

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155426	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/24/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF TERRE HAUTE	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 MAPLE AVE TERRE HAUTE, IN 47804
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: 2/17,18,19, 20, 23, 24/2014</p> <p>Facility number: 000513 Provider number: 155426 AIM number: 100275360</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN (2/17,18,19, 20, 24/2015) Vickie Nearhoof RN Geoff Harris RN</p> <p>Census Bed Type: SNF/NF: 162 Total: 162</p> <p>Census Payor Type: Medicare: 36 Medicaid: 95 Other: 31 Total: 162</p> <p>These deficiencies also reflects state findings in accordance with 410 IAC 16.2 -3.1</p>	F 000		
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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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F 164 SS=D Bldg. 00	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation and record review, the facility failed to ensure the resident's right for personal privacy during medication administration for 1 of 1 resident receiving an injection. (Resident #72).</p>	F 164	Resident #72 has medication/injections administered with her privacy curtain pulled to ensure her personal privacy. LPN #1 has received inservice education from the DON to ensure privacy is provided during medication administration/Insulin injection	03/26/2015

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F 241 SS=E Bldg. 00	<p>Findings include:</p> <p>On 2/20/15 at 10:52 a.m., LPN #1 administered insulin to Resident #72. With the resident sitting in her wheel chair and facing the hallway the nurse lifted the resident's shirt, exposing the resident's abdomen from below the chest to well below the navel to administer the insulin. The door to the resident's room was open.</p> <p>On 2/23/15 at 2:10 p.m., review of the 14-Day Minimum Data Set (MDS) dated 11/11/14, indicated the resident's Brief Interview of Mental Status (BIMS) score was 15.</p> <p>During review of a current document titled "Long-Term Care Resident Rights-Indiana" provided by the Director of Nursing (DON) on 2/24/15 at 12:20 p.m., documentation was noted, under the title of "Visits-Privacy-Confidentiality", "Privacy in your room during...medical treatment..."</p> <p>3.1-3(u)(1)</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's</p>		<p>All Residents receiving medications have the potential to be affected by the same deficient practice Residents will be provided privacy during medication administration An Inservice will be provided to licensed nurses currently employed & included in new hire orientation ongoing to ensure Residents Right to privacy is practiced during medication administration Privacy during medication administration will be monitored by a Manager daily during random times across all shifts. Further, Unit Managers will interview @ least 5 Residents each week to ask if they are receiving their medications out of view of others. Observations & Interviews will be documented on a monitoring tool and presented to Quality Assurance Committee monthly. The systemic changes will be completed by 3/26/15.</p>	

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	<p>dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation and record review, the facility failed to maintain an environment to promote dignity for 3 random observations of residents during meal times. (Residents #76, #64, #241)</p> <p>Findings include:</p> <p>1. On 2/17/15 at 12:00 p.m., during the noon meal service, Resident #64 was observed eating a meal at the dining table. Five other residents shared the same table and all residents of the unit were in the dining area. During the meal a visiting Nurse Practitioner #1 assessed the resident which included, auscultation of the lungs, and an examination of the lower extremities.</p> <p>Resident #64's clinical record was reviewed on 2/24/15 at 11:57 a.m. The resident's diagnosis included, but was not limited to, Alzheimer's disease.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 12/11/14, coded the resident with a severe cognitive impairment. The assessment indicated the resident required extensive assistance for eating.</p> <p>A plan of care dated 8/8/14 included the</p>	F 241	<p>The DON inserviced Nurse Practitioner #1 and Hospice Nurse addressing dignity during meal times. Inservice included not disrupting the resident's meal with physical assessments & not standing while assisting a resident with a meal to protect the dignity of Residents 64, 76 & 241. All Residents receiving care from Dr. Singh's Nurse Practitioner #1 and Heart to Heart Hospice Nurse have the potential to be affected by the same deficient practice. An Inservice will be provided to Agencies coming into our Nursing Center to ensure the deficient practice does not affect another Resident. Further, our Nursing Staff and Department Managers will be inserviced to realize their responsibility to protect the dignity of our Resident's if an observation is made that another care provider is violating a Resident's Right to dignity. The SDC will include this information during new hire orientation also. The deficient practice will be corrected @ the time of the occurrence and reported to the Administrator and/or DON for follow-up. The DON will report to the Quality Assurance Committee monthly. Systemic changes will be made by 3/26/15.</p>	03/26/2015

