

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E657	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/23/2014
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NAME OF PROVIDER OR SUPPLIER  SILVER MEMORIES HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6996 S US 421 VERSAILLES, IN 47042
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F000000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey Dates: October 20, 21, 22 and 23, 2014</p> <p>Facility number: 000483 Provider number: 15E657 AIM number: 100273470</p> <p>Survey team: Tammy Forthofer, RN, TC Rita Bittner, RN Julie Dover, RN</p> <p>Census bed type: NF: 18 Total: 18</p> <p>Census payor type: Medicaid: 18 Other: 0 Total: 18</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 2, 2014, by Janelyn Kulik, RN.</p>	F000000		
F000276	483.20(c)			

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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SS=E	<p><b>QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS</b></p> <p>A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months.</p> <p>Based on record review and interview the facility failed to do quarterly Minimum Data Set (MDS) assessments in a timely manner for 7 of 15 residents. (Resident # 2,3,4,7,10,13,14)</p> <p>Findings included:</p> <p>On 10/21/2014 at 10:00 AM the clinical records were reviewed.</p> <p>1. Resident #2 had a quarterly MDS assessment completed on 6/11/2014. The next quarterly assessment that should have been dated 9/07/2014 was not completed.</p> <p>2. Resident #3 had the following MDS assessments, quarterly assessment 6/17/2014, discharge assessment 6/21/2014 and entry tracking record 6/23/2014. The next assessment that should have been dated 9/18/14 was not completed.</p> <p>3. Resident #4 had the following MDS assessments, quarterly 6/01/2014, discharge assessment 6/10/2014, entry tracking record 6/12/2014, and significant change assessment 7/25/2014.</p>	F000276	<p>F 276 Quarterly Assessment At least every 3 months The facility reviewed the quarterly assessment schedule for all residents.</p> <p>1. Resident #2 medical record was reviewed and a quarterly Minimum Data Set (MDS) was completed for September 11, 2014. An annual MDS assessment is scheduled for December 11, 2014 completion date.</p> <p>2. Resident #3 medical record was reviewed and an annual Minimum Data Set (MDS) was completed for September 18, 2014. A quarterly MDS assessment is scheduled for December 18, 2014 completion date.</p> <p>3. Resident # 4 medical record was reviewed and a quarterly Minimum Data Set (MDS) was completed for October 25, 2014. A quarterly MDS assessment is scheduled for January 25, 2015 completion date.</p> <p>4. Resident #7 medical record was reviewed and a Significant Change Minimum Data Set (MDS) was completed for September 16, 2014. A quarterly MDS assessment is scheduled for December 16, 2014 completion date.</p>	11/21/2014
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	<p>The next assessment that should have been dated 9/08/2014 was not completed.</p> <p>4. Resident #7 had the following MDS assessments, significant change 6/10/2014, discharge assessment 6/16/2014 and entry tracking record 6/23/2014. The next assessment that should have been dated 9/18/2014 was not completed.</p> <p>5. Resident #10 had a quarterly MDS assessment dated 6/30/2014. The next quarterly assessment that should have been dated 9/26/2014 was not completed.</p> <p>6. Resident #13 had a quarterly MDS assessment dated 6/11/2014. The next quarterly MDS assessment that should have been dated 9/07/2014 was not completed.</p> <p>7. Resident #14 had a quarterly MDS assessment dated 6/17/2014. The next quarterly MDS assessment should have been completed on 9/13/2014.</p> <p>During an interview, on 10/23/2014 at 9:30 AM, the Administrator indicated she was aware that she was behind in completing and sending the MDS assessments. She further indicated her goal was to have all MDS assessments completed and current by November</p>		<p>5. Resident #10 medical record was reviewed and aquarterly Minimum Data Set (MDS) was completed for September 30, 2014. Aquarterly MDS assessment is scheduled for December 30, 2014 completion date.</p> <p>6. Resident #13 medical record was reviewed and aquarterly Minimum Data Set (MDS) was completed for September 17, 2014. An annual MDS assessment is scheduled for December 11, 2014 completion date.</p> <p>7. Resident #14 medical record was reviewed and an annual Minimum Data Set (MDS) was completed for September 17, 2014. A quarterly MDS assessment is scheduled for December 17, 2014 completion date.</p> <p>The MDS Nurse will be responsible to ensure that the MDS schedule is reviewed weekly to ensure MDS are completed no less than quarterly and transmitted within 14 days. The Director of Nursing will be responsible to monitor MDS are completed and transmitted timely, no less than monthly. CQI will monitor MDS schedule, completion and transmission list, no less than quarterly.</p>		

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F000279 SS=D	<p>2014.</p> <p>3.1-31(d)(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 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 record review and interview the facility failed to ensure a care plan was developed to address the monitoring of blood sugar levels for 1 of 12 care plans reviewed. (Resident #6)</p> <p>Findings included:</p>	F000279	F 279 Develop Comprehensive Care Plans Facility wide care plans were reviewed, revised, and developed to ensure each individual's plan of care meet state regulatory guidelines to include measurable objective timetables to meet	11/21/2014	

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	<p>On 10/23/2014 at 9:20 AM, the record for Resident #6 was reviewed. The monthly "Tracking My Numbers" report from the dialysis center indicated the resident's blood sugar level was 169 in August, and 171 in October. The Goal was indicated for the resident's blood sugar level to be below 150.</p> <p>Quarterly Minimum Data Set assessment dated 7/10/2014 indicated Resident #6 was alert and oriented. Diagnoses included but not limited to diabetes and heart failure.</p> <p>Review of the care plan section of the resident's record indicated there was no care plan for Resident #6 concerning elevated blood sugars.</p> <p>The Nutritional Assessment dated 7/8/2014 indicated regular diet with three ounces of meat and may have Kool-Aid or clear carbonated beverages.</p> <p>During an interview on 10/23/2014 at 11:27 AM, the DON indicated that Resident #6 had been a severe diabetic in the past. She indicated since the resident had lost weight, he had bordered on low blood sugar. She was not aware of any issues with elevated blood sugars. The DON indicated she could not find any</p>		<p>resident's medical, nursing, mental, and psychosocial needs. The goal will be patient centered with expectations of achieving the highest practicable physical, mental, and psychosocial well-being. Care plans to be completed by director of nursing and reviewed and revised as applicable by Nursing, Social Service, Administrator, and dietary.</p> <p>On November 11, 2014, the Director of nursing reviewed:</p> <ul style="list-style-type: none"> <li>· Tracking my numbers sheet provided by dialysis for the past 6 months for resident # 6 and all dialysis patients.</li> <li>· Requested and reviewed Dialysis MD Progress notes regarding fasting blood sugars for resident #6.</li> <li>· Discussed with attending physician his preferred monitoring orders for resident # 6 fasting blood sugars, resident noncompliance with eating habits.</li> <li>· Discussed with resident # 6 the attending physician's recommendation regarding monitoring fasting blood sugars and was receptive to his agreement and/or declination of recommended treatment. Resident was offered and educated to the need to comply with a CCD diet to maintain blood sugars within range.</li> <li>· All the care plans for resident # 6 were reviewed and revised as needed. Care plan to ensure residents blood sugar is monitored</li> </ul>	

