

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/03/2012
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME ASSOC OF GREATER INDIANAPOLIS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit resulted in an extended survey - immediate jeopardy.</p> <p>Survey dates: June 25, 26, 27 & 28, 2012 Extended dates: June 29, July 2 & 3, 2012</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Survey Team: Christi Davidson, RN - TC Connie Landman, RN Lora Brettnacher, RN Diana Zgonc, RN (June 25, 26, 27, 28, July 2 & 3, 2012)</p> <p>Census bed type: SNF/NF: 46 Total: 46</p> <p>Census payor type: Medicare: 8 Medicaid: 36 Other: 2 Total: 46</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000		

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

TITLE

(X6) DATE

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

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	Quality review completed 7/10/12 Cathy Emswiller RN			

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F0155 SS=D	<p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>Based on interview and record review the facility failed to ensure each resident had a right to refuse care for 1 of 10 residents reviewed for the right to refuse care (Resident #28).</p> <p>Findings include:</p> <p>Resident #28's record was reviewed on 6/27/2012. Resident #28 was admitted on 5/12/10 and had current diagnoses which included but were not limited to, a history of fractures, hypertension, dementia with agitation, and psychosis. Resident #28 was alert, ambulatory, and had a history of refusing care.</p> <p>During multiple observations on 6/26, 6/27, 6/28, and 6/29/2012, Resident #28 was observed to be clean and free of odors. Resident #28's room was observed to be clean and free of odors.</p> <p>Review of a nurse's note dated 6/26/2012 indicated Resident #28's sister was encouraged to encourage</p>	F0155	<p>F 155 RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES</p> <p>It is the policy of the Alpha Home to develop and implement written policies and procedures, which will allow the resident to exercise his right as a resident and his right as a citizen. Residents have the right to refuse treatment, to reuse to participate in experimental research and formulate an advance directive. Corrective Action related to this finding: <u>Resident 28, Order for Ativan has been discontinued.</u> Social Service Director has reviewed the resident chart and interviewed the resident. All direct care staff in serviced by 7/28/12. Customer Service in - service also the staff to interact with the resident, allowing the resident their right to choice. The staff explains to the choices available if refusing the bed bath and shower. Resident 28, also interviewed Alpha Home explained to resident the right of refusal, but will be offered the choice of a shower, or a choice of a bed bath and alternative to</p>	07/31/2012			

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	<p>her to take a shower. Resident #28 continued to refuse showers.</p> <p>A social service note dated 3/20/2012 indicated Resident #28 was to receive Ativan (Benzodiazepine) at 9:00 A.M. on shower days due to her refusal of showers. A Social Service note dated 4/9/2012 indicated Resident #28 continued to refuse showers. A social service note dated 6/11/2012 indicated Resident #28 indicated she prefers baths not showers because the shower water was cold. This note indicated the facility continued to administer Ativan 30 minutes prior to attempting to give Resident #28 a shower however, she continued to refuse showers. Resident #28 was assessed to sometimes take a bath when approached later in the day.</p> <p>During an interview on June 27, 2012 at 1:45 P.M., CNA (Certified Nursing Assistant) #13 indicated Resident #28 was afraid of showers and she often refused. She would take a bed bath better but at times would still refuse. When this happened she would report it to the charge nurse and she would tell them what to do.</p> <p>During an interview on June 27, 2012 at 1:52 P.M., LPN #3 (Unit Charge Nurse) indicated she has</p>		<p>refusal. The resident POA to be notified of refusal, along with the physician for additional interventions.</p> <p>Resident's care plan to address resident's preference with bed baths rather than showers. Additional documentation to be added to chart.</p> <p><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u></p> <p>All other residents had the potential to be affected by this finding; however, no other residents were affected. All, residents receiving antipsychotic medications have been identified with audits, with additional recommendation from the pharmacy. Monthly audit review to continue at the behavior management meeting for medication management.</p> <p><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u></p> <p>The Administrator, DON and Unit Manager along with the interdisciplinary team reviews the behavior log, along with any refusal for noncompliance at each morning managers meeting. The Alpha Home has also implemented the daily follow up for reporting with the concern/ communication forms, the staff assignment sheets. These practices have been implemented to ensure the deficient practice does not recur. Additionally,</p>				

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	<p>the CNAs (Certified Nursing Assistants) give Resident #28 one shower a week regardless of the circumstances even if she refuses. This LPN was queried if she was aware Resident #28 was afraid of showers and preferred bed baths. LPN #3 stated, "Yes, she doesn't like showers. She will take a bed bath better but at times she will still refuse those. Some of them can talk her into it but at times no one can."</p> <p>During an interview on 1/27/2012 at 1:27 P.M., CNA #11 stated, "I don't have any problems giving her a bath. I just say, 'Come here so everyone doesn't hear our business' and she comes with me. She doesn't like showers but she will let me give her a bed bath."</p> <p>Review of a current policy provided by the DON (Director of Nursing) on 6/82/2012 at 10:22 P.M. titled Resident Care Policies-Resident's Rights indicated . . .Residents would have the right to refuse treatment to the extent permitted by law . . .</p> <p>3.1-3(a)(1) 3.1-3(u)(1)</p>		<p>residents receiving antipsychotic medications will be reviewed monthly at the behavior, quality assurance meeting. The team consisting of the MD, Social Service, Pharmacy, MDS coordinator, DON and Administrator meet monthly. The recommendations will be will be made by the medical director with communication to the resident's attending physicians</p> <p><u>IV. Corrective Actions will be monitored to Ensure Compliance by:</u> <u>The Director of Nursing Service will monitor for compliance. The licensed nursing staff and the interdisciplinary team will be responsible for the management of the use of antipsychotic medications in the facility. All reporting and finding submitted to the Quality Assurance at its regular scheduled monthly meeting. This practice will be on going for the next three months. The Quality Assurance Committee will review and make recommendation for continuous quality improvements, for the next quarter with the committee will determining if additional recommendation is necessary.</u></p> <p>V. <u>Completion Date:</u> <u>07/31/12</u> <u>Addendum</u> <u>F155</u></p> <p>1. The resident's right to refuse a shower and choose an aternate bathingmetod will b honored bythe facility. The resident will be</p>				

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			<p>informed of their rights to refuse and given alternatives to bathing. If none of the alternatives satisfy the resident the physician will be notified for further intervention if indicated.</p> <p>2. Nursing staff, dietary and coal services will offer all residents the right to make choices in their care prior to receiving it.</p> <p>3. Residents' choices will be care planned and communicated to the aides in the form of the daily C.N.A. assignment sheet and the nursing shift meeting which includes all nursing staff.</p> <p>An all staff in-service was held July 27, 2012 to address this survey tag.</p> <p>-</p>	

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F0246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on interview and record review the facility failed to ensure each resident had a right to receive baths instead of showers for 1 of 1 residents reviewed for individualized assessed needs. Resident #28.</p> <p>Findings include:</p> <p>Resident #28's record was reviewed on 6/27/2012. Resident #28 was admitted on 5/12/10 and had current diagnoses which included but were not limited to, a history of fractures, hypertension, dementia with agitation, and psychosis. Resident #28 was alert to self and staff, required assistance for bathing, ambulatory, and had a history of refusing care.</p> <p>A social service note dated 3/20/2012 indicated Resident #28 refused showers. A Social Service note dated 4/9/2012 indicated Resident #28 continued to refuse showers. A social service note dated 6/11/2012 indicated Resident #28 preferred</p>	F0246	<p>F 246 REASONABLE ACCOMENDATIONS</p> <p>It is the policy of the Alpha Home to allow residents the right to receive services in the facility with reasonable accommodations of individual needs and preference, except were the health and safety of the individual or other residents would be endangered.</p> <p>Corrective Action related to this finding: <u>New, nursing assessment completed on resident 28.</u> Social Service Director has reviewed the resident chart and interviewed the resident. All direct care staff in serviced by 7/28/12. Customer Service in - service also the staff to interact with the resident, allowing the resident their right to choice. The MDS coordinator has made the changes to the care plan. The staff to document the choices and the refusal. Alpha Home to explained resident the right of refusal, and allow for resident reasonable accommodation with a choice. If the preference is a bed</p>	08/02/2012

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	<p>baths not showers because the shower water was cold. This note indicated the facility continued to administer Ativan 30 minutes prior to attempting to give Resident #28 a shower however, she continued to refuse showers. Resident #28 was assessed to sometimes take a bath when approached later in the day.</p> <p>During multiple observations on 6/26, 6/27, 6/28, and 6/29/2012, Resident #28 was observed to be clean and free of odors. Resident #28's room was observed to be clean and free of odors.</p> <p>Review of a nurse's note dated 6/26/2012 indicated Resident #28's sister was educated to encourage Resident #28 to take a shower. Resident #28 continued to refuse showers. The facility continued to administer Ativan 30 minutes prior to attempting to give Resident #28 a shower however, she continued to refuse showers. Resident #28 was assessed to sometimes take a bath when approached later in the day.</p> <p>During an interview on June 27, 2012 at 1:45 P.M., CNA (Certified Nursing Assistant) #13 indicated Resident #28 was afraid of showers and she often refused. She would take a bed bath</p>		<p>bath than reasonable accommodation for the bed bath but will be offered the choice of a shower, or a choice of a bed bath and alternative to refusal. The resident POA to be notified of refusal, along with the physician for additional interventions. Resident's care plan to address resident's preference with bed baths rather than showers. Additional documentation to be added to chart.</p> <p><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u></p> <p>All other residents had the potential to be affected by this finding; however, no other residents were affected. All, residents receiving bed baths and showers identified with audits. Residents assessment with allow for reasonable accommodations and individual needs and assessment.</p> <p><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u></p> <p>-</p> <p>-</p> <p>-</p> <p>The interdisciplinary team reviews the behavior s, and resident preference, choices daily at the morning managers meeting. The Alpha Home has also</p>	

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	<p>better but at times would still refuse. When this happened she would report it to the charge nurse and she would tell them what to do.</p> <p>During an interview on June 27, 2012 at 1:52 P.M., LPN #3 (Unit Charge Nurse) indicated she has the CNAs (Certified Nursing Assistants) give Resident #28 one shower a week regardless of the circumstances even if she refused. This LPN was queried if she was aware Resident #28 was afraid of showers and preferred bed baths. LPN #3 stated, "Yes, she doesn't like showers. She will take a bed bath better but at times she will still refuse those. Some of them can talk her into it but at times no one can."</p> <p>During an interview on 1/27/2012 at 1:27 P.M., CNA #11 stated, "I don't have any problems giving her a bath. I just say, 'Come here so everyone doesn't hear our business' and she comes with me. She doesn't like showers but she will let me give her a bed bath."</p> <p>Review of a current policy provided by the DON (Director of Nursing) on 6/82/2012 at 10:22 P.M. titled Resident Care Policies-Resident's Rights indicated . . .Residents would have the right</p>		<p>implemented the daily follow up for reporting with the concern/ communication forms, the staff assignment sheets. These practices have been implemented to ensure the deficient practice does not recur. Additionally, residents' independent choices are reflected in the care plan with involvement from the resident's POA. The quality assurance team will assist with monitoring for follow up of residents choices. Individualized staff assignment sheets to honor resident choices and accommodations.</p> <p><u>IV. Corrective Actions will be monitored to Ensure Compliance by:</u></p> <p>- <u>The Administrator and Director of Nursing Service will monitor for compliance. Social Service and the MDS coordinator to ensure the care plan is' reflected of accommodation, preferences and choices. Under accommodations the management and staff will be responsible for the management of resident's choices. accommodation and residents rights. All noncompliance reporting and finding submitted to the Quality Assurance at its regular scheduled monthly meeting. This practice will be on going for the next three months. The Quality Assurance Committee will review and make recommendation for continuous quality improvements, for the next</u></p>	

