

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155238	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/16/2014
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NAME OF PROVIDER OR SUPPLIER WATERS OF YORKTOWN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 S ANDREWS RD YORKTOWN, IN 47396
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00140572 and IN00141141 .</p> <p>Complaint IN00140572 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00141141 - Substantiated. Federal/State deficiencies related to the allegation are cited at F325.</p> <p>Survey dates: January 9, 10, 13, 14, 15, and 16, 2014</p> <p>Facility number: 000143 Provider number: 155238 AIM number: 100283890</p> <p>Survey team: Ginger McNamee, RN, TC Karen Lewis, RN Toni Maley, BSW Tina Smith-Staats, RN</p> <p>Census bed type: SNF/NF: 70 Total: 70</p> <p>Census payor type:</p>	F000000		
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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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	<p>Medicare: 9 Medicaid: 47 Other: 14 Total: 70</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>			

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F000156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>			

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to ensure residents were informed of the lack of Medicare coverage benefits and the possible charges the residents would incur as a result for 3 of 3 residents reviewed for loss of Medicare benefits. (Resident #'s 104, 72, 95)</p> <p>Findings include:</p> <p>During an interview with the Acting Business Office Manager on 1/15/14 at 9:35 a.m., she indicated she did not provide a written notice to residents when their Medicare coverage was ending. She indicated she would talk to the residents or the families but was not aware of the need to provide written notice. She indicated she was new to the position and was informed on 1/14/14 that she was to provide written notice. She provided information indicating Resident #104's benefits ended on 1/2/14, Resident #72's benefits ended on 12/24/13, and Resident #95's benefits ended on 1/2/14.</p> <p>3.1-4(f)(3)</p>	F000156	<p>F 156</p> <p>It is the intent of this facility to ensure that residents are informed</p> <p>of the lack of Medicare coverage Benefits and the possible charges they would incur as a result.</p> <p>1. Business</p> <p>Office Manager and/or designee will notify</p>	02/15/2014			

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			<p>resident #s 104,72, 95 and/or</p> <p>responsible parties of the</p> <p>exhaustion of Medicare benefits for part A stay or coverage.</p> <p>2. Audit</p> <p>performed by business office manager/designee of all current residents'</p> <p>business record to identify any</p>	

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			<p>other affected residents. (this is where</p> <p>we will put whether or not any other residents were</p> <p>affected or not.</p> <p>3. Business Office Manager and/or designee will communicate during</p> <p>weekly Medicare meetings In regards to any</p>	

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			<p>resident with potential of their Medicare benefits ending.</p> <p>4. Business Office Manager and or designee will discuss upcoming cut letters during each</p> <p>Management Team</p> <p>meeting to ensure completion of notification.</p> <p>5. Completion</p> <p>Date: February 15, 2014</p>	

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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to ensure dependent residents were assisted to dine in a manner which maintained their dignity regarding lengthy meal waits for 3 of 6 residents observed for dignified dining. (Residents #G, #E and #38)</p> <p>Findings include: 1.) Resident #G's record was reviewed on 1/14/14 at 3:30 p.m.</p>	F000241	F 241 It is the intent of the facility to ensure that dependent resident are	02/15/2014

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	<p>Resident #G's current diagnoses included, but were not limited to, post cerebral vascular accidents, Parkinson's disease and hypertension.</p> <p>Resident #G had a current, 11/12/13, care plan problem/need regarding nutritional need to maintain stable weights. The goal for this problem was "resident will not experience significant weight loss." An approach to this problem was "assisted with eating if needed."</p> <p>Resident #G had a current, 11/6/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was moderately cognitively impaired and required cueing and assistance for decision making, required a mechanically altered diet and needed staff assistance to eat.</p> <p>An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #G required a mechanically altered diet due to a history of cerebral vascular accident and a risk for choking and needed to be fed by staff.</p> <p>During an 1/14/14, lunch meal</p>		<p>assisted to dine in a dignified manner.</p> <p>Resident G, E, & 38 assessed for appropriate seating location to be fed by nursing staff as trays are served.</p> <p>2. Review current seating location of all residents in dining room to assist in assuring meals will be served with dignity.</p>				

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	<p>observation, dependent Resident #G sat at the dining room table from 11:40 a.m. until 12:12 p.m. (32 minutes) with his meal tray in front of him with all food items covered. At no time during this 32 minutes did the staff offer Resident #G food or assist him to dine.</p> <p>2.) Resident #E's record was reviewed on 1/14/14 at 3:00 p.m. Resident #E's current diagnoses included, but were not limited to, dementia, depression and Huntington's disease. Resident #E had a current, 11/5/13, care plan problem regarding a risk for weight loss related to continuous movement. An approach to this problem was "assisted with eating if needed."</p> <p>Resident #E had a 11/2/13, current, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively impaired and rarely or never made choices, required a mechanically altered diet and required staff assistance for dining. An untitled and undated facility document, which was provided by</p>		<p>3. All nursing staff will be educated that when a meal is served to a dependent resident they are to be fed immediately. Director of nursing/designee will provide education to nursing staff on proper meal service to dependent residents to promote dignity. A designated meal manager program will be enforced daily to ensure the dignity of the residents at meal times.</p> <p>4. DON/designee will randomly audit meals for resident's dignity being maintained during meal service 5 times weekly for 4 weeks, then 3 times weekly for 4</p>		

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	<p>the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #E was fed by staff, required a Magic Cup, needed a pureed diet and nectar thick liquid with a straw. During an 1/14/14, lunch meal observation, dependent Resident #E sat at the dining table from 11:40 a.m. to 11:50 a.m. with her covered meal tray in front of her. At 11:50 a.m., Resident #E began to reach for her food. At 11:51 a.m., Resident #E reached for and obtained her glass of thickened juice which was covered with plastic wrap. She attempted to drink tipping the glass back over and over. She worked the cover off the cup with her tongue and began to drink. The resident drank about 1/2 a glass of her liquid while unsupervised. While drinking the resident softly coughed. Unidentified CNA #11 and CNA #8 were in the area and did nothing to intervene. At 11:53 a.m., CNA #8 walked over to the table where Resident #E was drinking took a chair from the table and walked away.</p> <p>3.) Resident #38's record was</p>		<p>weeks, then 1 time weekly for 4 weeks and report findings to the AQ # A</p> <p>committee to ensure compliance.</p> <p>5. Completion date: February 15, 2014</p>				

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F000244 SS=E	<p>reviewed on 1/14/14 at 3:40 p.m. Resident #38's current diagnoses included, but were not limited to, macular degeneration, dementia and terminal Alzheimer's disease. An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #38 needed to be fed by the staff. During an 1/14/14 11:40 a.m. to 12:15 p.m., (35 minutes) meal observation, dependent Resident #38 sat with her meal tray covered on the table in front of her. During an 1/14/14, 4:30 p.m., interview, the Assistant Director of Nursing indicated dependent residents should not sit with their food in front of them without being offered assistance.</p> <p>3.1-3(t)</p> <p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. Based on observation, record review</p>	F000244		02/15/2014	

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	<p>and interview, the facility failed to act upon grievances related to food temperatures, identified during Resident Council meetings, to ensure issues were promptly resolved. This had the potential to affect 65 of 70 residents residing in the facility. (Resident #'s 109, 111, 6, 17, 18, 63, 27, 67)</p> <p>Findings include:</p> <p>During an interview on 1/9/14 at 2:01 p.m., with Resident #109, the resident stated: "They bring me hot cereal that is usually cold. The food is usually cold when we get it. Especially if they bring it to our room."</p> <p>During an interview on 1/9/14 at 2:19 p.m., with Resident #111, the resident stated: "There are times when it isn't even warm. We can exchange it if we don't like but it is still cold or warm, not hot."</p> <p>During an interview on 1/9/14 at 2:35 p.m., with Resident #6, the resident indicated the food was not always warm and cold about two times a week.</p> <p>During an interview on 1/10/14 at 8:39 a.m., with Resident #17, the</p>		<p>F244</p> <p>It is the intent of this facility to ensure that resident's concerns/grievances are appropriately addressed.</p> <p>Residents found to be affected by this deficient practice were invited to a special councilmeeting to specifically express any of their concerns relating to food temperature.</p>		