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F000314 SS=D	<p>other documentation concerning the resident's elevated blood sugar.</p> <p>3.1-35(a) 3.1-35(b)(1)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Based on observation, interview and record review, the facility failed to ensure necessary treatment and services were provided to maintain skin integrity and prevent pressure ulcers. The facility</p>	F000314	<p>as resident will tolerate with interventions to allow resident theright to decline/ refuse treatment or monitoring. The charge nurse will be responsible to notify the Directorof Nursing, resident and physician of all blood sugars not in the resident'snormal range. The Director of Nursing will review blood sugar results for allresidents who are monitored for fasting blood sugars, no less than monthly. CQIwill monitor blood sugars are monitored as ordered and care plans are in placeto ensure or address monitoring of blood sugars for all resident with adiagnosis of Diabetes.</p> <p>F 314 Treatment/SVSC to Prevent/Heal Pressure Sores  The facility will ensurenecessary treatment and services are provided to maintain skin integrity</p>	11/21/2014	

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	<p>failed to monitor blood sugar levels, protein levels and weight loss for 2 of 3 residents reviewed for pressure ulcers, of the 6 residents that met the criteria for pressure ulcers. (Resident #7 and #6)</p> <p>Findings included:</p> <p>1. On 10/23/2014 at 9:20 AM, the clinical record for Resident #6 was reviewed. The "Skin Condition Report" indicated the resident had a pressure ulcer on his coccyx. The date of onset was 10/06/2014.</p> <p>The monthly "Tracking My Numbers" report from the dialysis center indicated the resident's albumin (protein) level was consistently below the goal of 4, from May 2014 through October 2014. Results are as follows:</p> <p>May 2014: 3.6 June 2014: 3.6 July 2014: 3.2 August 2014: 2.8 September 2014: 2.9 October 2014: 3.0</p> <p>The goal on the report was indicated for the resident's blood sugar level to be below 150. The blood sugar laboratory values were elevated above 150 on the following dates:</p>		<p>and prevent pressure ulcers. The facility will ensure blood sugar; protein levels and weights are monitored and reported to attending physician as ordered. The attending physician of resident #6 and resident #7 were notified of current skin status and request for orders of his preference to ensure adequate monitoring and assessing of blood sugars, protein levels and weight loss. Contributing factors to increase blood sugars, increase protein levels and weight loss were reviewed and discussed with attending physician, dietitian, resident #6, resident #7 and CQI committee.</p> <p>1. The director of nursing completed a complete skin assessment on resident #6 and verified coccyx wound area continued to remain healed and skin intact without redness or open area. The Director of Nursing reviewed monthly "Track My Numbers" report which is provided by Fresenius Dialysis Center. Resident #6 declining status was reviewed with hospitalization and causative factors which contributed to the need for hospitalization, pre hospitalization weight, post hospitalization weight reviewed and weight loss was a result of increase fluid removed during hospitalization dialysis. Comprehensive plan of care is to:</p>				

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	<p>August 2014: 169 October 2014: 171</p> <p>Review of the "Nutrition Services Recommendation" form for Resident #6 dated 9/16/2014, indicated the "problem/concern" was related to a low albumin (protein) level. of 2.7 on 7/2014. The recommendation for the problem was to re-check the albumin level. The "Plan for next Dietitian follow-up" was documented for 9/30/2014 and signed by the Registered Dietitian.</p> <p>The "Registered Dietitian's Report", dated 9/30/2014, indicated four residents were assessed on 9/30/2014. No documentation for Resident #6 was noted, indicating he was not evaluated. The report was signed by the facility Administrator and Registered Dietitian.</p> <p>Quarterly Minimum Data Set (MDS) assessment, dated 7/10/2014, indicated Resident #6 was alert and oriented. Diagnoses included but were not limited to diabetes and heart failure.</p> <p>The resident 's "Quarterly Nutritional Assessment", dated 7/8/2014, indicated the resident was on a regular diet with three ounces of meat and may have Kool-aid or clear carbonated beverages.</p>		<ul style="list-style-type: none"> <li>·Provide resident's attending physician andndietician with dialysis monthly "Tracking My Numbers" reports for review.</li> <li>·Charge nurse will review and document postdialysis weight after every dialysis session.</li> <li>·The director of nursing will ensure thatfollow-up is done in timely manner by the charge nurse.</li> <li>·The nursing department will increase communicationwith Dialysis team, including dialysis physician.</li> <li>·The director of nursing will ensure to educatestaff on importance of reviewing progress reports and updating attendingphysician as necessary to ensure highest level of care provided within our means.</li> <li>·Nursing staff were educated on importance ofevaluation of blood sugar levels, protein levels, and weight loss updatingappropriate team members r/t wound prevention and ensuring communicationamongst team members. Charge nurse to betrained in encouragement, education, and adequate documentation r/t resrefusals in assessments, repositioning, and dietary intake.</li> <li>· Resident#6 was educated per director of nursing on increased FSBS, decreased albumin,and weight loss r/t dialysis and decubitus prevention.</li> <li>·The Director of Nursing requested documentationfrom</li> </ul>		

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	<p>An Interview on 10/23/2014 at 11:36 AM, with the Dietary Manager (DM) indicated Resident #6 was not evaluated by the dietitian on 9/30/2014, as previously planned.</p> <p>During an interview on 10/23/2014 at 11:27 AM, the DON indicated Resident #6 had a history of being a "severe diabetic in the past. Since the resident had lost weight he had bordered on low blood sugars". The DON indicated she had not been aware of any issues with elevated blood sugar levels for this resident. The DON indicated she could not find any other documentation concerning the resident's elevated blood sugars.</p> <p>2. On 10/21/2014 at 1:52 PM, the clinical record for Resident #7 was reviewed. The "Skin Condition Report" indicated the resident had two pressure ulcers on the right foot, one on the heel and one on the lateral right side of his foot.</p> <p>Review of the "C.N.A. Weight Sheet", indicated Resident #7 had significant weight loss for the past 90 days. The following weights were recorded for Resident #7:</p>		<p>dialysis with their communication to resident #6 and his response to their review.</p> <ul style="list-style-type: none"> <li>·The administrator and dietary supervisor reviewed the facilities policy and procedure for Dietician Recommendation and discussed with dietitian.</li> <li>·The administrator reviewed the facility policy and procedure of NAR – Nutritionally at Risk. The dietitian provided in-service training on NAR policy and procedure.</li> <li>·The facility will conduct NAR meetings every 2 weeks to monitor the progress of resident # 6 and all other nutritionally at risk residents.</li> </ul> <p>1. The Director of Nursing reviewed the medical record of resident #7 which noted weight loss over past 90 days r/t varied refusals, noncompliance with diet as offered and provided, previous weight gain related to fluid retention and noted to have presence of pressure ulcers. Resident #7 continues to refuse treatment for chronic renal failure, but June 16, 2014 did agree to be evaluated and admitted into hospital. During hospitalization resident was diuresis aggressively. Res supplement shake order changed during state survey per MD to be administered with meds and placed in MAR for consumption percentage documentation. Supplement shake order changed due to</p>				