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	to refuse treatment to the extent permitted by law . .. 3.1-3(v)(1)		<u>quarter with the committee will determining if additional recommendation is necessary.</u> - - - V. <u>Completion Date:</u> <u>07/31/12</u> - -		

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F0279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>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 observation, interview and record review the facility failed to provide thorough and accurate individualized care plans for side rail use of 6 of 39 residents reviewed for care plans. (#45, #1, #16, #22, #14, #47)</p> <p>Findings include:</p> <p>1. The record for Resident #45 was reviewed on 6/26/12 at 3:00 p.m.</p> <p>Diagnoses included, but were not limited to hypertension, Alzheimer', dementia,</p>	F0279	<p><u>Corrective Action Taken Related to this Finding:</u></p> <p>- <u>As of 07/01/12 all side rails were removed and the new assessments completed for validation of a resident's assessment for side rails.</u></p> <p><u>Physician orders confirmed for residents who need side rails.</u></p> <p>- Residents #1, # 16, #22, #14, #47, #45, assessments and care plans have been updated, with a completed assessment and resident choices that allow for resident rights, and allowing the resident to achieve the highest</p>	08/02/2012	

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	<p>altered mental status, delirium and chronic kidney disease.</p> <p>A "Bed Rail Safety Assessment" form dated 3/25/12 indicated, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter...Is resident non ambulatory? [Y with a check mark]...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Sire rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 2:50 p.m., Resident #45 was in bed with eyes closed. The bed had four half side rails raised. Two half side rails at the head of the bed on each side and two half side rails at the foot of the bed on each side were raised. The gap between the top half rail and the bottom half rail was 12 inches on each side.</p> <p>During an interview on 6/26/12 at 3:15 p.m., the DoN indicated staff were doing</p>		<p>psychosocial physical, mental status.</p> <p>Resident # 45 has a care plan, assessment and order for side rail completed.</p> <p>Resident # 1 has completed assessment, care plan and order for side rails.</p> <p>Resident # 16 completed assessment, care plan and order for assessment.</p> <p>Resident # 22 has updated care plan, assessment and order for side rails.</p> <p>Resident # 14 has updated care plan and assessment to validate resident does not need side rails.</p> <p>Resident # 47 has an order for side rails.</p> <p>MDS Coordinator is utilizing the calendars for the scheduling of the care plans to include new physician orders, and assessment updates with significant changes for the resident's care plan.</p> <p><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u></p> <p>All other residents having the potential to be affected by the finding have had their care plans review with the internal audit. 100 percent of the care plans audits have been completed.</p> <p>The weekly monitoring will continue with the unit manager and the director of nurses. The</p>				

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	<p>a hall by hall sweep to assess for the needs of side rails. She indicated unsafe rails and rails without medical doctor's orders were going to be removed.</p> <p>During an observation on 6/26/12 at 4:27 p.m., Resident #45's bed had both the upper side rail and the lower side rail on one side of the bed removed. The upper side rail and the lower side rail on the side of the bed near the door still remained and were raised with the 12 inch gap between the rails.</p> <p>During an interview on 6/26/12 at 4:33 p.m., the DoN indicated the rails would be removed, and the resident would be re-assessed for the need to have side rails.</p> <p>A care plan with a last reviewed date 4/12/12 indicated, "Resident exhibits short and long term memory deficit, Resident seems forgetful of detailed information. Resident has moderately impaired decision making abilities. DX [diagnosis] Alxheimers (sic)...."</p> <p>The record for Resident #45 lacked documentation of a care plan for side rail use.</p> <p>2. The record for Resident #1 was reviewed on 6/26/12 at 8:50 a.m.</p>		<p>unit charge nurse will comply by adding any new orders, significant changes, physician intervention and other pertinent information from the twenty hour report, for communication inclusion in the care plan.</p> <p><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u></p> <p>- All the residents care plan audits have been completed. Care Plans will additionally address new assessments, physician orders, significant, changes, updated progress noted from service provided that address the resident care. All care plans are reviewed with the audit sheets, and resident updates are communicated for continuous quality improvement to the Quality assurance committee. The quality assurance committee to monitor with audit sheets for the next quarter</p> <p><u>IV. Corrective Actions will be monitored to Ensure Compliance by:</u></p> <p>- The administrator, Don, and unit manager along with the interdisciplinary team will review the 24 hour report daily at the morning managers meeting. All reports and findings will be submitted to the quality</p>		

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	<p>Diagnoses included, but not limited to, debility, dementia and iron deficiency anemia.</p> <p>A "Bed Rail Safety Assessment" dated 4/17/12 indicted, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter. Is resident non ambulatory? [N with a check mark]ambulatory?...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Side rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 1:25 p.m., Resident #1's bed was observed with bilateral half side rails up. The side rails had a cloth covering over them; however, the cloth was ripped exposing gaps in the side rails that were greater than 7 inches. The resident was not in the bed at the time of the observation.</p> <p>A care plan dated 5/3/12 indicated, "dementia w/ [with] behavioral</p>		<p>assurance committee at its scheduled meeting. This monitoring audit record will be presented each month for the next three months with recommendation from the members from the quality assurance committee.</p> <p>Correction date 7/31/12</p>	

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	<p>disturbances...Anxiety...."</p> <p>The record of Resident #1 lacked documentation of a care plan for side rail use.</p> <p>3. The record Resident # 16 was reviewed on 6/27/12 at 2:23 P.M.</p> <p>Diagnoses for Resident # 16 included but were not limited to vascular dementia, coronary artery disease, cardiomyopathy, hyperthyroidism, hypertension, dyslipidemia, congestive heart failure depression and chronic obstructive pulmonary disease.</p> <p>During the initial tour on 6/25/12 at 8:30 A.M. the resident's bed was observed to have 1/2 side rails with gaps that measured 7 inches. The side rails were up and the resident was not currently in the bed.</p> <p>The current side rail assessment</p>				

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	<p>dated 4/13/12 indicated the resident needed side rails as a safety precaution.</p> <p>The most recent quarterly Minimum Data Set dated 4/13/12 indicated the resident was not interviewable and required extensive assistance with bed mobility and transfers</p> <p>Interview with LPN # 7 on 6/26/12 at 9:20 A.M., indicated the resident did not have side rails on the bed or use them.</p> <p>The record lacked documentation of a care plan for the use of side rails.</p> <p>4. The record Resident # 22 was reviewed on 6/26/12 at 2:49 P.M.</p> <p>Diagnoses for Resident # 22 included but were not limited to senile delusions, hyperparathyroidism, hypertension, coronary artery anomaly, Alzheimer disease, depression, pulmonary embolism & infarction, osteoarthritis and hyperlipidemia.</p> <p>During the initial tour on 6/25/12 at 8:30 A.M. the resident's bed was observed to have 1/2 side rails with gaps that measured 7 inches. The side rails were not up and the</p>				

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	<p>resident was not currently in the bed.</p> <p>The most recent quarterly Minimum Data Set dated 5/23/12 indicated the resident was moderately cognitively impaired and required limited assistance with bed mobility and transfers</p> <p>The current side rail assessment dated 5/23/12 indicated the resident needed side rails as a safety precaution.</p> <p>Interview with LPN # 7 on 6/26/12 at 9:20 A.M., indicated the resident did not have side rails on the bed or use them.</p> <p>The record lacked documentation of a care plan for the use of side rails.</p>				

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	<p>5. Resident #14's record was reviewed on 6/26/2012 at 3:30 P.M. Resident #14 was admitted on 5/14/09 and had current diagnoses which included but were not limited to a history of falls, a history of an ankle fracture, dementia, hypertension, and osteoporosis.</p> <p>During an observation on 6/26/2012 at 3:20 P.M. Resident #14 was observed in bed with full side rails on both side of the beds.</p> <p>Resident # 14's care plans were reviewed on 6/26/2012 at 3:30 P. M. Resident #14's care plan lacked documentation of a care plan addressing the use of side rails or a physician's order to use side rails.</p> <p>6. Resident #47's record was reviewed on 6/26/2012 at 9:30 A.M. Resident #47 was originally admitted on 3/21/2008 and had current diagnoses which included but were not limited to a history of distal femur fracture, constipation, hypertension, arthritis, and depression. Resident #47 was alert but confused at times.</p>			

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	<p>Resident #47 had a current care plan originally dated 6/17/2007 and last revised 4/16/2012. This care plan indicated Resident #47 had a problem with falls related to a decreased cognition and memory problems with a potential for self-injury secondary to abnormal posture in a wheelchair. A goal for this resident was for her to be free of self-injury related to falls every day. An interventions listed included side rails up as ordered to prevent falls. The record lacked documentation of a physical's order for side rails. The current care plan had not been revised since 4/16/2012 to currently reflect the resident not needing side rails.</p> <p>3.1-35(a) 3.1-35(e)</p>						

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F0323 SS=L	<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, interview and record review the facility failed to ensure resident safety with the potential for burns from hot water temperatures that exceeded 120 degrees with the potential to effect 46 of 46 residents as indicated by all three halls of the facility had a representation of hot water temperatures greater than 120 degrees Fahrenheit. (#41, #1, #4, #47, #13, #25, #12)</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate Jeopardy was identified on 6/25/12 and began on 6/18/12. The Administrator was notified of the Immediate Jeopardy on 6/25/12. The Immediate Jeopardy was removed on 6/25/12 as confirmed by the mixing valve on the hot water tank was replaced by a professional service. A water temperature policy was submitted by the Administrator 6/26/12 at 10:30 a.m. and indicated water temperatures would be monitored daily and discrepancies must be reported to the Administrator. On 6/26/12 at 12:50 p.m. water temperatures checked in random</p>	F0323	<p>F- 323 FREE OF ACCIDENTS/HAZARDS/SUPERVISION/DEVICES It is the policy of the Alpha Home to ensure the resident environment remains free of accidents hazards as is possible and each resident receives adequate supervision and assistance to prevent accidents. <u>Corrective Action Taken Related to this Finding: All the resident areas including resident's rooms for residents # 41, #1, #4, #47, #13, #25, #12 are checked and monitored daily by the maintenance director and the housekeeping staff. Staff made aware to notify the administrator immediately is water is too hot or especially exceeding 120 degrees. The Alpha Home Team is submitting this response to the immediate jeopardy. This immediate jeopardy is in reference to hot water temperature above 120 degrees. The immediate jeopardy was identified on June 25, 2012. The Alpha Home notified the ARS Rescue Rooter who has the contract</u></p>	08/02/2012			

