STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155103	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/05/2011
NAME OF PROVIDER OR SUPPLIER IRONWOOD HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1950 RIDGEDALE RD SOUTH BEND, IN46614	

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F0000	This visit was for the Investigation of Complaint IN00100241. Complaint IN00100241- Substantiated. Federal/State deficiencies related to the allegations are cited at F252, F279, and F309. Unrelated deficiencies are cited. Survey dates: December 3 and 5, 2011 Facility number: 000042 Provider number: 155103 AIM number: 100291540 Survey team: Sandra Haws RN TC Census bed type: SNF/NF: 138 Total: 138 Census payor type: Medicare: 15 Medicaid: 103 Other: 20 Total: 138 Sample: 5 These deficiencies also reflect state findings cited in accordance with 410 IAC	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	16.2. Quality review completed 12/12/11 by Jennie Bartelt, RN.			
F0252 SS=E	The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. Based on observation and interview, the facility failed to ensure the 400 and 500 units were free of an offensive strong urine odor. The deficient practice affected 3 of 3 residents living on the units who were interviewed. (Residents K, L and M) The deficient practice had the potential to affect 75 of 138 residents in the facility. Findings include: During an observational tour of the 400 unit at 8:30 a.m. accompanied by LPN # 5, the unit had a very strong urine odor present throughout the unit. During interview at this time, LPN # 5 indicated the odor could be due to staff changing residents' briefs. LPN # 5 indicated sometimes she sees wet, urine soaked briefs in the residents' wastebaskets. During a tour of the 500 unit at 9:00 a.m.,	F0252	-All rooms and bathrooms on the 400 and 500 unit were deep cleaned Dec. 5 th -Dec.6 th by housekeeping team. -Rooms will be cleaned daily and housekeeping will also enforce a deep cleaning schedule of two rooms per day on each unit to ensure that rooms are deep cleaned on a regular basis. -Housekeeping supervisor will ensure that deep cleaning schedule is being followed by checking 5 rooms per day total, 1 per unit. She will check these rooms by utilizing an auditing tool called the Quality Control Inspection Review. Of the five rooms total that the housekeeping supervisor checks, the administrator will check one random room daily on a random unit to ensure that the housekeeping supervisor is doing the deep clean checks accurately as well. The Quality Control Inspection Review, which is the paper auditing tool that has been	01/06/2012

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	accompanied by LPN # 6, the unit had a very strong urine odor present throughout the unit. The strong urine odors were still present during observations on both 400 and 500 units at 10:00 a.m., 11:00 a.m. and at 12:00 p.m. During a walk-through tour of the 400 and 500 unit on 12/5/11 at 10:00 a.m., and again at 2:30 p.m., urine odors were still present on both units. During an interview with alert and oriented Resident # K on 12/3/11 at 10:40 a.m. regarding odors on the unit, she indicated the facility smells bad a lot, and that it smells like "pee." Resident K resided on the 500 unit. During an interview with alert and oriented Resident # M on 12/3/11 at 10:45 a.m., regarding odors on the 400 unit where he resides, he indicated the unit smells of urine a lot and is much worse on weekends. During an interview on 12/3/11 at 11:00 a.m., with alert and oriented Resident # L, who resides on the 500 unit, he indicated sometimes it smells worse, and that it gets worse on the weekends.		designed, addressses all aspects of room cleanliness in the room and bathroom. If a room is found to be unsatisfactory upon the evaluation, disciplinary action will occur in the form of a write-up. This action will continue for six months. -All housekeeping staff were educated on 12-08-2011 regarding daily cleaning procedures.	

