

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155183	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/16/2014
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NAME OF PROVIDER OR SUPPLIER WATERS OF MARTINSVILLE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2055 HERITAGE DR MARTINSVILLE, IN 46151
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: June 10, 11, 12, 13, & 16, 2014</p> <p>Facility number: 000096 Provider number: 155183 AIM number: 100290890</p> <p>Survey team: Diana McDonald, RN-TC Melissa Gillis, RN (June 10, 13, &16, 2014) Cheryl Mabry, RN June 10, 11, 13, & 16, 2014) Angela Patterson, RN (June 10, 11, 12, & 13, 2014)</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census Payor type: Medicare: 14 Medicaid: 59 Other: 21 Total: 94</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>RECERTIFICATION AND STATE LICENSURE SURVEY 6-16-2014</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000241 SS=D	<p>Quality review completed on June 23, 2014; by Kimberly Perigo, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation and record review, the facility failed to ensure residents' dignity was respected in regard to dining in that a resident sat too far away from her lunch and a resident slept through her lunch, which resulted in two randomly observed residents not eating their lunches. (Resident #5, Resident #99).</p> <p>Findings include:</p> <p>1). Resident #99's clinical record was reviewed on 6/16/2014 at 4:10 p.m. The record indicated the quarterly Minimum Data Set (MDS) assessment dated 5/6/2014, the Brief Interview for Mental Status (BIMS) is 0, which indicated severe cognitive impairment and dependent on nursing staff for daily</p>	F000241	<p>F 241 Dignity and Respect of Individuality</p> <p><u>It is the intent of this facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</u></p> <p>-</p> <p><u>1. Actions Taken:</u></p> <p>a.In regard to resident #99, a review of MDS completed and</p>	07/16/2014
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	<p>decision making.</p> <p>Resident #99 required extensive assistance in self performance and one person physical assist, with eating.</p> <p>Observation on 6/10/2014 at 12:20 p.m., indicated Resident #99 sitting at a table in the main dining room. Her chair was located further back from the table and when Resident #99 kept bringing food to her mouth, she dropped her food from her fork. Resident #99 attempted again to use her fork and dropped the food again. She then used her fingers to pick up her food and ate the food with her fingers. No observation of staff offering to assist Resident #99. She only ate one fourth of her meal before staff removed her from the dining room.</p> <p>2). Resident #5's clinical record was reviewed on 6/16/2014 at 4:00 p.m. The record indicated the quarterly Minimum Data Set (MDS) assessment dated 4/23/2014, the Brief Interview for Mental Status (BIMS) was 3, which indicated severe cognitive impairment and dependent on nursing staff for daily decision making.</p> <p>Resident #5 required extensive assistance in self performance and one person physical assist, with eating.</p>		<p>care plan update. Finger foods to be added to care plan and tray card.</p> <p>In-serviced staff on importance of identifying residents in need of assist with each meal, as functioning levels may vary on a daily basis also included in this in-service is the importance of assist with positioning and repositioning of residents at the dining table.</p> <p>b. In regard to resident #5, resident no longer resides at facility. However, in the future, other residents who are in rapid decline will be offered meals at alternate times if condition does not allow adequate alertness. In addition staff will provide assistance for any individual who is in need.</p> <p><u>2. Others Identified:</u></p> <p>a. IDT will provide daily observation and monitoring of residents during meal times and communicate any</p>	

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	<p>Observation on 6/10/2014 at 12:20 p.m., indicated Resident #5 was sitting at a table in the main dining room sleeping. Resident #5's lunch was served to her at 12:25 p.m. Resident continued to sleep until 12:36 p.m. She took a few bites and then nodded off to sleep and was leaning to the right side of her chair the entire time while sitting in the main dining room. She woke up and took two bites of her mashed potatoes and half of her spinach. She fell asleep again and continued to sleep until 12:51 p.m. At that time, the resident was taken out of the dining room and back to her room.</p> <p>3.1-3(t)</p>		<p>concerns in daily QA meeting.</p> <p>3. Measures Taken:</p> <p>a. IDT will review dining room table assignments to ensure residents are seated at tables which provide adequate assist in relation to resident functioning level at least weekly and changes will be made as needed.</p> <p>b.MDS coordinator and Social Services Designee will review MDS and BIMS to ensure level of assist is adequate in regard to most recent MDS assessment.</p> <p>c. Dietary manager to update meal cards to reflect finger foods to any resident in which it is appropriate.</p> <p>d. Finger foods will be made available on a daily basis for every meal.</p> <p>4. How Monitored:</p>		

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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's food preference was acknowledged in that during lunch a resident did not get the food substitutions offered which resulted in a resident eating only two items during lunch. (Resident #68)</p>	F000242	<p>a. Change of condition will be reviewed in daily QA meeting.</p> <p>b. IDT will review level of dining assist quarterly and with significant change.</p> <p>c. The CEO/designee will review in quarterly QA meeting with IDT and Medical Director.</p> <p><u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>F242 SELF DETERMINATION-RIGHT TO MAKE CHOICES <u>It is the intent of this facility to provide each resident with the right to choose activities, schedules, and health care consistent with his or her interests, assessment, and plans of care; interact with members of the</u></p>	07/16/2014