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	<p>resident rooms on all three halls were below 120 degrees Fahrenheit. Although the Immediate Jeopardy was removed, the facility remained out of compliance at a level of widespread, no actual harm, with potential for more than minimal harm that was not Immediate Jeopardy.</p> <p>Based on observation, interview and record review the facility failed to ensure resident safety from the potential for entrapment in side rails with side rail gaps measured greater than 4 3/4 inches in 10 resident rooms. (#41, #1, #45, #52, #21, #46, #16, #22, #14, #47)</p> <p>Findings include:</p> <p>1. The record for Resident #41 was reviewed on 6/26/12 at 8:55 a.m.</p> <p>Diagnoses included, but were not limited to, organic mental syndrome with agitation, hypertension, dementia, and arthritis.</p> <p>A nurses note dated 6/18/12 at 12:30 p.m. indicated, "...alert propelling self through facility."</p> <p>During an observation of room safety on 6/25/12 at 10:40 a.m., the hot water from the bathroom spicket in Resident #41's room was turned on. The water</p>		<p><u>for maintenance with the hot water tanks. The team decided to replace the 1000 series mixing valve, instead of making adjusting on the previous mixing valve. The mixing valve installation was completed on June 25, 2012. The technician the, the maintenance director and the facility administrator checked the water temperatures and the temperatures averaged around 115degrees. The ARS technician will return of Tuesday morning for a follow up inspection to ensure no leaking, and that the mixing valve is engaging well. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Alpha Home management team meets with ALL the Housekeepers who work the hall. All the housekeepers have received thermometers and instructions on taking water temperatures daily in the resident's rooms. The water temperatures should be between 105 degrees to 120 degrees. These temperatures are to be documented immediately, and placed on the water temperature log sheets, the temperature if exceeding a 120 requires immediately notification to the</u></p>	

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	<p>temperature was extremely hot with steam rising. The water temperature registered 158 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:25 a.m., the hot water from the bathroom spicket in Resident #41's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>2. The record for Resident #1 was reviewed on 6/26/12 at 8:50 a.m.</p> <p>Diagnoses included, but not limited to, debility, dementia and iron deficiency anemia.</p> <p>A nurses note dated 6/25/12 at 5:00 p.m. indicated, "...aox1 [awake and oriented times one] to self restless in w/c [wheelchair] has self release belt cont [continue] to unfasten [sign for with] alarm sounding propelling self throughout unit...."</p> <p>During an observation of room safety on 6/25/12 at 10:40 a.m., the hot water from the bathroom spicket in Resident #1's room was turned on. The water temperature was extremely hot with steam rising. The water temperature registered 158 degrees Fahrenheit with a digital</p>		<p><u>administrator, maintenance director and the director of nurses. The water will be shut off to the resident rooms, and the resident temporary relocated with notification to the family, physician and other disciplines. The adjustment will be made with the mixing valves to ensure the proper temperatures between 105 and 120 degrees. The morning managers meeting will collect the results of the water temperatures daily with submission to the Indiana State Department of Health, this submission will continue until the health department decides the temperatures are in compliance.</u></p> <p><u>Residents#41,#1,#45,#52,#21,#46,#16,#22,#14,#47 have all had assessment completed for side rails , new care plans have been completed for residents needing side rails, and residents not needing side rails had the side rails removed. Residents still needing the side rails have assessment and care plans to reflect the side rails usage. The facility has an abundance of cloth covers for side rails covers to prevent any gap if the side rail is in usage. How will you identify other residents having the potential to be affected by the same deficient</u></p>				

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	<p>thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:25 a.m., the hot water from the bathroom spicket in Resident #1's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>3. The record for Resident #4 was reviewed on 6/25/12 at 9:10 a.m.</p> <p>Diagnoses included, but were not limited to, bipolar disorder, depression and hyperglycemia.</p> <p>A nurses note dated 6/2/12 at 2:00 p.m. indicated, "Resident alert / ox3 [oriented times three], sitting up in bed...non-ambulatory, uses w/c [wheelchair] for mobility, dependent for all ADL's [activities of daily living]/peri-care/transfers...."</p> <p>On 6/25/12 at 10:44 a.m., the hot water from the bathroom spicket in Resident #4's room registered 150 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:28 a.m., the hot water from the bathroom spicket in Resident #4's room registered 150 degrees Fahrenheit on the facility's non-digital</p>		<p><u>practice? Internal water temperatures audit has been completed for resident's rooms having the potential to be affected by the deficient practice. Residents having the potential to be affected by the deficient practice have been identified with every resident rom temperatures being checked daily at random times of the day. Any residents rooms with high water temps will have the water shut off to the room and the resident removed until temperature are between 105 and 120 degrees. All the residents' beds with side rails were removed, assessment were completed for validation of side rails and care plan updated. There is an admission assessment and readmission assessment for resident's safety with side rails. What measures will be put into place to ensure or what systemic changes will you make to ensure the deficient practice does not reoccur? The measures put into place for the Alpha Home to ensure the deficient practice does not reoccur regular daily monitoring by the housekeepers. All occupied rooms and empty rooms' water temperatures are checked daily. The resident that has side rails covers are checked</u></p>		

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	<p>thermometer.</p> <p>4. The record for Resident #47 was reviewed on 6/26/12 at 9:00 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension, arthritis and depression.</p> <p>A nurses note dated 6/2/12 at 2:00 p.m. indicated, "Res. [resident] alert [sign for with] confusion, up daily in w/c [wheelchair], staff propelled...."</p> <p>On 6/25/12 at 10:44 a.m., the hot water from the bathroom spicket in Resident #47's room registered 150 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:28 a.m., the hot water from the bathroom spicket in Resident #47's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>5. The record for Resident #13 was reviewed on 6/26/12 at 9:10 a.m.</p> <p>Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, dementia and hypertension.</p> <p>A nurses noted dated 6/16/12 at 11:00 a.m. indicated, "Resident Alert (sic) [sign</p>		<p><u>daily by the housekeepers and the care givers to ensure the covers fit the rails and that resident safety is intact. Audit sheets for compliance will be reviewed weekly and shared with the quality assurance committee. The management team with continue to monitor the water temperature log sheets with daily submission to the Indiana State Department Of health until compliance has been achieved. The administrator and the maintenance director will continue monitoring for compliance for the deficient practice does not recur. Results of the audit log sheets to be presented monthly at the quality assurance committee meeting for additional instructions with the quality assurance recommendations. By what date will the systemic changes be completed? The systemic changes were implemented on June 25, 2012. Shall continue daily. The Alpha Home also has established monitoring by the administrator and maintenance director for correction with the deficient practice. 1. Daily reports submitted to the Indiana State Department to start on June 26, 2012. ARS contractors to continue with the maintenance contract to</u></p>				

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	<p>for and] oriented x 2...."</p> <p>The most recent quarterly Minimum Data Set [MDS] Assessment dated 4/6/12 indicated Resident #13 used a wheelchair and was independent in locomotion on the unit.</p> <p>On 6/25/12 at 10:46 a.m., the hot water from the bathroom spicket in Resident #13's room registered 130 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:31 a.m., the hot water from the bathroom spicket in Resident #13's room registered 130 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>6. The record for Resident #25 was reviewed on 6/26/12 at 9:15 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension and Alzheimer's.</p> <p>A nurses noted dated 6/24/12 at 11:00 p.m. indicated, "Res. [resident] alert, pleasantly confused. Up in w/c [wheelchair] self mobility...."</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:34 a.m., the hot water from the bathroom spicket in</p>		<p><u>replace the mixing valves on the six month maintenance contract. Correction date 6/26/12. Facility correction 7/4/2012 AddendumF323An in-service wa held July 27, 2012 to address side rail usage and the usage of coth coverings on side rails along with the rationale for this.</u></p>				

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	<p>Resident #25's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>7. The record for Resident #12 was reviewed on 6/26/12 at 9:25 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension, paranoid schizophrenic traits and dementia.</p> <p>A nurses note dated 6/15/12 at 11:00 p.m. indicated, "Alert to self and name. Up daily in w/c [wheelchair] staff propelled...."</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:34 a.m., the hot water from the bathroom spicket in Resident #12's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>8. On 6/25/12 at 10:42 a.m., the hot water from the sprayer in the beauty shop shampoo sink which is adjacent to the 100 hall way registered 156.7 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:37 a.m., the hot water from the sprayer in the shampoo sink in the beauty shop registered 152 degrees Fahrenheit on the facility's</p>						

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	<p>non-digital thermometer.</p> <p>During an interview on 6/25/12 at 10:51 a.m., Maintenance Manager #1 indicated, "It might take a second to find them because I've only been here three weeks," in regards to the water temperature logs requested.</p> <p>On 6/25/12 at 11:21 a.m. the water temperature logs were provided by Maintenance Manager #1, and he indicated the log was recent.</p> <p>A water temperature log entry dated June 18 without a year, indicated, "...NURSES STATION (sic) 125... 203 - 130 206 - 125... 303 129 305 125 304 126 303 130 104 126...."</p> <p>A water temperature log entry dated, "TUE [Tuesday] 19-2012," indicated, "...203 130 206 125... 303 129 305 125 304 125 303 130."</p>						

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	<p>A water temperature log entry dated, "[illegible] 20 2012," indicated, "TUB...400 - 130 NURSE STATION 130... 203 135... 303 130 305 125... 308 130 104 126...."</p> <p>A water temperature log entry dated, "Thur [Thursday] 21 2012," indicated, "TUB...400 - 125 NURSE STATION 125... 203 130 206 125... 303 125... 304 129 303 130 104 130... 107 125."</p> <p>The water temperature log lacked documentation for water temperatures for Friday, 6/22/12, Saturday, 6/23/12 or Sunday, 6/24/12.</p> <p>During an interview on 6/25/12 at 11:21 a.m., Maintenance Manager #1 indicated he checked the water temperatures every day or every other day. He indicated the water temperatures should not exceed 120 degrees Fahrenheit. He indicated he had not checked water temperatures today,</p>						

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	<p>6/25/12. He indicated there were four water heaters in the facility. He indicated there was a water heater for the 100 hall, a water heater for the 200 hall, a water heater for the 300 hall and a water heater for the kitchen. He indicated the water gets cooler the farther down the hall from the location of the water heater.</p> <p>During an interview on 6/25/12 at 11:40 a.m., Maintenance Manager #1 indicated he has was not trained on adjusting the mixer valves on the hot water heaters. He indicated the mixing valves were routinely switched out every six months and a work order had been turned in. He indicated the work would be done within the week. When asked how resident safety was ensured, he indicated, "I could probably turn it down." He Indicated he did not receive instruction on the mixer valves and did not know if it would even work.</p> <p>During an interview on 6/25/12 at 11:51 a.m., the Administrator indicated he was not aware of any water temperature problems. He indicated the maintenance manager was to notify him if there were water temperature concerns. He indicated the water temperature concerns</p>			

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	<p>would be addressed in the morning meeting and the service company would be notified to evaluate the water heaters. Water temperature policies and a maintenance manager job description were requested.</p> <p>During an interview on 6/25/12 at 4:15 p.m., the Administrator indicated, "Oh, I'm still looking for those," in response to another request for facility policies and a maintenance manager job description.</p> <p>During an interview on 6/26/12 at 9:15 a.m., CNA #2 indicated the water was hot over the weekend. She indicated she mixed the hot water and the cold water. She indicated she did not report the hot water.</p> <p>A Job Description, tiled, "Housekeeping/Maintenance Manager," provided by the Administrator on 6/25/12 at 4:45 p.m. indicated, "...Maintenance Manager is responsible for ensuring that...is clean, orderly, and in a state of good repair, both inside and out, and provides reasonable comfort for all residents...must comply with the standards of the Indiana Administrative Code, Indiana State Department of Health, and any other applicable local, state and federal laws and regulations regarding facility care and</p>			

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	<p>maintenance...Reports To: Administrator...."</p> <p>No policies regarding water temperatures were presented by the end of the day at 4:45 p.m. on 6/25/12.</p> <p>On 6/26/12 at 10:54 a.m., Maintenance Manager #1's employee file was reviewed and lacked documentation on training for facility water heaters.</p> <p>On 6/26/12 at 10:30 a.m., an undated facility policy was provided by the Administrator titled, "Water Temperature Monitoring." The policy indicated, "Policy: It is the policy of this facility to assure the water temperatures remain within safe parameters for the safety of the residents and staff...The water temperatures will be monitored daily...should be no warmer than 120 degrees. A Preventative maintenance Log will be kept by the month and reviewed...Any discrepancies must be addressed by the maintenance department and reported to Administration...."</p> <p>9. The record for Resident #41 was reviewed on 6/26/12 at 8:55 a.m.</p> <p>Diagnoses included, but were not limited to, organic mental syndrome with agitation, hypertension, dementia, and</p>						

