

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2014
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BEDFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 NORTON LN BEDFORD, IN 47421
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction to the Investigation of Complaint #IN00145139.</p> <p>Survey dates: February 25, 26, 27, 28, March 3, & 4, 2014</p> <p>Facility number: 000040 Provider number: 155100 AIM number: 100274460</p> <p>Survey team: Melissa Gillis, RN-TC (2/25, 2/26, 2/27, 2/28, 3/4, 2014) Cheryl Mabry, RN (2/25, 2/26, 2/27, 2/28, 3/4, 2014) Diana McDonald, RN (2/27, 2/28, 3/3, 3/4, 2014) Angela Patterson, RN (2/25, 2/26, 2/27, 2/28, 3/4, 2014)</p> <p>Census bed type: SNF: 1 SNF/NF: 115 Total: 116</p> <p>Census payor type: Medicare: 1 Medicaid: 107</p>	F000000	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by Garden Villa of the conclusions of this survey. We respectfully submit this plan of correction as proof of our compliance with State and Federal regulations, and per the laws that mandate the submission of this plan of correction. We respectfully request a desk review for the plan of correction submitted. Please review the attached documents with this plan of correction, as evidence of completion of this plan of correction and evidence of compliance.</p>	
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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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F000242 SS=D	<p>Other: 8 Total: 116</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 11, 2014; by Kimberly Perigo, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview and record review, the facility failed to ensure that residents were able to schedule how many times a week they were allowed to take a shower according to their preference. This deficient practice had the potential to affect 2 of 3 residents reviewed for choices</p>	F000242	Customary routine forms have been reviewed for resident #83 and resident #131 with resident #83 and resident #131. CNA assignment sheets have been updated to reflect residents' preferences by the unit manager. Showers will be given according to resident preference. All residents have the potential to be	04/03/2014			

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	<p>in a sample of 3 who met the criteria for choices. (Resident #83, Resident #131)</p> <p>Findings include:</p> <p>1. Resident # 83's clinical record was reviewed on 2/27/14 at 2:03 p.m. Diagnoses included, but were not limited to abnormality of gait, dementia with behavioral disturbances, lack of coordination, dysphagia, depressive disorder, and brain injury.</p> <p>The current quarterly MDS (Minimum Data Set) assessment dated 1/23/14 indicated a BIMS (Brief Interview Mental Status) of 10, when 8-15 was interviewable. The current MDS dated 1/9/14, indicated Resident #83 needed, "extensive assist of 2 staff members for hygiene and bathing total dependent on 2 staff members for bathing."</p> <p>On 2/25/14 at 1:53 p.m., Resident #83 indicated, when asked how many times a week [gender] takes a shower, "Twice a week, but would like a daily shower."</p> <p>On 2/26/14 at 2:00 p.m., Unit 3's manager was informed of Resident #83's preference for more weekly</p>		<p>affected. Customary routine forms will be reviewed with the residents, for all residents. If the resident requests any changes to their routine during the review it will be reflected on the customary routine form. The customary routine forms will be dated when the review with the resident is completed. Showers will be given per patients' preference. This information will be communicated to the nursing staff by placing it on the CNA assignment sheet. Nursing staff will be educated regarding this corrective action (Exhibits: 1A & 1B). Customary routine forms will be reviewed by DON and/or designee for all new admissions to ensure that the preferences are being communicated to the nursing staff and followed (Exhibit: 2). Also, a random audit will be completed for current residents to ensure their preferences are followed. The random audit will be completed 3 times weekly for 4 weeks, if 100% compliant it will then be completed weekly for 2 months (Exhibit: 2). Customary routine reviews will be presented at the monthly Quality Assurance meeting for review with the IDT. When the results show 100% compliance for 90 days consecutively the monthly reviews will be changed to as needed.</p>				

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	<p>showers.</p> <p>On 2/28/14 at 8:59 a.m., interview with CNA #7 indicated, "[Gender] takes a shower twice a week, unless [gender] ask for another. Sometimes [gender] may ask for a shower at night or an extra shower on night. When asked has resident #83 ever asked for a daily shower. "No."</p> <p>On 2/28/14 at 10:00 a.m., interview with Unit 3's manager indicated that Resident #83 had showers twice a week. "I wasn't aware of anything different."</p> <p>On 3/4/14 at 3:30 p.m., received the most current "CNA (Certified Nursing Assistant) sheet" from Restorative Aide #1 indicated, Resident #83 received shower on "Tues/Fri EVES. ... "</p> <p>On 3/4/14 at 3:50 p.m., interview with Unit #3's manager indicated when asked if the shower log had been updated with Resident #83's shower preference. "No, I haven't got around to it. I will get to it."</p> <p>On 3/4/14 at 4:12 p.m., interview with the Social Service director</p>			