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	<p>Findings include:</p> <p>Resident #68's clinical record was reviewed on 6/16/2014 at 3:30 p.m. The record indicated the quarterly Minimum Data Set (MDS) assessment dated 4/15/2014 for Brief Interview of Mental Status (BIMS) was 9, 8-15 is interviewable.</p> <p>Observation on 6/10/2014 at 12:35 p.m., indicated Resident #68 was served fish, spinach, rice and a frosted brownie. At the table was vinegar for the spinach. There were also dipping choices for the fish of tartar sauce and ketchup. The Activity Director (AD) sat Resident #68's lunch down in front of Resident #68. When Resident #68 saw the spinach, she indicated, "Oh, I don't like spinach." AD indicated, "Well, eat this and then you can wash it down with this yummy frosted brownie." Resident #68 made a face and indicated, "It would be nice to have some bread." AD did not offer Resident #68 any vinegar, condiments or bread.</p> <p>After the AD left the table, Resident #68 indicated, "I don't like spinach, never have and never will. I don't like very many green veggies." When asked if the facility serves bread often, Resident #68</p>		<p><u>community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. 1. Actions Taken:</u>a. In regard to resident #68, Dietary Manager reviewed and updated likes and dislikes with resident. Dietary manager also updated meal cards and care plan to reflect resident preferences. Condiments will be offered to each resident with each meal. In serviced staff on the importance of providing each resident with requested meal items in a timely fashion at each meal. <u>2. Others Identified:</u>a. IDT will provide daily observation and monitoring of residents during meal times and communicate any concerns in daily QA meeting. <u>3. Measures Taken:</u>a. Dietary Manager to update resident meal preferences with each assessment and ensure that tray card reflects such information.b. Dietary staff will ensure that condiments are available with each meal and dining room staff will ensure it is provided to residents as requested. c. Daily menus, which include alternate options as well as "always available" items, will be posted for resident viewing. <u>4. How Monitored:</u>a. Review of meal satisfaction will be reviewed in resident council meeting.b. Individual resident meal satisfaction will be reviewed with resident and family in care plan</p>		

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F000279 SS=D	<p>indicated, "Not very often, I would like to have bread with almost every meal."</p> <p>The resident picked at her food for five minutes. The Social Service Director (SSD) stopped at Resident #68's table and asked if she wanted vinegar, tartar sauce or ketchup. Resident #68 indicated, "No, I don't like spinach." At that time, a request was made for the resident to have bread with her fish. The SSD left and came back with two pieces of white bread.</p> <p>3.1-3(u)(3)</p> <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</p>		<p>meetings.c. DON/designee will complete random meal service audit 3 times weekly x 4 weeks then 1time a week x 12 weeks.d. CEO/designee to review meal satisfaction feedback at quarterly QA meeting. <u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is July 16, 2014. F242 We respectfully deny and request review for deletion of findings listed on 2567 in regard to F242. The facility contends that the resident has been given the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Resident #68 is provided with self determination-right to make choices. Resident is an active participant in all aspect of activities, schedules, and health care.</p>	

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	<p>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 residents' careplans were developed after assessment for residents receiving antipsychotic medications which exhibit delusions and behaviors for 2 of 5 resident observed for unnecessary medication use. (Resident #16, Resident #111)</p> <p>Findings includes:</p> <p>1). Resident #16's clinical record was reviewed on 6/16/14 at 9:31 a.m. Diagnosis included, but were not limited to: heart failure, hypertension, renal insufficiency, CHF (congestive heart failure), diabetes, hypertrophied, Alzheimer, dementia, Parkinson, depression and neuropathy.</p> <p>The current MDS (Minimum Data Set)</p>	F000279	<p>F279 DEVELOP COMPREHENSIVE CARE PLANS</p> <p><u>It is the intent of this facility to 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 identifies in the comprehensive assessment.</u></p> <p><u>1. Actions Taken:</u></p> <p>a. In regard to resident # 16, Social Services Director reviewed resident's current psychotropic medications and made appropriate changes to care plan and clinical record.</p> <p>b. In regard to resident # 111,</p>	07/16/2014

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	<p>assessment dated 4/25/14, indicated a BIMS (Brief Interview Mental Status) score of 3, which indicated severely cognitively impaired.</p> <p>On 06/11/2014 at 9:48 a.m., Resident #16 had an order to receive Seroquel 50 mg at 2:00 p.m. for a diagnosis of dementia with delusions. The start date was 5/22/14.</p> <p>There was no careplan for Seroquel found on the facility's computer for Resident #16, nor the clinical record.</p> <p>On 6/16/14 at 11:03 a.m., interview with LPN #3 indicated, when asked if there was a careplan for Seroquel, "No, I don't see one either." (While she was looking in the computer.) "I'll go and ask someone. I see a careplan for Ativan and Zoloft, not Seroquel." No careplan for Seroquel was provided at that time.</p> <p>On 6/16/14 at 12:01 p.m., the MDS assistant indicated, "There is no careplan for the Seroquel. I went ahead and created one."</p> <p>2). Resident #111's clinical record was reviewed on 6/13/14 at 2:52 p.m., Diagnosis include, but were not limited to, anemia, hypertension, hip fracture, dementia, anxiety disorder, depression</p>		<p>Social Services Director reviewed resident's current psychotropic medications and made appropriate changes to care plan and clinical record.</p> <p>2. Others Identifies:</p> <p>a. Social Services Designee reviewed all psychotropic medications from monthly pharmacy audit and reviewed resident care plans and clinical records accurate reflect current psychotropic medication use.</p> <p>3. Measures Taken:</p> <p>a. IDT will review all new admission/readmissions in daily clinical meeting.</p> <p>b. IDT will review all new orders in daily clinical meeting.</p> <p>c. IDT will review each resident's psychotropic care plans and clinical record in quarterly care plan meeting.</p> <p>4. How Monitored:</p> <p>a. Social Services Designee will continue to conduct a monthly review of all residents prescribed psychotropic medications in correlation with pharmacy audit.</p>	