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	<p>resident stated: "Half the time food is cold."</p> <p>During an interview on 1/10/14 at 9:42 a.m., with Resident #18, the resident stated: "Its always cold."</p> <p>During an interview on 1/10/14 at 1:00 p.m., with Resident #63, the resident stated: "... served cold not too hot almost daily ask to warm will microwave if they have time. Sometimes not worth asking-never told me no for microwave."</p> <p>During an interview on 1/10/14 at 1:16 p.m., with Resident #27, the resident stated: "Food served cold especially on weekends-comes out cold a lot. They will microwave it if asked, but seems like they shouldn't be microwaving it all the time."</p> <p>During an interview on 1/10/14 at 1:43 p.m., with Resident #67, the resident stated: "We are the last to get out trays and they are usually cold."</p> <p>During an interview on 1/10/14 at 1:35 p.m., with the Vice President of the Resident Council (the facility did not have a current President), the Vice President indicated the Resident Council had expressed on</p>		<p>2. All residents were identified as potentially being affected by this deficient practice and as such all residents were invited to the special resident council meeting to specifically address any of their concerns relating to food temperatures.</p> <p>3. Any and all concerns/grievances brought by any resident will be added to meeting minutes. Those resident council minutes are to be given to the Social Service Director as well as the appropriate management team member for investigation and resolution. The Social Service Director with review proposed resolutions and the present them to administrator for approval.</p>				

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	<p>going food related concerns that had yet to be totally resolved.</p> <p>On 1/15/14 at 10:04 a.m., with permission from the Resident Council Vice President, the Resident Council Minutes for the months of April, 2013 through June, 2013, and August, 2013 through December, 2013, were reviewed.</p> <p>Review of the Resident Council Minutes, dated 4/18/13, indicated the residents had concerns regarding the temperature of meals being served. 9 out of 19 residents were concerned the dietary staff were fixing the trays before staff could get to the dining room to pass the trays. The facility response indicated the dietary staff reviewed meal preparation procedures and would be observed on an on going basis. This information was presented to the Resident Council during a meeting dated 5/6/13.</p> <p>Review of an addendum attached to the Resident Council Minutes, dated 8/5/13, indicated the facility presented additional resolutions regarding food temperatures as a result of a meeting with the Administrator in June, 2013. The additional resolutions were food</p>		<p>4. The administrator will then review the proposed resolutions and if approved as recommended, implement the corrective measures. The effectiveness of the corrective measures will be reviewed monthly by the QA & A committee for 60 days and thereafter by the administrator on a monthly basis.</p> <p>5. Completion date: February 15,</p>	

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	<p>temperatures would be monitored and logged by the Dietary Manager. The Dietary Manager would order hot pallets for plate holders. The dining room service assignments made would include department heads.</p> <p>The Dietary Manager held a meeting prior to the Resident Council meeting, dated 11/6/13, to address the recurrent complaints related to food temperature. During this meeting the Dietary Manager indicated to the 21 residents present that the plate warmer pans were on order and would be in the facility November 24, 2013.</p> <p>Review of the Resident Council Minutes dated 12/9/13, indicated the 10 of 19 resident continued to have concerns regarding food temperatures. The facility provided no response.</p> <p>During an observation of food tray preparation on 1/14/14 at 11:47 a.m., it was noted the food was plated and covered with a hard plastic top but no plate warmers were used. The trays were placed in a cart for transportation to the back dining room.</p>		2014				

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	<p>During an interview with the Dietary Manager on 1/15/14 at 11:24 a.m., the Dietary Manager indicated the hot pallets had not been ordered as indicated in the meeting on 11/6/13. No further information was provided.</p> <p>During an interview with the Dietary Manager on 1/15/14 at 2:00 p.m., the Dietary Manager indicated staff had been inserviced on food temperatures and reheating food. The records were reviewed and dated 9/5/13. Monitoring Logs for food temperatures were not provided.</p> <p>During an interview with the Administrator on 1/15/14 at 10:45 a.m., the Administrator indicated the hot pallets were not ordered because the corporation was in the process of purchasing hot pallets for all facilities. The Administrator indicated the hot pallets were never ordered and the facility did not follow up on the issue. No further information was provided.</p> <p>3.1-3(l)</p>			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to implement behavioral interventions identified in a dementia resident's plan of care for 1 of 5 residents reviewed for behavioral plans of care (Resident #42) and failed to ensure bowel monitoring was completed and interventions initiated in accordance with a cognitively impaired resident's plan of care for 1 of 1 resident reviewed for bowel monitoring. (Resident #42)</p> <p>Findings include:</p> <p>1. During a back dining room lunch observation on 1/14/13 from 11:40 a.m. to 12:30 p.m., Resident #42 called out, sang, and yelled at the resident behind her. Resident #42 moved restlessly while waiting for the meal and through out the meal service.</p> <p>During a back dining room breakfast observation on 1/15/14 from 8:03 a.m. to 8:35 a.m., Resident #42 was seated at a table by herself. She</p>	F000282	<p>F282</p> <p>It is the intent of this facility to ensure that behavioral interventions will be identified in a dementia</p> <p>Resident's care plan.</p> <p>The activity box has now been provided for</p> <p>resident # 42 in accordance to the residentsCare Plan.</p>	02/15/2014			

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	<p>finished her drink at 8:14 a.m. and began singing at 8:20 a.m. At 8:22 a.m., LPN #2 placed a clothing protector on the resident. At 8:31 a.m., Resident #42 began stating "I can't stay here." At 8:35 a.m., the resident's tray was delivered and she began eating.</p> <p>During the described behavioral events, the staff did not offer or implement a behavior intervention for Resident #42. Resident #42 did not have an activity box provided while in the dining room in accordance with the resident's plan of care.</p> <p>The clinical record for Resident #42 was reviewed on 1/13/14 at 2:39 p.m.</p> <p>Diagnosed for Resident #42 included, but was limited to, dementia with agitation, hypertension, depression, anxiety, and constipation.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/1/13, indicated Resident #42 was severely cognitively impaired.</p> <p>A health care plan problem, dated 11/4/13 and revised on 11/19/13,</p>		<p>2. No other residents were affected by this since no other residents require an activity box.</p> <p>3. Activity Director or designee will ensure that the appropriate activity box has been made available for resident. Activities Director or designee will in-service nursing staff on the availability and proper use of contents of the activity box.</p> <p>4. The Activity Director or designee will monitor the proper use of the activity box 3 times weekly for 4 weeks then 2 times weekly for 4 weeks and then weekly thereafter.</p>	

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	<p>indicated Resident #42 could become easily agitated just sitting and talking to herself. One of the interventions for this problem was for an activity box to be provided to Resident #42 while in the dining room.</p> <p>During an interview with the Activities Director on 1/15/14 at 2:54 p.m., she indicated the activity box for Resident #42 was in the resident's room. She indicated she had told the CNAs about the activity box for Resident #42 and the CNAs were supposed to take the activity box to the dining room for Resident #42.</p> <p>During an interview with the Activities Director on 1/15/14 at 3:22 p.m., she indicated she could not find the activity box for Resident #42 in the resident's room. She indicated she had made a new activity box for Resident #42 and would educate the CNAs regarding the use of the activity box.</p> <p>Review of the current facility policy, dated 7/1/11, titled "Care Plans," provided by the ADON on 1/15/14 at 1:50 p.m., included, but was not limited to, the following:</p>		<p>The results of the findings will be reviewed in QA & A meeting.</p> <p>5) Completion Date: February 15, 2014</p> <p>It is the intent of this facility to ensure it identifies and implement plans of action for items such as</p> <p>Bowel monitoring. Res # 42 will be care planned for medication regimen and bowel activity.</p> <p>Resident #42's Care Plan was reviewed and is in</p>	