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	<p>indicated the preference sheets were done only during admission.</p> <p>On 3/4/14 at 10:02 a.m., received the most current "Customary Routines" from the Social Service director dated 9/28/10 indicated " ... I clean up by shower [(i.e. shower/bed bath/tub)], 2 x' s' [times] a week ... "</p> <p>2. Resident #131's clinical record was reviewed on 2/27/14 at 2:20 p.m. Diagnoses included, but were not limited to anemia, hypertension, diabetes, depression, and dementia.</p> <p>The current quarterly MDS (Minimum Data Set) assessment dated 1/14/14 indicated a BIMS (Brief Interview Mental Status) was a 13, when 8-15 was interviewable.</p> <p>On 2/26/14 at 9:30 a.m., Resident #131 indicated when asked do you choose how many times a week you take a shower. "No, I only get twice a week, would like it 3-4 times a week."</p> <p>On 2/27/14 at 3:05 p.m., Resident #131 indicated that [gender] still would like a shower at least 3 times a week.</p>						

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	<p>On 2/28/14 at 8:53 a.m., interview with CNA #7 indicated when asked when does Resident #131 get a shower, "Monday and Thursday is [gender] shower day. [Gender] chooses a shower or bed bath. We ask which one [gender] wants. [Gender] can vocalize [gender] chooses. Sometimes a shower one day and a bed bath another day. [Gender] never refused. [Gender] gets a partial bed bath every morning. [Gender] is aware of what [gender] wants and usually expresses [gender] needs. I have never been told that [gender] wanted more or less showers."</p> <p>On 2/26/14 at 2:00 p.m., Unit 3's manager was informed of Resident #131's preference from more weekly showers.</p> <p>On 3/4/14 at 3:30 p.m., received the most current "CNA (Certified Nursing Assistant) sheet" from Restorative Aide #1 indicated, Resident #131 received shower on "Wed/Sat Days. ..."</p> <p>On 3/4/14 at 3:50 p.m., interview with Unit #3's manager indicated when asked if the shower log had been updated with Resident #131's</p>						

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	<p>shower preference. "No, I haven't got around to it. I will get to it."</p> <p>On 3/4/14 at 4:12 p.m., interview with the Social Service director indicated the preference sheets were done only during admission.</p> <p>On 3/4/14 at 2:00 p.m., received the most current "Customary Routines" from Unit 3's manager dated 5/15/13 indicated " ... I clean up by sponge bathing with help off/on of either family or caregiver [(i.e. shower/bed bath/tub)] ..."</p> <p>3.1-3(u)(3)</p>				

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F000279 SS=D	<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 interview and record review, the facility failed to update and revise the plan of care for 2 of 6 residents reviewed for unexpected weight loss without a nutritional supplement in the stage 2 sample. (Resident #169, Resident #116).</p> <p>Findings include:</p> <p>A). On 2/28/14 at 11:30 a.m., the clinical record was reviewed for Resident #116. Diagnoses include, but were not limited to, aspiration pneumonia, Parkinson's disease,</p>	F000279	The nutrition care plans for resident #116 and resident #169 have been reviewed and updated to address current nutritional status. All resident's have the potential to be affected. Nutrition care plans have been reviewed for all residents to ensure appropriate interventions are in place and for care plan accuracy. Nutrition care plans for residents experiencing nutritional concerns will be reviewed per DON and/or designee weekly during the weekly client review meeting to ensure accuracy and that all necessary interventions are in place (exhibit 3). Education will	04/03/2014	

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	<p>dementia, anemia of chronic disease, agitation, hypercholesterolemia, gastroesophageal reflux disease (GERD), hypertension, and depression.</p> <p>On 3/4/14 at 1:45 p.m., the Unit Manager for unit 1 provided the weights for Resident #116. The monthly weight report indicated his weight was: In October, 2013: 141 pounds (lbs) In January, 2014: 133 lbs. In February, 2014: 132 lbs. In March, 2014: 133 lbs.</p> <p>The minimum data set (MDS) assessment, completed 12/14/13, indicated the Brief Interview for Mental Status (BIMS) is 6. (0-7 is not interviewable).</p> <p>On 2/27/14 at 3:40 p.m., the DON (Director of Nursing), provided guidelines for residents with weight loss, "Interventions for unintended weight loss", no date. Interventions include, "Interventions below are utilized as appropriate. MD (medical doctor) notification/review Dietician notification/review Diet change (type of diet/consistency)</p>		<p>be completed with the unit managers and dietician regarding care plan development and implementation (exhibit 4a & 4b). Results of the above reviews will be presented at the monthly Quality Assurance meeting for review by the IDT. When results show 100% compliance for 90 days consecutively the monthly reviews will be changed as needed.</p>		