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	<p>resident may have difficulty communicating wants and needs due to hard of hearing and Alzheimer's disease.</p> <p>2. On 2/24/15 at 12:15 p.m. Resident #76 was observed seated at the dining table during the noon meal with meal placed in front of him. A Hospice nurse visited the resident during the meal. She was observed to feed the resident while standing next to him.</p> <p>The resident's clinical record was reviewed on 2/24/15 at 3:00 p.m. A quarterly MDS assessment, dated 12/11/14, coded the resident with severe cognitive impairment and required minimum assistance with eating.</p> <p>3. On 2/17/15 at 11:57 a.m., during the noon meal service, Resident #241 was observed eating a meal at the dining table. Eight other residents shared the same table. During the meal, visiting Nurse Practitioner #1 auscultated the resident's lungs and pulled the resident back from the table to assess the lower extremities.</p> <p>Resident #241's clinical record was reviewed on 2/20/15 at 1:56 p.m. The resident's diagnosis included, but was not limited to Major Depressive Disorder with Psychosis. A Minimum Data Set</p>			

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F 246 SS=D Bldg. 00	<p>(MDS) assessment, dated 2/20/15, coded the resident as cognitively intact. During an interview on 2/23/15 at 12:20 p.m. the Director of Nursing (DON) indicated residents should not have been assessed in the dining room.</p> <p>A policy titled "Long-Term Care Resident Rights-Indiana," dated 8//2013, provided as current by the Director of Nursing (DON) on 2/23/15 at 12:20 p.m., included but was not limited to, "Basic Rights You have the right to be treated with respect and dignity in recognition of your individuality and preferences. ...Visits-Privacy-Confidentiality ...Privacy in your room and during bathing, medical treatment, and personal care...."</p> <p>3.1-3(t)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation and interview, the facility failed to ensure residents had adequate furnishings and/or light to meet personal preferences for 2 of 24 residents</p>	F 246	Housekeeping placed a night stand and chair in the room of Resident#187. All Residents have the potential to be affected by the deficient practice All Resident	03/26/2015

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	<p>interviewed (Resident #187 and #238).</p> <p>Findings include:</p> <p>1. On 2/18/15 at 10 a.m. Resident #187's room was noted to have a three drawer filing cabinet on the right side of the bed, a three drawer chest across the room, with a TV on the top. Filled, tied plastic bags were observed to be laying on the overbed table.</p> <p>During interview of Resident #187 on 2/18/15 at 10 a.m., the resident indicated he had been moved from unit 800 to current unit a few days ago. During interview of the resident on 2/19/15 2:32 p.m., the resident indicated he would love to have a chair for people to sit in. The resident stated "My friend comes in almost every day and has to sit in my wheelchair. Also would like to have a bedside table to put my stuff in. I have my stuff in bags right now." The resident indicated his filing cabinet at the bedside holds financial paper work.</p> <p>The resident's room was noted to have a three drawer filing cabinet on the right side of the bed, a three drawer chest across the room, with a TV on the top. Filled tied plastic bags were observed to be laying on the overbid table.</p>		<p>rooms were checked to ensure they had seating and proper furniture. Nursing, Housekeeping, and Social Services and Maintenance will be inserviced on their responsibility to preserve our Residents room rights. Housekeeping, Social Services and Maintenance will be inserviced on proper room furniture and proper room room protocol We will inservice and utilize our Room to Room transfer policy, our Admission Room Prep Sheet, and our Tells Resident Room checklist Maintenance place a standing floor lamp in the room of Resident #238. Room numbers, 100, 201, 300, 401,500, 601 and 700 all have the potential to be affected by this deficiency due to the layout of the room. All rooms have been checked and all are in compliance Maintenance will be inserviced on and will utilize the TELS Resident Room checklist. The Housekeeping Supervisor or Administrator will complete the Environmental Review weekly and will present to the Quality Assurance Committee monthly. The systemic changes will be completed by 3/26/15.</p>	