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	<p>"GUIDELINES: It is the intent of the facility that each resident will have a plan of care to identify problem, need, and strengths that will identify how the interdisciplinary team will provide care..."</p> <p>2. A health care plan problem, dated 8/29/13, indicated Resident #42 was at risk for decreased bowel motility. One of the goals for this problem was for the resident to have a soft formed stool at least every 3 days. Interventions for this problem included monitor resident's bowel movements and administer medications as ordered by the physician.</p> <p>Current physician's orders for Resident #42 included, but were not limited to, the following orders:</p> <p>a. Colace (a stool softener) 100 milligrams (mg) 1 capsule by mouth twice daily. The original date of this order was 12/12/13.</p> <p>b. Milk of Magnesia (a laxative) 30 milliliters (ml) by mouth once daily as needed followed by 8 ounces of water for constipation. The original date of the order was 4/23/13.</p>		<p>place. Orders were reaffirmed for resident #42 by Physician's signature.</p> <p>This resident has experienced regular bowel movements per care plan during the past 14 days. Review bowel monitoring section in Point Click</p> <p>Care for all residents to assure bowelActivities within the last 72 hours in order to identify other affected residents.Care plans will be reviewed and updated for current orders related to bowel activity.</p> <p>Educate licensed nurses on bowel elimination policy.Bowel activity alerts will be taken to CQI meeting</p> <p>5 times weekly to assure licensedNurses will implement bowel protocol per MD order. DON/designee will audit records of 3 residents weekly for 12 weeks to ensure proper implementation of bowel eliminationpolicy. Findings will be reported to QA & A committee.</p>				

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	<p>Review of the October and December 2013 bowel records, indicated Resident #42 did not have a bowel movement for the following time periods:</p> <p>October 22, 23, 24, 25, 26, and 27 - indicated no bowel movement. A time period of 6 days without a recorded bowel movement.</p> <p>December 6, 7, 8, 9, 10, 11, and 12 - indicated no bowel movement. A time period of 6 days without a recorded bowel movement.</p> <p>The nursing notes lacked any information related to any interventions having been given or tried during October 22 to 27 and December 6 to 11 time frames.</p> <p>During an interview with CNA #6 on 1/15/14 at 2:10 p.m., she rechecked the bowel records for Resident #42 from October 22, 23, 24, 25, 26, and 27, 2013 and December 6, 7, 8, 9, 10, 11, and 12, 2013. No bowel movements had been recorded for Resident #42 on the questioned dates. She further indicated a resident would trigger an alert in the left corner of the computer screen of the computerized record (Point Click Care) when no bowel movement</p>		5. Completion Date: February 15, 2014		

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	<p>had been recorded for 72 hours. The CNA was supposed to tell the nurse the names of the residents listed in the alerts.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 1/15/14 at 2:24 p.m., additional information was requested related to the lack of bowel movements for Resident #42. The ADON indicated alerts for residents with no documented bowel movements in 72 hours appear on Point Click Care for the nurse when he or she logged into Point Click Care.</p> <p>During an interview with the ADON on 1/15/14 at 2:46 p.m., she indicated the 24 hour report and the December 2013 Medication Administration Record showed the as needed laxative had been given to Resident #42 on December 7, 2013 with no results documented. She further indicated no other interventions had been given or tried until December 12, 2013.</p> <p>Review of the current facility policy, dated 7/1/11, titled "Bowel Elimination Policy," provided by the ADON on 1/15/14 at 2:52 p.m., included, but was not limited to, the</p>			

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F000309 SS=D	<p>following:</p> <p>"GUIDELINE: It is the intent of the facility nursing personnel to document, monitor and implement appropriate measures relative to the management of bowel function....</p> <p>...1. CNA's will document resident bowel movements daily...</p> <p>...5. The Charge Nurse will review the ADL sheet in regards to bowel movements. If a resident has no bowel movement by the third day...follow ordered protocol....</p> <p>....6. The Charge Nurse will document the intervention offered...."</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on observation, interview and record review, the facility failed to ensure residents who had a risk of aspiration, received staff assistance</p>	F000309	F 309	02/15/2014			

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	<p>and/or assistive devices to ensure dining safety for 3 of 3 residents reviewed for aspiration risk (Residents #E, #G and #H) Findings include: 1.) Resident #G's record was reviewed on 1/14/14 at 3:30 p.m. Resident #G's current diagnoses included, but were not limited to, post cerebral vascular accidents, Parkinson's disease and hypertension. Resident #G had a current, 9/11/13, physician's order for a pureed diet to decrease the risk of aspiration. Resident #G also had a 9/25/13, physician's order for honey thickened liquids due to dysphasia and for decreased risk of aspiration. Resident #G had a current, 7/22/13, care plan problem/need regarding the need for a restorative swallowing problem to maintain the ability to eat, drink and swallow- "follow exercises provided by Speech Therapy." The goal for this problem was "resident will continue to tolerate ordered diet." Approaches to this problem were as follows: "administer the program per</p>		<p>It is the intent of the facility to ensure residents who have a risk of aspiration and/or need for Assistance devices will receive staff assistance to ensure dining safety.</p> <p>Resident # E,G,H will have ST evaluate for risk of aspiration and need for assistive devices.</p> <p>2. To ascertain if any other residents are affected, ST will observe all residents</p>	

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	<p>schedule, evaluate and revise the program as needed, if needed give one food item at a time, notify restorative nurse of decline or improvement for further evaluation, possible therapy and MD [medical doctor] notification, prompt resident to chew each bite of food thoroughly and to tuck chin and swallow twice, provide specialized eating utensils/plates as needed, staff to assist as needed."</p> <p>Resident #G had a current January, 2014, meal tray card which indicated the resident was to be served a sugar free Mighty Shake (a sugar free high calorie, high protein product), use "special silverware" and a "Nosey Cup" (a cup with a portion removed for the nose to fit deeper into the cup). The card lacked any special feeding or swallowing instructions.</p> <p>Resident #G had a, 3/12/13, chest x-ray which indicated the resident had "left medial base airspace disease likely due to infection or aspiration."</p> <p>Resident #G had a, 5/21/13, Speech Therapy Swallow Study report which</p>		<p>for signs/symptoms of aspiration or need for assistive devices during a meal</p> <p>service and report to administrator or DON.</p> <p>3. Educate nursing staff as to which residents are at risk for aspiration and or need of</p> <p>Assistive devices and the importance of reading meal cards for special instruction.</p> <p>4. Licensed nurses will Monitor by observing for aspiration during meals and observing for the need of assistive devices. The results of this monitoring will be provided to the IDT for appropriate intervention.</p>				

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	<p>indicated the resident needed aspiration precautions and required thickened liquids, required a pureed diet and needed to be fed.</p> <p>Resident #G had a, 10/14/13, Speech Therapy "Discharge Status and Recommendation" which indicated the resident required a pureed diet, honey thick liquids and needed the following swallow strategies "alternation of liquids/solids, rate modification, bolus size modification and general swallow techniques/precautions."</p> <p>Resident #G had a current, 11/6/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was moderately cognitively impaired and required cueing and assistance for decision making, required a mechanically altered diet and needed staff assistance to eat.</p> <p>An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #G required a mechanically altered diet due to a history of cerebral vascular accident and a risk for choking, needed to be fed by staff, should</p>		5. Completion Date: February 15, 2014	

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	<p>receive a Mighty Shake and needed a nose cup.</p> <p>During a 1/14/13, 4:45 p.m., interview, the MDS coordinator, who was also the Restorative Nurse, indicated she thought Resident #G was no longer on any restorative programs when he had become a hospice resident.</p> <p>During a 1/15/14, 4:59 p.m., interview the MDS coordinator indicated the restorative speech program only referred to when the resident was with speech therapy staff. When questioned how the staff knew what technique to use when feeding the resident and if the strategies recommended by speech therapy were still in effect, she indicated yes all speech therapy strategies were still in effect.</p> <p>On 1/14/14 at 12:12 p.m., CNA #10 began feeding Resident #G. CNA #10 did not alternate solids and liquids. Additionally she did not instruct the resident to chin tuck or double swallow.</p> <p>During an 1/14/14, 12:16 p.m., interview, CNA #10 indicated she had no special instructions regarding</p>			

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	<p>the feeding technique for Resident #G. She indicated she simply knew how to feed him because she had worked there a long time</p> <p>2.) Resident #E's record was reviewed on 1/14/14 at 3:00 p.m. Resident #E's current diagnoses included, but were not limited to, dementia, depression and Huntington's disease.</p> <p>Resident #E had a current January 2014 (no day) physician's order for a pureed diet with nectar thickened liquids. Resident #E also had a 12/4/13, physician's order for a magic cup (nutritional supplement) three times daily to stabilize weights.</p> <p>Resident #E had a current January 2014, meal tray card which indicated the resident was to receive a pureed diet with nectar thick liquids and use a regular cup with a straw. The meal tray card lacked any indication that the resident was to receive a magic cup three times daily.</p> <p>Resident #E had a 7/3/13, Speech Therapy note which indicated the resident was at risk for aspiration due to dysphasia, had no signs of aspiration when using nectar thick</p>			