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	<p>Medication review/changes Supplements..."</p> <p>On 2/28/14 at 3:04 p.m., the Social Service Director provided Resident #116's care plans. Care plans include: "Nutrition challenge: needs weight stability (date initiated: 11/5/2013) - Goals: Total intake sufficient to stabilize weight 135 to 145 pounds through next review. (date initiated: 11/5/2013 - target date: 3/26/14-revision on: 11/21/13) - Interventions: Evaluate trend of intake, weight: recommend change in diet as indicated..." At that time, the care plan was not updated or revised concerning the resident's weight.</p> <p>Observations of Resident #116 on 2/25/14 at 12:10 p.m., indicated that his wife was assisting with his lunch. Resident consumed approximately 50% of his meal and 100% of his fluids.</p> <p>Interview with Dietician on 3/4/14 at 1:15 p.m., indicated they track weights on the nutritional assessment and it is done quarterly. She also indicated that Resident #116 was gaining weight. When informing the Dietician that Resident #116's weight was down to 133, she</p>						

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	<p>indicated, "Wow." When asked if she was contacted about Resident's #116 weight, she indicated, "No." When asked if the unit manager is suppose to contact her, she indicated, "Yes." When asked if he contacted her about the weight, she indicated, "No." When asked about whether they adhere to the care plan, she indicated, "Yes, we follow the care plan."</p> <p>Interview with ADON (Assistant Director of Nursing) on 3/4/2014 at 5:00 p.m., indicated they do not have a policy related to care plans.</p> <p>B). On 2/28/2014 at 2:40 p.m., the clinical record was reviewed for Resident #169. Diagnosis include, but were not limited to, paralysis, hypertension, hyperlipidemia, depressive disorder, esophageal reflux, decreased level of consciousness, and profound mental retardation.</p> <p>On 2/26/2014 at 12:50 p.m., the Unit Manager for unit 6 provided the weights for Resident #169. The monthly weight report indicated his weight was: In November 2013 -125 pounds (lbs).</p>			

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	<p>In December 2013 -124 lbs. In January 2014 -121 lbs. In February 2014 -116 lbs.</p> <p>The MDS (Minimum Data Set) assessment, completed on 2/4/14, was unable to assess his BIMS (Brief Interview of Mental Status) score, because he is rarely every understood.</p> <p>On 2/27/2014 at 1:00 p.m., an observation of Resident #169 feeding himself, eating his lunch from bowls.</p> <p>On 2/27/14 at 3:40 p.m., the DON (Director of Nursing), provided "Interventions for unintended weight loss", no date. Interventions include, "Interventions below are utilized as appropriate. MD (medical doctor) notification/review Dietician notification/review Diet change (type of diet/consistency) Medication review/changes Supplements..."</p> <p>On 2/28/2014 at 3:00 p.m., an interview with the Unit Manager for unit 6 indicated Resident #169 is now using bowls to eat from instead of a plate. She indicated he has</p>						

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	<p>been eating much better since they started using bowls instead of a plate.</p> <p>On 2/28/2014 at 4:00 p.m., the Unit manager for unit 6 provided the care plan for Resident #169. The care plan indicated " Nutrition challenge needs weight stability. Goal: Total sufficient to stabilize weight 125-135 pounds. Interventions: evaluate trend of intake, weight, recommend change in diet as indicated, monitor intake and record each meal, obtain weight and record as scheduled, provide diet as ordered, provide mealtime assistance at the level needed by patient, and supplement as ordered." Interventions not included in the care plan were using bowls instead of plates, use of the restorative program to manage behaviors at meal time, notifying physician of weight loss, nor use of specialized utensils.</p> <p>On 3/4/2014 at 11:15 a.m., an interview with the Unit Manager for unit 6 indicated Dietary had recommended a restorative program to deal with behaviors, prior to starting him on a supplement. At that time, she indicated when he</p>						

