

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155691	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2012
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NAME OF PROVIDER OR SUPPLIER MORRISTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 25, 26, 27, 30, 31, and August 1, 2012</p> <p>Facility number: 000422 Provider number: 155691 AIM number: 100291030</p> <p>Survey team: Karina Gates, BHS TC Courtney Mujic, RN Beth Walsh, RN</p> <p>Census bed type: SNF: 23 SNF/NF: 84 Total: 107</p> <p>Census payor type: Medicare: 20 Medicaid: 67 Other: 20 Total: 107</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/6/12 Cathy Emswiller RN</p>	F0000	<p>This plan of correction is submitted in order to repsond to the allegation of non-compliance during the recertification survey concluded on August 1, 2012. By submitting the enclosed materials, the provider is not admitting the truth or accuracy of any specific allegation. We reserve the right to contest any allegation as part of any proceeding and submit these responses pursuant to our regulatory obligation. The provider requests a desk review with paper compliance be considered in establishing substantial compliance. The facility desires to have this plan of correction serve as our allegation of compliance effective 8/17/2012.</p>	

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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F0156 SS=A	<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 comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</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, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to ensure a Medicare beneficiary resident was notified of the potential liability amount for her non-covered stay in the facility. This affected 1 of 3 Medicare beneficiaries who were reviewed for appropriate liability and appeal notices. (Resident #20)</p> <p>Findings include:</p> <p>Two separate Notice of Medicare Provider Non-Coverage notices for Resident #20 were reviewed on 7/30/12 at 1:30 p.m. The first notice indicated Resident #20's skilled nursing services for physical and occupational therapy would end on 3/12/12 and that Medicare probably would not pay for these services after</p>	F0156	<p>Inservice training was held for all Social Services staff on the regulation requiring Advance Notification of Non-coverage of Medicare Services. The Social Service Director has implemented a new audit tool to track the timeliness of the ABN notices. Twenty five percent of all residents discharged from skilled services will be audited for timeliness of notification. Findings will be reported to the Quality Assurance Committee monthly for 90 days and then quarterly thereafter until compliance is achieved for three continuous quarters. (Attachment 156)</p>	08/15/2012	

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	<p>3/12/12. The notice indicated "You may have to pay for any therapy services you receive after the above date." The notice did not indicate the specific private pay rate for the services and was signed by Resident #20's representative on 3/30/12. The second notice indicated Resident #20's skilled nursing services for speech therapy would end on 6/22/12 and that Medicare probably would not pay for this service after 6/22/12. The notice indicated "You may have to pay for any therapy services you receive after the above date." The notice did not indicate the specific private pay rate for the service and was signed by Resident #20's representative on 7/20/12.</p> <p>During an interview with the Social Services Director on 7/30/12 at 1:41 p.m., she indicated the physical and occupational therapy notice was mailed on 3/6/12 and the speech therapy notice was mailed on 6/20/12, 2 days prior to the end date of coverage.</p> <p>3.1-4(f)(3)</p>				

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to have a care plan for impaired communication and impaired reasoning related to a diagnosis of mental retardation (MR) for 1 of 1 residents reviewed for Pre-Admission Screening/Annual Resident Review (PASARR). (Resident #1)</p> <p>Findings include:</p> <p>The clinical record for Resident #1 was reviewed on 8/1/12 at 10:30 a.m. The diagnoses for Resident #1</p>	F0279	The care plan for resident #1 was updated to reflect the identified impairment with reasoning and communication. There was no care plan developed for the diagnosis of MR, however care plans were developed for problems relating to the diagnosis of MR. This resident is the only resident at this time with a diagnosis of MR. The Director of Nursing met with the Care Plan team on 8/16/2012 during the regularly scheduled meeting and gave instruction on the development of care plans from a review of medical conditions. The DON or designee will review ten	08/17/2012	

