

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155243	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/27/2016
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WINDY HILL DR LAFAYETTE, IN 47905
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00200174 and IN00201139.</p> <p>Complaint IN00200174 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Complaint IN00201139 - Substantiated. Federal/State deficiencies related to the allegations are cited at F223, F225, F226, and F323.</p> <p>Survey dates: May 25, 26, & 27, 2016</p> <p>Facility number: 000147 Provider number: 155243 AIM number: 100266900</p> <p>Census bed type: SNF/NF: 103 Total: 103</p> <p>Census payor type: Medicare: 05 Medicaid: 89 Other: 9 Total: 103</p> <p>Sample: 8</p>	F 0000	Please accept the attached plan of correction as ourallegation of compliance effective June 20, 2016 Facility respectfully request a deskreview. I have included the educational information and audit tool for yourreview. Any additional documents can be made available to you for your review.If you have any questions, please feel free to contact me at 765-477-7791 ext.204 Best regards, Dean Ramsey, HFA, CEO	

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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F 0223 SS=D Bldg. 00	<p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on 5/31/16.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free from mistreatment, related to a CNA speaking in a mean manner with foul language and grabbing the resident's arms and hands for 1 of 3 residents reviewed for abuse in a total sample of 8. (Resident #J)</p> <p>Finding includes:</p>	F 0223	<p><u>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</u></p> <ul style="list-style-type: none"> · C.N.A #2 was suspended immediately and subsequently terminated and reported to ISDH. · #J was interviewed and had no recollection of the incident. Skin assessment was completed by the Unit Manager with no injuries identified. Physician and 	06/20/2016

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	<p>An Indiana State Department of Health (ISDH) reportable incident, dated 4/20/16, indicated CNA #2 and CNA #3 were providing bedtime care for Resident #J and CNA #2 was "hateful" to the resident, the resident swung at CNA #2 and the CNA grabbed the resident's arms and said that she "didn't given a f*** about her job and that no mother-f***** was going to swing on her", and at that point she pushed his arms and hands into his chest and told him to, "stand up and get your nasty a** changed."</p> <p>A signed statement from CNA #3, who had witnessed the incident, indicated, "last night (4/18/16) around 10 p.m. I helped (CNA #2's Name) put (Resident #J's Name) to bed, and (Resident #J) was not wanting to go to bed but he was soaked. (CNA #2) was being very rude and hateful to (Resident #J) and (Resident #J) swung on her and (CNA #2) grabbed his arms and said she didn't give a F about her job that no mother f***** was going to swing on her and she shoved his arms into his chest and told him to stand up get his nasty a** changed, and once he was in bed he wouldn't give her his teeth and she went on saying give me your f***** teeth and looked at me and said you have to talk to him like that cuz (sic) that's how</p>		<p>familywere notified of the event and subsequent outcome. Seventy-two hour postincident follow up was performed by nursing and social service regarding anylatent effects of incident and there were none identified.</p> <p>- <u>Howwill other residents having the potential to be affected by the same allegeddeficient practice be identified and what corrective action will be taken?</u></p> <p>·Other residents were interviewed to ensurethat no one else had been affected by the behavior of this individual and noother incidents were reported.</p> <p>- <u>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur?</u></p> <p>·SDC/ Designee to educate staff on Abuse/Neglect policy and reporting requirements to 100% compliance by June 20, 2016.</p> <p>·SDC/ Designee to educate staff upon hire andquarterly thereafter on Abuse policy/reporting requirement/ Resident Rights.</p> <p>·New stakeholders will have background checksdone for Nurse Aide Abuse Registry, criminal record check completed upon hire.</p> <p>- <u>Howwill the corrective action be monitored to ensure the alleged deficientpractice will not</u></p>	