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	<p>and muscle weakness.</p> <p>The current MDS (Minimum Data Set) assessment dated 5/24/14, indicated a BIMS (Brief Interview Mental Status) score of 3, which indicated severally cognitively impaired..</p> <p>Resident #111's clinical record indicated, Resident #111 received olanzapine (Zyprexa which treats mental/moods) 5 mg (milligram) daily for dementia with behaviors since 3/30/14.</p> <p>On 6/13/14 at 3:27 p.m., indicated there was no careplan for Zyprexa on the facilities computer for Resident #111, nor in the clinical records..</p> <p>On 6/13/14 at 3:51 p.m., interview with the MDS coordinator and with Social Service present indicated, when asked when did Resident #111 start the Zyprexa and was there a careplan made for it? "She started on Zyprexa on 3/30/14 and I guess we missed to careplan for that one. I can write one right now." It was indicated that careplans were completed with MDS or with significant changes.</p> <p>3.1-35(a)</p>		<p>b. Monthly behavior meeting will also include a review of psychotropic medication use.</p> <p>c. Will request an audit by Social Service consultant of psychotropic medication use and documentation to be performed during quarterly consult.</p> <p>d. Administrator/designee will review audit findings in quarterly QA meeting with IDT and Medical Director.</p> <p>5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>	

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F000285 SS=A	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.</p> <p>A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission;</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission--</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at</p>			

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	<p>§483.102(b)(1). (ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>Based on record review and interview, the facility failed to ensure a yearly record review was completed for residents who qualify for PASRR (Preadmission Screening and Record Review) level 2 mental health assessment when the recommendation was for yearly review for 1 of 1 randomly reviewed resident for PASRR. (Resident #79)</p> <p>Finding includes: Resident #79's clinical record was reviewed on 6/16/14 at 10:36 a.m. Diagnosis include, but were not limited to: CHF (Congestive Heart Failure). GI (stomach) bleed, hypertension, gout, schizophrenia, angina, edema and arthritis.</p> <p>The current MDS (Minimum Data Set) assessment dated 3/11/14 indicated a BIMS (Brief Interview Mental Status) was 14 when 8-15 was interviewable.</p> <p>On 6/16/14 at 10:48 a.m. the Social Service director provided a level 2 PASRR dated 5/3/12 and indicated that was the only one she had for Resident #79. " We don't do the level 2's here.</p>	F000285					

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F000312 SS=D	<p>They are done through [Name of the adult health service]. I will call and see if they have others and have them send it to me."</p> <p>Review of the PASRR/MI (mental illness) level II dated 5/3/12 indicated "... The Individual is mentally ill. The individual is not in need of MI specialized services. ...Continue Current MH Services, Yearly RR (record review) Required, ... Individual ... Therapy, ... Medication Monitoring, Medication Administration ..."</p> <p>3.1-35(d)(2)(B)</p> <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 observation and record review, the facility failed to ensure residents received the necessary services to eat their lunch in that dependent residents were not assisted to eat their meal which resulted in two randomly observed residents not eating their lunches. (Resident #5, Resident #99).</p>	F000312	<p>F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p><u>It is the intent of this facility to provide a resident who is unable to carry out activities of daily living with the necessary services to</u></p>	07/16/2014

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	<p>Findings include:</p> <p>1). Resident #99's clinical record was reviewed on 6/16/2014 at 4:10 p.m. The record indicated the quarterly Minimum Data Set (MDS) assessment dated 5/6/2014, the Brief Interview for Mental Status (BIMS) is 0, which indicated severely cognitive impairment and dependent on nursing staff for daily decision making.</p> <p>Resident #99 required extensive assistance in self performance and one person physical assist, with eating.</p> <p>Observation on 6/10/2014 at 12:20 p.m., indicated Resident #99 sitting at a table in the main dining room. Her chair was located further back from the table and when Resident #99 kept bringing food to her mouth, she dropped her food from her fork. Resident #99 attempted again to use her fork and dropped the food again. She then used her fingers to pick up her food and ate the food with her fingers. No observation of staff offering to assist Resident #99. She only ate one fourth of her meal before staff removed her from the dining room.</p>		<p><u>maintain good nutrition, grooming and personal oral hygiene.</u></p> <p>-</p> <p><u>1. Actions Taken:</u></p> <p>a. In regard to resident #99, a review of MDS completed and care plan update. Finger foods will be added to care plan and tray card. In-serviced staff on importance of identifying residents in need of assist with each meal, as functioning levels may vary on a daily basis also included in this in-service is the importance of assist with positioning and repositioning of residents at the dining table.</p> <p>b. In regard to resident #5, resident no longer resides within the facility. However, in the future, other residents who are in rapid decline will be offered meals at alternate times if condition does not allow adequate alertness. In addition staff will provide assistance for any individual</p>	