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	<p>During review of Resident #187's clinical record on 2/24/14 at 2 p.m., a quarterly assessment identified the resident without cognitive impairment.</p> <p>On 2/24/15 at 9:55 a.m., during interview of the Housekeeping Director, the director indicated the resident was moved from a previous room to his current room on February 12, 2015. The Housekeeping Director stated, "Residents residing on the south side don't normally get a bed side table. We don't have enough bedside tables. They do have a three door chest that is on the wall beside the bathroom door. It's my fault the resident didn't have a chair in his room."</p> <p>2. During Stage I Resident #238 was interviewed on 2/19/15 at 9:41 a.m. The resident indicated she liked to read and work puzzle books. The resident indicated the room was dark. The only lamp in the resident's room was a wall fixture above the resident's head of bed.</p> <p>On 2/24/15 at 9:20 a.m., Resident #238 was again interviewed. The resident was alert and oriented and again indicated she enjoyed working puzzle books and reading. She stated it was difficult to read in her room due to the poor lighting. The resident indicated she had to sit in her bed and hold her materials under the light to have enough light. A table and chairs</p>			

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F 278 SS=D Bldg. 00	<p>were available in the resident's room, however she indicated it was too dark on that side of the room to be able to work puzzles there.</p> <p>On 2/24/15 at 10:00 a.m., during an environmental tour with the Maintenance Supervisor, the staff member indicated there had been a second light fixture on the wall of the room and it had been removed. The Supervisor indicated there would not be enough light to be able to read on the side of the room with the table and chairs.</p> <p>3.1-3(v)(1)</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a</p>			

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	<p>material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure the accuracy of the coding for the staging of pressure ulcers on the Quarterly Minimum Data Set for 1 of 3 residents reviewed with pressure ulcers. (Resident #108).</p> <p>Findings include:</p> <p>During review of Resident #108's clinical record on 2/23/15 at 9:50 a.m., a Quarterly Minimum Data Set (MDS), dated 1/14/15, Section M, M0300 indicated the resident as having two stage 2 unhealed pressure ulcers.</p> <p>On 2/23/15 at 9:58 a.m., during an interview with MDS Coordinator #1, she indicated the coding for the stage of the pressure ulcers was based on information provided by the nurses on the skin sheets.</p> <p>On 2/23/15 at 10:13 a.m., MDS Coordinator #1 provided a copy of a</p>	F 278	<p>MDS Coordinator #1 corrected the coding error on the Quarterly Assessment for Resident #108 All Residents requiring coding for the staging of pressure ulcers on a MDS Assessment have the potential to be affected by the same coding error A MDS Assessment review will be completed by the MDS Team for all Residents with current pressure ulcers to ensure coding accuracy on the most recent MDS Assessment Corrections will be made if identified The DON will provide an Inservice to the 3 MDS Coordinators to present the expectation of double checking coding for the staging of pressure ulcers on a MDS Assessment before transmitting the assessment. The ADON will conduct a random review of @ least 1 MDS Assessment for a Resident with a pressure ulcer transmitted by each of the 3 MDS Coordinators monthly to ensure coding accuracy. Identified coding errors will be corrected and reported to</p>	03/26/2015