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	<p>arthritis.</p> <p>A nurses note dated 6/18/12 at 12:30 p.m. indicated, "...alert propelling self through facility."</p> <p>A "Bed Rail Safety Assessment" dated 6/6/12 indicated, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter. Is resident non ambulatory? [Y with a check mark]ambulatory?...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Side rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 1:25 p.m., Resident #41's bed was observed with bilateral half side rails up. The side rails had a cloth cover over them; however, the cloth was ripped exposing gaps in the side rails that were 7.5 inches. The resident was not in the bed at the time of the observation.</p>			
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	<p>10. The record for Resident #1 was reviewed on 6/26/12 at 8:50 a.m.</p> <p>Diagnoses included, but not limited to, debility, dementia and iron deficiency anemia.</p> <p>A nurses note dated 6/25/12 at 5:00 p.m. indicated, "...aox1 [awake and oriented times one] to self restless in w/c [wheelchair] has self release belt cont [continue] to unfasten [sign for with] alarm sounding propelling self throughout unit...."</p> <p>A "Bed Rail Safety Assessment" dated 4/17/12 indicted, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter. Is resident non ambulatory? [N with a check mark]ambulatory?...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Side rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p>			

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	<p>During an observation on 6/26/12 at 1:25 p.m., Resident #1's bed was observed with bilateral half side rails up. The side rails had a cloth covering over them; however, the cloth was ripped exposing gaps in the side rails that were 7.5 inches. The resident was not in the bed at the time of the observation.</p> <p>11. The record for Resident #45 was reviewed on 6/26/12 at 3:00 p.m.</p> <p>Diagnoses included, but were not limited to hypertension, Alzheimer', dementia, altered mental status, delirium and chronic kidney disease.</p> <p>A "Bed Rail Safety Assessment" form dated 3/25/12 indicated, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter...Is resident non ambulatory? [Y with a check mark]...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Sire rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large</p>			

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	<p>enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 2:50 p.m., Resident #45 was in bed with eyes closed. The bed had four half side rails raised. Two half side rails at the head of the bed on each side and two half side rails at the foot of the bed on each side were raised. The gap between the top half rail and the bottom half rail was 12 inches on each side.</p> <p>During an interview on 6/26/12 at 3:15 p.m., the DoN indicated staff were doing a hall by hall sweep to assess for the needs of side rails. She indicated unsafe rails and rails without medical doctor's orders were going to be removed.</p> <p>During an observation on 6/26/12 at 4:27 p.m., Resident #45's bed had both the upper side rail and the lower side rail on one side of the bed removed. The upper side rail and the lower side rail on the side of the bed near the door still remained and were raised with the 12 inch gap between the rails.</p> <p>During an interview on 6/26/12 at 4:33 p.m., the DoN indicated the rails would be removed, and the resident would be re-assessed for the need to have side rails.</p>						

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	<p>12. Resident # 52's record was reviewed on 6/28/12 at 9:10 A.M.</p> <p>Current diagnoses included, but were not limited to, altered mental status, atrial fibrillation, atrial flutter, supra ventricular tachycardia, confusion, dementia, chronic obstructive pulmonary disease exacerbation, asthma, dyspnea, and glaucoma.</p> <p>During an interview with LPN # 8, on 6/26/12 at 10:30 A.M., she indicated side rails were not used for Resident # 52.</p> <p>During an observation of side rails on facility beds on 6/26/12 at 1:30 P.M., full length side rails with a gap of 6 inches in the rail were observed on</p>			

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	<p>Resident # 52's bed. During an interview with LPN # 8, at that time, she indicated she did not know why there were full length side rails on Resident # 52's bed.</p> <p>13. The record for Resident # 46 was reviewed on 6/27/12 at 10:05 A.M.</p> <p>Current diagnoses included, but were not limited to, legally blind, hypertension, cerebrovascular accident, and Alzheimer's dementia.</p> <p>During the staff interview on 6/26/12 at 10:00 A.M., LPN # 9 indicated the resident used 1/2 rails when in bed.</p> <p>During observation of the resident's side rails on 6/26/12 at 1:45 P.M., the half rails were noted to be loose on the bed creating a gap greater than 6 inches from the mattress, and the rails themselves had a gap of 6 inches between the bars.</p> <p>14. The record for Resident # 21 was reviewed on 6/27/12 at 2:35 P.M.</p> <p>Current diagnoses included, but were not limited to, hypertension, stroke, acute renal failure, altered mental status, dysphagia, weakness, and Vitamin D deficiency.</p> <p>During the staff interview with LPN # 9 on 6/26/12 at 10:00 A.M., she indicated side rails were not used for Resident # 21.</p> <p>During an observation of siderails on beds on 6/26/12 at 1:30 P.M., Resident #21's side rails were in the up position. The side rail itself had a 9 inch gap in the rail.</p>			

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	<p>15. The record Resident # 16 was reviewed on 6/27/12 at 2:23 P.M.</p> <p>Diagnoses for Resident # 16 included but were not limited to vascular dementia, coronary artery disease, cardiomyopathy, hyperthyroidism, hypertension, dyslipidemia, congestive heart failure depression and chronic obstructive pulmonary disease.</p> <p>During the initial tour on 6/25/12 at 8:30 A.M. the resident's bed was observed to have 1/2 side rails with gaps that measured 7 inches. The side rails were up but the resident was not currently in the bed.</p> <p>The current bed rail safety assessment dated 4/13/12 indicated the resident used the rails for safety but the safety measures (... if half rails are used, the gap between the rails is not large enough to allow for</p>			
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	<p>entrapment) of the assessment was crossed off.</p> <p>16. The record Resident # 22 was reviewed on 6/26/12 at 2:49 P.M.</p> <p>Diagnoses for Resident # 22 included but were not limited to senile delusions, hyperparathyroidism, hypertension, coronary artery anomaly, Alzheimer disease, depression, pulmonary embolism & infarction, osteoarthritis and hyperlipidemia.</p> <p>During the initial tour on 6/25/12 at 8:30 A.M. the resident's bed was observed to have 1/2 side rails with gaps that measured 7 inches. The side rails were not up and the resident was not currently in the bed.</p> <p>The current bed rail safety assessment dated 5/23/12 indicated the resident used the rails for safety but the safety measures (... if half rails are used, the gap between the rails is not large enough to allow for entrapment) of the assessment was crossed off.</p>				

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	<p>17. Resident #14's record was reviewed on 6/26/2012 at 3:30 P.M. Resident #14 was admitted on 5/14/09 and had current diagnoses which included but were not limited to a history of falls, a history of an ankle fracture, dementia, hypertension, and osteoporosis.</p> <p>During an observation on 6/26/2012 at 3:20 P.M. Resident #14 was observed in bed with full side rails on both side of the beds. The bed rails were in the up position, loosely attached, and did not fit properly on the bed causing a gap between the bed and side rail.</p> <p>18. Resident #47's record was reviewed on 6/26/2012 at 9:30 A.M. Resident #47 was originally admitted on 3/21/2008 and had current diagnoses which included but were not limited to a history of distal femur fracture, constipation, hypertension, arthritis, and depression. Resident # 47 was alert but confused at times.</p> <p>During an interview on 6/26/2012 at 2:15 P.M., LPN #8 indicated Resident #47 did not use side rails.</p> <p>During an observation on 6/26/2012 at 1:25 P.M., Resident #47 was observed in bed with the left side rail</p>	F0323	<p>F- 323 FREE OF ACCIDENTS/HAZARDS/SUPER VISION/DEVICES It is the policy of the Alpha Home to ensure the resident environment remains free of accidents hazards as is possible and each resident receives adequate supervision and assistance to prevent accidents. <u>Corrective Action Taken Related to this Finding: All the resident areas including resident's rooms for residents # 41, #1, #4, #47, #13, #25, #12 are checked and monitored daily by the maintenance director and the housekeeping staff. Staff made aware to notify the administrator immediately is water is too hot or especially exceeding 120 degrees. The Alpha Home Team is submitting this response to the immediate jeopardy. This immediate jeopardy is in reference to hot water temperature above 120 degrees. The immediate jeopardy was identified on June 25, 2012. The Alpha Home notified the ARS Rescue Rooter who has the contract for maintenance with the hot water tanks. The team decided to replace the 1000 series mixing valve, instead of making adjusting on the previous mixing valve. The mixing valve installation was</u></p>	08/02/2012			

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	<p>raised and the other side of the bed against the wall. The side rail had a middle cap which measured 7.5 inches wide.</p> <p>During an interview on 6/26/2012 at 2:00 P.M., CNA (Certified Nursing Assistant) #14, indicated the rail was supposed to have a cover on it was being washed.</p> <p>During an interview on 6/26/2012 at 2:03 P.M., the Director of Nursing (DON) indicated she assumed when the beds were switched out the old rails were not removed.</p> <p>During an interview on 6/26/2012 at 2:22 P.M. The Administrator stated, "We have new beds. Those old side rails shouldn't even be on the beds. Don't know why they are saving them. We have financed new beds."</p> <p>Review of a current facility policy titled "Side Rails" provided by the Administrator on 6/29/2012 at 8:10 A.M., indicated it was the policy of the facility to ensure the resident's environment remained free of accident hazards as much as possible.</p> <p>This deficient practice resulted in Immediate Jeopardy. The Immediate</p>		<p><u>completed on June 25, 2012. The technician the, the maintenance director and the facility administrator checked the water temperatures and the temperatures averaged around 115degrees. The ARS technician will return of Tuesday morning for a follow up inspection to ensure no leaking, and that the mixing valve is engaging well. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Alpha Home management team meets with ALL the Housekeepers who work the hall. All the housekeepers have received thermometers and instructions on taking water temperatures daily in the resident's rooms. The water temperatures should be between 105 degrees to 120 degrees. These temperatures are to be documented immediately, and placed on the water temperature log sheets, the temperature if exceeding a 120 requires immediately notification to the administrator, maintenance director and the director of nurses. The water will be shut off to the resident rooms, and the resident temporary relocated with notification to the family, physician and other</u></p>		

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	<p>Jeopardy was identified on 6/25/12 and began on 6/18/12. The Administrator was notified of the Immediate Jeopardy on 6/25/12. The Immediate Jeopardy was removed on 6/25/12 as confirmed by the mixing valve on the hot water tank was replaced by a professional service. A water temperature policy was submitted by the Administrator 6/26/12 at 10:30 a.m. and indicated water temperatures would be monitored daily and discrepancies must be reported to the Administrator. On 6/26/12 at 12:50 p.m. water temperatures checked in random resident rooms on all three halls were below 120 degrees Fahrenheit. Although the Immediate Jeopardy was removed, the facility remained out of compliance at a level of widespread, no actual harm, with potential for more than minimal harm that was not Immediate Jeopardy.</p> <p>3.1-19(r)(2)</p>		<p><u>disciplines. The adjustment will be made with the mixing valves to ensure the proper temperatures between 105 and 120 degrees. The morning managers meeting will collect the results of the water temperatures daily with submission to the Indiana State Department of Health, this submission will continue until the health department decides the temperatures are in compliance.</u></p> <p><u>Residents#41,#1,#45,#52,#21,#46,#16,#22,#14,#47 have all had assessment completed for side rails , new care plans have been completed for residents needing side rails, and residents not needing side rails had the side rails removed. Residents still needing the side rails have assessment and care plans to reflect the side rails usage. The facility has an abundance of cloth covers for side rails covers to prevent any gap if the side rail is in usage. How will you identify other residents having the potential to be affected by the same deficient practice? Internal water temperatures audit has been completed for resident's rooms having the potential to be affected by the deficient practice. Residents having the potential to be affected by the</u></p>		