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	<p>his wife talked to him and that's how you have to do it and she looked at me and said she didn't care if anyone reported her..."</p> <p>The Investigation, dated 4/29/16, indicated CNA #2 was terminated from from the facility on 4/21/16.</p> <p>A timecard indicated the last day CNA #2 had worked was 4/18/16.</p> <p>During an interview on 5/27/16 at 2 p.m., the RN Nurse Consultant indicated the incident had occurred 4/18/16 around 10 p.m. and CNA #2's shift was over at 10 p.m. and she had not worked in the facility between 4/18/16 at 10 p.m. until termination.</p> <p>Resident #J's record was reviewed on 5/27/16 at 12:30 p.m. The resident's diagnoses included, but were not limited to, dementia and congestive heart failure.</p> <p>A Quarterly Minimum Data Set assessment, dated 3/17/16, indicated the resident's cognition was moderately impaired, had no behaviors, and was dependent on two staff for hygiene.</p> <p>During an interview on 5/27/16 at 1 p.m., Resident #J indicated the staff at the facility were nice and he has never been</p>		<p>recur?</p> <p>Ad-Hoc QAPI meeting held June 15th,2016 to review Abuse Policy/ Procedure, investigation and to determine anyfurther recommendations. Any incidentwould be reviewed immediately by QA team, including medicaldirector/representative.</p>	

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F 0225 SS=D Bldg. 00	<p>treated badly.</p> <p>This Federal Tag relates to complaint IN00201139.</p> <p>3.1-27(a)(1) 3.1-27(b)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or</p>			

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	<p>abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview the facility failed to report an allegation of abuse timely to the Administrator of the facility for 1 of 3 residents reviewed for abuse, in a total sample of 8. (Resident #J)</p> <p>Finding includes:</p> <p>An Indiana State Department of Health (ISDH) reportable incident, dated 4/20/16, indicated CNA #2 and CNA #3 were providing bedtime care for Resident #J and CNA #2 was "hateful" to the</p>	F 0225	<p>·Whatcorrective action will be accomplished for those residents found to have beenaffected by the alleged deficient practice? ·C.N.A #3 was given counseling for failure toreport immediately.</p> <p>- ·Howwill other residents having the potential to be affected by the same allegeddeficient practice be identified and what corrective action will be taken? ·All other residents are at risk, therefore systematic changes will occur with on-going regularity.</p> <p>- ·Whatmeasures will be put into place or what systemic changes</p>	06/20/2016

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	<p>resident, the resident swung at CNA #2 and the CNA grabbed the resident's arms and said that she "didn't given a f*** about her job and that no mother-f***** was going to swing on her", and that point she pushed his arms and hands into his chest and told him to, "stand up and get your nasty a** changed". The report indicated this incident was reported to the Administration on 4/19/16 at 2:15 p.m.</p> <p>A signed statement from CNA #3 who had witnessed the incident indicated, "last night (4/4/18/16) around 10 p.m. I helped (CNA #2's Name) put (Resident #J's Name) to bed, and (Resident #J) was not wanting to go to bed but he was soaked. (CNA #2) was being very rude and hateful to (Resident #J) and (Resident #J) swung on her and (CNA #2) grabbed his arms and said she didn't give a F about her job that no mother f***** was going to swing on her and she shoved his arms into his chest and told him to stand up get his nasty a** changed, and once he was in bed he wouldn't give her his teeth and she went on saying give me your f***** teeth and looked at me and said you have to talk to him like that cuz (sic) that's how his wife talked to him and that's how you have to do it and she looked at me and said she didn't care if anyone reported her...I apologize for not saying anything</p>		<p><u>will be made to ensure that the deficient practice does not recur?</u></p> <p>-</p> <ul style="list-style-type: none"> ·SDC/ Designee to educate staff on Abuse/Neglect policy and reporting requirements to 100% compliance by June 20, 2016. ·SDC/ Designee to educate staff upon hire and quarterly thereafter on Abuse policy/reporting requirement/ Resident Rights. ·New stakeholders will have background checks done for Nurse Aide Abuse Registry, criminal record check completed upon hire. <p>-</p> <p>-</p> <p><u>·How will the corrective action be monitored to ensure the alleged deficient practice will not recur?</u></p> <ul style="list-style-type: none"> ·Ad-Hoc QAPI meeting held June 15th, 2016 to review Abuse Policy/ Procedure, investigation and to determine any further recommendations. Any incident would be reviewed immediately by QA team, including medical director/representative. 	