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	<p>becomes upset he will throw his food.</p> <p>The facilities "Dietary Progress Notes" dated 1/17/2014, indicated "...Meal intake ave (average) was 66 percent for the last 7 days. Staff provided meal time assistance at the level needed by resident ranging from set-up to total feed....realistic wt (weight) target is 125-135 pounds..."</p> <p>On 3/4/2014 at 12:00 p.m., the Unit Manager for unit 6 provided the OT (occupational therapy) Progress and Discharge Summary for Resident #169. "Pt [patient] is doing excellent with self feeding. Pt's food is now being served in separate bowls which increases ease of loading utensil. He is independent/supervision after set up."</p> <p>On 3/4/2014 at 1:07 p.m., an interview with the Registered Dietician indicated that the dishwasher wasn't working when Resident #169 arrived and he had to eat out of disposable plates and it threw him off. She indicated, at that time, since he was given bowls to eat out of he's doing much better. She indicated if that doesn't get his</p>						

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	<p>weight up she will add a more caloric dense menu such as gravies, before she adds a supplement. She indicated that they do use the care plans.</p> <p>On 3/4/2014 at 2:30 p.m., requested weights, and nurses notes indicating physician was notified of Resident #169's weight loss.</p> <p>On 3/4/2014 at 3:00 p.m., the Unit Manager provided the facilities "CCI VITAL SIGNS AND WEIGHT RECORD", dated 11/6/2013, the weight record indicated on 1/14/2014 the physician was notified of Resident #169's weight loss, there were new orders for OT (occupational therapy) screen and orders.</p> <p>On 3/4/2014 at 3:14 p.m., the Unit Manager for station 6 provided the physicians order dated 1/17/2014. The order indicated, 1) D/C (discontinue) pureed cont cho (concentrated carbohydrate) diet with honey liq (liquid). 2) Use pureed NAS (no added salt) with honey thick liq, encourage fluids, 3) Feed resident. The indication for the order was weight loss.</p> <p>On 3/4/2014 at 5:00 p.m., an</p>			

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	interview with ADON (Assistant Director of Nursing) indicated they do not have a policy related to care plans. 3.1-35(d)(2)(B)				

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions A) Based on observation, interview, and record review, the failed to maintain the dishwasher temperature according to the manufacturers recommendations in that the wash temperature for the dishwasher was not reaching the recommended Fahrenheit temperature. This deficient practice had the potential to affect 116 out of 116 residents served meals from the kitchen.</p> <p>B) Based on observation, interview, and record review, the facility failed to ensure staff used proper handwashing in the kitchen, in that the staff was observed not to wash their hands as indicated by facility property. This deficient practice had the potential to affect 45 out of 45 residents who received pureed food being served from the kitchen. (Cook #1)</p> <p>Findings include:</p>	F000371	<p>ECOLAB checked dishwasher on 2/27/14. A new sensor has been ordered to ensure the read out of temperature is correct. All residents have the potential to be affected. Dietary Aide #1, #2, #3 and all other Dietary Staff will be in-serviced on what the dishwasher temperatures need to be according to manufacturer's recommendations (Exhibits 5a, 5b and 6). All Dietary Staff will be in-serviced on what the facility's procedure is when the dishwasher temperature is not meeting manufacturer's recommendations (Exhibits: 5a, 5b, 6, and 7b). In addition, all Dietary Staff will be in-serviced on the facility's procedure when using T-Sticks. This will help ensure that the dishwasher temperature is at least 160 degrees Fahrenheit (Exhibit: 7a). The Dietary Manager or Designee will review the T-Stick and temperature log daily for 90 days to make sure temperatures meet manufacturer's recommendations (Exhibits: 8a, 8b, and 9). These changes will be monitored through the facility's quality assurance program with IDT.</p>	04/03/2014			

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	<p>A) On 2/27/14 at 10:25 a.m., observed the dishwasher's wash temperature to be 148 degrees Fahrenheit, rinse temperature 185 degrees Fahrenheit. Dietary Aide #1 and Dietary Aide #2 indicated when asked what should the wash temperature be, "160 and rinse should be 180 degrees [Fahrenheit]." When asked what do you do when the correct temperature is not reached DA (Dietary Aide) #1 indicated, "I think we tell maintenance." DA #2 indicated, "I probably would have to report it."</p> <p>On 2/27/14 at 10:40 a.m., the DM (Dietary Manager) indicated, when asked what should be done when the dishwasher temperature does not reach 160 degrees Fahrenheit, "They tell maintenance and he will come and adjust." When asked what else could be done before calling maintenance, "They can hand wash, or run through the dishwasher again." Maintenance observed at that time entering a room in the kitchen and indicated, "I've turned up the booster it'll take a few minutes."</p> <p>On 2/27/14 at 3:40 p.m., the DM indicated the sensor in the dish</p>		<p>When results show 100% compliance for 90 days consecutively the reviews will be changed as needed. (Exhibit: 10). Hand washing education (Exhibits:13a, 13b, 13c, 13d, 13e, 14a and 14b) and skills check off (15a and 15b) will be completed with all facility staff. All residents have the potential to be affected. Random hand washing audits (Exhibit: 17) will be completed 3 times weekly for 4 weeks by the DON or Designee for all meals (breakfast, lunch and dinner) and weekends. If 100% compliant, random audits will decrease to weekly for 2 months for all meals (breakfast, lunch and dinner) and weekends. If not 100% compliant, then re-education will be immediate and the review will increase as needed. Results of the above audits will be presented at the monthly Quality Assurance meeting with IDT, when results show compliance for 90 days consecutively the monthly reviews will be changed to as needed.</p>				