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F 312 SS=D Bldg. 00	<p>document titled "Weekly Pressure Wound Tracking" dated 1/13/15. She stated, "it clearly shows the wounds as stage 3. I must have read it wrong."</p> <p>Review of "The CMS RAI Version 3.0 Manual, M0300" on 2/2/15 at 2 p.m., documentation was noted of, "Current Number of Unhealed Pressure Ulcers at Each Stage," Step 1: Determining Deepest Anatomical Stage #2 indicated "Ulcer staging should be based on the ulcer's deepest anatomic soft tissue damage that is visible or palpable."</p> <p>3.1-31(d)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to cleanse the skin of an incontinent resident who required assistance for 1 of 1 random observation of incontinence care. (Resident #71)</p> <p>Finding includes:.</p> <p>On 2/20/15 at 10:30 a.m., Resident #71</p>	F 312	<p>the Administrator and/or DON. The random review will be documented and reported to Quality Assurance Committee monthly. Systemic changes will be complete by 3/26/15.</p> <p>Resident #71 has skin cleansed after each incontinence episode Residents who are incontinent of urine have the potential to be affected by the same deficient practice The DON provided Inservice education to CNA #2, LPN #3 & RN #1 The Inservice included the expectation that soiled incontinent briefs & soiled outer garments are to be removed when identified & soiled</p>	03/26/2015

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	<p>was observed in a wheelchair in the hallway. The resident indicated she needed to use the restroom. CNA #2 was observed to assist the resident into the bathroom. LPN #3 and CNA #2 assisted the resident to stand and transfer to the toilet. The resident's incontinence brief was soiled and wet and the slacks and wheel chair cushion were also wet. The CNA pulled the soiled slacks and incontinence brief down prior to the resident sitting on the toilet. The resident had a bowel movement. CNA #2 wiped the resident with toilet tissue, and wiped the anal area with soap and water. The resident was assisted to stand, the saturated brief and slacks were pulled up and the resident was transferred back to the wheelchair. After the transfer the resident indicated she wanted to lay down. CNA #2 and RN #1 transferred the resident into bed. The soiled slacks were removed. The staff did not remove the soiled incontinence brief. They covered the resident with clean sheets, lowered the high/low bed, opened the privacy curtain, window blinds, placed the call light and exited the room.</p> <p>The resident's clinical record was reviewed on 2/20/15 at 1:30 p.m. A Minimum Data Set (MDS), dated 12/9/14, coded the resident with no cognitive impairment. The assessment</p>		<p>surfaces are to be sanitized at the same time. Any skin surface in contact with urine must be cleansed with a disposable incontinence wipe or soap and water. Current members of the Nursing Department & future new hire Nursing employees will receive the same inservice expectations/policy Nursing Managers will ensure monitoring is completed Frequency of monitoring will occur for at least 3 Residents every shift at least 5 times each week at random times to ensure the deficient practice does not recur. The duration of monitoring will continue as scheduled above until the deficient practice no longer occurs for at least 3 consecutive months. The observations will be documented with immediate corrections if a violation is observed Violations will be reported to the DON The DON will submit a report to the Quality Assurance Committee monthly and/or until in compliance for at least 3 consecutive months. At this time, the Charge Nurse and the Unit Manger will continue to monitor incontinence care daily as care is provided to ensure we are properly cleansing the Resident. Finding will be discussed in the daily clinical meeting. The systemic changes will be completed by 3/26/15</p>	

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F 323 SS=D Bldg. 00	<p>indicated the resident required extensive assistance of one for bed mobility, transfers, dressing, toileting, and personal hygiene. The assessment coded the resident as always continent.</p> <p>On 2/24/15 at 2:26 p.m., the Director of Nursing (DON) was interviewed. The DON indicated there was not a written policy for cleansing skin after being in contact with urine. The DON indicated any skin in contact with urine should have been cleansed with either a wet wipe or soap and water.</p> <p>3.1-3(a)(3)(A)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to manually transfer a dependent resident in a safe and comfortable manner for 1 of 1 random observation of a resident being assisted with transfers by being lifted under the arm. (Resident #71)</p> <p>Finding includes:</p>	F 323	Resident #71 is being transferred in a comfortable manner by not lifting under the arm Residents requiring staff assistance for manual transfers are at risk for the same deficient practice of lifting under the arm RN #4 has been reeducated by reviewing how to assist with a manual transfer without lifting under the arm. An Inservice has been	03/26/2015