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	<p>2). Resident #5's clinical record was reviewed on 6/16/2014 at 4:00 p.m. The record indicated the quarterly Minimum Data Set (MDS) assessment dated 4/23/2014, the Brief Interview for Mental Status (BIMS) was 3, which indicated severely cognitive impairment and dependent on nursing staff for daily decision making.</p> <p>Resident #5 required extensive assistance in self performance and one person physical assist, with eating.</p> <p>Observation on 6/10/2014 at 12:20 p.m., indicated Resident #5 was sitting at a table in the main dining room sleeping. Resident #5's lunch was served to her at 12:25 p.m. Resident continued to sleep until 12:36 p.m. She took a few bites and then nodded off to sleep and was leaning to the right side of her chair the entire time while sitting in the main dining room. She woke up and took two bites of her mashed potatoes and half of her spinach. She fell asleep again and continued to sleep until 12:51 p.m. At that time, the resident was taken out of the dining room and back to her room.</p>		<p>who is in need.</p> <p>2. Others Identified:</p> <p>a. IDT will provide daily observation and monitoring of residents during meal times and communicate any concerns in daily QA meeting.</p> <p>3. Measures Taken:</p> <p>a. IDT will review dining room table assignments to ensure residents are seated at tables which provide adequate assist in relation to resident functioning level at least weekly and changes will be made as needed.</p> <p>b.MDS coordinator and Social Services Designee will review MDS and BIMS to ensure level of assist is adequate in regard to most recent MDS assessment.</p> <p>c. Dietary manager to update meal cards to reflect finger foods to any resident in which</p>	

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	3.1-38(2)(A)		<p>it is appropriate.</p> <p>d. Finger foods will be made available on a daily basis for every meal.</p> <p>4. How Monitored:</p> <p>a. Change of condition will be reviewed in daily QA meeting.</p> <p>b. IDT will review level of dining assist quarterly and with significant change.</p> <p>c. DON/designee will complete random meal service audit 3 times weekly x 4 weeks then 1time a week x 12 weeks.</p> <p>d. The CEO/designee will review audit results in quarterly QA meeting with IDT and Medical Director.</p> <p>5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		

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F000362 SS=F	<p>483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL The facility must employ sufficient support personnel competent to carry out the functions of the dietary service. Based on observation, interview, and record review, the facility failed to ensure sufficient staff was available to carry out dietary functions during lunch time for residents in that the meals were not served for 95 of 95 residents served from the kitchen as indicated by the facility's dietary schedule.</p> <p>Findings includes:</p> <p>On 6/10/14 at 1:15 p.m., the Administrator provided "Waters of Martinsville Meal Times" with no date, and indicated that was the current meal schedule. The schedule indicated, "... Lunch 12:00 p.m. Main Dining Room, 11:40 a.m. Misty East Hall , 11:50 a.m. Misty West Hall, 11:35 a.m. Comfort Creek Hall, 12:00 p.m. Serenity Cove Dining Room."</p> <p>On 6/10/14 at 12:00 p.m., a resident's spouse approached the surveyor to indicate lunch meal was always served late.</p> <p>On 6/10 at 12:18 p.m., observed first resident in the dining room to receive a</p>	F000362	<p><u>F362 SUFFICIENT DIETARY SUPPORT PERSONNEL</u>It is the intent of this facility to employ sufficient support personnel competent to carry out the functions of the dietary service. <u>1. Actions Taken:</u>a. Dietary Manager replaced. b. All open dietary positions have been filled. c. Dietary hours adjusted to better accommodate meal service to be on schedule. d. All available staff to assist in dining room and on hallways during meal service. <u>2. Others Identified:</u> Dietary Manager/designee will document daily meal service delivery times and make adjustments as necessary in staffing and systems to ensure timely meal service is provided. <u>3. Measures Taken:</u>a. Dietary Manager to enroll in dietary manager certification course. b. Training provided to Dietary Manager by experienced Dietary Manager from a sister facility. c. Ongoing services to be provided by Dietary Consulting Agency. <u>4. How Monitored:</u>a. Resident meal satisfaction will be reviewed in resident council meetings. b. CEO/designee will review documentation of meal times in quarterly QA meeting with IDT and Medical Director. <u>5.</u></p>	07/16/2014
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	<p>tray. The last tray was served in the dining room at 12:45 p.m.</p> <p>On 6/10/14 at 1:18 p.m., interview with a resident's spouse indicated, "Spoke with Ombudsman about the kitchen area in regards to late meals, kitchen staff was not showing up for work. The lunch meal is late anywhere from 30 minutes to an hour. They keep saying its going to improve and it did for awhile. The last four days they have been pretty much on schedule. This all started 2 months ago. They just don't have enough kitchen staff. The kitchen staffing affects the whole facility because the nurses and others have to come and help out. Sometimes the residents who can't feed themselves sit and wait a long time after they get their food to get help with meal."</p> <p>On 6/13/14 at 12:45 p.m., during dining observation none of the residents had received their lunch trays in the dining room. According to the meal schedule lunch was to be served at 12:00 p.m. The last tray was observed to be served at 1:25 p.m.</p> <p>On 6/13/14 at 12:30 p.m., observed meal cart being taken from the kitchen to one of the halls in which the earlier scheduled lunch time for the hall trays was 11:35 a.m.</p>		<p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is July 16, 2014. IDR F362 We respectfully deny and request review for deletion of findings listed on 2567 in regard to F362. We are disputing on this basis: The facility contends that we do employ sufficient support personnel competent to carry out the functions of the dietary service. The interview on 6/10/14 with the spouse of a resident was in reference to a concern by this family member at a previous time. This specific situation was addressed with the Ombudsman and the family member as well as implementation of an action plan. Follow up with the Ombudsman as well as family member indicated satisfaction with resolution. There were no indications at that time that insufficient staffing contributed to that specific occurrence. The observation on 6/13/14 was directly related to the fact that our dietary manager, who had scheduled herself as the day and evening cook, arrived at the facility at 5:00am to turn in her keys, name badge, and resignation effective immediately. Upon notification of this occurrence the administrator contacted two additional dietary staff members and the dietician who arrived at the facility at 5:30 am. We contend that sufficient</p>	