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	<p>liquids and a straw controlled by the therapist for small sips, required nectar thick liquids in controlled amounts, required close supervision when eating, required oral intake rate modification, bolus size modification and general swallow techniques and precautions</p> <p>Resident #E had a 11/2/13, current, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively impaired and rarely or never made choices, required a mechanically altered diet and required staff assistance for dining.</p> <p>An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #E was fed by staff, required a Magic Cup, needed a pureed diet and nectar thick liquid with a straw.</p> <p>During an 1/15/14, 11:15 a.m., interview, the Speech Therapist indicated Resident #E required nectar thickened liquids consumed through a straw to slow the rate of liquid consumption and provide greater drinking control.</p>			

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	<p>During an 1/14/14, lunch meal observation, dependent Resident #E sat at the dining table from 11:40 a.m. to 11:50 a.m. with her covered meal tray in front of her. At 11:50 a.m., Resident #E began to reach for her food. At 11:51 a.m., Resident #E reached for and obtained her glass of thickened juice which was covered with plastic wrap. She attempted to drink tipping the glass back over and over. She worked the cover off the cup with her tongue and began to drink. The resident drank about 1/2 a glass of her liquid while unsupervised. While drinking the resident softly coughed. Unidentified CNA #11 and CNA #8 were in the area and did nothing to intervene. At 11:53 a.m., CNA #8 walked over to the table were Resident #E was drinking took a chair from the table and walked away.</p> <p>On 11/14/14 at 11:55 a.m., CNA #9 sat down and began to feed Resident #E. She gave Resident #E drinks of her liquid by tipping the cup to her mouth. Resident #E coughed softly. During an interview at this</p>			
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	<p>time, CNA #9 indicated she was a new employee. She indicated she had no special instruction regarding feeding Resident #E. She indicated another CNA had told her to feed Resident #E and the resident was a good eater. When questioned regarding the meal tray card instructions to use a straw, CNA #9 indicated she had never been instructed to read the meal cards, but she would go obtain a straw. She then began offering drinks of liquid to Resident #E using a straw. Resident #E stopped coughing.</p> <p>3.) Resident #H's record was reviewed on 1/14/14 at 3:50 p.m. Resident #H's current diagnoses included, but were not limited to, dementia, hypertension and dysphasia.</p> <p>Resident #H had a current January, 2014, (no day) physician's order for a pureed diet with double protein and nectar thickened liquids.</p> <p>Resident #H also had a current January, 2014, (no day) physician's order for a "Provale cup" (a specialized two handled cup with a modified lid which controls the flow</p>			

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	<p>of liquids) with all meals.</p> <p>Resident #H had a current January, 2014, meal tray card which indicated he should have a pureed diet with double protein, nectar thickened liquids, a "red scoop plate and a brown cup."</p> <p>Resident #H had a 6/13/13, Speech Therapy note which indicated the resident needed nectar thick liquids and a Provale cup to ensure safety and decrease the risk of aspiration.</p> <p>Resident #H had a 12/11/13, current, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively impaired and rarely or never made choices, required a mechanically altered diet and was totally dependent on the staff for eating.</p> <p>An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #H was to receive a pureed diet with double protein, had dysphasia, needed a "brown cup and red scoop plate" and needed to be fed by the staff.</p> <p>During an 1/15/14, 11:15 a.m.</p>			
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	<p>interview, the Speech Therapist indicated Resident #H needed a Provale cup, which had 2 handles for gripping, a specialized lid to reduce the rate of liquid flow and was brown in color. Resident #H needed these items to reduce the risk of aspiration.</p> <p>During an 1/14/14, 11:40 a.m. to 12:20 p.m., meal observation, Resident #H was served a meal tray. His tray contained an empty Provale cup, a carton of thickened milk, and 2 cups of other thickened drinks. CNA #8 poured the thickened milk in the Provale cup. At 11:50 a.m., CNA #8 gave Resident #H drinks of liquid from a regular cup. During an interview at this time, CNA #8 indicated Resident #H always received multiple drinks but had only one specialized cup so she had to let the resident drink from the regular cups too. CNA #8 additionally indicated the Resident #H received his meals on white plates, a red scoop plate and bowls. She indicated she did not know why he received different plate types all the time. Lastly CNA #8 indicated</p>			

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	<p>she had not received any specialized feeding or swallowing instruction for Resident #H. She knew what to do because she knew the resident.</p> <p>4.) During an 1/14/14, 4:30 p.m., interview, the Assistant Director of Nursing indicated meal tray cards contained the instructions for diet needs and feeding instructions. CNAs were expected to read the meal cards before feeding the residents. If a food item was missing from a meal tray, the staff member should request that item. During an 1/15/15, 9:35 a.m. interview, the Speech Therapist indicated about two months ago the facility began to add therapy instructions in the meal tray cards. Staff were supposed to read the meal tray cards before feeding residents. She did not present a formal training for staff on this approach and instead talked to staff individually in the dining room. She had no record of the training.</p> <p>3.1-37(a)</p>			

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F000325 SS=E	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview, and record review, the facility failed to implement interventions to maintain weight and/or nutritional status for 6 of 6 residents observed for meal time interventions to maintain weight and nutrition.</p> <p>(Residents #E, #F, #G, #H, #J and #C)</p> <p>Finding include:</p> <p>1.) Resident #G's record was reviewed on 1/14/14 at 3:30 p.m. Resident #G's current diagnoses included, but were not limited to, post cerebral vascular accidents, Parkinson's disease and hypertension.</p> <p>Resident #G had a current, 9/11/13, physician's order for a pureed diet to decrease the risk of aspiration.</p> <p>Resident #G also had a 9/25/13</p>	F000325	<p>F 325</p> <p>It is the intent of the facility to ensure there are interventions to maintain weight or nutritional status</p> <p>according to overall plan of care.</p> <p>1. Resident # E, F, G, H, J and C. care plans for</p>	02/15/2014

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	<p>physician's order for honey thickened liquids due to dysphasia and for decreased risk of aspiration. Resident #G had a current 11/12/13, care plan problem/need regarding nutritional need to maintain stable weights. The goal for this problem was "resident will not experience significant weight loss." Approaches to this problem were as follows: "assisted with eating if needed, diet as ordered, medication and labs as ordered, monitor intake of each meal, notify MD [medical doctor] and family as indicated, offer supplements between meals as diet will allow, RD [registered dietitian] review per policy and as needed." Resident #G had a current, 7/22/13, care plan problem/need regarding the need for a restorative swallowing problem to maintain the ability to eat, drink and swallow- "follow exercises provided by Speech Therapy." The goal for this problem was "resident will continue to tolerate ordered diet." Approaches to this problem were as follows: "administer the program per schedule, evaluate and revise the</p>		<p>potential weight loss were reviewed and individualized.</p> <p>2. All residents' weights were obtained on 1/23/14.</p> <p>Any resident with significant weight loss per facility will be placed on SWAT.</p> <p>3. Weight loss report will be brought to SWAT meeting weekly and will be reviewed and residents will be added as needed. All RD recommendations will be included in SWAT.</p> <p>4. DON/designee will monitor and will sign monthly weight report after reviewing for significant weight loss per facility</p>	

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	<p>program as needed, if needed give one food item at a time, notify restorative nurse of decline or improvement for further evaluation, possible therapy and MD [medical doctor] notification, prompt resident to chew each bite of food thoroughly and to tuck chin and swallow twice, provide specialized eating utensils/plates as needed, staff to assist as needed."</p> <p>Resident #G's weight history included, but was not limited to, the following:</p> <p>12/10/13 - 172.2 lbs 11/5/13 - 168.6 lbs 10/6/13 - 175.0 lbs 8/6/13 - 176.2 lbs 7/3/13 - 178.2 lbs 4/1/13 - 181.4 lbs 1/11/13 - 196.2 lbs</p> <p>Resident #G had a current January 2014, meal tray card which indicated the resident was to be served a sugar free Mighty Shake (a sugar free high calorie, high protein product), use "special silverware" and a "Nosey Cup" (a cup with a portion removed for the nose to fit deeper into the cup). The card</p>		<p>policy. If any new significant weight loss per facility is noted, resident will be added to SWAT.</p> <p>5. Completion Date: February 15, 2014</p>				