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	<p>Resident #71 was interviewed on 2/18/15 at 3:13 p.m. The resident was seated in a wheelchair and her right arm was positioned on her lap. The resident indicated she had pain in her right arm. She indicated it stemmed from a number of things but included the way in which she had been transferred by two staff members. The resident indicated she had been lifted under the right arm which was fractured.</p> <p>On 2/20/15 at 10:30 a.m., CNA #2 and LPN #3 assisted Resident #71 to the bathroom. A gait belt was placed around the resident's waist and both staff assisted the resident from a seated position in the wheel chair to stand. The resident attempted to hold onto the grab bar next to the toilet but was unable to grasp with her right hand. The resident had difficulty standing and pivoting and was supported by the two staff members. After the resident was finished on the toilet RN #4 positioned herself on the resident's right (affected) side and grabbed the gait belt with one hand and put her other hand under the resident's arm. The CNA held the gait belt in the front and back and the resident was transferred to a wheelchair. The resident indicated during the transfer she had pain. Once out of the bathroom, RN #4 performed an assessment of the</p>		<p>provided to current nursing staff demonstrating manual transfers with special focus on avoiding providing support/lifting under the arm. The same Inservice training will be provided during new hire orientation. Nursing Managers will ensure monitoring is completed. Frequency of monitoring will occur for at least 3 transfers every shift at least 5 times a week at random times to ensure the deficient practice does not recur. The duration of monitoring will continue as scheduled above until the deficient practice no longer occurs for at least 3 consecutive months. The observations will be documented. Observed deficiencies will be corrected at the time of the occurrence and reported to the DON. The DON will report to Quality Assurance monthly for at least 3 months and/or until in compliance for at least 3 consecutive months. At this time the Charge Nurse and the Unit Manager will continue to monitor daily as Residents are transferred. Any incorrect transfer will be immediately corrected. Findings will be discussed in the daily clinical meetings. The systemic changes will be completed by 3/26/15</p>	

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	<p>resident's pain. The resident indicated it had been a 10 in the bathroom, and now was a 9.</p> <p>The resident was transferred from the wheelchair to the bed in the same manner as observed during the transfer from the toilet to the wheel chair and laid down. The resident was turned on the affected side and slacks were removed. The resident indicated it caused a lot of pain in her arm. The resident at that time and in the bathroom indicated she was not to have any weight bearing on her right arm.</p> <p>The resident's clinical record was reviewed on 2/20/15 at 1:30 p.m. A quarterly Minimum Data Set (MDS), dated 12/9/14, coded the resident with no cognitive impairment. The assessment indicated the resident required extensive assistance of one for bed mobility, transfers, dressing, toileting, and personal hygiene.</p> <p>On 2/24/15 at 3:00 p.m., MDS Coordinator #4 was interviewed. The staff member indicated the resident had a significant decline and had been picked up on hospice services 2/2/15. The staff member indicated the resident required more assistance due to her medical condition.</p>			

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F 465 SS=D Bldg. 00	<p>On 2/24/15 at 12:48 p.m., the Staff Development Coordinator provided a form titled "CNA Competency Transferring from a Bed to a Wheelchair," dated 9/8/09. The form included steps to transfer a resident with a gait belt. The information gave directions on a one person transfer. The Staff Development Coordinator provided a policy titled "Gait Belt Policy Sign-Off (no date) on 2/24/15 at 3:21 p.m. The staff member indicated which included, but was not limited to acknowledgement of "I was instructed on when and how to use my gait belt." The coordinator indicated she provided inservice training to staff and did not have any additional written information on the procedure. The coordinator indicated the resident should not have been lifted under the arm.</p> <p>3.1-45(a)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for</p>			