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	<p>included, but were not limited to: mild mental retardation (MR), mild dementia with depression, and obsessive-compulsive disorder .</p> <p>An impaired communication and impaired reasoning care plan for MR was not located in the clinical record, including physician's orders, nurse's notes, and the care plan binder. Care plans for anti-psychotic medication use to treat MR, dated 5/7/12, and nutritional risk due to MR, dated 7/10/12, were reviewed. An impaired short term memory care plan, dated 7/26/12, was reviewed. It indicated the problem: the resident had impaired short term memory due to not being able to recall all new information, with the goal of the resident locating her room through the next review. The resident had displayed episodes of poor decision making as evidenced by, ambulating without a walker, was a problem on another care plan, dated 7/26/12. The goal for this care plan indicated the Resident will not suffer from a fall related to ambulating without her walker through the next review. A cognitive loss care plan evidenced by forgetfulness due to diagnosis of dementia with depression, dated 5/7/12, was also reviewed. The goal for this care plan was the resident will</p>		<p>charts per month to assure that if a resident has a diagnosis that would cause communication deficits or impaired reasoning that an appropriate care plan is in place. Findings will be presented to the Quality Assurance Committee and will be monitored monthly for one quarter and quarterly thereafter for six months or until the Quality Assurance Committee determines that compliance is achieved. (Attachment 279)</p>		

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	<p>be able to locate location of room daily through next review.</p> <p>During in an interview with Social Services Assistant (SSA) #3, on 8/1/12 at 12:10, he indicated he was unsure if a care plan was developed specifically for a diagnosis of MR. Social Services Assistant #3 indicated he was going to try and locate a care plan related specifically to the diagnosis of MR.</p> <p>At 2:00 p.m., on 8/1/12, SSA#3 indicated there was no care plan specifically for the diagnosis of MR for Resident #1, but all services and issues related to needs of a Resident with the diagnosis of MR, were in the chart. He also indicated this included a care plan for impaired communication and impaired reasoning for a diagnosis of MR.</p> <p>On 8/1/12, at 3:35 p.m., Social Services Assistant #3 (SSA) provided a copy of Information Relevant to Disability Status, which was part of the D and E (Diagnostic and Evaluation) packet, dated 4/26/01. On the document, it indicated Resident #1's "cognitive ability...reflects significant impairment to daily reasoning skills." The section titled, Domain Score Summary, in the</p>			

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	<p>same packet, indicated Resident #1's communication skills were age equivalent to a 5 year, 10 month old. SSA#3 indicated these types of assessments were usually only done once and this was the only one located in Resident #1's clinical record.</p> <p>3.1-35(a)</p>				

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, interview and record review, the facility failed to update a resident's pain care plan with an identified intervention for 1 of 1 residents reviewed for pain recognition and management. (Resident #30)</p> <p>Findings include:</p> <p>The clinical record for Resident #30 was reviewed on 7/26/12 at 1:00 p.m.</p> <p>The diagnoses for Resident #30 included, but were not limited to: severe multi focal degenerative osteoarthritis, depression, hiatal</p>	F0280	<p>Resident #30 was treated for pain and discomfort at the time of the surveyor interview. The resident was also changed into a gown by the CNA. The resident does have a diagnosis of Alzheimer's Dementia, Dementia with Depression and Anxiety and is followed by both the Psychiatrist and the Psychologist at the facility. Her son is the Durable POA and involved in decision making for this resident.</p> <p>LPN #5 indicated that the granddaughter had indicated to her that the resident was convinced that anything tight around her abdomen caused her pain from diverticulitis. The</p>	08/17/2012	