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	<p>washer was bad and maintenance replaced the sensor.</p> <p>On 3/4/14 at 4:15 p.m., observation of DA #3 running the dishwasher indicated that the dishwasher temperatures were not met according to the manufacturer specification. DA #3 indicated, "We have to keep an eye on the machine." The DM indicated, "The water temperature is reaching 160, but the sensor is bad so it is not displaying the correct temperature on the dishwasher. We used the test strip to check if water reaching correct temperature. It will turn black when the water is 160."</p> <p>On 2/27/14 at 11:10 a.m., received from the Dietician document "Dishwasher" dated January 2014, and February 2014, indicated the wash temperatures were 111-182 degree Fahrenheit, and the rinse were 160-193 degrees Fahrenheit.</p> <p>On 2/28/14 at 2:00 p.m., received from the ADM (Administrator) "ECOLAB Routine Preventative Maintenance Service Detail Report-Warewashing" dated 2/27/14, indicated " ... COMMENTS: checked and found sensor for wash tank heat temperature read out not</p>						

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	<p>operating properly! [properly] new one on order! ran temperature test strips through found okay! note part should be here with in 10 days!"</p> <p>On 3/4/14 at 4:45 p.m., received from the DM " What is a T-Stick " , no date "... Hold it there for approximately 5 seconds. Remove the T-Stick to see if a solid colored area has appeared. ... If the color has been triggered, the temperature indicated on the T-Stick has been reached. ... Ecolab (R) Dishwasher Temp Labels 160 F [degrees Fahrenheit] This label helps ensure operation adheres to the FDA [Food and Drug Administration], Food Code, which states that surfaces should reach a minimum of 160 degrees Fahrenheit while being washed. ..."</p> <p>B) On 2/27/14 at 9:55 a.m., observed Cook #1 preparing to puree food for 45 residents. Cook #1 was observed to transfer Philly steak from an oven pan to an aluminum pan on a scale while wearing gloves, turned and lifted the lid on the trash can that was behind her to throw away trash. No handwashing observed. Cook #1 then turned back around and</p>			

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	<p>continued to transfer Philly steak. Cook #1 removed gloves, turned around and opened the trash lid with her bare hands to throw the gloves away. No handwashing was observed. Cook #1 was observed to put on new gloves and continued to transfer Philly steak. When asked when should she hand wash, Cook #1 indicated, "When I arrive at work, before putting on gloves, when touching anything." When asked if she had done this, indicated "No." Cook #1 was observed to hand wash at that time and put on gloves.</p> <p>On 3/4/14 at 2:00 p.m., "Hand Hygiene: Why,How, When?" received from the ADON (Assistant Director of Nursing) undated indicated, "...Hands are the main pathways of germ transmission during health care. Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections., ... Who? Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time, ...The use of gloves does not replace the need for cleaning your hands, Hand hygiene must be</p>				

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	<p>performed when appropriate regardless of the indications for glove use., ... Discard gloves after each task and clean your hands, gloves may carry germs.... 1. Before touching a patient, ...3. After body fluid exposure risk, ... 4. After touching a patient, ... 5. After touching patient surroundings. ..."</p> <p>3.1-21(i)(3)</p>			

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F000441	Peri care education (Exhibit: 11a, 11b & 11c) and skills check off	04/03/2014	

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	<p>1). Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to hand washing during patient care as indicated by the facility policy. This deficient practice had to potential to affect 1 randomly observed resident during stage 2. (Resident #88) (CNA #7, CNA #8)</p> <p>2). Based on observation, interview,</p>		<p>(Exhibit: 12) will be completed with all nursing staff. Hand washing education (Exhibit: 13a, 13b, 13c, 13d, 13e, 14a & 14b) and skills check off (Exhibit: 15a & 15b) will be completed with all facility staff. All residents have the potential to be affected. Random peri care audits (Exhibit: 16) and random hand washing audits (Exhibit: 17) will be completed 3 times weekly for 4 weeks on all shifts; including weekends by DON and/or designee. If 100% compliant, random audits will decrease to weekly for 2 months on all shifts; including weekends. If not 100% compliant, then re-education will be immediate, and the audit will increase as needed. Results of the above audits will be presented at the monthly Quality Assurance meeting with IDT, when results show compliance for 90 days consecutively the monthly reviews will be changed to as needed.</p>		