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			<p><u>deficient practice have been identified with every resident rom temperatures being checked daily at random times of the day. Any residents rooms with high water temps will have the water shut off to the room and the resident removed until temperature are between 105 and 120 degrees. All the residents' beds with side rails were removed. assessment were completed for validation of side rails and care plan updated. There is an admission assessment and readmission assessment for resident's safety with side rails. What measures will be put into place to ensure or what systemic changes will you make to ensure the deficient practice does not reoccur? The measures put into place for the Alpha Home to ensure the deficient practice does not reoccur regular daily monitoring by the housekeepers. All occupied rooms and empty rooms' water temperatures are checked daily. The resident that has side rails covers are checked daily by the housekeepers and the care givers to ensure the covers fit the rails and that resident safety is intact. Audit sheets for compliance will be reviewed weekly and shared with the quality assurance</u></p>	

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			<p><u>committee. The management team with continue to monitor the water temperature log sheets with daily submission to the Indiana State Department Of health until compliance has been achieved. The administrator and the maintenance director will continue monitoring for compliance for the deficient practice does not recur. Results of the audit log sheets to be presented monthly at the quality assurance committee meeting for additional instructions with the quality assurance recommendations. By what date will the systemic changes be completed? The systemic changes were implemented on June 25, 2012. Shall continue daily. The Alpha Home also has established monitoring by the administrator and maintenance director for correction with the deficient practice. 1. Daily reports submitted to the Indiana State Department to start on June 26, 2012. ARS contractors to continue with the maintenance contract to replace the mixing valves on the six month maintenance contract. Correction date 6 /26/12. Facility correction 7/4/2012 AddendumF323An in-service wa held July 27, 2012 to address side rail usage and</u></p>	

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			the usage of coth coverings on side rails along with the rationale for this.	

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview, and record review the facility failed to ensure each resident's drug regimen was free from unnecessary drugs, adequate monitoring of drugs, or implementation of behavioral interventions for 1 of 10 residents reviewed for unnecessary drugs (Resident #28).</p> <p>Findings include:</p> <p>Resident #28's record was</p>	F0329	<p>F 329. It is the policy of the Alpha Home for all resident drug regimen is free from unnecessary drugs. <u>Corrective Action Taken Related to this Finding: Corrective Action related to this finding: The medication for resident # 28 has been discontinued. New, nursing assessment completed on resident 28. Social Service Director has reviewed the resident chart and interviewed the resident. All direct care staff in serviced by 7/28/12. Customer Service in - service also the staff</u></p>	08/02/2012

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	<p>reviewed on 6/27/2012. Resident #28 was admitted on 5/12/10 and had current diagnoses which included but were not limited to, a history of fractures, hypertension, dementia with agitation, and psychosis. Resident #28 was alert, ambulatory, and had a history of refusing care.</p> <p>Review of Resident #28's current physicians' orders dated for June 2012 indicated resident had a current order for Ativan 1.5 mg (Milligrams) to be given 30 minutes prior to showers on shower days. This order was originally dated for 3/29/2012.</p> <p>A social service note dated 3/20/2012 indicated Resident #28 was to receive Ativan (Benzodiazepine) at 9:00 A.M. on shower days due to her refusal of showers. A Social Service note dated 4/9/2012 indicated Resident #28 continued to refuse showers. On 7/2/2012 at 10:20 A.M., The Director of Nursing and the Administrator were asked to provide documentation of all service notes for the months of April, May, June 2012. Review of the notes that were provided</p>		<p><u>to interact with the resident, allowing the resident their right to choice. The MDS coordinator has made the changes to the care plan. The staff to document the choices and the refusal. Alpha Home to explained resident the right of refusal, and allow for resident reasonable accommodation with a choice. If the presence is a bed bath than reasonable accommodation for the bed bath but will be offered the choice of a shower, or a choice of a bed bath and alternative to refusal. The resident POA to be notified of refusal, along with the physician for additional interventions. Resident's care plan to address resident's preference with bed baths rather than showers. Additional documentation to be added to chart. II. Other Residents with Potential to be affected by this finding will be identified by: All residents receiving antipsychotic medications have been identified and their medication regiment reviewed for any unnecessary medication by the pharmacy consultant All other residents had the potential to be affected by this finding; however, no other residents were affected. All residents receiving antipsychotic medication identified with audits. III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows: All</u></p>		

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	<p>indicated no social service notes were written after 4/9/2012 until 6/11/2012. A social service note dated 6/11/2012 indicated the facility continued to administer Ativan 30 minutes prior to attempting to give Resident #28 a shower however, she continued to refuse showers. Resident #28 was assessed to sometimes take a bath when approached later in the day. This note further indicated recommendations of not giving the Ativan and monitor to see if Resident #28 continued refusing care without the Ativan. This note was signed by the Social Service Director at the time. The next social service note was dated 6/14/2012 signed by a Social Worker Designee indicated Resident #28's medications were reviewed. This note indicated Resident #28 continued on Aricept, the Depakote was increased to 500 mg due to dementia and non-compliance, and the Lorazepam (Ativan) was still being administered prior to showers on Wednesdays and Saturdays. The 6/14/2012 was the last social service note available. During an interview on 7/3/2012 at 8:43 A.M., the Social Service Director</p>		<p><u>residents receiving antipsychotic medication will be reviewed at the monthly behavior management meeting by a multidisciplinary healthcare team to determine the need of these medications or indications for a gradual dose reduction or discontinuance of these meds. This team includes the medical director, social service pharmacy DON MDS. These reviews will take place no less than quarterly and more often if needed. The recommendations will be made by the physicians in attendance at the meeting and communicated to the president's personal attending physician for the final order. Pharmacy In service held on 7/20/12 with nursing staff to address what constitute unnecessary medications and other interventions that should be implemented to address behavior problems. The interdisciplinary team reviews the unnecessary medications daily at the morning managers meeting. The Alpha Home has also implemented the daily follow up for reporting form for communication to physician. These practices have been implemented to ensure the deficient practice does not recur. Additionally, residents' independent choices are reflected in the care plan with involvement from the resident's POA. The quality assurance team will assist with monitoring for follow up with unnecessary medication IV.</u></p>				

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	<p>indicated she did not know who the note on 6/14/2012 was signed by but it appeared to be a Social Service Designee. She indicated she has only been here for three weeks and the note dated 6/11/2012 was signed by the previous Social Service Director.</p> <p>Review of Resident #28's Medication Administration Record (MAR) indicated she had been given the Ativan every Wednesday and Saturday on day (7:00 A.M.-3:00 P.M.) shift for the last three months April, May, and June 2012.</p> <p>Resident #28's current care plan originally dated 9/8/2011 and last updated 6/8/12 indicated she had problems with refusing shower/bathing with a goal for her not to have any agitation/behaviors. Interventions included Lorazepam, Depakote, and to monitor the effectiveness of the medications. A current care plan originally dated 5/13/2010 and last updated 5/10/2012 indicated Resident #28 required the assistance of staff for activities of daily living (ADLs) with a goal for her to participate in ADLs by washing her upper body and</p>		<p><u>Corrective Actions will be monitored to Ensure Compliance by:</u> The nursing staff and behavior management will be responsible for the management of use of antipsychotic meds in the facility. The Director of Nursing service will monitor for compliance. Noncompliance reporting and finding submitted to the Quality Assurance at its regular scheduled monthly meeting. This practice will be on going for the next three months. The Quality Assurance Committee will review and make recommendation for continuous quality improvements for the next quarter with the committee will determining if additional recommendation is necessary. <u>V. Completion Date: 07/31/12</u></p> <p>Addendum F329 Residents receiving antipsychotic medicated at the behavior management meeting by multidisciplinary healthcare team to determine the need of these medications or indications for a gradual dose reduction or discontinuance of these meds. This team includes the medical director, social services, pharmacy, DON, and MDS coordinator. These reviews will take place no less than quarterly and more often if indicated. The recommendations will be made by the physicians in attendance at the meeting and communicated to the residents' personal attending physician for</p>				

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	<p>dressing her upper body. Interventions included her taking a shower 2 times a week and Lorazepam (Ativan) was to be given per order prior to showers. A care current care plan dated 4/13/2011 and last updated 5/10/12 indicated Resident #28 became anxious prior to her showers/bathing with a goal for her to have no anxiety within 60 minutes of receiving Ativan. Interventions included monitor for anxiety and give Ativan one hour before bathing/showering, monitor for the effectiveness and document, ask her if she still prefers showers, and consult with the doctor if needed. A current care plan dated 3/29/2012 and last updated 6/29/2012 indicated Resident #28 had dementia with behaviors and she refused to clean up, shower, take a bed bath, or change clothes. A goal for this resident was to have no behaviors on shower days. Interventions included administering Ativan on shower days and to use a wheel chair on the days she takes the Ativan for safety. Another problem listed as a current problem originally dated 7/21/11 and last updated 6/21/12 indicated Resident</p>		<p>the final order. Pharmacy in-service will be hed with nursing staff to address to wat could constitute unnecessary medications and other intervenions that should be implemented to address behavior problems.</p>		

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	<p>#28 refused showers. A goal for her was listed will take a shower twice weekly. Interventions to meet this goal included shower twice weekly, if she refused re-approach later, if she continues to refuse notify doctor and send another care giver to her room, and administer Ativan 1 hour prior to showers/bathing as needed.</p> <p>A nurses note dated 6/11/2012 indicated Resident #28 was reviewed in a behavior management meeting. New recommendations included scheduling her bath last on shower schedule and do not give Lorazepam (Ativan) or bathing.</p> <p>During an interview on June 27, 2012 at 1:45 P.M., CNA (Certified Nursing Assistant) #13 indicated Resident #28 was afraid of showers and she often refused. When this happened she would report it to the charge nurse and she would tell them what to do.</p> <p>During an interview on June 27, 2012 at 1:52 P.M., LPN #3 (Unit Charge Nurse) indicated sometimes the Ativan works and some times it doesn't. I have the CNAs (Certified Nursing</p>				

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	<p>Assistants) give her one shower a week regardless of the circumstances even if she refuses. This LPN was queried if she was aware Resident #28's record indicated she was afraid of showers and preferred bed baths. LPN #3 stated, "Yes, she doesn't like showers. She will take a bed bath better but at times she will still refuse those. Some of them can talk her into it but at times no one can."</p> <p>During an interview on 1/27/2012 at 1:27 P.M., CNA #11 stated, "I don't have any problems giving her a bath. I just say, 'Come here so everyone doesn't hear our business' and she comes with me. She doesn't like showers but she will let me give her a bed bath."</p> <p>Nurse's Notes were reviewed from April 2012 through June 28, 2012. A nurse's note dated 4/7/2012 at 3:35 P.M. indicated Resident #28 still refused a shower after Ativan was given. A nurse's note dated 4/4/2012 at 4:00 P.M. indicated Resident #28 was given Lorazepam as a means of calming resident and for cooperation during shower related to this resident being non compliant on shower days. Medication was effective however this resident became un steady during ambulation requiring staff assist of one during ambulation. A nurse's noted dated</p>						

