouse on 10-22-2012 at 2:59 p.m., indicated the resident had missing teeth and the teeth were rotted at the gum line.</p>	F0279	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? A dental assessment was completed for resident #71 on 10/25/12. The family/responsible party, and/or interested family were notified and the physician was consulted. A pain assessment was completed on 11/9/12, and no pain was indicated. The care plan was modified to reflect the resident's preferred interventions.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will</p>	11/29/2012

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	<p>The record review began on 10-25-2012 at 3:17 p.m., and Resident #71 diagnoses included but were not limited to hypertension, anemia, hypokalemia, osteoarthritis, glaucoma, gastroesophageal reflux, depression, dementia with psychosis and hypothyroidism.</p> <p>The Annual MDS (Minimum Data Set) assessment dated 7-6-2012, indicated "obvious or likely cavity or broken natural teeth". The BIMS (Brief Interview Mental Status which indicated the status of the resident's memory and mental function) score was 0/15 (a score of 0/15 indicated severe impairment). The MDS quarterly assessment dated 4-2-2012 indicated resident #71 did not have any dental problems.</p> <p>The weekly assessment dated 4-16-2012 was the first oral assessment that indicated the resident had an "obvious or likely cavity or broken natural teeth".</p> <p>There was not a care plan developed for dental care after the weekly assessment on 4-16-2012 which indicated "an obvious or likely cavity or broken natural teeth". There was not a care plan developed after the</p>		<p>be identified and what corrective actions will be taken? All residents have the potential to be affected. A dental assessment was completed on all residents by 11/12/12. Physician notification and consultation as well as notification to responsible party and or interested family was completed related to significant changes and/or deterioration of health as it relates to dental conditions by 11/12/12. 3.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The policy for "Oral Assessments" was reviewed and modified on 11/6/12. Oral assessments will be completed upon admission, quarterly, and with significant changes. Education for licensed nursing staff was conducted by the Director of Nursing/Designee related to Accurate Oral Assessments, Proper notification of physicians, responsible party and/or interested family, Care plans, appropriateness of routine/emergency dental services and communicating changes of condition on the "hot sheet/24 hour report" on 11/7/12.</p> <p>All newly hired licensed nursing staff will receive education related to the "Oral Assessment" policy and required procedures. 4.</p> <p>How the corrective actions will be monitored to ensure the</p>				

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	<p>next MDS quarterly assessment dated 7-6-2012 which included the first change in oral assessment from the previous quarterly MDS completed on 4-2-2012.</p> <p>An interview with the Director of Nursing on 10-30-2012 at 10:15 a.m., indicated a dental care plan was not developed after the weekly assessment on 4-16-2012 which indicated "likely cavity or broken natural teeth".</p> <p>On 10-30-2012 at 10:45 a.m., the Director of Nursing provided an "Oral Assessment" policy for the Peabody Retirement Community with an effective date of 3/08. The policy stated, "It is the policy of Peabody Retirement Community to assess for the presence or absence of teeth.....need for referral to dentist; development of the plan of care...."</p> <p>3.1-35(c)(1)</p>		<p>deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed.</p> <p>The DON/Designee will review the "hot sheets/24 hour" reports during the morning meeting (M-F) for significant changes in residents related to oral health (newly admitted as well as current residents residing at facility). The Director of Nursing/Designee will audit oral assessments (admission, quarterly, and with significant changes) for accuracy and compliance with notification to responsible parties and physicians and care pans with interventions including routine and/or emergency dental care. Audits will be completed by the DON/Designee monthly times six (6) months and ongoing thereafter until 100% threshold is achieved. The QAPI committee will oversee compliance.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2012
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F0371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review the facility failed to clean work surfaces between uses for 1 (Pines) of 4 kitchens in the Healthcare facility which could potentially affect 30 residents who are served meals from the Pines Kitchen and the end of 2 ice machine drain tubes in 2 (Orchard and Healthcare North) of 4 kitchens were found to have black debris on the outside of the drainage tubing which could potentially affect 86 residents who are served from the Orchard and Healthcare North kitchens.</p> <p>Findings include:</p> <p>1. On 10-29-2012 at 10:26 a.m., the Cook, E#6 was observed preparing sandwiches for lunch on a work surface. The wooden board work surface in front of the grill was observed to have dried pancake batter on it and syrup drippings and crumbs were observed on the work surface near the steam tables.</p>	F0371	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be affected by the deficient practice. The spill was cleaned immediately by the cook.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? The survey said 86 residents had the potential to be affected.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Inservices were performed with all cooks to educate staff on following the cleaning checklists as well as the expectation of cleaning the front line area after each meal service in a timely manner. The current cleaning checklists were reviewed and found to be sufficient. The Facility Operations Director added cleaning the drain pipes on the ice machines to the routine</p>	11/29/2012