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	<p>and record review, the facility failed to ensure infection control practices were followed by facility staff during activities on Unit 2, as indicated by the facility policy. This had the potential to affect 5 out of 5 residents who were randomly observed attending activities on Unit 2. (Resident #156, Resident #145, Resident #125, Resident #115, and Resident #160). (Activity Assistant (AA) #1).</p> <p>Findings include:</p> <p>1). On 2/28/14 at 12:24 p.m., observed CNA #7 and CNA #8 providing pericare (private area). CNA #7 and CNA #8 were observed to hand wash upon entering the room, placed on gloves, and walk over to Resident #88's bed. CNA #7 was observed to remove the cover and remove the brief from Resident #88. CNA #8 was observed to roll Resident #88 on [gender] side, then to hold Resident #88 on [gender] side, while CNA #7 provided the care. CNA #7 then without being observed to hand wash nor change gloves wiped Resident #88's vaginal area and then buttock. CNA #7 was not observed to use a different cloth. No hand washing nor change of gloves was observed. CNA #7 then</p>						

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	<p>walked over and opened the closet with the gloves on to get clothing out for Resident #88, removed the gloves, and got the clothing out of the closet. No hand washing was observed. CNA #7 nor CNA #8 were observed to change gloves before assisting Resident #88 with putting on clothing.</p> <p>CNA #7 was observed to assist Resident #88 with clothing, remove the gloves and then walk out of the room to get the sling for the body lift. No hand washing was observed. CNA #7 entered the room with the sling and placed it underneath Resident #88. No handwashing was observed. She then walked over and grabbed the lift and pulled it beside Resident #88's bed. CNA #7 proceeded to attach the sling to the body lift.</p> <p>CNA #8 was observed to remove gloves and walk out of the room to get the wheelchair. No handwashing was observed. CNA #8 came back into the room with the wheelchair and walked over to the residents bed to guide the resident's body into the wheel chair.</p> <p>CNA #7 was not observed to hand wash, but made Resident #88's bed.</p>						

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	<p>When asked what she had just done indicated, "I just contaminated the bed. I should have hand washed." When asked what else needed to be done, she indicated, "Strip the bed and wash my hands."</p> <p>On 2/28/14 at 1:10 p.m., interview with CNA #7, and CNA #8 indicated when asked when should you hand wash "Before and after resident care, after you change brief when you clean front to back on resident, after going from one patient to another, when you change gloves, when you leave the room." When asked was this done, CNA #7, and CNA #8 indicated, "No we did not."</p> <p>On 2/27/14 at 2:56 p.m., "Infection Control Policies/Practices" revised December 2003 received from the DON (Director of Nursing) indicated, "... 2. b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; ... e. Establish guideline to follow in implementing Standard/Universal Precautions for the handling of blood/body fluids., ...4. All personnel will be informed of our infection control policies and practices and any changes thereof through our orientation program and regularly scheduled inservice</p>						

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	<p>training programs."</p> <p>On 3/4/14 at 2:00 p.m., "Hand Hygiene: Why, How, When?" received from the ADON (Assistant Director of Nursing) undated indicated, " ...Hands are the main pathways of germ transmission during health care. Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections., ... Who? Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time, ...The use of gloves does not replace the need for cleaning your hands, Hand hygiene must be performed when appropriate regardless of the indications for glove use., ... Discard gloves after each task and clean your hands, gloves may carry germs.... 1. Before touching a patient, ...3. After body fluid exposure risk, ... 4. After touching a patient, ... 5. After touching patient surroundings. ..."</p> <p>2). Observation on 2/25/14 at 10:15 a.m., indicated Activity Assistant (AA) was standing in front of 5 residents in wheelchairs on Unit 2</p>			

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	<p>with a finger of his right hand in his nose. When this AA noticed that someone else was in the room besides the residents, he immediately took his finger from his nose and wiped it on his right leg. He proceeded to grab a digital video disk (DVD) and put it in the recorder that was beside the television. He was observed not to wash his hands or use hand gel.</p> <p>Interview on 3/4/14 at 1:30 p.m., indicated the facility just implemented a new policy on handwashing and just recently had an inservice for all employees. When told of the incident of the AA, she indicated the facility will do an inservice about the issue.</p> <p>On 3/4/14 at 2:00 p.m., the ADON provided the "Hand Hygiene: Why, How & When?", undated, and indicated the policy was the one currently used by the facility. Policy indicated, "Why? Hands are the main pathways of germ transmission during health care. Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections...Who? Any health-care worker, caregiver or person involved in direct or indirect</p>						