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	<p>lacked any special feeding or swallowing instructions.</p> <p>Resident #G had a 3/12/13, chest x-ray which indicated the resident had "left medial base airspace disease likely due to infection or aspiration."</p> <p>Resident #G had a 5/21/13, Speech Therapy Swallow Study report which indicated the resident needed aspiration precautions and required thickened liquids, required a pureed diet and needed to be fed.</p> <p>Resident #G had a 10/14/13, Speech Therapy "Discharge Status and Recommendation" which indicated the resident required a pureed diet, honey thick liquids and needed the following swallow strategies "alternation of liquids/solids, rate modification, bolus size modification and general swallow techniques/precautions."</p> <p>Resident #G had a current 11/6/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was moderately cognitively impaired and required cueing and assistance for decision making, required a mechanically altered diet and needed staff assistance to eat.</p>			

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	<p>An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #G required a mechanically altered diet due to a history of cerebral vascular accident and a risk for choking, needed to be fed by staff, should receive a Mighty Shake and needed a nose cup.</p> <p>During a 1/14/13, 4:45 p.m., interview, the MDS coordinator, who was also the Restorative Nurse indicated, she thought Resident #G was no longer on any restorative programs since he had become a hospice resident.</p> <p>During a 1/15/14, 4:59 p.m., interview, the MDS coordinator indicated the restorative speech program only referred to when the resident was with speech therapy staff. When questioned how the staff knew what technique to use when feeding the resident and if the strategies recommended by speech therapy were still in effect, she indicated yes all speech therapy strategies were still in effect.</p>			
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	<p>During an 1/14/14, lunch meal observation, dependent Resident #G sat at the dining room table from 11:40 a.m. until 12:12 p.m. (32 minutes) with his meal tray in front of him with all food items covered. At no time during this 32 minutes did the staff offer Resident #G food or assist him to dine.</p> <p>On 1/14/14 at 12:12 p.m., CNA #10 began feeding Resident #G. Resident #G's meal tray did not contain a sugar free Mighty Shake. CNA #10 did not alternate solids and liquids. Additionally she did not instruct the resident to chin tuck or double swallow.</p> <p>On 1/14/14 at 12:15 p.m., CNA #10 was informed Resident #G's meal tray card indicated he was planned to receive a Mighty Shake. CNA #10 fed Resident #G his meal and did not obtain a Mighty Shake.</p> <p>During an 1/14/14, 12:16 p.m., interview, CNA #10 indicated she had no special instructions regarding the feeding technique for Resident #G. She indicated she simply knew how to feed him because she had worked there a long time</p>			
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	<p>2.) Resident #E's record was reviewed on 1/14/14 at 3:00 p.m. Resident #E's current diagnoses included, but were not limited to, dementia, depression and Huntington's disease. Resident #E had a current January 2014, (no day) physician's order for a pureed diet with nectar thickened liquids. Resident #E also had a 12/4/13, physician's order for a magic cup (nutritional supplement) three times daily to stabilize weights. Resident #E had a current 12/3/12, care plan problem regarding a risk for weight loss due to Huntington's disease. The goal for this problem was "resident will have no significant weight loss. Approaches to this problem were "diet as ordered, medication and labs as ordered, monitor intake of each meal, notify MD [medical doctor] and family as indicated, offer supplements between meals as diet will allow, RD [registered dietitian] review quarterly and PRN [as needed]."</p> <p>Resident #E had a current 11/5/13, care plan problem regarding a risk for weight loss related to continuous</p>						

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	<p>movement. Approaches to this problem were "assisted with eating if needed, diet as ordered, medication and labs as ordered, monitor intake of each meal, notify MD [medical doctor] and family as indicated, offer supplements between meals as diet will allow, RD [registered dietitian] review per policy and as needed."</p> <p>Resident #E's weight history included, but was not limited to, the following:</p> <p>12/10/13 - 108.6 lbs 11/5/13 - 104.8 lbs 10/6/13 - 108.6 lbs 8/7/13 - 115.4 lbs 7/3/13 - 118.6 lbs 6/3/13 - 120.6 lbs</p> <p>Resident #E had a current January 2014, meal tray card which indicated the resident was to receive a pureed diet with nectar thick liquids and use a regular cup with a straw. The meal tray card lacked any indication that the resident was to receive a magic cup three times daily.</p> <p>During an 1/15/14, 9:30 a.m. interview, LPN #4 indicated Resident #E was to receive a Magic Cup three</p>				

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	times daily with meals. LPN #4 indicated she documented the Magic Cup as received on the Medication Administration Record unless the CNAs told her the resident didn't eat it. She indicated the CNAs know which residents were supposed to get Magic Cups or other supplements because it was on the individual resident meal tray cards. She additionally indicated she was unaware Resident #E's meal tray card was lacking the need for a Magic Cup with each meal. Lastly she indicated the CNAs would not have known to report to the nurse if Resident #E did not receive or consume her Magic Cup. Resident #E had a 7/3/13, Speech Therapy note which indicated the resident was at risk for aspiration due to dysphasia, had no signs of aspiration when using nectar thick liquids and a straw controlled by the therapist for small sips, required nectar thick liquids in controlled amounts, required close supervision when eating, required oral intake rate modification, bolus size modification and general swallow				

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NAME OF PROVIDER OR SUPPLIER WATERS OF YORKTOWN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 S ANDREWS RD YORKTOWN, IN 47396
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	<p>techniques and precautions</p> <p>Resident #E had a 11/2/13, current, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively impaired and rarely or never made choices, required a mechanically altered diet and required staff assistance for dining.</p> <p>An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #E was fed by staff, required a Magic Cup, needed a pureed diet and nectar thick liquids with a straw.</p> <p>During an 1/15/14, 11:15 a.m., interview, the Speech Therapist indicated Resident #E required nectar thickened liquids consumed through a straw to slow the rate of liquid consumption and provide greater drinking control.</p> <p>During an 1/14/14, lunch meal observation, dependent Resident #E sat at the dining table from 11:40 a.m. to 11:50 a.m. with her covered meal tray in front of her. At 11:50 a.m., Resident #E began to reach for her food. At 11:51 a.m.,</p>			

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	<p>Resident #E reached for and obtained her glass of thickened juice which was covered with plastic wrap. She attempted to drink tipping the glass back over and over. She worked the cover off the cup with her tongue and began to drink. The resident drank about 1/2 a glass of her liquid while unsupervised. While drinking the resident softly coughed. Unidentified CNA #11 and CNA #8 were in the area and did nothing to intervene. At 11:53 a.m., CNA #8 walked over to the table where Resident #E was drinking took a chair from the table and walked away.</p> <p>On 11/14/14 at 11:55 a.m., CNA #9 sat down and began to feed Resident #E. She gave Resident #E drinks of her liquid by tipping the cup to her mouth. Resident #E coughed softly. During an interview at this time, CNA #9 indicated she was a new employee. She indicated she had no special instruction regarding feeding Resident #E. She indicated another CNA had told her to feed Resident #E and the resident was a good eater. When questioned</p>				

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	<p>regarding the meal tray card instructions to use a straw, CNA #9 indicated she had never been instructed to read the meal cards, but she would go obtain a straw. She then began offering drinks of liquid to Resident #E using a straw. Resident #E stopped coughing.</p> <p>3.) Resident #H's record was reviewed on 1/14/14 at 3:50 p.m. Resident #H's current diagnoses included, but were not limited to, dementia, hypertension and dysphasia.</p> <p>Resident #H had a current January 2014, (no day) physician ' s order for a pureed diet with double protein and nectar thickened liquids.</p> <p>Resident #H also had a current January 2014, (no day) physician's order for a "Provale cup" (a specialized two handled cup with a modified lid which controls the flow of liquids) with all meals.</p> <p>Resident #H had a current, 9/16/13, care plan problem regarding the risk for weight loss. Approaches to this problem were "assisted with eating if needed, diet as ordered, medication and labs as ordered, monitor intake</p>			