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	<p>4/29/2014: 174 8/01/2014: 163 9/28/2014: 158</p> <p>Review of the "Nutrition Services Recommendation" form for Resident #7 dated 6/24/2014, indicated the "problem / concern" was the residents varied intake, refusal of meals, non compliance with diet, and Stage 3 pressure ulcers on the right foot. The "Plan for next Dietitian follow-up" was documented for 7/8/2014 and signed by the Registered Dietitian and physician.</p> <p>The "Nutrition Services Progress note", indicated Resident #7 was evaluated on 06/24/2014. The progress note indicated the resident was not evaluated again until 09/02/2014.</p> <p>The "Registered Dietitian's Report", dated 7/08/2014, indicated five residents were assessed on 7/08/2014. No documentation for Resident #7 was noted, indicating he was not evaluated. The report was signed by the facility Administrator and Registered Dietitian.</p> <p>An Interview on 10/22/2014 at 09:20 AM, with the Dietary Manager (DM) indicated Resident #7 was not evaluated by the dietitian on 7/08/2014, as previously planned.</p>		<p>resident's frequent refusals of meals and shakes. As of 11/10/14 res has continued to frequently refuse meals but has been noted to accept shakes per order. Weights are being monitored per order. Resident #7's attending physician and dietician aware of resident's frequent refusal of meals and substitutions. All staff was educated on obtaining and documenting weights. The charge nurse is responsible to ensure weights are obtained as ordered, compared to previous weights and all weight change of 5 pounds will be communicated to attending physician, director of nursing and placed on the nutritionally at risk list. Resident #7 and all resident weights will be monitored on a month-month basis by dietary supervisor, director of nursing and CQI committee to ensure proper documentation, minimal weight loss or gain.</p> <p>·The director of nursing will ensure that follow-up to all dietician recommendations are followed up in a timely manner by the charge nurse.</p> <p>·Nursing staff were educated on importance of evaluation of blood sugar levels, protein levels, and weight loss updating appropriate team members r/t wound prevention and ensuring communication amongst team members. Charge nurse to be</p>				

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	<p>Minimum Data Set (MDS) assessment performed for a significant change in the resident's condition, dated 6/10/2014, indicated Resident #7 was alert and oriented. There was a significant weight loss in the previous 180 days of 11.5%. The resident had diagnoses including but not limited to diabetes, anxiety, depression and psychotic disorder. Assessment indicated the resident needed encouragement and cueing with meals. Dental status for Resident #7 indicated the resident had no chewing or swallowing disorders.</p> <p>On 10/22/14 at 5:50 PM, RN #13 was observed performing wound care to Resident #7's right foot. RN #13 removed the resident's soiled dressing from his right foot and cleansed both wounds with normal saline. Without changing gloves or washing hands, RN #13 applied the wound treatment of Santyl to the heel area and covered it with a gauze pad, securing it with tape. She then stopped the procedure, removed her gloves, and left the room to acquire more supplies for the second wound. Upon returning to the room, RN#13 washed her hands and put on clean gloves. RN #13 than placed the Santyl on the second wound and wrapped the entire foot with a gauze wrap.</p>		<p>trained in encouragement, education, and adequate documentation r/t res refusals in assessments, repositioning, and dietary intake.</p> <ul style="list-style-type: none"> <li>·The administrator and dietary supervisor reviewed the facilities policy and procedure for Dietician Recommendation and discussed with dietitian.</li> <li>·The administrator reviewed the facility policy and procedure of NAR – Nutritionally at Risk. The dietitian provided in-service training on NAR policy and procedure.</li> <li>·The facility will conduct NAR meetings every 2 weeks to monitor the progress of resident # 6 and all other nutritionally at risk residents.</li> <li>·The administrator and director of nursing reviewed the facility Wound Care policy and procedure.</li> <li>·The director of nursing completed wound assessment on resident #7 and clarified wound treatments including wound location.</li> <li>·All licensed nurses were in serviced on providing adequate wound care (including but not limited to hand washing and glove change practice during treatments), adequate wound assessment and documentation.</li> </ul> <p>The director of nursing will beresponsible to ensure all licensed nurse is educated in completing skinassessment sheets accurately and treatments are provided</p>		

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	<p>Interview on 10/22/14 at 2:33 PM, LPN #3 indicated there was only one skin assessment sheet in the skin assessment book, she indicated there should have been two. LPN #3 indicated she could not locate the second sheet.</p> <p>During an interview on 10/22/14 at 5:22 PM, RN #13 indicated the medication administration record (MAR) did not specify multiple wounds on the right foot, or she would have brought sufficient supplies into the room the first time. She indicated the order did not specify which wound was to have Santyl treatment applied, she said, "I just know it was meant for both wounds". She indicated a new nurse would not have known the treatment was for both wounds. RN #13 stated "I should have washed and removed my gloves after removing the soiled dressing, before cleansing the wounds prior to placing on the treatment and gauze".</p> <p>During an interview, on 10/23/2014 at 9:30 AM, the DON indicated hands should be washed between removal of soiled dressing and prior to new dressing application.</p> <p>3.1-40(a)(2)</p>		<p>adequately. The director of nursing will visually ensure all licensed staff adequately and skillfully provide treatments on week to week basis per facility policy; she will assess nurses weekly till completed satisfactorily, then randomly monthly times 3 months then quarterly per visual observation. CQI will monitor director of nursing wound care observation results, no less than quarterly.</p>				

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview, the facility failed to monitor the laboratory values, for blood sugar and albumin, and prevent weight loss, for residents identified at risk for 2 of 3</p>	F000325	<p>F 325Maintain Nutritional Status Unless Unavoidable</p> <p>The facilitywill ensure necessary treatment and services are provided</p>	11/21/2014

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	<p>residents reviewed for pressure ulcers, of the 6 residents that met the criteria for pressure ulcers. (Resident #7 and #6)</p> <p>Findings included:</p> <p>1. On 10/23/2014 at 9:20 AM, the clinical record for Resident #6 was reviewed. The "Skin Condition Report" indicated the resident had a pressure ulcer on his coccyx. The date of onset was 10/06/2014.</p> <p>The monthly "Tracking My Numbers" report from the dialysis center indicated the resident's albumin (protein) level was consistently below the goal of 4, from May 2014 through October 2014. Results are as follows:</p> <p>May 2014: 3.6 June 2014: 3.6 July 2014: 3.2 August 2014: 2.8 September 2014: 2.9 October 2014: 3.0</p> <p>The goal on the report was indicated for the resident's blood sugar level to be below 150. The blood sugar laboratory values were elevated above 150 on the following dates:</p> <p>August 2014: 169</p>		<p>to maintain skin integrity and prevent pressure ulcers. The facility will ensure blood sugar; protein levels and weights are monitored and reported to attending physician as ordered. The attending physician of resident #6 and resident #7 were notified of current skin status and request for orders of his preference to ensure adequate monitoring and assessing of blood sugars, protein levels and weight loss. Contributing factors to increase blood sugars, increase protein levels and weight loss were reviewed and discussed with attending physician, dietitian, resident #6, resident #7 and CQI committee.</p> <p>1. The director of nursing completed a complete skin assessment on resident #6 and verified coccyx wound area continued to remain healed and skin intact without redness or open area. The Director of Nursing reviewed monthly "Track My Numbers" report which is provided by Fresenius Dialysis Center. Resident #6 declining status was reviewed with hospitalization and causative factors which contributed to the need for hospitalization, pre hospitalization weight, post hospitalization weight reviewed and weight loss was a result of increase fluid removed during hospitalization dialysis. Comprehensive plan of care is to:</p> <ul style="list-style-type: none"> <li>Provide resident's attending physician and dietitian with</li> </ul>				