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	During an interview with the Housekeeping Manager # 4 on 12/3/11 at 11:45 a.m. regarding the 400 and 500 units, she indicated she does not have a problem with the other units in the facility when it comes to cleanliness and odors, she indicated it's worse on the 400 and 500 units. This federal tag relates to Complaint # IN00100241. 3.1-19(f)(5)			
F0253 SS=E	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observations and interviews, the facility failed to ensure resident rooms and bathrooms were kept clean related to the floors in resident rooms soiled dirt and debris, and soiled bathroom toilets, sinks and floors for 13	F0253	-All rooms and bathrooms on the 400 and 500 unit were deep cleaned Dec. 5 th -Dec.6 th by housekeeping team. -Rooms will be cleaned daily and housekeeping will also enforce a deep cleaning schedule of two rooms per day on each unit to	01/06/2012

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	of 22 occupied resident rooms on the 400 unit and 13 of 22 occupied resident rooms on the 500 unit, affecting 21 of 36 residents residing on the 400 unit and 22 of 39 residents residing on the 500 unit. Findings include: During a tour of the 400 unit on 12/3/11 at 11:30 a.m. accompanied by the Housekeeping Manager # 4, the following observations were made of resident rooms and bathrooms: 1. Resident room # 408 was occupied by two residents. The residents' bathroom floor was observed to be soiled with black dirt debris. The floor was observed to have a sand-like feel under your feet when walked on. During an interview with the Housekeeping Manager at this time, she indicated the floor hadn't been cleaned for some time and should have been. 2. Resident room # 410 was occupied by one resident. The resident's toilet was observed to be coated with a gold and black colored stain throughout the toilet bowl. The Housekeeping Manager indicated the toilet hadn't been cleaned well for sometime. 3. Resident room # 411 was occupied by two residents. The residents' bathroom		ensure that rooms are deep cleaned on a regular basis. -Housekeeping supervisor will ensure that deep cleaning schedule is being followed by checking 5 rooms per day total, 1 per unit. She will check these rooms by utilizing an auditing tool called the Quality Control Inspection Review. Of the five rooms total that the housekeeping supervisor checks, the administrator will check one random room daily on a random unit to ensure that the housekeeping supervisor is doing the deep clean checks accurately as well. The Quality Control Inspection Review, which is the paper auditing tool that has been designed, addressses all aspects of room cleanliness in the room and bathroom. If a room is found to be unsatisfactory upon the evaluation, disciplinary action will occur in the form of a write-up. This action will continue for six months. -All housekeeping staff were educated on 12-08-2011 regarding daily cleaning procedures.	

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	floor was black with dirt debris, the toilet bowl was soiled with gold and black stain. The Housekeeping Manager indicated the toilet bowl looked like hadn't been cleaned well for sometime. 4. Resident room # 413 was occupied by two residents. The residents' bathroom floor was black with dirt debris, the toilet bowl was soiled with gold and black stain. The Housekeeping Manager indicated the toilet bowl looked like hadn't been cleaned well for sometime. The residents' closet door was open. The closet floor was piled 3 feet high with clothing. The Housekeeping Manager stated "it's always like this, they don't bother to hang up their clothes." 5. Resident room # 416 was occupied by one resident. The resident's floor was observed to have back dirt spots and paper debris. The resident's bathroom floor was observed to be soiled with dirt. When walked on, a sand-like substance was felt underfoot. The resident's bathroom sink was soiled, a pink wash basin was observed on the resident's bathroom floor. The Housekeeping Manager indicated the bathroom looked like it hadn't been cleaned well for some time. 6. Resident room # 417 was occupied by two residents. The residents' bathroom			

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	toilet bowl was soiled with yellow and black stain. Housekeeping Manager indicated the toilet bowl looked like hadn't been cleaned well for sometime. A used latex glove was observed on the bathroom floor. 7. Resident room # 418 was occupied by one resident. The residents' bathroom floor was black with dirt debris, the toilet bowl was soiled with gold and black stain. The Housekeeping Manager indicated the toilet bowl looked like hadn't been cleaned well for sometime. 8. Resident room # 419 was occupied by two residents. The residents' toilet bowl was soiled with a black and gold build-up. The Housekeeping Manager indicated the toilet bowl needed to be cleaned. The floor in the residents' room was soiled with dirt and dust debris. 9. Resident room # 420 was occupied by two residents. The residents' bathroom floor was soiled with black debris with a build-up of dirt around the toilet. 10. Resident room # 421 was occupied by one resident. The resident's bathroom floor was observed to have a back dirt build-up. The floor had a sand-like feel under foot when walked on. The Housekeeping Manager indicated the			