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	<p>An interview with the Cook, E#6 on 10-29-2012 at 10:29 a.m., indicated the breakfast residue on the counters (syrup, crumbs, pancake batter on board in front of grill, and the ledge with grease spatters above the fryer which was not used at breakfast) have not been wiped down yet as breakfast is open from 7-9 a.m. and these areas are cleaned after breakfast.</p> <p>On 10-30-2012 at 11:02 a.m., an interview with the Director of Dining (E#5) indicated the work surfaces are expected to be cleaned after each meal by the cook and prior to preparation of the next meal. The cleaning of surfaces were expected to be done prior to 10:30 a.m., since breakfast was completed by 9 a.m.</p> <p>The "Cooks weekly cleaning checklist" was provided on 10-30-2012 at 11:45 a.m. by the Director of Dining and indicated the following under daily cleaning, "clean, scrub and sanitize steam tables after every meal service."</p> <p>2. On 10-29-2012 at 10:34 a.m., an observation in the Pines kitchen of the end of the ice machine drain pipe had black debris which covered the</p>		<p>preventative maintenance schedule and conducted an inservice with the maintenance staff. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed. The Food and Beverage Director/Designee will conduct random post-meal audits in all kitchens to ensure equipment is being cleaned after meal service daily x 14 days or until 100% threshold is achieved and then monthly x 6 months to ensure the threshold is maintained. The QAPI committee will oversee compliance.</p>		

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	<p>area.</p> <p>On 10-30-2012 at 11:02 a.m., an observation was made with the Director of Dining (E#5) in the Healthcare North kitchen of the end of the ice machine drain tubing which had black debris covering the area.</p> <p>An interview on 10-30-2012 at 11:10 a.m. with the Director of Dining (E#5) indicated the ice machines were cleaned on a quarterly schedule by maintenance.</p> <p>The "PM (preventative maintenance) checklist" for each of the kitchens were provided on 10-30-2012 at 11:45 a.m. by the Director of Dining and indicated the ice machine is cleaned on a monthly basis and included "clean filters & delime, change water filter, clean coil". There was no information on cleaning of the drain tube.</p> <p>3.1-21(i)(3)</p>				

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F0411 SS=E	<p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview and record review, the facility failed to provide routine dental visits for 1 of 3 residents reviewed for dental of the who met the criteria for dental services. (Resident #18)</p> <p>Findings include:</p> <p>During observation on 10/24/12 at 9:15 a.m., Resident #18 was observed to have several missing teeth on his upper denture plate.</p> <p>During an interview on 10/24/12 at 10:09 a.m., Resident #18 indicated he had been in the facility approximate over one year. Resident indicated he has dentures with some teeth missing and food will occasionally get stuck</p>	F0411	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? A dental assessment was completed for resident #18 on 10/26/12. The family/responsible party, and/or interested family were notified and the physician was consulted. A pain assessment was completed on 11/7/12, and no pain was indicated. The care plan was modified to reflect the resident's preferred interventions.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. A dental assessment was completed on all residents by 11/12/12. Physician</p>	11/29/2012

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	<p>under his plate and he will have to remove his dentures to get the food out. He indicated his dentures do cause him some pain.</p> <p>During an interview on 10/25/12 at 10:15 a.m., Social Service #4 indicated the facility provides transportation to and from dental offices, but the facility does not contract with a dentist on site. He indicated residents are assessed for dental services and will designate a dentist they would like to see and arrangements will be made for transportation for residents.</p> <p>During record review on 10/25/12 at 9:36 a.m., Resident #18's chart did not indicate if the resident had been seen by a dentist since admission on 6/23/11. The admission assessment on 6/23/11 did not identify any dentist preference from the resident or family. The Minimum Data Set (MDS) dated 6/29/11, indicated the resident did not have any missing, loose or broken teeth or dental pain on admission. No care plan was initiated related to dental care.</p> <p>During an interview on 10/29/12 at 1:25 p.m., the DoN indicated Resident #18 had not been seen by a dentist since his time of admission.</p>		<p>notification and consultation as well as notification to responsible party and or interested family was completed related to significant changes and/or deterioration of health as it relates to dental conditions by 11/12/12. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The policy for "Oral Assessments" was reviewed and modified on 11/6/12. Oral assessments will be completed upon admission, quarterly, and with significant changes. Education for licensed nursing staff was conducted by the Director of Nursing/Designee related to Accurate Oral Assessments, Proper notification of physicians, responsible party and/or interested family, Care plans, appropriateness of routine/emergency dental services and communicating changes of condition on the "hot sheet/24 hour report" on 11/7/12. All newly hired licensed nursing staff will receive education related to the "Oral Assessment" policy and required procedures. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed. The DON/Designee will review</p>		