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	<p>patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time. How? Clean your hands by rubbing them with an alcohol-based formulation...It is faster, more effective, and better tolerated by your hands than washing with soap and water. Wash your hands with soap and water when hands are visibly soiled with blood or other body fluids...1. Before touching a patient...3. After body fluid exposure risk...When? Clean your hands as soon as the task involving an exposure risk to body fluids has ended...a). when the contact with a mucous membrane...ends...5. After touching patient surroundings...c). after other contacts with surfaces or inanimate objects..."</p> <p>3.1-18(l)</p>				

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F000456 SS=F	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation, interview, and record review, the failed to maintain the dishwasher temperature according to the manufacturers recommendations in that the wash temperature for the dishwasher was not reaching the recommended Fahrenheit temperature. This deficient practice had the potential to affect 116 out of 116 residents served meals from the kitchen.</p> <p>Findings include:</p> <p>On 2/27/14 at 10:25 a.m., observed the dishwasher's wash temperature to be 148 degrees Fahrenheit, rinse temperature 185 degrees Fahrenheit. Dietary Aide #1 and Dietary Aide #2 indicated when asked what should the wash temperature be, "160 and rinse should be 180 degrees [Fahrenheit]." When asked what do you do when the correct temperature is not reached DA (Dietary Aide) #1 indicated, "I think</p>	F000456	<p>ECOLAB checked dishwasher on 2/27/14. A new sensor has been ordered to ensure the read out of temperature is correct. All residents have the potential to be affected. Dietary Aide #1, #2, #3 and all other Dietary Staff will be in-serviced on what the dishwasher temperatures need to be according to manufacturer's recommendations (Exhibits 5a, 5b and 6). All Dietary Staff will be in-serviced on what the facility's procedure is when the dishwasher temperature is not meeting manufacturer's recommendations (Exhibits: 5a, 5b, 6, and 7b). In addition, all Dietary Staff will be in-serviced on the facility's procedure when using T-Sticks. This will help ensure that the dishwasher temperature is at least 160 degrees Fahrenheit (Exhibit: 7a). The Dietary Manager or Designee will review the T-Stick and temperature log daily for 90 days to make sure temperatures meet manufacturer's recommendations (Exhibits: 8a, 8b and 9). These changes will be monitored through the facility's quality assurance program with IDT. When results show 100%</p>	04/03/2014			

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	<p>we tell maintenance." DA #2 indicated, "I probably would have to report it."</p> <p>On 2/27/14 at 10:40 a.m., the DM (Dietary Manager) indicated, when asked what should be done when the dishwasher temperature does not reach 160 degrees Fahrenheit, "They tell maintenance and he will come and adjust." When asked what else could be done before calling maintenance, "They can hand wash, or run through the dishwasher again." Maintenance observed at that time entering a room in the kitchen and indicated, "I've turned up the booster it'll take a few minutes."</p> <p>On 2/27/14 at 3:40 p.m., the DM indicated the sensor in the dish washer was bad and maintenance replaced the sensor.</p> <p>On 3/4/14 at 4:15 p.m., observation of DA #3 running the dishwasher indicate the dishwasher temperatures were not met according to the manufacturer specification. DA #3 indicated, "We have to keep an eye on the machine." The DM indicated, "The water temperature is reaching 160, but the sensor is bad so it is not</p>		compliance for 90 days consecutively the reviews will be changed as needed. (Exhibit: 10).				

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	<p>displaying the correct temperature on the dishwasher. We used the test strip to check if water reaching correct temperature. It will turn black when the water is 160."</p> <p>On 2/27/14 at 11:10 a.m., received from the Dietician document "Dishwasher" dated January 2014, and February 2014, indicated the wash temperatures were 111-182 degree Fahrenheit, and the rinse were 160-193 degrees Fahrenheit.</p> <p>On 2/28/14 at 2:00 p.m., received from the ADM (Administrator) "ECOLAB Routine Preventative Maintenance Service Detail Report-Warewashing" dated 2/27/14, indicated " ... COMMENTS: checked and found sensor for wash tank heat temperature read out not operating properly! [properly] new one on order! ran temperature test strips through found okay! note part should be here with in 10 days!"</p> <p>On 3/4/14 at 4:45 p.m., received from the DM " What is a T-Stick " , no date "... Hold it there for approximately 5 seconds. Remove the T-Stick to see if a solid colored area has appeared. ... If the color has been triggered, the temperature indicated on the T-Stick has been</p>				