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	floor felt like it hadn't been swept or washed well for some time. 11. Resident room # 423 was occupied by two residents. The residents' bathroom floor was black with a build-up of dirt around the toilet. A soiled urinal was observed on the floor along with two wash basins soiled with a heavy gold substance. The Housekeeping Manager indicated the basins looked like a resident had vomited in them and the basins had not been cleaned. The residents' toilet was soiled with a heavy gold and black substance. The bathroom sink was soiled with dirt debris. 12. Resident room # 425 was occupied by two residents. The residents' bathroom floor was observed to be soiled with dirt debris. 13. Resident room # 426 was occupied by two residents. The residents' bathroom floor was observed to have large black dirt marks. The toilet bowl was soiled with a thick gold stain. At the end of the 400 unit, the floor was observed to be soiled with cigarette butts, dust and loose dirt debris. The Housekeeping Manager indicated it appeared the floor had not been swept or washed well for sometime. The			

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	Housekeeping Manager further indicated she has had some trouble with her staff. During a continued tour of the 500 unit accompanied by Housekeeping Manager # 4, the following observations were made of resident rooms: 14. Resident room # 507 was occupied by two residents. The residents' bathroom floor was observed to be soiled with dirt debris. 15. Resident room # 509 was occupied by two residents. The residents' bathroom toilet bowl was soiled with yellow and black stain. Housekeeping Manager indicated the toilet bowl looked like hadn't been cleaned well for sometime. A used latex glove was observed on the bathroom floor. 16. Resident room # 511 was occupied by one resident. The resident's bathroom floor was observed to have a large plate size dried yellow stain on the floor. The bathroom had a very strong urine odor. A used latex glove was observed on the resident's bathroom floor. The floor in the resident's room was soiled with dirt and small paper debris. 17. Resident room # 515 was occupied by two residents. The residents bathroom			

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	floor was observed to be soiled with urine and black dirt debris. The residents' toilet bowl was observed to be soiled with gold and black stains. 18. Resident room # 519 was occupied by two residents. The residents toilet bowl was soiled with gold and back stains. The bathroom floor was soiled with black dirt debris. A soiled urinal was observed on the floor next to the toilet. The floor in the residents' room was observed to have black dirt stains and paper debris scattered on the floor. 19. Resident room # 522 was occupied by one resident. The resident's bathroom floor was observed to have black dried dirt debris. There were two bedpans observed on the bathroom floor. The resident's floor in his room was soiled with dirt debris. 20. Resident room # 523 was occupied by two residents. The residents' toilet bowl and seat was soiled with urine and stool. The back and top of the toilet was observed to be soiled with black spots. The bathroom sink was soiled scum and dirt debris. The bathroom floor was soiled with black dirt with a heavy build-up of dirt and dust in the corners. 21. Resident room # 524 was occupied by			

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	two residents. The residents' bathroom floor was observed to have a build-up of dried black dirt. The residents' bathroom had a strong urine odor. The floor in the residents' room was observed to be soiled with dirt and dust debris. 22. Resident room # 525 was occupied by two residents. The residents' bathroom floor was soiled with black dirt debris. The toilet bowl was observed to have a thick build-up of gold and black stains. The floor in the residents' room was soiled with dirt and dust. 23. Resident room # 527 was occupied by one resident. The resident's toilet was observed soiled with a gold stain. 24. Resident room # 528 was occupied by one resident. The resident's bathroom floor was soiled with black dirt debris. The toilet bowl was observed to have a thick build-up of gold and black stains. The floor in the resident's room was soiled with dirt and dust. 25. Resident room # 529 was occupied by two residents. The residents' bathroom floor was soiled with black dirt debris. The toilet bowl was observed to have a thick build-up of gold and black stains. A feeding pump in the residents' room was observed to have a large build-up of dried			

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	feeding at the base of the pump. The Housekeeping Manager indicated she wasn't sure if it was the housekeeping department's job to clean the pumps. 26. Resident room # 530 was occupied by two residents. The bathroom floor was observed to have dried urine on the floor around the toilet. The bathroom had a strong urine odor. The residents' toilet was observed soiled with a gold stain. During an interview with the Housekeeping Manager # 4 on 12/2/11 at 12:00 p.m., regarding the condition of the residents' rooms and bathrooms, she indicated they were in need of cleaning. She further indicated the residents' rooms and bathrooms should have not been in that condition. 3.1-19(f)			