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	<p>She indicated no dentist preference was identified on the admission assessment and his teeth were broken prior to being admitted to the facility. She indicated no care plan was created related to dental care and services for this resident.</p> <p>3.1-24(a)(1)</p>		<p>the "hot sheets/24 hour" reports during the morning meeting (M-F) for significant changes in residents related to oral health (newly admitted as well as current residents residing at facility). The Director of Nursing/Designee will audit oral assessments (admission, quarterly, and with significant changes) for accuracy and compliance with notification to responsible parties and physicians and care pans with interventions including routine and/or emergency dental care. Audits will be completed by the DON/Designee monthly times six (6) months and ongoing thereafter until 100% threshold is achieved. The QAPI committee will oversee compliance.</p>		

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F0412 SS=E	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents out of a sample of 45 received routine/emergent dental services. (Resident #71)</p> <p>Findings include:</p> <p>An interview with Resident #71's spouse on 10-22-2012 at 2:59 p.m., indicated the resident had missing teeth and teeth were rotted at the gum line.</p> <p>An interview with Social Services (E #4) on 10-25-2012 at 4:25 p.m., indicated Resident #71 had not had a dental examination and was not scheduled for a dental examination. The facility was not contracted with a dentist and the residents of the facility were provided transportation to see a dentist of their choice.</p>	F0412	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? A dental assessment was completed for resident #71 on 10/25/12. The family/responsible party, and/or interested family were notified and the physician was consulted. A pain assessment was completed on 11/9/12, and no pain was indicated. The care plan was modified to reflect the resident's preferred interventions.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. A dental assessment was completed on all residents by 11/12/12. Physician notification and consultation as well as notification to responsible party and or interested family was completed related to significant</p>	11/29/2012			

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	<p>An interview with the Director of Nursing on 10-30-2012 at 10:15 a.m., indicated no documentation or notification to the physician or family was present in the record for Resident #71 after the weekly assessment on 4-16-2012 at 9:14 a.m. by the nurse. The oral assessment noted "likely cavity or broken natural teeth".</p> <p>An interview with the Director of Nursing on 10-30-2012 at 1:55 p.m., indicated there was not any documentation in the medical record for Resident #71 which indicated the resident had been seen by a dentist since her admission on 9-14-2006.</p> <p>The record review began on 10-25-2012 at 3:17 p.m., and Resident #71 diagnoses included but were not limited to hypertension, anemia, hypokalemia, osteoarthritis, glaucoma, gastroesophageal reflux, depression, dementia with psychosis and hypothyroidism.</p> <p>The signed physician's orders (re-write) for September 2012 included the following statement: "may seeDentist, as needed.</p> <p>The Annual MDS (Minimum Data Set)</p>		<p>changes and/or deterioration of health as it relates to dental conditions by 11/12/12. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The policy for "Oral Assessments" was reviewed and modified on 11/6/12. Oral assessments will be completed upon admission, quarterly, and with significant changes. Education for licensed nursing staff was conducted by the Director of Nursing/Designee related to Accurate Oral Assessments, Proper notification of physicians, responsible party and/or interested family, Care plans, appropriateness of routine/emergency dental services and communicating changes of condition on the "hot sheet/24 hour report" on 11/7/12. All newly hired licensed nursing staff will receive education related to the "Oral Assessment" policy and required procedures. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed. The DON/Designee will review the "hot sheets/24 hour" reports during the morning meeting (M-F) for significant changes in residents related to oral health</p>				

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	<p>assessment dated 7-6-2012, indicated "obvious or likely cavity or broken natural teeth". The BIMS (Brief Interview Mental Status which indicated the status of the resident's memory and mental function) score was 0/15. The MDS quarterly assessment dated 4-2-2012 indicated resident #71 did not have any dental problems.</p> <p>The weekly assessment dated 4-16-2012 was the first weekly oral assessment that indicated the resident had an "obvious or likely cavity or broken natural teeth".</p> <p>The face sheet printed on 4-17-2012 did not list a dentist.</p> <p>An admission information page dated 12-23-2008 did not list a dentist, only "local" was printed under the dentist column.</p> <p>On 10-30-2012 at 10:45 a.m., a policy titled "Oral Assessment" dated 3/08 was provided by the Director of Nursing. The policy stated "it is the policy of Peabody Retirement Community to assess for the presence or absence of teeth.....state of oral hygiene; need for referral to dentist...". The Procedure stated under number "11. Contact physician</p>		(newly admitted as well as current residents residing at facility). The Director of Nursing/Designee will audit oral assessments (admission, quarterly, and with significant changes) for accuracy and compliance with notification to responsible parties and physicians and care pans with interventions including routine and/or emergency dental care. Audits will be completed by the DON/Designee monthly times six (6) months and ongoing thereafter until 100% threshold is achieved. The QAPI committee will oversee compliance.		