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	<p>last night...I was scared and I've never seen anything like this in my 11 yrs (years) as a CNA."</p> <p>During an interview on 5/27/16 at 1:15 p.m., the RN Nurse Consultant indicated CNA #3 had not reported the allegation of abuse timely because she was afraid of CNA #2.</p> <p>During an interview on 5/27/16 at 1:35 p.m., the RN Nurse Consultant indicated the investigation began immediately as soon as they were made aware of the concern.</p> <p>This Federal Tag relates to complaint IN00201139.</p> <p>3.1-28(c) 3.1-28(d)</p>			

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F 0226 SS=D Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not ensuring a resident was free from abuse and not immediately reporting an allegation of abuse to the Administrator of the facility per their policy for 1 of 3 residents reviewed for abuse in a total sample of 8. (Resident #J)</p> <p>Finding includes:</p> <p>An Indiana State Department of Health (ISDH) reportable incident, dated 4/20/16, indicated CNA #2 and CNA #3 were providing bedtime care for Resident #J and CNA #2 was "hateful" to the resident, the resident swung at CNA #2 and the CNA grabbed the resident's arms and said that she "didn't given a f*** about her job and that no mother-f***** was going to swing on her", and that point she pushed his arms and hands into his chest and told him to, "stand up and get your nasty a** changed". The report indicated this incident was reported to the</p>			F 0226	<p>·Whatcorrective action will be accomplished for those residents found to have beenaffected by the alleged deficient practice? ·Resident #J is residing in the facility andhas no recollection of the incident. ·C.N.A #2 has been terminated from employmentand reported to ISDH. ·C.N.A #3 has received counseling andeducation related to untimely reporting and not following our policy.</p> <p>·Howwill other residents having the potential to be affected by the same allegeddeficient practice be identified and what corrective action will be taken? ·All other residents are at risk, therefore systematic changes will occur with on-going regularity.</p> <p>- ·Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur? ·SDC/ Designee to educate staff on Abuse/Neglect policy and reporting requirements to 100% compliance by June 20,</p>		06/20/2016

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	<p>Administration on 4/19/16 at 2:15 p.m.</p> <p>A signed statement from CNA #3 who had witnessed the incident indicated, "last night (4/18/16) around 10 p.m. I helped (CNA #2's Name) put (Resident #J's Name) to bed, and (Resident #J) was not wanting to go to bed but he was soaked. (CNA #2) was being very rude and hateful to (Resident #J) and (Resident #J) swung on her and (CNA #2) grabbed his arms and said she didn't give a F about her job that no mother f***** was going to swing on her and she shoved his arms into his chest and told him to stand up get his nasty a** changed, and once he was in bed he wouldn't give her his teeth and she went on saying give me your f***** teeth and looked at me and said you have to talk to him lie that cuz (sic) that's how his wife talked to him and that's how you have to do it and she looked at me and said she didn't care if anyone reported her...I apologize for not saying anything last night...I was scared and I've never seen anything like this in my 11 yrs (years) as a CNA."</p> <p>During an interview on 5/27/16 at 1:15 p.m., the RN Nurse Consultant indicated CNA #3 had not reported the allegation of abuse timely because she was afraid of CNA #2.</p>		<p>2016.</p> <ul style="list-style-type: none"> ·SDC/ Designee to educate staff upon hire and quarterly thereafter on Abuse policy/reporting requirement/ Resident Rights. ·New stakeholders will have background checks done for Nurse Aide Abuse Registry, criminal record check completed upon hire. ·How will the corrective action be monitored to ensure the alleged deficient practice will not recur? ·Ad-Hoc QAPI meeting held June 15th, 2016 to review Abuse Policy/ Procedure, investigation and to determine any further recommendations. Any incident would be reviewed immediately by QA team, including medical director/representative. 	