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	<p>4/21/2012 at 9 A.M. indicated Resident #28 received Lorazepam. She was approached 3 times and still refused to have a shower or bath. A nurse's note dated 5/9/2012 10:30 A.M. indicated Resident #28 had been offered a shower twice that morning and she refused. Lorazepam was given and staff would continue to attempt to give her a shower. A nurse A nurse's note dated 5/9/2012 at 2:10 P.M. indicated Resident #28 had been asked several times to take a shower but refused. She did agree to a complete partial bat at the sink. A nurse's note dated 6/11/2012 indicated Resident #28 was reviewed in behavior management. New recommendations included to schedule her later for the last on shower list and to not give Lorazepam for bathing.</p> <p>During an interview on 6/20/2012 at 1:26 P.M., the Administrator and the Director of Nursing (DON) were asked to provide documentation for April, May, June 2012 of any interventions implemented to encourage Resident #28 to bathe other than administering Ativan.</p> <p>Documentation of behavioral monitoring sheets were reviewed for the dates of March, April, and May 2012. All notes were signed by the same CNA (CNA #11). The only intervention documented to encourage Resident #28 included Resident #28 being re-approached by the same CNA (CNA #11). Review of the time sheets for CNA #11 indicated no time punches for 5 of the 26 days she had signed the behavior sheets for Resident #28. The facility was unable to provide documentation of interventions that had been assessed to work for Resident #28 for ADL care during this time frame.</p> <p>Review of a current policy provided by the DON on 7/2/2012 at 1:00 P.M. titled Policy and Procedure Unnecessary Drugs indicated, "It is the</p>			
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	<p>policy of this facility that residents drug regimen will be free from unnecessary drugs. . .Benzodiazepine or other anxiolytic/sedation drugs for the purposes other than sleep induction should only occur when: 1). Evidence exists that other possible reasons for the resident's distress have been considered and ruled out. 2) Use results in a maintenance or improvement in the resident's functional status. . ."</p> <p>3.1-48(b)(2)</p>			

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F0334 SS=D	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p>			

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	<p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview the facility failed to ensure influenza education was provided for 2 of 5 residents reviewed for influenza vaccines (Resident # 25 & #40).</p> <p>Findings include:</p> <p>The record for Resident # 25 was reviewed on 6/27/12 at 3:08 P.M.</p> <p>The record for Resident # 40 was reviewed on 6/27/12 at 3:10 P.M.</p> <p>The record lacked documentation of any</p>	F0334	<p>F 334</p> <p>It is the policy of this facility to ensure that before offering the influenza and pneumococcal immunization each resident or their legal representative receives education regarding the benefits and side effects of the immunization.</p> <p>The family representatives for both resident #25 and resident #40 were contacted regarding the necessary education for influenza and pneumococcal immunizations given on October of 2011.</p> <p>All other residents that received pneumococcal and influenza</p>	08/02/2012

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	<p>influenza education for vaccines for the 2011-2012 flu season for the following residents:</p> <p>Resident # 25 was admitted on 6/9/11 and no consent was signed at the time of admission but the resident did verbally consent to the 2011/2012 vaccine. Resident # 25 was given the flu vaccine on 10/24/11.</p> <p>Resident # 40 was admitted on 10/23/05 and the influenza consent was signed on 10/21/05. Resident # 40 was given the flu vaccine on 10/25/11.</p> <p>Education documentation was requested for the influenza vaccines on 6/27/12 at 10:50 A.M. from LPN # 3 on 6/27/12 at 10:45 A.M.</p> <p>During an interview on 6/28/12 at 10:15 A.M. with the Medical Records LPN, she indicated there were no nurses notes or other documentation for the education of the influenza vaccine.</p> <p>During an interview on 7/2/12 at 1:30 P.M. with the infection control nurse, she indicated there was no documentation of influenza education.</p> <p>3.1-13(a)</p>		<p>immunizations were identified and received notification as indicated. All residents that consent to the pneumococcal and influenza immunizations will receive education of the potential risks and benefits before it is given and documentation is present in clinical records. In-servicing will be held to review this policy. The infection control nurse and the DON will be responsible for monitoring compliance of this corrective action reporting to the QA committee.</p>				

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on record review, interview and observation the facility failed to ensure medications being used had open date labels for 1 of 3 medication</p>	F0431	F- 431 DRUG RECORDS LABEL STORE DRUGS & BIOLOGICALS FREE OF ACCIDENTS/HAZARDS/SUPER VISION/DEVICES It is the policy	08/02/2012

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	<p>carts observed for opened medications.</p> <p>Findings include:</p> <p>During observation of the medication carts on 6/27/12 at 10:45 A.M., the following medications did not have open date labels:</p> <p>300 Hall medication cart Brimonidine eye drops Travatan eye drops Latanoprost eye drops</p> <p>During an interview with LPN # 6 on 6/27/12 at 10:45 A.M., she indicated this was not her usual cart but medications should be labeled with open dates.</p> <p>A current facility policy dated 1/1/05 and titled "Policy: Expiration Dates and Compromised Medication" and provided by the Director of Nursing on 6/29/12 at 9:00 A.M. indicated, "... 3. With some multi-dose containers it is important to complete the "Date Opened" sticker.</p> <p>3.1-25(j)</p>		<p>of the Alpha Home to provide the services of a licensed pharmacist with a system of recording receipting and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation. The Alpha Home policy provides drugs and biological used must be labeled in accordance with current accepted professional principles and cautionary instructions and the expiration date when applicable</p> <p><u>Corrective Action Taken</u></p> <p><u>Related to this Finding: The medication Brimonidine eye drops, Travatan eye drops, and Lantanoprost eye drops have been reviewed and the medication which had open dates was removed. The Pharmacy has been notified for replacements . II.What corrective action will be accomplished for those residents found to have been affected by the deficient practice? All residents of the Alpha Home have the potential to be affected by this finding; however, no other identifiable resident was affected by these findings. _ III. Measure and Systemic Changes put into place to Assure deficit Practice does not recur are as follows. Staff In-service training completed by pharmacist on</u></p>		

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			<u>7/20/12.Continuous regular training with facility labels in accordance with accepted professional principles, with non-label and expired medication continues monthly in accordance with applicable regulations. Once a week on the night shift the nurse will audit for non-label medications. IV. What measures will be put into place to ensure or what systemic changes will you make to ensure the deficient practice does not reoccur? Compliance completion with the weekly medication label review results presented to the unit manager DON to monitor the facility compliance on mislabeled medications review results conducted each week with the Director of Nurses and the administrator. Audit results presented to the Q. A committee for additional recommendation and improvements. Correction Date 7/27/12</u>	

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and record review, the facility failed to ensure</p>	F0441	F 441 Infection Control Prevent Spread Linens It is the policy of	08/02/2012	

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	<p>staff washed their hands and wore gloves as needed during medication administration for 1 of 4 nurses observed during 4 medication observations affecting 3 of 10 residents observed (LPN #5, Residents #19, #36, #66). This practice had the potential to affect 16 residents residing on 1 of 3 hallways (300 hallway).</p> <p>Findings include:</p> <p>During the medication administration observation on 6/29/12 at 8:40 A.M., LPN #5 was observed setting up medications for Resident #66. One of the medications administered was Fluticasone 50 mcg (micrograms) nasal spray. One spray was administered into each nostril by LPN #5. LPN #5 had not put on gloves, using her bare hands instead. After administering Resident #66's medications, LPN #5 returned to the medication cart without washing her hands.</p> <p>LPN #5 set up and administered medications to Resident #19 next. Resident #19 required assistance with his medications which included LPN #5 holding the medication cup and pouring the pills, a couple at a time, into the resident's mouth, and holding</p>		<p>the Alpha Home to establish and maintain an infection control program designed to provide a safe sanitary and comfortable environment and to help prevent the transmission of diseases and infection. <u>Corrective Action Taken Related to this Finding:</u></p> <p>The staff person received corrective action with a documented written reprimand, regarding failure to follow the hand washing policy before administrating care to a resident</p> <p><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u> All residents have the potential to be affected by this finding, however, the faculty staff to receive directed in servicing on hand washing and the time limit to have effective hand washing.</p> <p><u>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</u> Pharmacy consultant to conduct random medication pass review with emphasis on hand washing in-service. Directed in-service containing fundamental of infection control. The policies and procedures with emphasis placed on hand washing and the importance of following this procedure. Audit of random hand washing reviewed with the quality assurance committee for continuous quality improvement,</p> <p><u>IV. Corrective Actions will be</u></p>	

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	<p>the drink cup to the resident's lips for him to drink. LPN #5 then returned to the medication cart.</p> <p>LPN #5 set up and took Resident #36's medications to him in the dining room, placing the pills and drinking water on the table. The resident was able to take the pills and swallow them without additional assistance from LPN #5.</p> <p>During the 20 minute medication observation, LPN #5 did not wash her hands or use hand sanitizer between resident contacts.</p> <p>A current facility policy, dated 1/1/05, provided by the DON (Director of Nursing) on 7/2/12 at 1:40 P.M., titled "Policy: Standard Precautions", indicated: "Policy: Standard Precautions are to be used to avoid the spread of communicable diseases through blood and body fluids when passing medications and administering treatments. Procedure: When administering medications or treatments, Standard Precautions will be used as appropriate. Gloves will be worn when contact with the resident is possible, i.e. injections, nasal, inhaler, enteral medication,</p>		<p><u>monitored to Ensure Compliance by:</u> The administrator, Don, and unit manager will review the hand washing audits weekly for compliance. All reports and findings will be submitted to the quality assurance committee at its scheduled meeting. This monitoring audit record will be presented each month for the next three months with recommendation from the members from the quality assurance committee. 07/27/12</p>	

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	<p>and giving patients mechanical assistance with oral medication. Before and after all enteral, injectable and ophthalmic medication administration the nurse is to wash hands with soap and water.... When administering orals with no mechanical assistance given to the resident, a suitable spray or antiseptic lotion may be used before and after medication administration."</p> <p>3.1-18(a)</p>			

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F0490 SS=L	<p>483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review the facility failed to communicate effectively with the administrator; therefore, the administrator was unaware of the high water temperatures and the unsafe side rails. (#41, #1, #4, #47, #13, #25, #12, #45, #52, #46, #21, #16, #22, #14, #47)</p> <p>Findings include:</p> <p>1. The record for Resident #41 was reviewed on 6/26/12 at 8:55 a.m.</p> <p>Diagnoses included, but were not limited to, organic mental syndrome with agitation, hypertension, dementia, and arthritis.</p> <p>A nurses note dated 6/18/12 at 12:30 p.m. indicated, "...alert propelling self through facility."</p> <p>During an observation of room safety on 6/25/12 at 10:40 a.m., the hot water from the bathroom spicket in Resident #41's room was turned on. The water</p>	F0490	<p>F 490 EFFECTIVE ADMINISTRATION / RESIDENT WELL BEING It is the policy of the Alpha Home to develop and implement written policies and procedures, that will In manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical mental, and psychosocial well being of each resident.</p> <p>Corrective Action related to this finding: <u>Resident 41 water temperatures in the room now register between 105 and 120 digress. Resident #1 water temperature in the room registers between 105 and 120 degrees.</u> Resident # 4 water temperature in the room registers between 105 and 120 degrees. Resident # 47 water temperature in the room measures between 105 and 120 degrees. Resident # 13 water temperature measure between 105 and 120 degrees. Resident # 25 water temperature measures between 105 and 120 degrees. Resident # 12 water temperature measures between 105 and 120 degrees. Resident # 45 water temperature measures between 105 and 120 degrees. Resident #</p>	08/02/2012			