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F0279 SS=D	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on record review and interview, the facility failed to ensure a resident's plan of care was updated to prevent further falls, related to a resident who fell a second time and experienced severe pain and subsequently was sent to the hospital, and for failing to plan care to include a resident's transfer, bathing and dressing needs for 2 of 5 residents reviewed with care plans in a sample of 5. (Residents # B and # C)	F0279	Plans are reflective of current status. A one time audit has been completed of current resident population to ensure the care plans reflect the current status of the residents. Staff have been re-educated on updating of the care plans as newly identified pain or falls occur, as well as ADL needs. It is the responsibility of the Interdisciplinary team to ensure the care plans are updated and current. The IDT will review residents with identified	01/06/2012

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	Findings include: 1. Resident # B's record was reviewed on 12/5/11 at 12:00 p.m. The resident's record indicated diagnoses of, but not limited to; lupus, ruptured aneurysm, seizures and anorexia. The record indicated Resident # B was admitted to the facility on 10/7/11. Nurses note dated 10/14/11 at 9:30 p.m. indicated, "...CNA reported to this nurse res (resident) on floor, this nurse assessed, Res lying full body next to bed with head on floor...no injuries noted...." The resident's care plan dated 10/8/11 titled "Fall/Injury Assessment: Prevention and Management Plan of Care" indicated the plan of care was updated on 10/15/11 to include increased supervision. Nurse note dated 11/16/11 at 11:00 p.m. indicated, "2nd shift nurse reported to this nurse that resident had just been found laying on the floor mat next to her bed. This nurse rushed to resident's room immediately. Resident found on her back, c/o (complains of) pain all over her body. No injury noted upon assessment by this nurse and noc (night) supervisor 2nd shift nurse. Resident transford (sic) back to bed with 3 person assist. Neuro checks		pain issues or accidents/incidents daily, Monday thru Friday. New interventions will be documented on the care plans as they arise. The DON/Designee will be responsible to review 5 random charts weekly for 4 weeks, twice weekly for 4 weeks, and then monthly for four months thereafter to ensure care plans are implemented or updated as necessary. Further re-education will result with any noted non-compliance. The Administrator will be responsible to review weekly for 3 months the results from the DON/designee's random chart reviews that are to be completed weekly for 4 weeks, twice weekly for 4 weeks and then monthly for four months. Results of the audits will be brought to QA Committee meeting by DON/designee and addressed in the QA Committee monthly times three and any identified trends will be reviewed by the QA comittee quarterly times three quarters. Any further action necessary will be determined by the QA Committee.Resident B no longer resides at the Center. Resident C's care plans have been reviewed to ensure the plans are updated and current.Date of Completion 1/06/11.	

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	started B/P (blood pressure) 96/58, ...P (pulse) 137....continue to monitor. Nurse note dated 11/16/11 at 11:30 p.m., indicated, "Resident with emesis about 180 cc (cubic centimeters)...." Nurse note dated 11/17/11 12:30 a.m., indicated, "Resident c/o back pain, repositioned resident per her request, verbalizes relief but calls again in 5 min (minutes) saying that it got worse...." The nurses notes indicated the physician was notified at 3:00 a.m. due to uncontrolled pain. The note indicated the physician did not return the phone call. The notes indicated the resident's POA (power of attorney) was called, he requested she be sent to the hospital for uncontrolled pain and an evaluation after the fall. The resident's record indicated the resident was transported to the emergency room on 11/17/11 at 4:05 a.m. The resident's plan of care for falls lacked information to indicate it had been updated with an intervention after the resident fell a second time. During an interview with the Director of Nursing on 12/5/11 at 2:45 p.m., regarding the resident's fall care plan, she indicated she was not able to see where an			