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	<p>October 2014: 171</p> <p>Review of the "Nutrition Services Recommendation" form for Resident #6 dated 9/16/2014, indicated the "problem / concern" was related to a low albumin (protein) level. of 2.7 on 7/2014. The recommendation for the problem was to re-check the albumin level. The "Plan for next Dietitian follow-up" was documented for 9/30/2014 and signed by the Registered Dietitian.</p> <p>The "Registered Dietitian's Report", dated 9/30/2014, indicated four residents were assessed on 9/30/2014. No documentation for Resident #6 was noted, indicating he was not evaluated. The report was signed by the facility Administrator and Registered Dietitian.</p> <p>Quarterly Minimum Data Set (MDS) assessment, dated 7/10/2014, indicated Resident #6 was alert and oriented. Diagnoses included but were not limited to diabetes and heart failure.</p> <p>The resident 's "Quarterly Nutritional Assessment", dated 7/8/2014, indicated the resident was on a regular diet with three ounces of meat and may have Kool-aid or clear carbonated beverages.</p> <p>An Interview on 10/23/2014 at 11:36</p>		<p>dialysis monthly "Tracking My Numbers" reports for review.</p> <ul style="list-style-type: none"> <li>·Charge nurse will review and document postdialysis weight after every dialysis session.</li> <li>·The director of nursing will ensure thatfollow-up is done in timely manner by the charge nurse.</li> <li>·The nursing department will increase communicationwith Dialysis team, including dialysis physician.</li> <li>·The director of nursing will ensure to educatestaff on importance of reviewing progress reports and updating attendingphysician as necessary to ensure highest level of care provided within ourmeans.</li> <li>·Nursing staff were educated on importance ofevaluation of blood sugar levels, protein levels, and weight loss updatingappropriate team members r/t wound prevention and ensuring communicationamongst team members. Charge nurse to be trained in encouragement, education, and adequate documentation r/t resrefusals in assessments, repositioning, and dietary intake.</li> <li>· Resident#6 was educated per director of nursing on increased FSBS, decreased albumin, and weight loss r/t dialysis and decubitus prevention.</li> <li>·The Director of Nursing requested documentationfrom dialysis with their communication to resident #6 and his response to</li> </ul>				

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	<p>AM, with the Dietary Manager (DM) indicated Resident #6 was not evaluated by the dietitian on 9/30/2014, as previously planned.</p> <p>During an interview on 10/23/2014 at 11:27 AM, the DON indicated Resident #6 had a history of being a "severe diabetic in the past. Since the resident had lost weight he had bordered on low blood sugars". The DON indicated she had not been aware of any issues with elevated blood sugar levels for this resident. The DON indicated she could not find any other documentation concerning the resident's elevated blood sugars.</p> <p>2. On 10/21/2014 at 1:52 PM, the clinical record for Resident #7 was reviewed. The "Skin Condition Report" indicated the resident had two pressure ulcers on the right foot, one on the heel and one on the lateral right side of his foot.</p> <p>Review of the "C.N.A. Weight Sheet", indicated Resident #7 had significant weight loss for the past 90 days. The following weights were recorded for Resident #7:</p> <p>4/29/2014: 174</p>		<p>theirreview.</p> <ul style="list-style-type: none"> <li>·The administrator and dietary supervisorreviewed the facilities policy and procedure for Dietician Recommendation anddiscussed with dietitian.</li> <li>·The administrator reviewed the facility policyand procedure of NAR – Nutritionally at Risk. The dietitian provided in-servicetraining on NAR policy and procedure.</li> <li>·The facility will conduct NAR meetings every 2weeks to monitor the progress of resident # 6 and all other nutritionally atrisk residents.</li> </ul> <p>1. The Director of Nursing reviewed the medical record of resident #7 which noted weight loss over past 90 days r/t varied refusals, noncompliance with diet as offered and provided, previous weight gain related to fluid retention and noted to have presence of pressure ulcers. Resident #7 continues to refuse treatment for chronic renal failure, but June 16, 2014 did agree to be evaluated and admitted into hospital. During hospitalization resident was diuresis aggressively. Res supplement shake order changed during state survey per MD to be administered with meds and placed in MAR for consumption percentage documentation. Supplement shake order changed due to resident's frequent refusals of meals and shakes. As of 11/10/14 res has continued to</p>				

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	<p>8/01/2014: 163 9/28/2014: 158</p> <p>Review of the "Nutrition Services Recommendation" form for Resident #7 dated 6/24/2014, indicated the "problem / concern" was the residents varied intake, refusal of meals, non compliance with diet, and stage 3 pressure ulcers on the right foot. The "Recommendation" were to discontinue the renal diet and start a regular diet, including double breakfast and give 4 ounce shakes three times a day to increase calories and protein in the diet. The "Plan for next Dietitian follow-up" was documented for 7/8/2014 and signed by the Registered Dietitian and physician.</p> <p>The "Nutrition Services Progress note", indicated Resident #7 was evaluated on 06/24/2014. The progress note indicated the resident was not evaluated again until 09/02/2014.</p> <p>The "Registered Dietitian's Report", dated 7/08/2014, indicated five residents were assessed on 7/08/2014. No documentation for Resident #7 was noted, indicating he was not evaluated. The report was signed by the facility Administrator and Registered Dietitian.</p> <p>Minimum Data Set (MDS) assessment</p>		<p>frequently refuse meals but has been noted to accept shakes per order. Weights are being monitored per order. Resident #7's attending physician and dietician aware of resident's frequent refusal of meals and substitutions. All staff was educated on obtaining and documenting weights. The charge nurse is responsible to ensure weights are obtained as ordered, compared to previous weights and all weight change of 5 pounds will be communicated to attending physician, director of nursing and placed on the nutritionally at risk list. Resident #7 and all resident weights will be monitored on a month-month basis by dietary supervisor, director of nursing and CQI committee to ensure proper documentation, minimal weight loss or gain.</p> <ul style="list-style-type: none"> <li>·The director of nursing will ensure that follow-up to all dietician recommendations are followed up in a timely manner by the charge nurse.</li> <li>·Nursing staff were educated on importance of evaluation of blood sugar levels, protein levels, and weight loss updating appropriate team members r/t wound prevention and ensuring communication amongst team members. Charge nurse to be trained in encouragement, education, and adequate documentation r/t res refusals in assessments, repositioning, and</li> </ul>				

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	<p>performed for a significant change in the resident's condition, dated 6/10/2014, indicated Resident #7 was alert and oriented. There was a significant weight loss in the previous 180 days of 11.5%. The resident had diagnoses including but not limited to diabetes, anxiety, depression and psychotic disorder. Assessment indicated the resident needed encouragement and cueing with meals. Dental status for Resident #7 indicated the resident had no chewing or swallowing disorders.</p> <p>An Interview on 10/22/2014 at 09:20 AM, with the Dietary Manager (DM) indicated Resident #7 was not evaluated by the dietitian on 7/08/2014, as previously planned.</p> <p>3.1-46(a)(1)</p>		<p>dietary intake.</p> <ul style="list-style-type: none"> <li>·The administrator and dietary supervisor reviewed the facilities policy and procedure for Dietician Recommendation and discussed with dietitian.</li> <li>·The administrator reviewed the facility policy and procedure of NAR – Nutritionally at Risk. The dietitian provided in-service training on NAR policy and procedure.</li> <li>·The facility will conduct NAR meetings every 2 weeks to monitor the progress of resident # 6 and all other nutritionally at risk residents.</li> <li>·The administrator and director of nursing reviewed the facility Wound Care policy and procedure.</li> <li>·The director of nursing completed wound assessment on resident #7 and clarified wound treatments including wound location.</li> <li>·All licensed nurses were in serviced on providing adequate wound care (including but not limited to hand washing and glove change practice during treatments), adequate wound assessment and documentation. The director of nursing will be responsible to ensure all licensed nurse is educated in completing skin assessment sheets accurately and treatments are provided adequately. The director of nursing will visually ensure all licensed staff adequately and skillfully provide treatments on week to week basis</li> </ul>		