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	<p>temperature was extremely hot with steam rising. The water temperature registered 158 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:25 a.m., the hot water from the bathroom spicket in Resident #41's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>2. The record for Resident #1 was reviewed on 6/26/12 at 8:50 a.m.</p> <p>Diagnoses included, but not limited to, debility, dementia and iron deficiency anemia.</p> <p>A nurses note dated 6/25/12 at 5:00 p.m. indicated, "...aox1 [awake and oriented times one] to self restless in w/c [wheelchair] has self release belt cont [continue] to unfasten [sign for with] alarm sounding propelling self throughout unit...."</p> <p>During an observation of room safety on 6/25/12 at 10:40 a.m., the hot water from the bathroom spicket in Resident #1's room was turned on. The water temperature was extremely hot with steam rising. The water temperature registered 158 degrees Fahrenheit with a digital</p>		<p>52 water temperature measures between 105 and 120 degrees. Resident # 46 water temperature measures between 105 and 120 degrees. Resident # 21 water temperature measures between 105 and 120 degrees. Resident # 16 water temperature measures between 105 and 120 degrees. Resident # 22 water temperatures measures between 105 and 120 degrees. Resident # 14 water temperature measures between 105 and 120 degrees. Resident # 47 water temperatures measures between 105 and 120 degrees. There has been no negative outcome from the water temperatures and the resident assessment for side rails. All temperatures in the resident room areas have consistently measured between 105 and 120 degrees since June 25, 2012. The Alpha Home had a new mixing valve placed in the mechanical room. Every six months the Alpha Home has the internal preventive maintenance completed for the mixing valve. Maintenance staff person redirected training with the knowledge for the water's proper temperature control. (105 – 120 degrees) Training in- service completed on 07/27/12 for facility staff on acceptable water temperature and resident safety for side rails. Notification time frame (immediately if water temperatures are questionable to be hot.) Notification immediately</p>				

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	<p>thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:25 a.m., the hot water from the bathroom spicket in Resident #1's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>3. The record for Resident #4 was reviewed on 6/25/12 at 9:10 a.m.</p> <p>Diagnoses included, but were not limited to, bipolar disorder, depression and hyperglycemia.</p> <p>A nurses note dated 6/2/12 at 2:00 p.m. indicated, "Resident alert / ox3 [oriented times three], sitting up in bed...non-ambulatory, uses w/c [wheelchair] for mobility, dependent for all ADL's [activities of daily living]/peri-care/transfers...."</p> <p>On 6/25/12 at 10:44 a.m., the hot water from the bathroom spicket in Resident #4's room registered 150 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:28 a.m., the hot water from the bathroom spicket in Resident #4's room registered 150 degrees Fahrenheit on the facility's non-digital</p>		<p>for any resident side rail that does not have the proper cover. Water service to the room area is turn off if the temperatures exceed over 120 degrees. New side rails assessments have been completed on the following residents: #1,#14,#16,#21,#22,#45,#46,#47, assessments have been completed, the new assessment determined if the resident actually need side rails. All residents of the Alpha Home had their side rail assessments completed.Residnts with orders for side rails care plans document the need for side rails. The facility has custom made covers to enclose all side rails for resident's safety .Additionally the Alpha Home has purchased new beds for residents recently. Written policy review and staff acknowledgement signature forms signed on 07/27/12. This in-service trained the staff on best practices for reporting for prevention of resident incidents. This corrective action and training will continue for new hires and repeated with regular staff employees. Corrective action plans implemented with employee violating noncompliance for non communication to the administrator or his designee in his absent. The Alpha Home continues to check and log water temperature daily. The logs are review in the morning managers meeting to ensure the mixing</p>				

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	<p>thermometer.</p> <p>4. The record for Resident #47 was reviewed on 6/26/12 at 9:00 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension, arthritis and depression.</p> <p>A nurses note dated 6/2/12 at 2:00 p.m. indicated, "Res. [resident] alert [sign for with] confusion, up daily in w/c [wheelchair], staff propelled...."</p> <p>On 6/25/12 at 10:44 a.m., the hot water from the bathroom spicket in Resident #47's room registered 150 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:28 a.m., the hot water from the bathroom spicket in Resident #47's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>5. The record for Resident #13 was reviewed on 6/26/12 at 9:10 a.m.</p> <p>Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, dementia and hypertension.</p> <p>A nurses noted dated 6/16/12 at 11:00 a.m. indicated, "Resident Alert (sic) [sign</p>		<p>valve is working properly and the temperatures recorded within acceptable ranges. This is the corrected action for those residents found to have been affected by the deficient practice.</p> <p><u>II. Other Residents with Potential to be affected by this finding will be identified by:</u> All other residents had the potential to be affected by this finding; however, no other residents were affected. The water temperature is documented daily, there has been a new mixing valve placed in the mechanical room. Side rails assessment completed on all residents The communication is shared on the nursing units with the cuddle/ huddle meeting. Reminders letters to families for communication with reporting incidents, grievance and other concerns. If there is an elevated water temperature then it is reported to the department of health with a completed investigation. The Alpha Home has implemented the appropriate corrective action with suspension and or termination of staff for a non compliance. The reports are documented and reviewed with the managers meeting and follow up completion submitted to the department of health. The Alpha Home is currently submitting all reports to the Department of Health. The Alpha Home will continue to report in a prompt manner, to the regulatory agency, resident's family, and physician.</p>		

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	<p>for and] oriented x 2...."</p> <p>The most recent quarterly Minimum Data Set [MDS] Assessment dated 4/6/12 indicated Resident #13 used a wheelchair and was independent in locomotion on the unit.</p> <p>On 6/25/12 at 10:46 a.m., the hot water from the bathroom spicket in Resident #13's room registered 130 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:31 a.m., the hot water from the bathroom spicket in Resident #13's room registered 130 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>6. The record for Resident #25 was reviewed on 6/26/12 at 9:15 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension and Alzheimer's.</p> <p>A nurses noted dated 6/24/12 at 11:00 p.m. indicated, "Res. [resident] alert, pleasantly confused. Up in w/c [wheelchair] self mobility...."</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:34 a.m., the hot water from the bathroom spicket in</p>		<p>These follow up reports will continue with prompt submission to the ISDPH via fax, and/ or written communication to ISDPH.</p> <p>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows: The water temperatures are documented daily and review at the managers meeting. The interdisciplinary team reviews the water temperature log, incidents and accidents at each morning managers meeting. Resident side rails are reviewed daily at the managers meeting. The Alpha Home has also implemented the daily follow up work order sheet for repairs, there is a grievance reporting form for families and staff to communicate also. These best practices have been implemented to ensure the deficient practice does not recur. The following room temperatures were recorded for these residents <u>Resident 41 water temperatures in the room now register between 105 and 120 digress. Resident #1 water temperature in the room registers between 105 and 120 degrees.</u> Resident # 4 water temperature in the room registers between 105 and 120 degrees. Resident # 47 water temperature in the room measures between 105 and 120 degrees. Resident # 13 water temperature measure between 105 and 120 degrees. Resident # 25 water temperature measures between 105 and 120</p>				

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	<p>Resident #25's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>7. The record for Resident #12 was reviewed on 6/26/12 at 9:25 a.m.</p> <p>Diagnoses included, but were not limited to, hypertension, paranoid schizophrenic traits and dementia.</p> <p>A nurses note dated 6/15/12 at 11:00 p.m. indicated, "Alert to self and name. Up daily in w/c [wheelchair] staff propelled...."</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:34 a.m., the hot water from the bathroom spicket in Resident #12's room registered 150 degrees Fahrenheit on the facility's non-digital thermometer.</p> <p>8. On 6/25/12 at 10:42 a.m., the hot water from the sprayer in the beauty shop shampoo sink which is adjacent to the 100 hall way registered 156.7 degrees Fahrenheit with a digital thermometer.</p> <p>During rounds with Maintenance Manager #1 on 6/25/12 at 11:37 a.m., the hot water from the sprayer in the shampoo sink in the beauty shop registered 152 degrees Fahrenheit on the facility's</p>		<p>degrees. Resident # 12 water temperature measures between 105 and 120 degrees. Resident # 45 water temperature measures between 105 and 120 degrees. Resident # 52 water temperature measures between 105 and 120 degrees. Resident # 46 water temperature measures between 105 and 120 degrees. Resident # 21 water temperature measures between 105 and 120 degrees. Resident # 16 water temperature measures between 105 and 120 degrees. Resident # 22 water temperatures measures between 105 and 120 degrees. Resident # 14 water temperature measures between 105 and 120 degrees. Resident # 47 water temperatures measures between 105 and 120 degrees. All temperatures in the resident room areas have consistently measured between 105 and 120 degrees since June 25, 2012. <u>IV. Corrective Actions will be monitored to Ensure Compliance by: Administrator, Maintenance Director, and the interdisciplinary team will review side rail assessments, covers for side rails the water temperatures, incidents accidents, r logs, and staff assignment daily. All reports with audits with finding submitted to the Quality Assurance at its regular scheduled monthly meeting. This practice will be on going for the next three months. The Quality Assurance Committee will review and make recommendation for continuous</u></p>				

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	<p>non-digital thermometer.</p> <p>On 6/25/12 at 11:21 a.m. the water temperature logs were provided by Maintenance Manager #1, and he indicated the log was recent.</p> <p>A water temperature log entry dated June 18 without a year, indicated, "...NURSES STATION (sic) 125... 203 - 130 206 - 125... 303 129 305 125 304 126 303 130 104 126...."</p> <p>A water temperature log entry dated, "TUE [Tuesday] 19-2012," indicated, "...203 130 206 125... 303 129 305 125 304 125 303 130."</p> <p>A water temperature log entry dated, "[illegible] 20 2012," indicated, "TUB...400 - 130 NURSE STATION 130... 203 135... 303 130 305 125..."</p>		<p><u>quality improvements, after three months the committee will determine if additional recommendation is necessary.</u></p> <p>V. Completion Date: 07/27/12</p> <p><u>Addendum F490</u> An all staff in-service washeld Jul 27, 2012 to address the importance of addressing vital and critical circumstances to the administrator in a timely manner. The procedure was discussed with all staff to immediately report any critical issue to the supervisor directly responsible for correcting the problem and then to their direct supervisor. It is the responsibility of the supervisor to inform the administrator of any critical issue as soon as they are made aware of it. Additionally, the administrator and managers are validating this process by making physical rounds and questioning staff at random regarding the communication process and most importantly, the reporting.</p>				

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308 130 104 126...."	A water temperature log entry dated, "Thur [Thursday] 21 2012," indicated, "TUB...400 - 125 NURSE STATION 125... 203 130 206 125... 303 125... 304 129 303 130 104 130... 107 125." The water temperature log lacked documentation for water temperatures for Friday, 6/22/12, Saturday, 6/23/12 or Sunday, 6/24/12. During an interview on 6/25/12 at 11:21 a.m., Maintenance Manager #1 indicated he checked the water temperatures every day or every other day. He indicated the water temperatures should not exceed 120 degrees Fahrenheit. He indicated he had not checked water temperatures today, 6/25/12. He indicated there were four water heaters in the facility. He indicated there was a water heater for the 100 hall, a water heater for the 200 hall, a water heater for the 300 hall and a water heater for the kitchen. He indicated the water gets cooler the farther down the hall from						