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	<p>hernia, and diverticulosis.</p> <p>During an interview with Resident #30 on 7/25/12 at 2:25 p.m., she indicated she had been having pain with no relief and was currently having pain with no relief. She indicated she hurt around her midsection and that she was not supposed to be wearing tightly fitting clothing, but rather loosely fitting clothing. She stated, "I thought the girls knew that here."</p> <p>At this time, Resident #30 was observed lying down in bed wearing blue pants with an elastic waste band. She continued to rub her stomach and pull the blue pants about 3 inches away from her waste. This continued for 15 minutes. She had a painful expression on her face and even stated, "I can hardly breathe."</p> <p>During an interview with LPN #4 about the above situation at 2:49 p.m. on 7/25/12 she stated, "I think she has diverticulitis. Her family said she doesn't like anything touching her stomach and she likes to wear gowns. She should have on a gown. I'll have an aide come change her."</p> <p>Six short sleeved gowns were observed in Resident #30's closet at 2:25 p.m. on 7/25/12.</p>		<p>granddaughter indicated that she understood that clinical data likely would not support that clothing would cause a flair up of the diverticulitis. LPN #5 also indicated that she had spoken with the son and that he had left pants for her to wear in the room for going out. In order for there to be no further confusion, the family was contacted regarding the issue and agreed that the best thing to do was to only have the clothing available in the room that she preferred to wear because even though the pants were not tight fitting, they seemed to cause her distress. The care plan and the CNA assignment sheet was updated to reflect the resident preference for clothing.</p> <p>Social Service staff interviewed all interviewable residents regarding their clothing causing them discomfort or pain. Any preferences that they identified were added to the care plan and the CNA assignment sheets. The DON or designee will monitor all residents that had specific concerns with clothing causing discomfort or pain three times weekly to assure that the plan of care is being followed. Upon admission, the same questionnaire will be used to honor the resident's preference in comfortable clothing and the information will be added to the care plan. The audits of resident preferences will be reviewed</p>		

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	<p>During an interview with CNA #5 on 8/1/12 at 10:13 a.m. she indicated she would know how a resident preferred to dress if her CNA assignment sheet had it on there.</p> <p>During an interview with CNA #6 at 10:14 a.m. on 8/1/12 he indicated he would know how a resident liked to dress if the resident or a family member told him.</p> <p>During an interview with LPN #5 on 8/1/12 at 10:18 a.m., she indicated Resident #30's granddaughter told her after Resident #30 was admitted that she liked to wear gowns and attributed it to the diverticulosis. She indicated she let the CNAs on Resident #30's unit know that so they knew how to dress her.</p> <p>The 6/18/12 admission MDS (Minimum Data Set) assessment indicated Resident #30's frequency of pain was almost constantly, the pain made it hard to sleep at night, and the intensity of the pain was a 6 on a scale of 1 to 10.</p> <p>The 6/13/12 pain care plan for Resident #30 indicated the problem was potential for pain in the abdominal area due to diverticulosis.</p>		monthly by the Quality Assurance Committee for six months or until the Committee deems that compliance is met. (Attachment 280)				

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	An intervention was to attempt to make the resident as comfortable as possible. There was no intervention to dress the resident in gowns or loosely fitting clothing as the resident and family preferred. 3.1-35(d)(2)(B)				

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F0282 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 interview and record review, the facility failed to administer a medication as ordered for 1 of 10 residents reviewed for unnecessary medication use. (Resident #20)</p> <p>Findings include:</p> <p>The clinical record for Resident #20 was reviewed on 7/30/12 at 11:30 a.m.</p> <p>The diagnoses for Resident #20 included, but were not limited to: bipolar disorder and anxiety.</p> <p>An order for 0.5 mg of Ativan to be taken daily at 6:00 a.m. was dated 6/27/12 for Resident #20.</p> <p>The June, 2012 and July, 2012 MARs (medication administration records) indicated the above order was not administered at all between 6/27/12 and 7/29/12.</p> <p>The 7/29/12 10:00 p.m. nurse's note indicated, "Noted during med (medication) checks, order for routine</p>	F0282	<p>The transcription error on Resident #20's Ativan was found and reported to the physician and family per the facility policy. Follow up monitoring was completed and the resident was found to have no side effects from not receiving the medication. The MD discontinued the medication and indicated that since the resident had done well without the medication from 6/27/12 through 7/29/12 then he felt that it was not necessary for the resident to receive the medication on a routine basis. This medication is a benzodiaepine which would be a medication that the facility and physician would be looking at to reduce/eliminate from the resident's drug regimine if indicated. The nurse was inserviced one:one on transcription of orders. A medication inservice was already scheduled for August 28, 2012 and since there were no additional errors noted from the end of July checks, the DON decided to maintain that schedule. The Physician Orders are reviewed monthly using a "triple check" process. Any finding are reported to the DON as a</p>	08/01/2012			