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F000465 SS=E	<p>reached. ... Ecolab (R) Dishwasher Temp Labels 160 F [degrees Fahrenheit] This label helps ensure operation adheres to the FDA [Food and Drug Administration], Food Code, which states that surfaces should reach a minimum of 160 degrees Fahrenheit while being washed. ..."</p> <p>3.1-19(bb)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>A). Based on observation and interview, the facility failed to maintain residents' rooms in a clean and sanitary manner in that rooms had dirty privacy curtains, dirty window curtains, and peeling wall paper in 8 of 13 resident rooms on unit 3. (Resident's #121, #131, #38, #66, #91, #184, #39, #146)</p> <p>B). Based on observation and interview, the facility failed to ensure the residents on unit 6 had a clean</p>	F000465	<p>For Resident's #121, #131, #38, #66, #91, #184, #39 and #146 privacy and window curtains are in clean and sanitary condition. All peeling wall paper has been repaired. All light fixtures in the Unit 6 dining room, nurse's station and hallway areas have been cleaned. A building wide audit will be completed to ensure that all privacy and window curtains are clean and sanitary. A building wide audit will be completed to ensure that all light fixtures in the common areas are</p>	04/03/2014			

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	<p>homelike environment in that the light fixtures contained dead bugs in 1 of 1 dining rooms, 1 of 1 nurses stations, and in the hallway. This had the potential to affect 28 out of 28 residents on unit 6.</p> <p>Findings include:</p> <p>A). Observation on 2/26/2014 at 2:30 p.m., in room 311, Resident #121 had dirty window curtains and the privacy curtains were dirty.</p> <p>Observation on 2/26/2014 at 2:45 p.m., in room 303, Resident #131 had dirty window curtains and the wallpaper by the head of the bed was peeling away from the wall.</p> <p>Observation on 2/26/2014 at 2:35 p.m., in the room 316, Resident #38 had dirty privacy curtains.</p> <p>Observation on 2/26/2014 at 2:50 p.m., in room 312, Resident #66 had a hole in the wall behind the door and the window curtains were dirty.</p> <p>Observation on 2/26/2014 at 2:55 p.m. in room 313, Resident #91 had a dirty privacy curtain.</p> <p>Observation on 2/26/2014 at 3:00 p.m., in room 318, Resident #184</p>		<p>clean and there is no peeling wall paper (Exhibits: 18 and 19). A weekly inspection will be made by the Physical Plant Supervisor or Designee for 4 weeks and thereafter monthly to ensure that all light fixtures in the common areas (dining room, nurse's station and hallway areas) are clean and there is no peeling wall paper in residents' rooms (Exhibit: 18) A weekly inspection will be made by the Housekeeping Supervisor or Designee for 4 weeks and thereafter monthly to ensure that all privacy and window curtains are clean and in sanitary condition (Exhibit: 19). Results of the above audits will be presented at the monthly Quality Assurance meeting with IDT, when results show 100% compliance for 90 days consecutively the frequency in inspections will be changed as needed.</p>				

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	<p>had dirty privacy curtains.</p> <p>Observation on 2/26/2014 at 3:05 p.m., in room 320, Resident #39 had dirty window curtains and a hole in the wall behind the door.</p> <p>Observation on 2/26/2014 at 3:10 p.m., in room 304, Resident #146 had a dirty privacy curtain and the wallpaper was peeling away from the wall behind the bed by the door.</p> <p>Interview on 3/4/2014 at 2:00 p.m., with the maintenance man indicated that this is a working building and these things happen.</p> <p>B). On 2/27/2014 at 10:00 a.m., an observation of the overhead lights on unit 6 indicated the overhead light next to room 605 had dead bugs in it. Two overhead lights between room 609 and 610 had dead bugs in it. Eight overhead lights in the nurses station and dining room had dead bugs in it.</p> <p>On 2/28/2014 at 1:00 p.m., an observation of the overhead lights in the unit 6 nurses station, dining room, and hallway indicated there were dead bugs in the overhead lights.</p> <p>On 3/4/2014 at 11:02 a.m., an</p>						

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	<p>observation of the overhead lights on unit 6 indicated the light next to room 605 had dead bugs in it. Two lights by room 609 had dead bugs in it. Eight lights in the nurses station and dining room had dead bugs in them.</p> <p>On 3/4/2014 at 11:10 a.m., an interview with the Maintenance Director indicated that it was maintenance's responsibility to clean the light fixtures on the units. When showed the light fixtures with bugs, he indicated that he would clean them right away.</p> <p>3.1-19(f)(5)</p>			