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F000366 SS=D	<p>3.1-20(h)</p> <p>483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE</p> <p>Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's food preference was acknowledged in that during lunch a resident did not get the food substitutions offered which resulted in a resident eating only two items during lunch. (Resident #68)</p> <p>Findings include:</p> <p>Resident #68's clinical record was reviewed on 6/16/2014 at 3:30 p.m. The record indicated the quarterly Minimum Data Set (MDS) assessment dated 4/15/2014, for Brief Interview of Mental Status (BIMS) was 9, 8-15 is interviewable.</p> <p>Observation on 6/10/2014 at 12:35 p.m., indicated Resident #68 was</p>	F000366	<p>staff was employed. In addition, a minimum of 10 support staff were present in the dining room to assist with meal service. Observation sited on 6/14/14 could not have possibly occurred as surveyors were not present at the facility on this day (Saturday)</p> <p>F366 SUBSTITUTES OF SIMILAR NUTRITIVE VALUE</p> <p><u>It is the intent of this facility to provide and each resident receive substitutes offered of similar nutritive value to residents who refuse food served.</u></p> <p>-</p> <p><u>1. Actions Taken:</u></p> <p>a. In regard to resident #68, Dietary Manager reviewed and updated likes and dislikes with resident. Dietary manager also updated meal cards and care plan to reflect</p>	07/16/2014

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	<p>served fish, spinach, rice and a frosted brownie. At the table was vinegar for the spinach. There were also dipping choices for the fish of tartar sauce and ketchup. The Activity Director (AD) sat Resident #68's lunch down in front of Resident #68. When Resident #68 saw the spinach, she indicated, "Oh, I don't like spinach." AD indicated, "Well, eat this and then you can wash it down with this yummy frosted brownie." Resident #68 made a face and indicated, "It would be nice to have some bread." AD did not offer Resident #68 any vinegar, condiments or bread.</p> <p>After AD left the table, Resident #68 indicated, "I don't like spinach, never have and never will. I don't like very many green veggies." When asked if the facility serves bread often, Resident #68 indicated, "Not very often, I would like to have bread with almost every meal."</p> <p>The resident picked at her food for five minutes. The Social Service Director (SSD) stopped at Resident #68's table and asked if she wanted vinegar, tartar sauce or ketchup. Resident #68 indicated, "No, I don't like spinach." At that time, a request was made for the resident to have</p>		<p>resident preferences. Condiments will be offered to each resident with each meal. In serviced staff on the importance of providing each resident with requested meal items in a timely fashion at each meal.</p> <p>2. Others Identified:</p> <p>a. No other residents affected.</p> <p>3. Measures Taken:</p> <p>a. Dietary Manager to update resident meal preferences with each assessment and ensure that tray card reflects such information.</p> <p>b. Dietary staff will ensure that condiments are available with each meal and dining room staff will ensure it is provided to residents as requested.</p> <p>c. Daily menus, which include alternate options as well as "always available" items, will</p>	

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F000371 SS=F	bread with her fish. The SSD left and came back with two pieces of white bread. 3.1-21(a)(4) 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	F000371	be posted for resident viewing. 4. How Monitored: a. Review of meal satisfaction will be reviewed in resident council meeting. b. Individual resident meal satisfaction will be reviewed with resident and family in care plan meetings. c. CEO/designee to review meal satisfaction feedback at quarterly QA meeting with IDT and Medical Director. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.	07/16/2014	