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	<p>During an interview on 5/27/16 at 1:35 p.m., the RN Nurse Consultant indicated the investigation began immediately as soon as they were made aware of the concern.</p> <p>During an interview on 5/27/16 at 2 p.m., the RN Nurse Consultant indicated the incident had occurred 4/18/16 around 10 p.m. and CNA #2's shift was over at 10 p.m. and she had not worked in the facility between 4/18/16 at 10 p.m. until termination on 4/21/16.</p> <p>A facility policy, dated 4/2013, titled, "Abuse, Neglect and Misappropriation", received from the Administrator as current, indicated, "...Verbal, sexual, physical, and mental abuse...of the resident..are prohibited. B. All allegations of abuse involving abuse...are reported immediately to the charge nurse and/or administrator of the facility..."</p> <p>This Federal Tag relates to complaint IN00201139.</p> <p>3.1-28(a)</p>			

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F 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident received adequate supervision and assistive devices to prevent accidents related to falls and failed to ensure a resident received adequate supervision related to the smoking policy not being followed, for 2 of 3 residents reviewed for accident/hazards in a total sample of 8. (Residents #B and #E)</p> <p>Findings include:</p>	F 0323	<p><u>·What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</u></p> <p>·Resident #B care plan and care guide has been reviewed and updated as appropriate. Fall interventions have been validated at bedside.</p> <p>·Resident #E has been educated on the facility's smoking policy on May 27th, 2016 by the CEO and is in compliance. Care plan and care guide has been reviewed and updated as appropriate.</p> <p>-</p> <p><u>·How will other residents having</u></p>	06/20/2016

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	<p>1. Resident #B's record was reviewed on 5/26/16 at 11:35 a.m. The resident's diagnoses included, but were not limited to, chronic foot ulcers and neuropathy.</p> <p>A Fall Risk Assessment, dated 5/13/16 at 11:34 p.m. indicated the resident was a high risk for falls with a score of 18 (score over 10 indicated a fall risk).</p> <p>An Interim Plan of Care, dated 5/13/16, indicated the resident was a risk for falls, the interventions included, bed and wheelchair alarms and pressure alarm at all times.</p> <p>The Admission/5 Day Minimum Data Set (MDS) assessment dated 5/20/16 had not yet been fully completed, but indicated the resident's cognition was intact.</p> <p>The Daily Nurses' Notes, dated 5/17/16, indicated the resident required extensive assistance of one for transfers and bed mobility.</p> <p>A Physician's Order, dated 5/13/16 at 12 a.m., indicated, an order for a bed alarm at all times when in bed and a clip alarm when up in a chair for safety.</p> <p>A Nurses Progress Note, dated 5/13/16 at 11:50 p.m. (late entry for 5/13/16 at 10 p.m.), indicated the resident had self</p>		<p><u>the potential to be affected by the same alleged deficient practice be identified and what corrective action will be taken?</u></p> <ul style="list-style-type: none"> ·Facility will audit the last 90 days ofaccidents to ensure that assessments are complete, interventions are careplanned and in place at the bedside and they are communicated on the C.N.A.care guides. ·CEO/ DON have met with resident smokers toeducate them on facility policy on May 27th, 2016. CEO has reviewed smoking policy withDepartment Heads and staff on May 26th, 2016. - ·<u>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur?</u> ·SDC/ Designee will educate nursing staff onEvent reporting, ensuring interventions are in place on the care plan, at thebedside and on the C.N.A care guides on June 14-15, 2016. ·IDT team will review events in the dailyclinical meeting to determine root cause of the event, ensure care plan isupdated and interventions in place at the bedside and on the C.N.A care guide. ·Events are reviewed weekly and monthlylooking for patterns/ trends. ·Smoking policy is being monitored daily byfacility staff and non-compliance reported 	