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F000371 SS=F	<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 contain trash appropriately, store chemicals in a secured area, store thawing meat according to policy and procedure, prepare and serve food in a sanitary manner, and dry dishes in a sanitary manner. This had the potential to affect all residents in the facility and two of two residents on pureed diets. Findings include: 1. The initial tour was conducted with the Dietary Manager (DM), on 10/20/2014 at 9:50 AM. a. A trash can was without a lid, nor was there a lid in the immediate area.</p>	F000371	<p>per facility policy; she will assessnurses weekly till completed satisfactorily, then randomly monthly times 3months then quarterly per visual observation. CQI will monitor director of nursing wound care observation results, noless than quarterly.</p> <p>F371 Food Procure,Store/Prepare/Serve – Sanitary 1.Theadministrator reviewed policy and procedure for trash receptacles and storingof chemicals in the dietary department. 1.The administrator investigated reasoning for thekitchen trash can to not have lid present. Dietary staff verified lid wasremoved to empty waste receptacle. Trash can was verified to have a lid inplace and step can lid opened and functioning adequately. Dietary staff waseducated on the need to ensure lid on trash receptacle was in place at alltimes and to replace when trash can is</p>	11/21/2014

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	<p>b. The chemical supply closet had a slide lock and was unlocked. The lock required no key for admittance.</p> <p>2. An observation and interview, on 10/21/2014 at 10:58 AM, was conducted with the DM. On the bottom shelf of refrigerator #2 there were three trays, each containing two and a half dozen eggs, a bowl containing eight whole eggs, and a plastic bag, containing two and one half heads of cabbage. On the shelf above the eggs was a tray with a package of ground beef, stew meat, and chicken all thawing on the same tray and stacked on top of each other. All meat was packaged individually in plastic and laying on a towel on the tray. A package of bacon was thawing on the same shelf but not on a tray.</p> <p>During an observation and interview with Dietary Assistant (DA) #5, on 10/21/2014 at 3:59 PM, refrigerator #2 had a tray of raw meat thawing on the second shelf. The raw meat, ground beef, chicken, and bacon, were wrapped individually and lying on the same towel lined tray. The cabbage had not been used since the week before and was not on the menu for the current week. DA #5 took the cabbage and eggs out of refrigerator, placed them on the floor in</p>		<p>emptied. The dietary supervisor will beresponsible to visually monitor trash can is covered at all times while in thedietary department. The dietitian will visually monitor the policy andprocedure the trash receptacle in the dietary department is being followed withher sanitation survey. CQI will visually monitor dietary trash can is covered andwill report noncompliance. Immediately to the administrator.</p> <p>2.A keyed pad lock was placed on the chemical supplycloset in the kitchen. The dietarysupervisor will be responsible to visually monitor the supply closet is lockedat all times while in the dietary department. The dietitian will visuallymonitor the policy and procedure of storage of chemicals in the dietary departmentin the dietary department is being followed with her sanitation survey andthroughout each visit. CQI committee members will visually monitor the chemicalsupply closet is locked and will report noncompliance immediately to the dietarysupervisor and administrator.</p> <p>2.OnOctober 21, 2014, the dietary assistant reported the improper storage of fooditems in the refrigerator. Dietaryassistant instructed to immediately discard eggs and cabbage and educated tofood storage policy and procedure and infection control</p>		

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	<p>front of the refrigerator, moved the meat to the bottom shelf, wiped the second shelf down, and placed the eggs and cabbage on the second shelf. DA #5 indicated she knew the meat should not be thawing above other foods in the refrigerator.</p> <p>During an observation and interview with DM, on 10/22/2014 at 10:23 AM, refrigerator #2 no longer had cabbage or whole eggs in it. No cabbage or whole eggs were noted in any of the refrigerators. On the bottom shelf of refrigerator #1, one tray contained bacon, chicken, and ground beef thawing. The meat was individually packaged. DM #6 indicated the facility policy and procedure allowed for 3 days of thawing before cooking.</p> <p>During an observation and interview, on 10/23/2014 at 9:25 AM, with DM, only chicken was on a tray on the bottom shelf of refrigerator #2, thawing for the evening meal. The chicken temperature was 32 degrees.</p> <p>The policy and procedure for Food Storage was provided by DM, on 10/21/2014 at 11:35 AM. Listed under item #14 " e. " Raw animal foods will be separated from each other and stored</p>		<p>which included neverplace/ store items on the floor. The dietary supervisor and administrator reviewed the facility policy and procedure on Storage of Food items. The dietitian serviced all dietary staff on the proper storage of food items, storage of chemicals in the dietary department, hand washing and dietary trash receptacles. A food item description of shelf level storage of meats posted and provided. The dietary supervisor will be responsible to visually monitor the storage of food item storage is within guidelines, at all times while she is in the dietary department. The dietitian will visually monitor the policy and procedure of storage of food items is being followed every visit. A CQI member will visually monitor monthly the storage of food items in the dietary department and will report noncompliance. Immediately to the administrator. 3.A. The administrator reviewed food storage policy and procedure, including food storage prior to serving with the dietary supervisor. The dietitian in serviced all dietary staff on food storage policy and procedure, including food storage prior to serving. Dietary assistants will be responsible to ensure all food items are covered prior to serving. The dietary supervisor will be responsible to visually monitor all food item are covered until serving. CQI Committee will</p>				

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	<p>on lower shelves (below cooked foods or raw fruits and vegetables) and in drip proof containers. "</p> <p>3. An observation and interview, on 10/21/2014 at 10:58 AM, was conducted with the DM.</p> <p>a. Dinner rolls were in the hot bar uncovered and lunch was not due to be served for an hour.</p> <p>b. A trash can was uncovered with no lid in the immediate area.</p> <p>4. During an observation, on 10/22/2014 at 12:50 PM, dishes were washed according to policy and procedure, but were laid out on towels to air dry on the sink counter. The Retail Food Establishment Sanitation Requirements, set forth by the Indiana State Department of Health, lists under Section 288. "(a) Sinks and drainboards of ware washing sinks and machines shall be self-draining."</p> <p>5. During an observation, on 10/23/2014 at 11:10 AM, DA #7 pureed foods with gloves on, for two residents. After each food item was pureed, DA #7 rinsed the blender with hot water by taking the parts out of the inside of the blender. The</p>		<p>monitor food items are covered prior to serving, no less than monthly.</p> <p>3B. The administrator investigated reasoning for the kitchen trash can to not have lid present. Dietary staff verified lid was removed to empty waste receptacle. Trash can was verified to have a lid in place and step can lid opened and functioning adequately. Dietary staff was educated on the need to ensure lid on trash receptacle was in place at all times and to replace when trash can is emptied. The dietary supervisor will be responsible to visually monitor trash can is covered at all times while in the dietary department. The dietitian will visually monitor the policy and procedure the trash receptacle in the dietary department is being followed with her sanitation survey. CQI will visually monitor dietary trash can is covered and will report noncompliance immediately to the administrator.</p> <p>4. The dietary supervisor reviewed the policy and procedure for washing dishes, including the requirement to air dry and self-draining racks. All dietary staff was educated on the dish washing policy and procedure which includes using self-draining dish ware trays to allow dishes to dry adequately. All dietary assistants are responsible to ensure they follow the policy and procedure for washing dishes at</p>		