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	<p>residents, staff and the public.</p> <p>Based on observation, interview and record review the facility failed to maintain a functional and sanitary environment for 2 of 5 nursing units.</p> <p>Findings include:</p> <p>During an environmental tour with the Maintenance Supervisor on 2/24/15 at 10:00 a.m., the following were observed:</p> <p>The hallway wall between rooms 306 and 308 was splattered with a white substance.</p> <p>The hallway wall between rooms 308 and 310, by the fire extinguisher, was splattered with a brown substance.</p> <p>The hallway wall between rooms 311 and 313 was observed with brownish dried spots.</p> <p>In room 105, the door knob was missing from the bathroom door. The Maintenance Supervisor indicated that the resident kept locking the bathroom door, so maintenance had taken the knob off the door.</p> <p>Resident #193's cushion, in the wheelchair, was smeared with a brown and white substance.</p>	F 465	<p>The hallways walls between rooms 306 and 308, between rooms 308 and 310, and between 311 and 313 were all cleaned. Housekeeping checked all hallways to ensure that there were no further affected areas. All common areas have the ability to be affected by the deficient practice. Housekeeping will be inserviced on monitoring the common area spaces for cleanliness as they clean their room assignments. The Housekeeping Supervisor or Administrator will complete the Environmental Review weekly and submit to the Quality Assurance committee monthly. The doorknob on the bathroom door of Resident room 105 was replaced. All Resident rooms have the ability to be affected by this practice. Nursing and Maintenance were inserviced that it is not acceptable to not have a door handle on any door. Maintenance will utilize the TELS Resident Room checklist to ensure a room is properly maintained. Housekeeping, Maintenance and Admissions will utilize the Admission Room Prep Sheet to ensure that all rooms are ready for Resident placement. The Housekeeping Supervisor or Administrator will complete the Environmental Review weekly and submit to the Quality Assurance committee monthly. The wheelchair</p>	03/19/2015

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	<p>The bathroom toilet, toilet seat and floor were stained and dirty in room 107.</p> <p>On 2/24/15 at 3:10 p.m., Unit Manager #1 indicated the Certified Nursing Assistants were supposed to clean the wheelchairs on the resident's shower days and when a wheelchair was soiled.</p> <p>During an environmental tour with the Maintenance Supervisor on 2/24/15 at 10:00 a.m., the Maintenance Supervisor indicated he did not know what the substances were on the walls.</p> <p>Documentation titled, Plant Operations Policy and Procedure Manual, dated January, 2005, which was provided by the Administrator on 2/24/15 at 5:25 p.m., titled, "Cleaning Schedules," indicated, "Cleaning schedules shall be developed and implemented to ensure that our facility is maintained in a clean and comfortable manner."</p> <p>3.1-19(r)(1) 3.1-19(r)(2)</p>		<p>cushion of Resident #193 was cleaned. All Residents were checked for cushion cleanliness. All Residents have the potential to be affected by this deficient practice. Our Wheelchair Cushion Cleaning policy states that we will clean our wheelchair cushions at our Residents scheduled shower times and PRN. The SDC will inservice all nursing staff to the policy and will also inservice all new nursing staff. The Administrator will conduct at least 2 random reviews each week of a Resident's wheelchair cushion to ensure cleanliness. A random review monitoring tool will be utilized and reported to the Quality Assurance committee monthly. The bathroom toilet, toilet seat and floor were cleaned in room 107. All Resident restrooms were checked for cleanliness. All Residents have the potential to be affected by this practice. All housekeeping staff were inserviced on the Seven-Step daily Washroom Cleaning Procedure. All new housekeepers will be inserviced on this procedure. The Housekeeping Supervisor or Administrator will complete the Environmental Review weekly and submit to the Quality Assurance committee monthly. The systemic changes will be completed by 3/26/15.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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