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	<p>transferred and a fall occurred with no injury. The note indicated interventions of a low bed with mat and alarms for safety were initiated.</p> <p>A Fall Investigation, dated 5/13/16 at 10 p.m., indicated the resident was found on the floor at the end of the bed, no interventions were in place at the time of the fall, and new interventions of a low bed, bed alarms, and bedside mat were implemented.</p> <p>A Nurses' Progress Note, dated 5/19/16 at 3:10 a.m. (late entry for 05/19/16 at 1:15 a.m.), indicated the resident was found on the floor in the doorway of the bathroom with a skin tear to the right elbow, low bed and alarms were put in place for safety.</p> <p>A Fall Investigation, dated 5/19/16 at 1:15 a.m., indicated the resident had self transferred to the bathroom and fell face first onto the floor, had an unsteady gait and received a skin tear to the elbow. The Investigation indicated no fall prevention interventions were in place and bed and chair alarms were implemented.</p> <p>A Nursing Assessment, dated 5/19/16 at 9:30 a.m., indicated the resident was found kneeling in front of the bed, no fall</p>		<p>immediately to the Administrator.</p> <p>- How will the corrective action be monitored to ensure the alleged deficient practice will not recur? Event Management is an on-going monthly agenda item for the QAPI committee meeting. Events are reviewed weekly and monthly; trends identified and action plans are established.</p>	

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	<p>interventions were in place at the time of the fall, and personal and pressure alarms were implemented.</p> <p>During an interview on 5/26/16 at 3:25 p.m., the Corporate RN Consultant acknowledged the fall investigations indicated the resident's alarms were not on as ordered at the time of the falls on 5/19/16.</p> <p>A facility policy, dated 6/01/15, titled, "Falls", received from the Corporate RN Consultant as current, indicated, "...The care plan will be reviewed following each fall...Interventions are to be revised as indicated by the assessment...Implement fall prevention protocol as determined by the resident's assessed need."</p> <p>2. During an observation on 5/25/16 at 11:35 a.m., Resident #E was not in the room. There were 10 cigarette butt filters scattered on the floor of the room from smoked cigarettes, a cigarette lighter on the floor and 22 cigars in a packet setting on the resident's bedside table.</p> <p>During an interview on 5/25/16 at 11:40 a.m., RN #1 acknowledged the cigarette butts and lighter on the floor and indicated the resident was not supposed to keep smoking materials in his room. The Director of Nursing indicated the</p>			

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	<p>resident probably had the cigarette butts in his pocket.</p> <p>Resident #E's record was reviewed on 5/26/16 at 10:40 a.m. The resident's diagnoses included, but were not limited to, hypertension and pulmonary edema.</p> <p>The Re-admission MDS assessment, dated 4/8/16, indicated the resident's cognition was intact, required extensive assistance with activities of daily living, and had no impairments of the bilateral upper extremities.</p> <p>The "Safe Smoking Evaluation", dated 4/1/16, indicated, "...Resident is able to extinguish cigarette safely and completely when finished smoking (If using an ashtray, crushes lit material out completely...deposits lit material correctly.) Smoking materials are to be kept at nurses' station or designated location...Resident is determined to be a Safe Smoker. Supervision needed while smoking: None."</p> <p>The Physician's Recapitulation Orders dated 5/26/16, indicated the resident's medications, which could cause drowsiness, included, Clonazepam (anti-anxiety) 0.25 mg (milligrams) three times a day, Naproxen (muscle relaxer) 500 mg, twice a day, benedryl 25 mg</p>			