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	intervention had been added after the 11/16/11 fall. 2. Resident C's record was reviewed on 12/5/11 at 2:00 p.m. The resident's record indicated diagnoses of, but not limited to; dementia, confusion and dysphagia. The resident's admission MDS (minimum data set) assessment dated 10/19/11 indicated the resident required extensive assistance with transfers using 2 staff, used a wheelchair for mobility, and required extensive assistance with one staff for hygiene needs. The resident's record lacked a plan of care to address these needs. During an interview with the Director of Nursing on 12/5/11 at 3:00 p.m. she indicated she would have medical records try and find the care plans. At 4:00 p.m. on 12/5/11 the Director of Nursing indicated there was not a care plan to address these needs for Resident # C. This federal tag relates to Complaint # IN00100241. 3.1-35(a)			

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F0309 SS=G	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 interview and record review, the facility failed to ensure a resident experiencing pain received pain medication that was available in the emergency drug kit to relieve her pain, which subsequently caused her to be transferred to the emergency room for pain relief for 1 of 5 residents reviewed for pain in a sample of 5. Resident # B Findings include: Resident # B's record was reviewed on 12/5/11 at 12:00 p.m. The resident's record indicated diagnoses of, but not limited to, lupus, ruptured aneurysm, seizures and anorexia. The record indicated Resident # B was admitted to the facility on 10/7/11. Review of the following nurses notes	F0309	Resident B no longer resides at the Center. A one time audit of current resident population has been completed to ensure resident pain medications are available. Staff have been re-educated on the proper action to take should a resident experience an increase in pain levels, physician notification with increase in or new onset of pain, and obtaining alternative pain management if ordered pain medications and form of medications is not available in the emergency drug kit. It is the responsibility of the Licensed Supervisory Nurse to ensure the resident condition is reported to the attending physician, and to alert the physician of medications available in the Emergency drug kit to assist in reducing or aleviating the resident pain. The Unit Manager/Designee will be responsible to obtain verbal	01/06/2012

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	dated 10/7/11 and 10/8/11 indicated the following: 10/7/11 at 11:12 p.m. "...picc (peripherally inserted central catheter) line drsg (dressing) to (L) (left) upper arm, pt (patient) c/o (complains of) pain to lower extrem (extremities) bliat (bilaterally) and doesn't like air mattress states "it makes my feet hot" , HOB (head of bed) up and call light in reach, vs (vital signs) T (temperature) 99.1...P (pulse) 115." The resident's record lacked documentation to indicate her pain was assessed or treated. 10/7/11 10:30 p.m. (notes out of sequence in record for time) " ...P 114...c/o feet "hot" stated "I do not like this bed." Requested to deflate bed, informed her that cannot be done...cont (continue) to c/o feet being "hot" supervisor (name) notified and went to see resident and adjusted bed. Cont to c/o "feet hot" and (R) (right) arm pain at this time." 10/7/11 11:20 p.m. "This writer entered room and readjusted resident in bed, removed compressor from foot of bed r/t (related to) feet "feel hot" per resident request father contacted, (father's name) stated "she gets medication for that." Pharmacy contacted r/t medication delivery, pharmacy unable to give eta		reports of resident conditions daily, Monday throught Friday to ensure alternative pain management has been obtained should a resident need such and to conduct three resident interviews to ensure resident comfort is maintained weekly for 4 weeks, twice weekly for 4 weeks and then monthly for 4 months. The ADM/designee will be responsible to review the information weekly for 12 weeks to ensure action is taken as necessary. Results of the audits will be brought to the QA Committee Meeting by DON/Designee and will be addressed in the QA Committee monthly times three and any identified trends will then be discussed quarterly for three quarters. Any further action necessary will be determined by the QA Committee.	

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	(estimated time of arrival) for RX's (medications). (Name of nurse practitioner) notified order received to administer 1st doses of medication upon availability and if pain increases and RX has not arrived may send to ER (emergency room) for eval (evaluation). 10/7/11 11:55 p.m." Resident's father (name) at bedside." 10/8/11 12:25 a.m. "...HR (heart rate) 118...Gabapentin (anticonvulsant), Keppra (for seizures), Reglan (for appetite), Metoprolol (for blood pressure) and Acetaminophen (analgesic) administered, awaiting MS Contin (narcotic pain medication) delivery. Resident POA (power of attorney) becoming upset, asked me to call Administrator, Admin notified." 10/8/11 1:30 a.m. "Resident c/o increased pain, POA with request to send to ER, prompt (ambulance) notified for transport." A physician's order dated 10/7/11 indicated " Morphine (MS Contin) 15 mg (milligram) orally at bedtime...." The resident's record failed to include a pain assessment at the time the resident was experiencing pain. The resident went			