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	<p>of each meal, notify MD [medical doctor] and family as indicated, offer supplements between meals as diet will allow, RD [registered dietitian] review per policy and as needed." Resident #H's weight history included, but was not limited to, the following: 12/10/13 - 152 lbs 11/5/13 - 152 lbs 10/4/13 - 153.6 lbs 9/13/13 - 154 lbs 8/7/13 - 157 lbs 7/3/13 -160 lbs</p> <p>Resident #H had a current January, 2014, meal tray card which indicated he should have a pureed diet with double protein, nectar thickened liquids, a "red scoop plate and a brown cup." Resident #H had a, 6/13/13, Speech Therapy note which indicated the resident needed nectar thick liquids and a Provale cup to ensure safety and decrease the risk of aspiration. Resident #H had a 12/11/13, current, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively impaired and rarely or never made</p>			

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	<p>choices, required a mechanically altered diet and was totally dependent on the staff for eating. An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #H was to receive a pureed diet with double protein, had dysphasia, needed a "brown cup and red scoop plate" and needed to be fed by the staff.</p> <p>During an 1/15/14, 11:15 a.m. interview, the Speech Therapist indicated Resident #H needed a Provale cup, which had 2 handles for gripping, a specialized lid to reduce the rate of liquid flow and was brown in color. Resident #H needed these items to reduce the risk of aspiration.</p> <p>During an 1/14/14, 11:40 a.m. to 12:20 p.m., meal observation, Resident #H was served a meal tray with single portions of protein. His tray contained an empty Provale cup, a carton of thickened milk, and 2 cups of other thickened drinks. CNA #8 poured the thickened milk in the Provale cup. At 11:50 a.m. CNA</p>			

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	<p>#8 gave Resident #H drinks of liquid from a regular cup. During an interview at that time, CNA #8 indicated Resident #H always received multiple drinks but had only one specialized cup so she had to let the resident drink from the regular cups, too. At this time CNA #8 was informed Resident #H's meal card said he was supposed to receive doubled protein. CNA #8 indicated she knew nothing about the doubled protein and the resident only had one helping. CNA #8 additionally indicated Resident #H received his meals on white plates, a red scoop plate and bowls. She indicated she did not know why he received different plate types all the time. Lastly CNA #8 indicated she had not received any specialized feeding or swallowing instruction for Resident #H. She knew what to do because she knew the resident. At no time during the meal did any staff member obtain double portions of protein for Resident #H.</p> <p>4.) Resident #F's record was reviewed on 1/14/14 at 3:15 p.m. Resident #F's current diagnoses</p>			

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	<p>included, but were not limited to, dementia, dysphasia and protein malnutrition.</p> <p>Resident #F had a current January 2014, (no day) physician's order for a pureed diet with honey thickened liquids.</p> <p>Resident #F had a current, 9/11/13, care plan problem regarding the risk for weight loss. Approaches to this problem were "diet as ordered puree with honey thick liquids, medication and labs as ordered, monitor intake of each meal, notify MD [medical doctor] and family as indicated, offer supplements between meals as diet will allow, RD [registered dietitian] review per policy and as needed. "</p> <p>Resident #F's weight history included, but was not limited to, the following:</p> <p>12/10/13 - 103 lbs 11/5/13 - 106 lbs 10/4 - 105.2 lbs 9/13 - 109 lbs 8/6/13 - 107 lbs</p> <p>Resident #F had a current January, 2014, meal tray card which indicated the resident required a pureed diet with honey thick liquids and honey</p>				

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	<p>thick whole milk each meal.</p> <p>Resident #F had a 12/4/13, current, quarterly, MDS, which indicated the resident needed cueing and assistance for decision making, had a mechanically altered diet and required staff assistance to eat. An untitled and undated facility document, which was provided by the MDS coordinator on 1/15/14 at 1:35 p.m., indicated Resident #F was to receive a pureed diet with honey thickened liquids and whole milk.</p> <p>During an 1/14/15, 11:40 a.m. to 12:12 p.m. meal observation, Resident #F was served a meal tray with a carton of thickened 2% milk. When unidentified CNA #11 was questioned regarding the meal tray card indicating Resident #F was planned to receive whole milk, she indicated she was unaware of this plan. Unidentified CNA #11 continued to feed Resident #F the 2% milk. At no time during the meal did any staff member obtain whole milk for Resident #F.</p> <p>5.) Resident #J's record was reviewed on 1/14/14 at 3:30 p.m.</p>			

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	<p>Resident #J's current diagnoses included, but were not limited to, muscular wasting, chronic fatigue syndrome and hypertension.</p> <p>Resident #J had a current January, 2014, (no day) physician's order for a regular diet.</p> <p>Resident #J had an 11/27/13, physician's order for a dietary consult due to weight loss.</p> <p>Resident #J had an 11/29/13, Registered Dietitians note which indicated the resident would continue his previous approaches and add ice cream at lunch and dinner to address on going weight loss.</p> <p>Resident #J had a current 12/10/13, care plan problem regarding current weight loss. Approaches to this problem were "assisted with eating if needed, diet as ordered, medication and labs as ordered, monitor intake of each meal, notify MD [medical doctor] and family as indicated, offer supplements between meals as diet will allow, RD [registered dietitian] review per policy and as needed. "</p> <p>Resident #J's weight history included, but was not limited to, the</p>			

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	<p>following:</p> <p>12/19/13 - 198.0</p> <p>11/5/13 - 202.8</p> <p>10/25/13 - 209.0</p> <p>9/27/13 - 211.0</p> <p>7/3/13 - 238.7</p> <p>6/3/13 - 243.6</p> <p>Resident #J had a current January 2014, meal tray card which indicated regular diet. The card lacked any documentation regarding ice cream with each meal.</p> <p>On 11/14/14 at 12:50 p.m., Resident #J was served his meal tray. The tray lacked ice cream.</p> <p>During an 1/14/14, 12:51 p.m. interview with Resident #J, who had been assessed as interviewable during the stage 1 survey process, the resident indicated he received ice cream about two times a week. He indicated he did not get ice cream daily with lunch and dinner. He indicated he liked ice cream.</p> <p>During an 1/14/14, 3:30 p.m., interview, Dietary Manager indicated only one staff had requested food replacements or additional or missing tray items for any of the residents who ate in the Back Dining</p>				

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	<p>Room. She indicated the item was a replacement for a lady who had disliked her vegetable.</p> <p>During an 1/14/14, 4:30 p.m., interview, the Assistant Director of Nursing indicated Meal tray cards contained the instructions for diet needs and feeding instructions. CNAs were expected to read the meal cards before feeding the residents. If an food item was missing from a meal tray, the staff member should request that item; the Registered Dietitian made recommendations about such items as whole milk or ice cream and the Dietary Manager must add those things to the meal cards. She also indicated dependent residents should not sit with their food in front of them without being offered assistance.</p> <p>During an 1/14/14, 4:50 p.m., interview, the Dietary Manager indicated the Registered Dietitian gave her a list of recommendations following her visit. The Dietary Manager must act on the recommendations and add items such as ice cream to the meal card</p>			

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	<p>to ensure residents received said items.</p> <p>During an 1/15/15, 9:35 a.m. interview, the Speech Therapist indicated about two months ago the facility began to add therapy instructions in the meal tray cards. Staff were supposed to read the meal tray cards before feeding residents. She did not present a formal training for staff on this approach and instead talked to staff individually in the dining room. She had no record of the training.</p> <p>6.) Resident #C was observed on 1/14/13 at 8:48 a.m., sitting up in bed feeding himself breakfast. The resident requested and received a second cup of coffee.</p> <p>Resident #C was observed on 1/14/13 at 1:05 p.m., being served a room tray. The tray was set up by the CNA and the resident fed himself the meal after the CNA exited the room.</p> <p>Resident #C's clinical record was reviewed on 1/14/14 at 8:18 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus type II, acute or chronic renal infection, history of stroke, and</p>						