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	<p>record review, the facility failed to ensure staff used proper handwashing in the kitchen and dining room, outdated food was discarded from 1 of 1 walk in refrigerator, labeling of unidentifiable foods for 1 of 1 walk in freezer, dating foods in the dry storage room, proper drying of equip when food will make contact, and infection control practices were followed in the kitchen by facility staff as indicated by facility policy, 410 IAC Retail Food Establishment Sanitation Requirements Manual. This deficient practice had the potential to affect 95 of 95 residents being served out of the kitchen. (Cook #1, Dietary Aide #1, Dietary Aide #2, Dietary Consultant)</p> <p>Findings include:</p> <p>1). On 6/10/14 at 12:25 p.m., observed CNA #1 to assist resident #16 with cutting up her meat, CNA #1 coughed in her arm, walk over to Resident #11 and picked up a napkin and wiped her nose. CNA #1 then helped Resident #11 position her silverware and plate, touched Resident #11 on the shoulder, walked over to the dining window, and then walked back to assist Resident #11 with plate. No hand washing was observed nor sanitizing. CNA #1 sat down and assisted Resident #81 with his lunch. No handwashing was observed nor</p>		<p><u>-SANITARY It is the intent of this facility to (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.</u></p> <p><u>1. Actions Taken:</u> a. Outdated foods were disposed of. b. Opened food boxes without dates were disposed of. c. Unlabeled food items were disposed of. d. In-serviced dietary staff on proper drying of equipment. e. Ordered 2 additional purree containers to ensure that proper drying is completed. f. Discarded milk which was at an unsafe temperature. g. Purchased small refrigerator to be placed on serving line where cartons of milk and shakes will remain until placed on tray at time of individual meal service. h. Provided a hard copy of the 410 IAC 7-24 to dietary staff. i. Posted commonly used product expiration dates for dietary staff reference purposes. j. In-serviced dietary staff on hand washing and glove use. k. In-serviced dietary staff on sanitary conditions. <u>2. Others Identified:</u> a. The above mentioned actions and preventative measures should prevent all residents within the facility from unsanitary conditions. <u>3. Measures Taken:</u> a. Dietary manager/designee to</p>				

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	<p>sanitizing.</p> <p>2). On 6/11/14 at 10:30 a.m., observed Cook #1 to handwash for 10 seconds before prepping the meat for mechanical soft meal. She was observed to walk over to the prep counter, put on gloves, removed salisbury steak from a pot, and placed it into a puree pot. She then pushed up her glasses with her hand, retrieved meat from another pot, placed aluminum foil over pot and placed the pot in the oven. No handwashing was observed. She then removed gloves, grabbed clean gloves, walked over to the prep table, and removed the puree meat container from the machine. No handwashing was observed.</p> <p>Cook #1 was observed to take the dirty dishes to the dish wash area, walk back into the kitchen area, removed a box of aluminum foil from under the counter, placed foil on the prep table, walk into the dry storage room to get bags of instant potatoes, and threw the gloves in the trash. Cook #1 placed the bags of instant potatoes on the prep counter, filled a pitcher with hot boiling water. She was then observed to wipe down the prep table with a cloth. No handwashing was observed.</p> <p>Cook #1 was observed to make instant</p>		<p>conduct daily audits in regard to food product dates, kitchen appliance sanitation, and proper food storage. Negative findings will be addressed immediately. b. Dietary Manager/Designee to conduct temperature checks on hot and cold items prior to commencing line service. c. Dietary Manager enrolled in Serve Safe course as well as dietary manager certification course. d. On-going audits and education to be provided by qualified member of Health Technologies Dietary Consulting.</p> <p>4. How Monitored: a. CEO/designee will conduct weekly audits of kitchen conditions. b. CEO/designee will review audits in daily QA meeting and quarterly QA meeting with IDT and Medical Director. - 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		

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	<p>potatoes and took the temperature of the mashed potatoes. Observed the cook to place the mashed potatoes on the steam table. When asked when should you hand wash? " After you touch anything, take off gloves." How long should you handwash for? "20 seconds." How do you know that you handwashed for 20 seconds? " I count to myself." Did you handwash after touching your glasses or touching your clothing? "Oh, no I didn't."</p> <p>3). Cook #1 was observed to pour green beans into a wet puree container. When asked if food can go into a wet container? Cook #1 indicated, "Probably not." When asked what should be done before placing food into the wet container? "Dry it out with a paper towel, or air dry." When asked if she can dry the pot with a paper towel. Cook #1 indicated, "No, probably not."</p> <p>4). On 6/11/14 at 11:00 a.m., observed DA #3 to carry 3 carafes resting them on her scrub top. DA #3 was observed to place the carafe on a counter and fill with tea. When asked if the carafes can touch her clothing, she indicated, "No." When asked were the carafes touching her clothing indicated, "Yes." Observed DA #3 to remove carafes and go get 3 more carafes.</p>			

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	<p>5). On 6/13/14 at 12:55 p.m., observed the Dietary Consultant to place rice in the puree pot with standing water in it. When asked if food can be placed in a pot with standing water, the Dietary Consultant indicated, "No, I can't but I can't dry it either. It would take 20 minutes to let it dry. I don't know how long the water has been in this pot. The water was 120 degrees so it is sanitized [indicating the pot] I'll send it through the dishwasher again." The Dietary Consultant was observed to take the puree pot to the dirty dish area.</p> <p>The Dietary Consultant was then observed to lift the door of the dishwasher, remove the puree pot and blade, walk into the kitchen, sat the pot on the machine, and place the blade in the machine with her bare hands. No handwashing was observed. When asked if she should be touching the blade and inside the pot with her bare hands, the Dietary Consultant indicated, "Well, the rice is not going to touch this part of the blade. I washed my hands." When asked if she hand washed after touching the dishwasher, indicated, "No." Observed the Dietary Consultant to remove the pot and take it to the dirty dishwashing area again.</p> <p>The Dietary Consultant was observed to</p>			