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	if referral is needed and notify transportation." 3.1-24(a)(1)				

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F0431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review the facility failed to ensure 1 of 16 medication carts were</p>	F0431	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? LPN #8 was</p>	11/29/2012			

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	<p>locked which could have potentially affected 11 of 22 mobile and confused residents in Evergreen Park.</p> <p>Findings include:</p> <p>On 10-25-2012 at 10:34 a.m., the medication cart for rooms 115 - 121 was observed unlocked and unattended.</p> <p>On 10-25-2012 at 10:34 a.m., 5 of 8 residents who were independently mobile and confused were observed in the common area with the recreation specialist where the unlocked medication cart was parked and without authorized personnel present.</p> <p>On 10-25-2012 at 10:43 a.m., the medication cart for rooms 115 - 121 was observed unlocked and unattended.</p> <p>An interview with LPN #8 on 10-25-2012 at 10:43 a.m., indicated the medication carts were to be locked at all times when unattended. The unlocked, unattended medication cart was locked by LPN # 8 at 10:44 a.m.</p> <p>On 10-26-2012 at 11:45 a.m., a policy</p>		<p>re-educated on the Policy and Procedure for Storage of Medications on 10/25/12. Employees were interviewed to see if any had witnessed residents going near the cart when unlocked. No residents were negatively affected by this practice. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected. All carts in all neighborhoods were immediately checked by the Director of Nursing and all were found to be locked. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? An immediate inservice on the Policy and Procedure for storage of medication was initiated on 10/25/12 with all licensed staff and QMA's. All licensed staff and QMA's will be educated on the above policy by 10/29/12. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed. Daily audits, on random shifts of medication carts to be completed by the DON/Designee x 14 days</p>		

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	<p>titled "Storage of Medication" (Policy Number: 3.01) dated 12-01-2006 provided by the Director of Nursing was reviewed and stated the following: "Procedure: ...2. Medication rooms, cabinets and carts are locked at all times except when authorized personnel are present...." 3.1-25(m)</p>		<p>or until 100% threshold is achieved and then monthly x 6 months to ensure threshold is maintained. The QAPI Committee will oversee compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/30/2012
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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to</p>	F0441	1. What corrective actions will be accomplished for those	11/29/2012	

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	<p>ensure effective infection control practices related to glove use during medication nebulization were implemented for 1 of 1 resident observed during medication nebulization by 1 of 8 nursing staff. (Resident # 128, LPN #1)</p> <p>Findings include:</p> <p>On 10/26/12 at 10:37 a.m., during medication administration of Albuterol (a bronchodilator medication to open up the airway) to Resident #128, LPN #1 set up nebulizer equipment, poured medication into nebulizer cup and handed medication to resident. Resident #128 was unsure how to place mouth piece into mouth, LPN #1 used ungloved hand to adjust mouth piece for resident, who then placed mouthpiece into her mouth.</p> <p>During an interview on 10/29/12 at 11:26 a.m., LPN #2 indicated staff are not required to wear gloves during nebulization of medication, but at any time during the administration, if staff need to touch the mouth piece they would need to put a glove on since it would then be touched by the resident's mouth.</p> <p>Review of a current facility policy dated 7/26/06 titled "General</p>		<p>residents found to have been affected by the deficient practice? Resident #128 had no negative outcome from this practice .LPN #1 was provided education by the Director of Nursing on policy and procedure for administering medications on 10/31/12. LPN #1 was successful in returning demonstration that was compliant with the policy and procedure of the facility. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected by this practice. All licensed nurses will be educated on the policy and procedure for "Administering Medication" on 11/7/12 by the DON/Designee. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Newly hired licensed staff will receive education on "Administering Medications" during orientation. All licensed nurses will be educated on the policy and procedure for "Administering Medications" on 11/7/12 by the DON/Designee. 4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;</p>		

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	<p>Guidelines For Administering Medication", which was provided by the Administrator on 10/29/12 at 10:25 a.m., indicated the following:</p> <p>10. Always chart appropriately after the resident takes the medication or chart that the resident refused. If the medication is refused determine if physician/family needs to be notified. Gloves should be worn with any med pass that involves bodily fluid (i.e. eyes, nose, mouth, injection, wound and rectum).</p> <p>3.1-18(a)</p>		<p>and by what date the systemic changes will be completed.</p> <p>DON/Designee will conduct radmon competency evaluations to ensure compliance with policy and procedures with all licensed nurses by 11/29/12.</p> <p>DON/Designee will conduct monthly random competency checks on all three shifts for administration of nebulizer medications to ensure compliance with the facility policy and procedures.</p> <p>Compliance will be reported to the QAPI committee for 6 months - Threshold goal is 95% compliance.</p>	