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	<p>GERD [Gastroesophageal Reflux Disease].</p> <p>The resident's January, 2014, recapitulation of Physician's Orders were signed by the physician but not dated. The resident had an order for a general diet with non-concentrated sweets. The resident had an order for 90 milliliters of Med Pass 2.0 four times daily to stabilize weight. The Med Pass order originated on 7/26/13.</p> <p>The resident had a 9/27/13, quarterly Minimum Data Set assessment indicating the resident ate independently with tray set-up.</p> <p>Review of the resident's weights indicated the resident weights were: 5/28/13 185 pounds 7/3/13 185 pounds 8/7/13 178 pounds 9/2/13 181 pounds 10/4/13 173 pounds 11/5/13 171 pounds 12/10/13 163 pounds 12/19/13 159 pounds 1/7/14 162 pounds</p> <p>The resident had a care plan problem of at risk for weight loss triggered by a loss of 14.5% in 180 day. The problem was initiated on</p>			

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	<p>6/13/13. The interventions initiated on 6/13/13, for this problem were:</p> <ol style="list-style-type: none"> 1.) assist with eating if needed. 2.) diet as ordered. 3.) monitor intake of each meal. 4.) monitor intake weights per policy. 5.) notify M.D. and family as indicated. 6.) offer supplements between meals as diet will allow. 7.) RD (Registered Dietician) review per policy and as needed." <p>Review of a 7/23/13, RD note indicated Med Pass 90 ml four times a day was recommended on 7/23/13 and an order for it was received on 7/26/13 from the physician.</p> <p>Review of a 9/5/13, RD note indicated to continue the current plan as weight is stable overall at one and three months and remaining above IBW [ideal body weight] in spite of significant weight loss at six months.</p> <p>Review of a 12/12/13, dietary note indicated December's weight was 163 pounds and indicated a 5% weight loss in one month.</p> <p>Review of a 1/3/14 11:13 a.m., IDT [interdisciplinary team] note</p>						

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	<p>indicated the resident was discussed in SWAT [Skin and Weight Assessment Team] today for weight loss. Resident was on a regular diet with no concentrated sweets. Resident had recent skin issues and was on a specialty bed. Resident often refused care and refused weight to be taken. RD to follow resident as well as SWAT weekly for weight loss.</p> <p>During an interview with the Assistant Director of Nursing on 1/15/13 at 12:55 p.m., she indicated the resident's Med Pass 2.0 order had not been changed since it originated 7/26/13. She indicated the RD had not made any other changes or recommendations to the plan of care.</p> <p>The S.W.A.T. Program (Skin And Weight Assessment Team) undated policy, was provided by the Administrator on 1/15/14 at 11:08 a.m. The policy included but was not limited to the following:</p> <p>"Purpose: To identify those residents at nutritional risk for related medical concerns.</p> <p>Policy: It is the policy of this facility to assess the nutritional status of each resident. SWAT is designed to</p>			

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	<p>aggressively review and address those residents exhibiting significant weight change or skin breakdown. These residents will be monitored through this team effort on a weekly basis, involving all applicable disciplines to best cater to the improvement of the resident's nutritional status.</p> <p>The interdisciplinary team monitoring residents as nutritional risk consist of, but not limited to: Director of nursing, Nursing management staff, Dietary manager, Dietitian, MDS Coordinator, Wound Care Specialist</p> <p>...Indicators determining implementation of S.W.A.T. monitoring: - 5% or more weight change (undesirable) in 30 days - 10% or more weight change (undesirable) in 180 days... - Insidious weight loss-after continuous wt. loss of 7.5% or more in 90 days</p> <p>...1. S.W.A.T. will meet weekly to discuss residents in need of addressing current health problems to determine appropriate interventions, either dietary and/or clinical, which ever is warranted at</p>						

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	<p>the time of review.</p> <p>2. S.W.A.T. will follow protocols listed on the form for addressing significant weight changes and/or open areas of the skin.</p> <p>3. Each resident will have a form for monitoring conditions in review and will be maintained weekly by the S.W.A.T. meeting....</p> <p>4. The S.W.A.T. notebook will store all individual resident monitoring records and meeting minutes of each S.W.A.T. meeting and will be maintained by the Director of Nursing.</p> <p>5. Interventions determined by the team will be recorded on the individual resident monitoring record form. Minutes from the S.W.A.T. meeting will be recorded on the Minutes Form. The applicable disciplines will address interventions determined by the team and recorded on the S.W.A.T. Recommended Intervention Worksheet form. Physician orders will be obtained as warranted. ...</p> <p>7. The S.W.A.T. meeting will also discuss and review the list of residents currently receiving nutritional supplements monthly...."</p> <p>This Federal tag relates to Complaint IN00141141.</p>						

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	<p>was reviewed on 1/13/14 at 2:39 p.m.</p> <p>Diagnosed for Resident #42 included, but was not limited to, dementia with agitation, hypertension, depression, anxiety, and constipation.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 11/1/13, indicated Resident #42 was severely cognitively impaired.</p> <p>Current physician's orders for Resident #42 included, but were not limited to, the following orders:</p> <p>a. Colace (a stool softener) 100 milligrams (mg) 1 capsule by mouth twice daily. The original date of this order was 12/12/13.</p> <p>b. Milk of Magnesia (a laxative) 30 milliliters (ml) by mouth once daily as needed followed by 8 ounces of water for constipation. The original date of the order was 4/23/13.</p> <p>Review of the October and December 2013 bowel records, indicated Resident #42 did not have a bowel movement for the following time periods:</p>		<p>monitoring is completed for residents</p> <p>Receiving stool softeners and /or laxatives to prevent constipation.</p> <p>Resident # 42's meds for current laxatives were</p> <p>reaffirmed by MD signing clinical recordAnd</p> <p>care plan reviewed. This resident has</p> <p>experienced regular bowel movements per care plan during the past 14 days.</p> <p>2. All residents receiving laxatives and/or stool softeners well be reviewed to identify any</p> <p>other residents</p> <p>affected by this deficient practice.</p>		

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	<p>October 22, 23, 24, 25, 26, and 27 - indicated no bowel movement. A time period of 6 days without a recorded bowel movement.</p> <p>December 6, 7, 8, 9, 10, 11, and 12 - indicated no bowel movement. A time period of 6 days without a recorded bowel movement.</p> <p>The nursing notes lacked any information related to any interventions having been given or tried during October 22 to 27 and December 6 to 11 time frames.</p> <p>During an interview with CNA #6 on 1/15/14 at 2:10 p.m., she rechecked the bowel records for Resident #42 from October 22, 23, 24, 25, 26, and 27, 2013 and December 6, 7, 8, 9, 10, 11, and 12, 2013. No bowel movements had been recorded for Resident #42 on the above dates. She further indicated a resident would trigger an alert in the left corner of the computer screen of the computerized record (Point Click Care) when no bowel movement has been recorded for 72 hours. The CNA was supposed to tell the nurse the names of the residents listed in the alerts.</p> <p>During an interview with the</p>		<p>3. Weekly pharmacy report will be requested to indicate and residents receiving</p> <p>Laxatives/stool softeners to DON/designee for review of any inappropriate duplication of these medications.</p> <p>4. Utilizing the reports provided by pharmacy, the DON/designee will monitor by reviewing the medications weekly times 4 weeks then monthly for 2 months. Results of these reviews will be submitted to QA & A committee.</p> <p>5. Completion Date: February 15 2014</p>				

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	<p>Assistant Director of Nursing (ADON) on 1/15/14 at 2:24 p.m., additional information was requested related to the lack of bowel movements for Resident #42. The ADON indicated alerts for residents with no documented bowel movements in 72 hours appeared on Point Click Care for the nurse when he or she logged into Point Click Care.</p> <p>During an interview with the ADON on 1/15/14 at 2:46 p.m., she indicated the 24 hour report and the December 2013 Medication Administration Record showed the as needed laxative had been given to Resident #42 on December 7, 2013 with no results documented. She further indicated no other interventions had been given or tried until December 12, 2013.</p> <p>Review of the current facility policy, dated 7/1/11, titled "Bowel Elimination Policy," provided by the ADON on 1/15/14 at 2:52 p.m., included, but was not limited to, the following:</p> <p>"GUIDELINE: It is the intent of the facility nursing personnel to document, monitor and implement appropriate measures</p>						