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	<p>every 6 hours as needed (receive multiple days in May), Meclizine (dizziness) 25 mg, three times a day as needed (received multiple times and dates in May), and hydromorphone (narcotic pain medicine) 1 mg every four hours as needed for pain (received multiple times and dates in May).</p> <p>During an interview on 5/26/16 at 10:10 a.m., Resident #E indicated he goes out to the smoking area to smoke. He indicated he used to keep his smoking materials in his room. Resident #E stated, "Now they changed that yesterday. They got upset with cigarette butts on the floor." Resident #E stated, "I keep them on my leg (cigarettes extinguished) and forgot about them".</p> <p>During interviews on 5/26/16 at 12:50 p.m., the Director of Nursing (DON) indicated the staff was aware the resident was non-compliant. The Administrator indicated he had met with the resident on 5/25/16 in the evening and discussed the smoking policy, times for smoking, and supervision while smoking.</p> <p>A facility policy, dated 7/15/14, titled, "Smoking Policy", received from the Social Service Director as current, indicated, "...All residents must be supervised by staff while smoking...All</p>			

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	<p>resident smoking materials must be maintained in the Facility's secured smoking cart...Residents may not have any smoking materials in their rooms, on their possession, or any other storage area. This means that residents may not have, be given, or use any matches or lighters at any time or under any circumstances...The Facility, in its sole discretion, has the right to prohibit anyone from smoking who: creates a safety risk to him/herself or others while smoking, or demonstrates non-compliance with this smoking policy...Any resident or visitor who demonstrates repeated non-compliance with the smoking policy may be asked to leave the Facility..."</p> <p>This Federal Tag relates to complaint IN00201139.</p> <p>3.1-45(a)(2)</p>			

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F 0441 SS=D Bldg. 00	<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</p>			

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	<p>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, record review, and interview, the facility failed to prevent the spread of infection related to changing/emptying a suction canister, for 1 of 2 resident reviewed for tracheostomy care in a total sample of 8. (Resident #D)</p> <p>Finding includes:</p> <p>During observations on 5/25/16 at 9:40 a.m. and 11:25 a.m., and on 5/26/16 at 10:04 a.m., and 2 p.m., the suction collection container for Resident #D was between 75-100% full of a light green/watery substance. The top of the container was dated 5/18/16.</p> <p>During an observation on 5/26/16 at 2:40 p.m. with the RN Corporate Consultant present, the suction collection container had been changed to a clean container. The RN Corporate Consultant indicated the collection container should be changed/emptied at least when it is 75% full.</p>	F 0441	<p><u>·What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</u> ·Suction canister for Resident #D was replaced May 26, 2016.</p> <p><u>·How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action will be taken?</u> ·There are no other residents with suction canisters at this time, however rounds were made by RT on 5/26/2016 to ensure that canisters were replaced, oxygen tubing, were changed out / bagged as per our policy.</p> <p><u>· What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> ·RT will educate 100% of nursing staff on changing /emptying suction canisters by June 15, 2016. ·RT will perform weekly equipment rounds to ensure the integrity of our system is</p>	06/20/2016

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	<p>Resident #D's record was reviewed on 5/27/16 at 9:40 a.m. The resident's diagnoses included, but were not limited to, respiratory failure with tracheostomy and congestive heart failure.</p> <p>A care plan, dated 5/24/16, indicated the resident had respiratory failure with a tracheostomy. The interventions included, tracheostomy care and suction as needed.</p> <p>The facility's undated skills form for suctioning, and policy, titled "Tracheostomy Care", dated 10/2013, received from the Respiratory Therapist lacked information to indicate when the suction collection container was to be emptied/changed.</p> <p>This Federal Tag relates to complaint IN00200174.</p> <p>3.1-18(a)</p>		<p>maintained and will provide education as appropriate if indicated through these rounds.</p> <p><u>How will the corrective action be monitored to ensure the alleged deficient practice will not recur?</u></p> <p>·RT/ designee will monitor canister for excess secretions and cleanliness twice weekly x 4 weeks, then weekly x 4 weeks and on-going.</p> <p>·Results of audits will be presented at Quality Assurance Committee (QA) on a monthly basis 3, or until such time the QA Committee determines substantial compliance has been achieved.</p>		