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	<p>handwash, carry the puree pot and blade into the kitchen and place it on the machine for pureeing. The pot was observed to have standing water in it. When asked if food can be placed in that pot with standing water? "I consider standing water as water sitting in something for a period of time and you can see it." Observed the Dietary Consultant to turn the pot over and let the standing water drop on the floor.</p> <p>6). On 6/13/14 at 1:15 p.m., observed with Dietary Aide #2 and with the Dietary Consultant present 2 glasses of milk with a temperature of 58 degrees. The Dietary Consultant indicated the temperature should be below 40 degrees. Observed the Dietary Consultant to indicate to DA #2 "That milk can't be used." Observed the DA to remove the milk and discard.</p> <p>7). On 6/16/14 at 12:15 p.m., observed a large container with multiple cartons of milk and strawberry shakes in water since the ice had melted. DA #1 indicated when asked if cartons should be in water, "I don't know. No one has ever told me different. If they do then I won't do it anymore." DA #1 was observed to continue to assist with lunch trays. It was indicated to DA #1 she needed to find out if this was appropriate storage for the</p>						

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	<p>cartons. Observed DA #1 to ask the DM #2. DM #2 indicated "No." Observed DM #2 tell DA #1 she would have to remove the cartons from the water and place them on top of ice. DM #2 indicated to DA #1, You need a pan like the one you put broccoli in. With holes so that the water drains off when melted." Cook #2 indicated, "We only have one." DM #2 indicated, "I will call and order one today."</p> <p>8). On 6/10/14 at 10:00 a.m., observed in the walk in refrigerator the following: A tray with 3 cups of ketchup prepared for service dated 6/7/2014 uncovered, 15 cups of watermelon dated 6/6/2014 (date prepared) 7 cups of peaches dated 6/6/2014 15 cups of fruit cocktail dated 6/5/2014</p> <p>9). On 6/10/14 at 10:15 a.m., observed the following in the walk in freezer: A wrapped frozen package with no label nor open date. The DA trainee indicated when asked what was that wrapped in the package, "I think its pork lion." When asked if everyone that see this item could identify it, she indicated, " I would think so."</p> <p>10). On 6/11/14 at 8:45 a.m., observed the following in the dry storage room with the DM #1 present:</p>				

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	<p>bag of chicken gravy with open date of 6/2/14</p> <p>peppered old fashion biscuit mix with open date 6/2/14</p> <p>jello package with open date of 5/16/14</p> <p>open bag of cream of wheat with no open date</p> <p>hot dog buns with open date of 6/7/14</p> <p>When asked what the expiration date was for the open items, the DM indicated, "I think their only good for 3 days after opening."</p> <p>On 6/11/14 at 9:31 a.m., the Administrator provided "Food Storage" policy, dated 2010, and indicated the policy was the one currently used by the facility. The policy indicated, "... 1. General storage guidelines to be followed: Label all food items held for longer then twenty four hours. The label must include the name of the food and the date by which it should be sold, consumed or discarded. ... If the item has not been used by the determined date, the remaining product is discarded. ... Discard food that has passed the expiration dated, and discard food that has been prepared in the facility after seven days of storing under proper refrigeration. ... Keep potentially hazardous foods out of the temperature danger zone (41 degrees Fahrenheit-135</p>			

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	<p>degrees Fahrenheit). ... Wrap food properly. Never leave any food item uncovered and not labeled. ...When freezing food that has been prepared on site, ensure clear labeling of the item. ... "</p> <p>On 6/13/14 at 2:57 p.m., the Director of Nursing provided "Glove and Hand Washing Procedure" dated 2010, and indicated that was the policy currently used by the facility. The policy indicated, " ... 1. Instructions will be posted over each hand washing station outlining the proper procedure for washing hands. ... c. Scrub 15-20 seconds or more: ... 3. All employees will wash hands upon entering the kitchen from any other location, ... between all tasks. Hand washing should occur at a minimum of every hour. ...4. Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual resident. 5. Gloves are to be used whenever direct food contact is required. 6. Hands are washed before donning (putting on) gloves and after removing gloves. 7. Gloves are changed any time hand washing would be required. ... after handling potentially hazardous raw food; or if the gloves become contaminated by touching the face, hair, uniform, or other non-food contact surface, such as door handles and</p>			

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	<p>equipment. ... 9. When gloves must be changed, they are removed, hand washing procedure is followed, and a new pair of gloves is applied. Gloves are never placed on dirty hands; the procedure is always wash, glove, remove, rewash, and re-glove."</p> <p>On 6/17/14 at 2:50 p.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT MANUAL 410 IAC 7-24-176" dated November 13, 2003, indicated "Storage or display of food in contact with water or ice . Sec. 176 (a)Packaged food may not be stored in direct contact with ice or water if foods subject to the entry of water because of the nature of its packaging, wrapping, or container or its positioning in the ice or water. ... "</p> <p>On 6/17/14 at 2:37 p.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC 7-24," dated November 13, 2004, indicated, "Hand cleaning and drying procedure ... (a) Food employees shall, except as specified in section 343 (c) of this rule, clean their hands and exposed portions of their arms with a cleaning compound at a hand washing sink that is equipped as specified by vigorously rubbing together the surfaces of their lathered hands and arms for at</p>			