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	<p>the location of the water heater.</p> <p>During an interview on 6/25/12 at 11:40 a.m., Maintenance Manager #1 indicated he has was not trained on adjusting the mixer valves on the hot water heaters. He indicated the mixing valves were routinely switched out every six months and a work order had been turned in. He indicated the work would be done within the week. When asked how resident safety was ensured, he indicated, "I could probably turn it down." He Indicated he did not receive instruction on the mixer valves and did not know if it would even work.</p> <p>During an interview on 6/25/12 at 11:51 a.m., the Administrator indicated he was not aware of any water temperature problems. He indicated the maintenance manager was to notify him if there were water temperature concerns. He indicated the water temperature concerns would be addressed in the morning meeting and the service company would be notified to evaluate the water heaters. Water temperature policies and a maintenance manager job description were requested.</p> <p>During an interview on 6/25/12 at 4:15</p>				

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	<p>p.m., the Administrator indicated, "Oh, I'm still looking for those," in response to another request for facility policies and a maintenance manager job description.</p> <p>During an interview on 6/26/12 at 9:15 a.m., CNA #2 indicated the water was hot over the weekend. She indicated she mixed the hot water and the cold water. She indicated she did not report the hot water.</p> <p>A Job Description, tiled, "Housekeeping/Maintenance Manager," provided by the Administrator on 6/25/12 at 4:45 p.m. indicated, "...Maintenance Manager is responsible for ensuring that...is clean, orderly, and in a state of good repair, both inside and out, and provides reasonable comfort for all residents...must comply with the standards of the Indiana Administrative Code, Indiana State Department of Health, and any other applicable local, state and federal laws and regulations regarding facility care and maintenance...Reports To: Administrator...."</p> <p>No policies regarding water temperatures were presented by the end of the day at 4:45 p.m. on 6/25/12.</p> <p>On 6/26/12 at 10:54 a.m., Maintenance</p>			

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	<p>Manager #1's employee file was reviewed and lacked documentation on training for facility water heaters.</p> <p>On 6/26/12 at 10:30 a.m., an undated facility policy was provided by the Administrator titled, "Water Temperature Monitoring." The policy indicated, "Policy: It is the policy of this facility to assure the water temperatures remain within safe parameters for the safety of the residents and staff...The water temperatures will be monitored daily...should be no warmer than 120 degrees. A Preventative maintenance Log will be kept by the month and reviewed...Any discrepancies must be addressed by the maintenance department and reported to Administration...."</p> <p>9. The record for Resident #41 was reviewed on 6/26/12 at 8:55 a.m.</p> <p>Diagnoses included, but were not limited to, organic mental syndrome with agitation, hypertension, dementia, and arthritis.</p> <p>A nurses note dated 6/18/12 at 12:30 p.m. indicated, "...alert propelling self through facility."</p> <p>A "Bed Rail Safety Assessment" dated 6/6/12 indicated, "All bed rails must be</p>			

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	<p>assessed for safety upon initiation of rails and quarterly thereafter. Is resident non ambulatory? [Y with a check mark]ambulatory?...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Side rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 1:25 p.m., Resident #41's bed was observed with bilateral half side rails up. The side rails had a cloth cover over them; however, the cloth was ripped exposing gaps in the side rails that were 7.5 inches. The resident was not in the bed at the time of the observation.</p> <p>10. The record for Resident #1 was reviewed on 6/26/12 at 8:50 a.m.</p> <p>Diagnoses included, but not limited to, debility, dementia and iron deficiency anemia.</p> <p>A nurses note dated 6/25/12 at 5:00 p.m.</p>			

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	<p>indicated, "...aox1 [awake and oriented times one] to self restless in w/c [wheelchair] has self release belt cont [continue] to unfasten [sign for with] alarm sounding propelling self throughout unit..."</p> <p>A "Bed Rail Safety Assessment" dated 4/17/12 indicted, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter. Is resident non ambulatory? [N with a check mark]ambulatory?...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Side rails are used for: [Safety with a check mark]..." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 1:25 p.m., Resident #1's bed was observed with bilateral half side rails up. The side rails had a cloth covering over them; however, the cloth was ripped exposing gaps in the side rails that were 7.5 inches. The resident was not in the bed at the time of the observation.</p>						

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	<p>11. The record for Resident #45 was reviewed on 6/26/12 at 3:00 p.m.</p> <p>Diagnoses included, but were not limited to hypertension, Alzheimer', dementia, altered mental status, delirium and chronic kidney disease.</p> <p>A "Bed Rail Safety Assessment" form dated 3/25/12 indicated, "All bed rails must be assessed for safety upon initiation of rails and quarterly thereafter...Is resident non ambulatory? [Y with a check mark]...Is resident unaware of safety issues? [Y with a check mark]...Is resident on medications which require increased safety precautions? [Y with a check mark]...Sire rails are used for: [Safety with a check mark]...." A large handwritten "X" was marked over the questions regarding safety measures. The safety measures portion indicated, "Bed rails are properly installed according to manufacture's instructions...If half rails are used, the gap between rails is not large enough to allow for entrapment...."</p> <p>During an observation on 6/26/12 at 2:50 p.m., Resident #45 was in bed with eyes closed. The bed had four half side rails raised. Two half side rails at the head of the bed on each side and two half side rails at the foot of the bed on each side</p>			

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	<p>were raised. The gap between the top half rail and the bottom half rail was 12 inches on each side.</p> <p>During an interview on 6/26/12 at 3:15 p.m., the DoN indicated staff were doing a hall by hall sweep to assess for the needs of side rails. She indicated unsafe rails and rails without medical doctor's orders were going to be removed.</p> <p>During an observation on 6/26/12 at 4:27 p.m., Resident #45's bed had both the upper side rail and the lower side rail on one side of the bed removed. The upper side rail and the lower side rail on the side of the bed near the door still remained and were raised with the 12 inch gap between the rails.</p> <p>During an interview on 6/26/12 at 4:33 p.m., the DoN indicated the rails would be removed, and the resident would be re-assessed for the need to have side rails.</p> <p>12. Resident # 52's record was reviewed on 6/28/12 at 9:10 A.M.</p> <p>Current diagnoses included, but were not limited to, altered mental status, atrial fibrillation, atrial flutter, supra ventricular tachycardia, confusion, dementia, chronic obstructive pulmonary disease exacerbation,</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>asthma, dyspnea, and glaucoma.</p> <p>During an interview with LPN # 8, on 6/26/12 at 10:30 A.M., she indicated side rails were not used for Resident # 52.</p> <p>During an observation of side rails on facility beds on 6/26/12 at 1:30 P.M., full length side rails with a gap of 6 inches in the rail were observed on Resident # 52's bed. During an interview with LPN # 8, at that time, she indicated she did not know why there were full length side rails on Resident # 52's bed.</p> <p>13. The record for Resident # 46 was reviewed on 6/27/12 at 10:05 A.M.</p> <p>Current diagnoses included, but were not limited to, legally blind, hypertension, cerebrovascular accident, and Alzheimer's dementia.</p> <p>During the staff interview on 6/26/12 at 10:00 A.M., LPN # 9 indicated the resident used 1/2 rails when in bed.</p> <p>During observation of the resident's side rails on 6/26/12 at 1:45 P.M., the half rails were noted to be loose on the bed creating a gap greater than 6 inches from the mattress, and the rails themselves had a gap of 6 inches between the bars.</p> <p>14. The record for Resident # 21 was reviewed on 6/27/12 at 2:35 P.M.</p>			

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	<p>Current diagnoses included, but were not limited to, hypertension, stroke, acute renal failure, altered mental status, dysphagia, weakness, and Vitamin D deficiency.</p> <p>During the staff interview with LPN # 9 on 6/26/12 at 10:00 A.M., she indicated side rails were not used for Resident # 21.</p> <p>During an observation of siderails on beds on 6/26/12 at 1:30 P.M., Resident #21's side rails were in the up position. The side rail itself had a 9 inch gap in the rail.</p> <p>15. The record Resident # 16 was reviewed on 6/27/12 at 2:23 P.M.</p> <p>Diagnoses for Resident # 16 included but were not limited to vascular dementia, coronary artery disease, cardiomyopathy, hyperthyroidism, hypertension, dyslipidemia, congestive heart failure depression and chronic obstructive pulmonary disease.</p> <p>During the initial tour on 6/25/12 at 8:30 A.M. the resident's bed was observed to have 1/2 side rails with gaps that measured 7 inches. The side rails were up but the resident was not currently in the bed.</p> <p>The current bed rail safety assessment dated 4/13/12 indicated the resident used the rails for safety</p>			

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	<p>but the safety measures (... if half rails are used, the gap between the rails is not large enough to allow for entrapment) of the assessment was crossed off.</p> <p>16. The record Resident # 22 was reviewed on 6/26/12 at 2:49 P.M.</p> <p>Diagnoses for Resident # 22 included but were not limited to senile delusions, hyperparathyroidism, hypertension, coronary artery anomaly, Alzheimer disease, depression, pulmonary embolism & infarction, osteoarthritis and hyperlipidemia.</p> <p>During the initial tour on 6/25/12 at 8:30 A.M. the resident's bed was observed to have 1/2 side rails with gaps that measured 7 inches. The side rails were not up and the resident was not currently in the bed.</p> <p>The current bed rail safety assessment dated 5/23/12 indicated the resident used the rails for safety but the safety measures (... if half rails are used, the gap between the rails is not large enough to allow for entrapment) of the assessment was crossed off.</p> <p>17. Resident #14's record was</p>			

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	<p>reviewed on 6/26/2012 at 3:30 P.M. Resident #14 was admitted on 5/14/09 and had current diagnoses which included but were not limited to a history of falls, a history of an ankle fracture, dementia, hypertension, and osteoporosis.</p> <p>During an observation on 6/26/2012 at 3:20 P.M. Resident #14 was observed in bed with full side rails on both side of the beds. The bed rails were in the up position, loosely attached, and did not fit properly on the bed causing a gap between the bed and side rail.</p> <p>18. Resident #47's record was reviewed on 6/26/2012 at 9:30 A.M. Resident #47 was originally admitted on 3/21/2008 and had current diagnoses which included but were not limited to a history of distal femur fracture, constipation, hypertension, arthritis, and depression. Resident # 47 was alert but confused at times.</p> <p>During an interview on 6/26/2012 at 2:15 P.M., LPN #8 indicated Resident #47 did not use side rails.</p> <p>During an observation on 6/26/2012 at 1:25 P.M., Resident #47 was observed in bed with the left side rail raised and the other side of the bed</p>			

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	<p>against the wall. The side rail had a middle cap which measured 7.5 inches wide.</p> <p>During an interview on 6/26/2012 at 2:00 P.M., CNA (Certified Nursing Assistant) #14, indicated the rail was supposed to have a cover on it was being washed.</p> <p>During an interview on 6/26/2012 at 2:03 P.M., the Director of Nursing (DON) indicated she assumed when the beds were switched out the old rails were not removed.</p> <p>During an interview on 6/26/2012 at 2:22 P.M. The Administrator stated, "We have new beds. Those old side rails shouldn't even be on the beds. Don't know why they are saving them. We have financed new beds."</p> <p>During an interview on 6/29/12 at 9:45 a.m., the Administrator indicated staff relay concerns by written form. He indicated maintenance requests are put on a form and given to the maintenance director and reviewed with the administrator. The Administrator indicated water temperatures had not been a problem before. The Administrator indicated unsafe side rails had been addressed in 2008 with an 8 month audit</p>				

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	<p>performed. The Administrator indicated he was not aware there were problems with the side rails again.</p> <p>Review of a current facility policy titled "Side Rails" provided by the Administrator on 6/29/2012 at 8:10 A.M., indicated it was the policy of the facility to ensure the resident's environment remained free of accident hazards as much as possible.</p> <p>3.1-13(q)</p>			