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	<p>blender was rinsed three times, with the same gloves on, turning water on and off without using a paper towel to protect the gloved hand from contamination of the faucet handle.</p> <p>The facility's Hand Hygiene Policy lists under "Standard", item "2. In addition the following are examples in which the facility recommends soap and water: a. After contact with inanimate objects that are likely to be contaminated."</p> <p>6. During an observation and interview with the DM, on 10/23/2014 at 9:25 AM, the can opener was noted to have brown stains. An interview with the DA indicated the can opener was cleaned after each use and they had soaked and scrubbed it, but the rust stains would not come off.</p> <p>3.1-21(i)(3)(5) 3.1-19(aa)(3)(D)</p>		<p>all times. The dietary supervisor will visually monitor compliance of the facility's policy and procedure of dish washing throughout her shifts. The dietitian will monitor dietary aide is following the facility's dish washing policy and procedure throughout each visit. A CQI member(s) will monitor dietary assistants are following the dishwashing policy and procedure at all times and will report immediately to dietary supervisor and/or administrator.</p> <p>5. The dietary supervisor reviewed the policy and procedure for pureed food, glove use and hand washing. All dietary staff including DA #7 was in serviced on policy and procedure of pureed food and policy and procedure on hand washing. All dietary staff will be responsible to ensure they are following policy and procedure for pureed foods, glove use and hand washing at all times. The dietary supervisor will be responsible to ensure all staff is following policy and procedure for pureed foods, glove use and hand washing throughout her shifts. The dietitian will be ensure all staff is following policy and procedure for pureed foods, glove use and hand washing during each visit. A CQI member will monitor all dietary staff is following policy and procedure for pureed foods, glove use and hand washing, no less than monthly.</p> <p>6. The can opener was replaced.</p>		

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F000441 SS=E	<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</p>		All dietary staff was instructed to report items which need replaced to dietary supervisor. The dietary supervisor will be responsible to review all dietary items, interview staff regarding items which may need replaced. The dietitian will monitor items throughout dietary department during the sanitation survey. CQI committee will review the dietary supervisor and dietitian sanitation survey, no less than quarterly.		

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	<p>a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(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 ensure infections control practices were followed related to patient care, hand washing and handling of linens for 8 of 15 residents observed. (Resident #3, 5, 7, 9, 10, 11, 13 and 14)</p> <p>Findings included:</p> <p>1. On 10/22/14 at 5:50 PM, RN #13 was observed performing wound care to Resident #7's right foot. The resident had two pressure ulcers, one located on the right heel and a second pressure ulcer on the top lateral right side. RN #13 removed the resident's soiled dressing from his right foot and cleansed both wounds with normal saline. Without changing gloves or washing hands, RN #13 applied the wound treatment of Santyl to the heel area and covered it with a gauze pad, securing it with tape.</p>	F000441	<p>F 441 Infection Control, Prevent Spread of infection, LINENS</p> <p>1. The director of nursing reviewed the facility policies on wound care, infection control, and hand washing. The director of nursing reviewed the medical record for resident #6 and clarified the treatment orders relating to treatment of multiple wounds to his right foot to ensure clarity of treatment to each wound. RN #13 and all licensed nursing staff were educated on effective wound care, infection control, including hand-washing technique according to the facility policy and procedures. All licensed nurses are responsible to accurately and skillfully provide wound care management which will promote wound healing and to follow infection control protocol (including hand washing techniques) which reduces or prevents the spread of infection. The director of nursing visually observed RN #13 and all licensed</p>	11/21/2014

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	<p>She then stopped the procedure, removed her gloves, and left the room to acquire more supplies for the second wound. Upon returning to the room, RN#13 washed her hands and put on clean gloves. RN #13 than placed the Santyl on the second wound and wrapped the entire foot with a gauze wrap.</p> <p>During an interview on 10/22/14 at 5:22 PM, RN #13 indicated the medication administration record (MAR) did not specify multiple wounds on the right foot, or she would have brought sufficient supplies into the room the first time. She indicated the order did not specify which wound was to have Santyl treatment applied, she said, "I just know it was meant for both wounds". She indicated a new nurse would not have known the treatment was for both wounds. RN #13 stated "I should have washed and removed my gloves after removing the soiled dressing, before cleansing the wounds prior to placing on the treatment and gauze".</p> <p>During an interview, on 10/23/2014 at 9:30 AM, the DON indicated hands should be washed between removal of soiled dressing and prior to new dressing application.</p> <p>Record review on 10/22/14 at 10:00 AM,</p>		<p>nurses while completing wound care to ensure skillful compliance of adhering to policy and procedure on wound care, infection control and hand washing. The director of nursing will randomly and visually observe licensed nurses skillfully and accurately provide wound care, no less than monthly for three months and then no less than quarterly. The CQI committee will monitor all wounds, wound management protocol, wound improvements compared to wounds which have declined or new and infection control throughout the facility, no less than monthly.</p> <p>2. All C.N.A's and charge nurses were given peri-care policy/procedure and one on one teaching including infection control. The director of nursing observed C.N.A. 11, 12, and all other staff performing appropriate peri-care until completed satisfactorily; then the director of nursing will be responsible to ensure by visually monitoring random nursing staff, no less than monthly times 3 months; then quarterly. All certified nursing assistants are responsible to provide Peri-care as directed by the nursing assistant teaching guidelines and protocol; by facility policy and procedure. CQI committee will evaluate visual observation monitoring results, no less than quarterly.</p>		

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	<p>the physician's treatment document from page two indicated, two wounds on Resident #6's right foot. One wound was located on the heel and one on the lateral side.</p> <p>Interview on 10/23/2014 at 9:30 AM, The DON indicated hands should be washed between removal of soiled dressing and prior to new dressing application.</p> <p>A policy for Dressing Change Guidelines was received from the DON on 10/22/2014 at 10:00 AM. The policy was dated 7/29/2013 and identified as current.</p> <p>" 1. Confirm most current treatment order. Check Treatment Administration Record and check chart. Review previous wound documentation to obtain information on where / how wound measurements were taken and other unique features of the wound. If multiple wounds are present, ensure consistent documentation of each wound. 13. Don gloves, remove soiled dressings, note any clinical characteristic of importance on the soiled dressing and discard in appropriate receptacle. 14. Remove gloves, wash hands, swab scissors with alcohol wipe if used. 15. Don gloves,</p>		<p>3. All C.N.A.'s and charge nurses were given peri-care policy/procedure and one on oneteaching including infection control. The director of nursing observed C.N.A. 11, 12, and all other staff performing appropriate peri-care until completed satisfactorily; then the director of nursing will be responsible to ensure by visually monitoring random nursing staff, no less than monthly times 3 months; then quarterly. All certified nursing assistants are responsible to provide Peri-care as directed by the nursing assistant teaching guidelines and protocol; by facility policy and procedure. CQI committee will evaluate visual observation monitoring results, no less than quarterly.</p> <p>4. The director of nursing reviewed the facility's Linen Handling policy and procedure. The director of nursing in serviced all nursing staff, including CNA #1 and CNA #11, on Linen Handling Policy and Procedure and Infection Control Policy and Procedure which included the requirement of covering linens while transporting from laundry room and the prohibiting of returning unprotected linens to the linen closet. The director of nursing will visually monitor nursing staff handling of linens, no less than monthly. CQI Committee will monitor the handling of linens during routine daily tasks, and report</p>		