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	<p>1/9/14 at 10:11 a.m., Dietary Aide #3 was observed working in the kitchen with uncovered facial hair. The Dietary Manager was informed of the concern and instructed Dietary Aide #3 to cover facial hair immediately.</p> <p>During an observation on 1/14/14 at 11:47 a.m., Dietary Aide #3 was observed plating food with uncovered facial hair.</p> <p>During an interview on 1/14/14 at 12:00 p.m., the Administrator and the Dietary Manager were both informed of the observation made at 11:47 a.m. The Dietary Manager was asked to provide the policy for personal hygiene for dietary staff.</p> <p>Review of the current facility policy, dated 3/20/11, "Personal Hygiene", was provided by the Dietary Manager 1/14/14 at 2:05 p.m., included but was not limited to the following:</p> <p>"Policy: All dietary employees will comply with printed and posted personal hygiene and sanitation practices of this facility and will undergo a health examination prior to employment.</p>		<p>served under sanitary conditions.</p> <p>Dietary Aide # 3 is now clean shaven.</p> <p>2. All residents had the potential of being affected by the same deficient practice.</p> <p>All residents have been protected from this deficient practice by the dietary aid being clean shaven.</p> <p>3. Relating specifically to dietary aide #3 not</p>		

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	<p>Purpose: To ensure a safe production and service of food.</p> <p>1. Clothing a. Wear hairnets or hair restraints that will cover all hair...Wash hands after touching face or hair."</p> <p>3.1-21(i)(3)</p>		<p>following policy with uncovered facial</p> <p>Hair, Dietary Aide</p> <p>#3 received 1:1 in-service related to Personal Hygiene Policy on</p> <p>1-16-14. Any future dietary staff will be educated</p> <p>upon hire for Personal Hygiene</p> <p>Policy.</p> <p>4. Dietary manager will audit daily for the</p> <p>employees to follow the personal hygiene policy.</p> <p>Administrator of designee will perform dietary rounds 3 times weekly for 4 weeks</p> <p>then 1 time weekly For an</p> <p>additional 4 weeks. All results of</p>	

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F000520 SS=F	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. Based on record review and</p>			F000520	<p>rounds/audits will be assessed by QA committee.</p> <p>5. Completion Date: February 15, 2014</p>		02/15/2014

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	<p>interview, the facility's Quality Assessment and Assurance [QAA] Committee failed to identify and implement a plan of action to correct concerns regarding safe, sanitary food distribution, failed to implement a plan of action to address resident grievances related to food temperatures and failed to identify and implement a plan of action for bowel monitoring. (Resident #42 and Dietary Aide #3)</p> <p>Findings include:</p> <p>1.) During the initial kitchen tour on 1/9/14 at 10:11 a.m., Dietary Aide #3 was observed working in the kitchen with uncovered facial hair. The Dietary Manager was informed of the concern and instructed Dietary Aide #3 to cover facial hair immediately.</p> <p>During an observation on 1/14/14 at 11:47 a.m., Dietary Aide #3 was observed plating food with uncovered facial hair.</p> <p>Review of the current facility policy, dated 3/20/11, "Personal Hygiene", was provided by the Dietary Manager 1/14/14 at 2:05 p.m., included but was not limited to the following:</p>		<p>F 520</p> <p>It is then intent of this facility to ensure that the QA & A committee identify and implement plans of action to correct concerns such as,</p> <p>safe, sanitary food distribution, implementation of plans of action to address</p> <p>items such as resident grievances relating to food temperatures and to identify</p> <p>and implement plans of actions for items such as bowel monitoring.</p> <p>Residents found to be affected by this deficient</p> <p>practice were invited to a special</p> <p>Resident</p>				

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	<p>"Policy: All dietary employees will comply with printed and posted personal hygiene and sanitation practices of this facility and will undergo a health examination prior to employment.</p> <p>Purpose: To ensure a safe production and service of food.</p> <p>1. Clothing a. Wear hairnets or hair restraints that will cover all hair...Wash hands after touching face or hair."</p> <p>2.) During an interview on 1/10/14 at 1:35 p.m., the Vice President of the Resident Council expressed on going food related concerns that had yet to be totally resolved.</p> <p>Review of the Resident Council Minutes, dated 4/18/13, indicated the residents had concerns regarding the temperature of meals being served. 9 out of 19 residents were concerned the dietary staff were fixing the trays before staff could get to the dining room to pass the trays. The facility response indicated the dietary staff reviewed meal preparation procedures and would be observed on an on going basis. This information was</p>		<p>council meeting to specifically express any of their concerns relating to food</p> <p>temperatures. Dietary Aide # 3 is now clean shaven. Have reviewed care plan, medication regime,</p> <p>bowel activities for resident # 42.</p> <p>2. All residents were identified as potentially being affected by this deficient practice and as such, all residents were invited to a special resident council meeting to specifically address any of their concerns relating to food temperatures. All residents had the potential of being affected by the same deficient practice.</p>	

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	<p>presented to the Resident Council during a meeting dated 5/6/13.</p> <p>Review of an addendum attached to the Resident Council Minutes, dated 8/5/13, indicated the facility presented additional resolutions regarding food temperature as a result of a meeting with the Administrator in June, 2013. The additional resolutions were food temperatures would be monitored and logged by the Dietary Manager. The Dietary Manager would order hot pallets for plate holders. The dining room service assignments made would include department heads.</p> <p>The Dietary Manager held a meeting prior to the Resident Council meeting, dated 11/6/13 to address the recurrent complaints related to food temperatures. During this meeting the Dietary Manager indicated to the 21 residents present that the plate warmer pans were on order and would be in the facility November 24, 2013.</p> <p>Review of the Resident Council Minutes, dated 12/9/13, indicated the 10 of 19 resident continued to have concerns regarding food temperature. The facility provided</p>		<p>All residents have been protected from this deficient practice by the dietary aide being clean shaven. Will review bowel monitoring section in Point Click Care for all residents to ensure bowel activity for the last 72 hours. Care plans reviewed and updated for care plans related to bowel activity. As a result of this audit, no other residents were identified to be affected.</p>	

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	<p>no response.</p> <p>During an observation of food tray preparation, on 1/14/14 at 11:47 a.m., it was noted the food was plated and covered with a hard plastic top but no plate warmers were used. The trays were placed in a cart for transportation to the back dining room.</p> <p>During an interview with the Dietary Manager on 1/15/14 at 11:24 a.m., the Dietary Manager indicated the hot pallets had not been ordered as indicated in the meeting on 11/6/13. No further information was provided.</p> <p>3.) The clinical record for Resident #42 was reviewed on 1/13/14 at 2:39 p.m.</p> <p>Review of the October and December 2013 bowel records, indicated Resident #42 did not have a bowel movement for the following time periods:</p> <p>October 22, 23, 24, 25, 26, and 27 - indicated no bowel movement. A time period of 6 days without a recorded bowel movement.</p> <p>December 6, 7, 8, 9, 10, 11, and 12 - indicated no bowel movement. A</p>		<p>3. QA & A committee meetings will be held</p> <p>monthly instead of the required quarterly to ensure the facility is keeping systems functioning satisfactorily and consistently. These meetings will include maintaining current practice standards; preventing deviation from care processes from arising, to the extent of possible; discerning issues and concerns, if any, with facility systems and determining if issues/concerns are identified; and correcting inappropriate care processes.</p> <p>4. The corrective actions will be monitored by the administrator/designee on a monthly basis during the QA & A committee</p>		

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	<p>time period of 6 days without a recorded bowel movement.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 1/15/14 at 2:24 p.m., additional information was requested related to the lack of bowel movements for Resident #42. The ADON indicated alerts for residents with no documented bowel movements in 72 hours appear on Point Click Care for the nurse when he or she logs into Point Click Care.</p> <p>4.) During an interview with the Administrator on 1/15/14 at 3:05 p.m., he indicated the RD monitors the dietary department on her visits and she had not identified any issues with the kitchen to initiate any need for a cause of action from the QAA Committee. He indicated the facility had not done any monitoring related to the food temperatures. He indicated the QAA committee had not identified a problem with bowel monitoring. He indicated theses issues had not been brought up in QAA.</p> <p>3.1-52(b)(2)</p>		<p>meetings to ensure achieving or sustaining</p> <p>desired</p> <p>outcomes. The monitoring will continue</p> <p>monthly on an ongoing basis.</p> <p>5. Completion Date: February 15, 2014</p>		