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	<p>least twenty (20) seconds in water ... When to wash hands (a) Food employees shall clean their hands and exposed portions of their arms as specified ... immediately before engaging in food preparation. ... and the following... (6) After handling soiled surfaces, equipment, or utensils ... after engaging in other activities that contaminate the hands."</p> <p>On 6/17/14 at 2:37 p.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC 7-24-304, dated November 13, 2004, indicated, "Equipment and utensils; air drying required, ... (a) After cleaning and sanitizing, equipment and utensils: (1) shall be air-dried or used after adequate draining as specified in the 21 CFR 178.1010(a), before contact with food; and (2) may not be cloth-dried except the utensils that have been air-dried may be polished with cloths that are maintained clean and dry. ... "</p> <p>3.1-21(a)(2) 3.1-21(i)(2) 3.1-21(i)(3)</p>			

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and record review, the facility failed to ensure infection</p>	F000441	F 441 INFECTION CONTROL, PREVENT SPREAD, LINENS <u>It</u>	07/16/2014			

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	<p>control practices were followed in that facility staff did not handwash according to facility policy for a randomly chosen resident during medication pass. (Resident #112)</p> <p>Findings include:</p> <p>Observation on 6/13/2014 at 11:05 a.m., indicated LPN #1 entered Resident #112's room and placed the medications at bedside. She then went into the resident's bathroom and washed her hands. LPN #1 turned on the water and washed her hands for 7 seconds. LPN #1 then dried her hands and noticed she did not have any cups for administering the medication through a feeding tube. She walked out of the room and retrieved cups for the medication administration. LPN #1 went back into the bathroom and washed her hands for 10 seconds. She applied gloves and administered the medication. LPN #1 then removed her gloves and washed her hands again, this time for 12 seconds.</p> <p>On 6/13/2014 at 2:54 p.m., the Administrator provided the "Handwashing" policy, dated 7/1/11, and indicated the policy was the one currently used by the facility. The policy indicated, "Guideline: It is the intent of the facility to use proper handwashing technique to</p>		<p><u>is the intent of this facility to maintain an infection control program that provides safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</u></p> <p><u>1. Actions Taken:</u></p> <p><u>a.</u> In-serviced nursing staff on universal precautions as well as proper hand washing. <u>2. Others Identified:</u> <u>a.</u> No other residents were affected. <u>3. Measures Taken:</u> <u>a.</u> In-serviced all nursing staff on universal precautions and hand washing and will be an ongoing process. <u>b.</u> Staff members will complete a competency evaluation for hand washing and glove usage. <u>4. How Monitored:</u> <u>a.</u> Director of nursing/designee will observe hand washing of at least one staff member per week, per shift for 12 weeks. Any negative findings will be cause for additional in-servicing. <u>b.</u> The CEO/designee will review audit results in quarterly QA meeting with IDT and Medical Director. <u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>				

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	<p>prevent the spread of infection as per Center of Disease Control Guidelines (Guideline for Infection Control in Hospital Personnel)...Responsibility: All staff. Procedure: A: Soap and Water: 1. Turn water on to comfortable temperature. 2. Moisten hands with water and apply soap. 3. Wash hands well for approximately 15 seconds to aid in the mechanical removal of bacteria. 4. Wash areas between fingers, around nail beds and under fingernails..."</p> <p>On 6/16/2014 at 12:30 p.m., the Administrator provided the "Standard Precautions" policy, dated 7/1/11, and indicated the policy was the one currently used by the facility. The policy indicated, "Guidelines:...and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status...Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood...4) mucous membranes... are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the facility. Responsibility: All facility Staff...Handwashing: 1. Wash hands after touching...contaminated items, whether or not gloves are worn..."</p>			

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F000456 SS=C	<p>3.1-18(l)</p> <p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation and interview, the facility failed to ensure the stove was maintained in proper working condition in that the left rear burner would not ignite when the knob was turned on for 1 of 1 stoves in the kitchen.</p> <p>Findings includes:</p> <p>On 6/11/14 at 11:45 a.m., with the DM #1 (Dietary Manager) and with Cook #1 present observed the back burner on the left side by the griddle not working when turned on. Cook #1 indicated when asked if the rear burner worked? " Oh, we have to light it. It's been like that since I've been here. I forgot to tell [Name of maintenance man]."</p> <p>On 6/11/14 at 12:00 p.m., interview with DM (Dietary Manager) #1 indicated, when asked how long has the burner not worked, " It has not worked since I've</p>	F000456	<p>F456 ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p><u>It is the intent of this facility to maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</u></p> <p>-</p> <p><u>1. Actions Taken:</u></p> <p>a. Repaired back left burner of kitchen stove.</p> <p>b. In-serviced staff on proper procedure for completing work orders and presenting to maintenance department.</p>	07/16/2014

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	been here. Around 3 months." 3.1-19(bb)		<p><u>2. Others Identified:</u></p> <p>a. No others identified.</p> <p><u>3. Measures Taken:</u></p> <p>a. Dietary Manager conducted an audit of dietary equipment to ensure proper repairs have been requested.</p> <p>b. Maintenance Director will inquire in daily QA of any new maintenance issues that have not been addressed.</p> <p><u>4. How Monitored:</u></p> <p>a. CEO/Designee to follow up daily with work orders to ensure timely repair is complete.</p> <p>b. The CEO/designee will review audit results in quarterly QA meeting with IDT and Medical Director.</p> <p><u>5.</u> This plan of correction constitutes our credible allegation of compliance with all regulatory</p>		

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

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FORM APPROVED

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			requirements.		