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	<p>utilizing aseptic (clean) technique moisten gauze pad with wound cleanser or normal saline. Clean wound using circular motion starting from center towards the outside.</p> <p>2. On 10/22/2014 at 9:37 AM, CNA #11 was observed providing personal hygiene care to Resident #11. CNA #11 picked up the first wash cloth and started cleansing the center folds of the resident's groin area from front to back, than she cleansed the outer area going in complete circles front to back several times. She then picked up a second and third wash cloth and continued performing complete circles from front to back several times.</p> <p>Record review on 10/23/2014 10:21 AM, indicated Resident #11's urinary culture report indicated on 9/18/14 a culture result of organisms, Proteus mirabilis and Escherichia coli. The resident was treated with Keflex daily for seven days. A culture report dated on 7/8/14 indicated organism of Escherichia Coli, the resident was prescribed Keflex 250 mg three times daily for seven days.</p> <p>3. On 10/22/2014 at 8:14 AM, CNA #12 was observed providing personal hygiene care to Resident #5. CNA #12 used the same wash cloth to clean the back of the</p>		<p>non-compliance of facility policy and procedure to the director of nursing, immediately; discuss all concerns regarding the handling of linen during CQI meetings.</p> <p>5. The director of nursing reviewed the facility's Linen Handling policy and procedure. The director of nursing in serviced all nursing staff, including CNA #1 and CNA #11, on Linen Handling Policy and Procedure and Infection Control Policy and Procedure which included the requirement of covering linens while transporting from laundry room and the prohibiting of returning unprotected linens to the linen closet. The director of nursing will visually monitor nursing staff handling of linens, no less than monthly. CQI Committee will monitor the handling of linens during routine daily tasks, and report non-compliance of facility policy and procedure to the director of nursing, immediately; discuss all concerns regarding the handling of linen during CQI meetings.</p> <p>6. Hand-washing policy/procedure was provided for all staff to review and one-on-one education was provided to all staff, including AA #2, on the significance of proper hand-washing techniques. Training included when it is appropriate to use hand-sanitizer and to wash hands with approved soap and</p>		

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	<p>scrotum area to the front pelvic area in a circular pattern she then pulled the foreskin down and cleaned the head of the penis. CNA #12 picked up a second and third wash cloth to rinse the soap off the resident and performed the process in the same pattern.</p> <p>A policy for Perineal and Genital Care was received from the DON on 10/22/2014 at 10:00 AM. The policy was identified as current. " 5. Soap one cloth at a time and wash genitalia using proper aseptic technique. In the female, separate labia wash with strokes from top downward (with gloved hand), each side separately with a clean cloth or surface. In the male resident, wash the penis first, turn the resident to the side, then wash perineal area.</p> <p>4. On 10/21/2014 at 1:34 PM, CNA #1 was observed transporting linens from the laundry department to the linen closet across from the nurses' station. The linens were sitting on top of the cart in a laundry basket uncovered. The laundry basket contained blankets, sheets and under pads. CNA #1 pushed the laundry basket into the dining area. While leaving the laundry basket uncovered in the dining area, she walked down the hall to room #3. After CNA #1 returned to the</p>		<p>water. Infection Control issues was highlighted during one on one training and D.O.N. to randomly monitor staff r/t hand-washing. CQI committee members will monitor handwashing during routine daily activities; discuss observations during committee meetings.</p>				

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F000458 SS=D	<p>laundry cart all linens were placed in the linen closet.</p> <p>5. On 10/22/2014 at 8:24 AM, CNA #11 was observed transporting linens uncovered down the hallway from room #7 to the linen closet by the nurses' station. CNA#11 left the uncovered linens sitting in the hallway beside the linen closet to return to room #7. After returning from room #7, CNA #11 placed the linens into the linen closet.</p> <p>A policy for soiled laundry and bedding was received from the DON on 10/22/2014 at 10:00 AM. The policy was dated November 1994 and identified as current. The policy indicated, "12. Clean linen and personal laundry are transported to the appropriate location by laundry personnel on covered carts, to be stored or returned to resident rooms."</p> <p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. Based on observation, record review, and interview, the facility failed to provide at</p>	F000458	F 458 Bedrooms must measure 80 SQ feet	11/21/2014

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F000465 SS=E	<p>least 80 square feet (sq ft) per resident in multiple resident rooms. This was evidenced in 2 of 10 resident rooms in the facility. (Rooms 1 and 3)</p> <p>Findings included:</p> <p>Facility documentation of room size certification dated 6/10/05, and provided by the Administrator on 10/21/2014 at 2:50 PM, indicated the following room sizes of observed rooms:</p> <p>*1. Room #1 4 beds 301.63 square feet NF 75.40 sq ft per resident.</p> <p>*2. Room #3 3 beds 213.86 square feet NF 71.29 sq ft per resident.</p> <p>These room sizes were verified by the Administrator on 10/22/2014 at 3:00 PM.</p> <p>3.1-19(1)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview the facility failed to provide clean privacy curtains in rooms #1 and #2, a proper window blind for room #1, a clean</p>	F000465	<p>The administrator has requested the room waiver for bedroom#1 and bedroom #2 to continue. CQI monitor waiver is received.</p> <p>F 465 Safe/Functional/Sanitary/Comfortable Environment 1.The environmental supervisor</p>	11/21/2014

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	<p>bathroom floor for room #9, a bathroom curtain for rooms #3 and #7, and a proper door seal for the dining room. The facility also failed to maintain the paint on the walls in rooms #1 and #3. This had the potential to affect 10 out of 15 residents reviewed for environment, and one of one dining room.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During an observation on 10/20/14 at 11:04 AM, gray stains were noted on 4 of 4 privacy curtains in room #2. Three residents resided in that room.</li> <li>2. During an observation on 10/20/14 at 11:12 AM, gray stains were noted on 2 of 2 privacy curtains and slats were broken on the window blind in room #1. Two residents resided in that room.</li> </ol> <p>During an observation and interview, on 10/20/14 at 11:31 AM, white patches were noted on the walls in room #1, housing two residents. Resident #9, who resided in the room, indicated repairs had been done on the walls five months ago. The walls had yet to be repainted.</p> <ol style="list-style-type: none"> <li>3. During an observation on 10/20/14 at 11:26 AM, a black area four inches high and six inches wide was noted on the wall behind the toilet in room number #9.</li> </ol>		<p>reviewed the policy and procedure on cleaning of privacy curtains. All housekeeping staff was inserviced on policy and procedure of cleaning privacy curtains. All privacy curtains were cleaned and diligent attempt to remove stained areas. Housekeeping will be responsible to inspect all privacy curtains during routine daily cleaning and during weekly "top to Bottom" cleaning as rooms are scheduled. Housekeeping is responsible to remove and clean all privacy curtains as needed when soiled and no less than quarterly. Environmental supervisor reviewed privacy cleaning scheduled.</p> <p>Environmental supervisor is responsible to visually monitor condition of privacy curtains during scheduled floor tour observation. Environmental supervisor is responsible to ensure privacy curtain cleaning schedule is followed. CQI committee members, charge nurse and certified nursing assistants are responsible to report to the housekeeper on duty if soiled privacy curtains are noted to ensure privacy curtains are immediately washed.</p> <ol style="list-style-type: none"> <li>2. The environmental supervisor reviewed the policy and procedure on cleaning of privacy curtains. All housekeeping staff was inserviced on policy and procedure of cleaning privacy curtains. All privacy curtains were</li> </ol>		