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	from 10/7/11 at 11:12 p.m. until 10/8/11 1:30 a.m. in pain without her pain medication to relieve her pain. During an interview with the Director of Nursing on 12/5/11 at 1:00 p.m.. regarding the availability of pain medications for new admissions, she indicated the facility has those medications available in the EDK (emergency drug kit). She indicated the MS Contin would have been available for the resident. A care plan dated 10/10/11 indicated, "Problem: Alteration in comfort related to pain secondary to: Lupus, s/s (signs and symptoms) brain shunt,...contractures of fingers (R) hand,...contrax (contractures) R hand and wrist, s/s of shunt placement, Lupus, leg weakness and pain. Intervention: Administer pain medication as ordered...." This federal tag relates to Complaint # IN00100241. 3.1-37(a)			

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F0441 SS=E	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observations and interviews, the facility failed to provide a sanitary environment, putting residents at risk for infection related to unclean and unbagged bedpans, urinals, and wash basins on the	F0441	Rooms 416, 417, 423, 509, 511, 519, and 522 were immediately addressed and cleaned at the time of the inspection. Room inspections have been completed to ensure there are no soiled bed	01/06/2012

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	bathroom floors for 7 of 42 resident rooms observed on 2 of 2 units (400 and 500 units), potentially affecting 11 of the 75 residents living on these units. Findings include: During a tour of the 400 unit on 12/3/11 at 11:30 a.m. accompanied by the Housekeeping Manager # 4, the following observations were made: 1. Resident room # 416 was occupied by one resident. A pink wash basin was observed on the resident's bathroom floor. The basin was not in a plastic bag. During interview at this time, the Housekeeping Manager indicated the CNA's should have put the basin away after use. 2. Resident room # 417 was occupied by two residents. A used latex glove was observed on the bathroom floor. 3. Resident room # 423 was occupied by two residents. A soiled urinal was observed on the floor along with two wash basins soiled with a heavy gold substance. The Housekeeping Manager indicated the basins looked like a resident had vomited in them and the basins had not been cleaned. 4. Resident room # 509 was occupied by		pans, urinals, or gloves on the floor or in the bathrooms. Staff have been re-educated on their responsibility of cleaning and putting away the items after use, and place in a plastic bag for storage. It is the responsibility of the Certified Nursing Assistants and Licensed Supervisory staff to ensure used items are cleaned and stored in plastice bags, and soiled gloves are placed in the trash cans. The Licensed Supervisory Nurses will be responsible to conuct 6 random room checks, completing audit sheets, for their assigned rooms twice per shift daily for 14 days, daily per shift 3 times a week for 4 weeks, and then throughout shift thereafter. Any identified continued non-compliance will result in further education, and disciplinary action as determined necessary. The ADM/Designee will be responsible to review the results of the room checks weekly to ensure action is taken as necessary weekly for 12 weeks. Results of the audits will be brought to the QA Committee meeting by the DON/Designee and will be addressed in the QA Committee monthly times three and then quarterly for 3 quarters. Any further action necessary will be determined by the QA Committee.	

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	two residents. A used latex glove was observed on the bathroom floor. 5. Resident room # 511 was occupied by one resident. A used latex glove was observed on the resident's bathroom floor. 6. Resident room # 519 was occupied by two residents. A soiled urinal was observed on the floor next to the toilet. 7. Resident room # 522 was occupied by one resident. The resident's bathroom floor was observed to have black dried dirt debris. There were two bedpans observed on the bathroom floor unbagged. The Housekeeping Manager indicated the CNA's should have had these put away and not on the floor. During an interview with Housekeeping Manager # 4 on 12/3/11 at 11:45 a.m. regarding the bedpans, basins and urinals, she indicated they are supposed to be sanitized, bagged and put away by staff after use. 3.1-18(b)(2)			

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