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	<p>Two residents resided in that room.</p> <p>4. During an observation on 10/20/14 at 6:44 PM, no bathroom curtain was noted in room #7. One resident resided in that room.</p> <p>5. During an observation on 10/20/14 at 11:24 AM, no bathroom curtain was noted in room #8. One resident resided in that room.</p> <p>6. During an observation on 10/22/14 at 11:20 AM, in the dining room, a gap, in which daylight was visible through, was noted where the double doors meet. Cold air could be felt blowing through the gap between the doors.</p> <p>7. During an observation on 10/20/14 at 11:04 AM, peeling paint was noted on the wall in room #3, housing 2 residents.</p> <p>During an interview with Maintenance #9, on 10/23/2014 at 10:05 AM, it was indicated an inspection of the entire facility was conducted one to two times a week, including going in to each room. It was also indicated any staff member could fill out a form for repairs or maintenance and the form would be signed when the task was completed. Maintenance #9 indicated he was recently hired and had no schedule for room</p>		<p>cleaned and diligent attempt to remove stained areas. Housekeeping will be responsible to inspect all privacy curtains and windowblinds during routine daily cleaning and during weekly "top to Bottom" cleaning as rooms are scheduled. Housekeeping is responsible to remove and clean all privacy curtains as needed when soiled and no less than quarterly. Housekeeping staff is responsible to report damaged window blinds to the environmental supervisor as noted. Environmental supervisor reviewed privacy cleaning scheduled. Environmental supervisor is responsible to visually monitor condition of privacy curtains and window blinds during scheduled floor tour observation. Environmental supervisor is responsible to ensure privacy curtain cleaning schedule is followed and damaged window blinds are replaced in a timely manner. Room #1 will be completely painted to cover the white areas which were noted from dry wall patching. CQI committee members, charge nurse, and certified nursing assistants are responsible to report to the housekeeper on duty if window blinds are damaged and soiled privacy curtains are noted to ensure privacy curtains are immediately washed.</p>		

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	<p>painting at this time. Staff #9 further indicated administration had plans to update the building with new doors and floors.</p> <p>During an interview with Housekeeping #10, on 10/23/2014 at 10:15:45 AM, it was indicated there was a schedule for cleaning rooms. Each room and bathroom was deep cleaned at least once a week. This included wiping down walls, baseboards, dusting, pulling out beds, wiping beds down, mopping floors, vacuuming, and wiping down window frames. Three rooms a day were deep cleaned. Privacy curtains, shower curtains, and window blinds were cleaned as needed. There was no specific schedule or policy and procedure for cleaning curtains. She indicated all privacy curtains were washed in the summer of 2014, around August or September.</p> <p>3.1-19(a)(4) 3.1-19(aa)(3)(D)</p>		<p>3.The wall in room #9 was cleansed and painttouched up. All staff is responsible to complete a maintenance repair sheet for area which need painted. The preventative maintenance schedule was reviewed. The environmental supervisor is responsible to report all areas of concerns noted during the environmental floor tour and complete maintenance slips as needed. CQI committee members will review areas of environmental concerns during each meeting, no less than quarterly.</p> <p>4.A blind was placed in room #7 bathroom window. Environmental supervisor will be responsible to ensure all window areas in resident's rooms are adequately covered to ensure privacy. CQI will monitor window areas in resident's rooms are adequately covered to ensure privacy, no less than quarterly.</p> <p>5.A blind was placed in room #8 bathroom window. Environmental supervisor will be responsible to ensure all window areas in resident's rooms are adequately covered to ensure privacy. CQI will monitor window areas in resident's rooms are adequately covered to ensure privacy, no less than quarterly.</p> <p>6.Weather stripping was reapplied to the double doors in the dining room area. The environmental supervisor is responsible to monitor the door stripping is replaced if damaged.</p>		

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NAME OF PROVIDER OR SUPPLIER  SILVER MEMORIES HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6996 S US 421 VERSAILLES, IN 47042		
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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to maintain accurately documented clinical records for 1 of 2 resident observed for pressure ulcers.</p>	F000514	<p>CQI committee will monitor the double door weather stripping during environmental floor tours, no less than quarterly.</p> <p>7. Room #3 is scheduled to be painted to repair the areas that the resident peeled off of her wall. All staff was in serviced on completion of maintenance repairs slips for all areas noted during their shift which need to be repaired. The environmental supervisor in serviced housekeeper the policy and procedure for cleaning privacy curtains and privacy curtains cleaning schedule. CQI committee will monitor floor tour reports, no less than quarterly.</p> <p>F 514 Resident Records – Complete/ Accurate/ Accessible The director of nursing reviewed the medical record of resident #7 and clarified the treatment order to</p>	11/21/2014	

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	<p>(Resident #7)</p> <p>Findings included:</p> <p>Resident #7's record was reviewed on 10/21/2014 at 1:59 PM. The record indicated Resident #7's diagnoses included, but were not limited to, acute renal failure, acute kidney injury hyperkalemia, and congested heart failure.</p> <p>Event report entitled "Physician Orders (Wound Care) first page indicated, location left foot Santyl daily, noted on 10/14/2014. Second page of wound/ulcer information indicated right heel lateral and right lateral foot distal, signed on 10/14/2014 at 10:45.</p> <p>Dated on 10/14/2014 in the "Medication administration record", Resident #7 had orders for Santyl to right foot after cleansing and cover with dry dressing daily at 2:00 AM.</p> <p>The resident's record was reviewed again on 10/22/14 at 10:00 AM, the treatment assessment record (TAR) for Resident #7, indicated only one sheet for the right lateral foot wound assessment which was completed on a date of 10/20/2014.</p> <p>During an interview on 10/22/14 at 2:33</p>		<p>wounds located on the rightfoot. The director of nursing clarified on the TAR/treatment administration record treatments to the separate wounds located on resident #7 foot. The director of nursing provided one on one education to all licensed nursing staff related to accurate and complete weekly skin assessments, wound care management policies and procedures, and clarification of orders. The charge nurse on duty is responsible to clarify all resident information which is not clear prior to administering treatment. The director of nursing will monitor skin assessments and treatments ensuring all licensed staff are providing professional accurate services on week to week basis standards of nursing guidelines and facility policy; weekly till completed satisfactorily, then randomly monthly times 3 months then quarterly per visual observation. CQI committee is responsible to monitor medical records are complete, accurate, and accessible, randomly no less than quarterly.</p>				

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	<p>PM, LPN #3 indicated there was only one skin assessment sheet in the Skin assessment book, she indicated there should of been two. At this time she could not locate the second sheet.</p> <p>Further record review on 10/23/2014 at 2:30 PM, the TAR for Resident #7, indicated the right lateral foot wound assessment dated 10/20/2014 and a second sheet containing the right heel assessment dated 10/18/2014.</p> <p>During an interview on 10/22/2014 2:04 PM, DON indicated she signed the documentation from physician's wound care visit after the resident returned from his appointment. She stated "I missed the L for left on the front page".</p> <p>During an Interview on 10/22/2014 at 2:14 PM, LPN #3 indicated Resident #7 had the wounds on his right foot and left leg amputation prior admission. She indicated the treatment for the right foot has been to treat both wounds with Santyl. She indicated the treatment was not specified for which or both wounds on the order. She indicated it was assumed to treat both wounds with Santyl.</p> <p>During an interview on 10/22/14 at 5:22 PM, RN #13 indicated she did not know</p>			

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	<p>there were two wounds from the order in the medication administration record (MAR), or she would have brought two swabs into the room the first time. She indicated the order did not specify which wound was to have Santyl treatment applied, she just knew it was for both wounds. She indicated a new nurse would have not known the treatment applied for both wounds.</p> <p>3.1-50(a)(1) 3.1-50(a)(2) 3.1-50(a)(3)</p>				