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	<p>Ativan ordered by (name of MD office/company) not transcribed onto MAR..."</p> <p>During an interview with the Director of Nursing on 8/1/12 at 3:20 p.m. she indicated the Ativan was never put on a MAR at all and Resident #20 only had the prn Ativan twice in July, 2012.</p> <p>3.1-35(g)(2)</p>		<p>medicaition incident. The facility currently reviews all medication incidents monthly as part of the on-going Quality Assurance process. This is currently a monthly function of the Committee and will remain so indefinitely. The Medical Records Designee or designee will conduct an order audit of ten percent of the records from each unit during the first week of every month comparing the medication orders written to the medication administration record and the physician order sheet to determine that all orders have been transcribed. If an error is noted, the Unit Manager or the Director of Nursing will be notified and appropriate action taken. The audit results will be reported to the Quality Assurance Committee monthly for six months or until the Committee determines that compliance is met.</p>		

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F0309 SS=D	<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.</p> <p>Based on observation, interview and record review, the facility failed to dress a resident in a preferred manner to assist in the management of pain for 1 of 1 resident reviewed for pain recognition and management. (Resident #30)</p> <p>Findings include:</p> <p>The clinical record for Resident #30 was reviewed on 7/26/12 at 1:00 p.m.</p> <p>The diagnoses for Resident #30 included, but were not limited to: severe multi focal degenerative osteoarthritis, depression, hiatal hernia, and diverticulosis.</p> <p>During an interview with Resident #30 on 7/25/12 at 2:25 p.m., she indicated she had been having pain with no relief and was currently having pain with no relief. She indicated she hurt around her midsection and that she</p>	F0309	<p>Resident #30 was treated for pain and discomfort at the time of the surveyor interview. The resident was also changed into a gown by the CNA. The resident does have a diagnosis of Alzheimer's Dementia, Dementia with Depression and Anxiety and is followed by both the Psychiatrist and the Psychologist at the facility. Her son is the Durable POA and involved in decision making for this resident.</p> <p>LPN #5 indicated that the granddaughter had indicated to her that the resident was convinced that anything tight around her abdomen caused her pain from diverticulitis. The granddaughter indicated that she understood that clinical data likely would not support that clothing would cause a flair up of the diverticulitis. LPN #5 also indicated that she had spoken with the son and that he had left pants for her to wear in the room for going out. In order for there to be no further confusion, the family was contacted regarding the issue and agreed that the best</p>	08/17/2012	

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	<p>was not supposed to be wearing tightly fitting clothing, but rather loosely fitting clothing. She stated, "I thought the girls knew that here."</p> <p>At this time, Resident #30 was observed lying down in bed wearing blue pants with an elastic waste band. She continued to rub her stomach and pull the blue pants about 3 inches away from her waste. This continued for 15 minutes. She had a painful expression on her face and even stated, "I can hardly breathe."</p> <p>During an interview with LPN #4 about the above situation at 2:49 p.m. on 7/25/12 she stated, "I think she has diverticulitis. Her family said she doesn't like anything touching her stomach and she likes to wear gowns. She should have on a gown. I'll have an aide come change her."</p> <p>Six short sleeved gowns were observed in Resident #30's closet at 2:25 p.m. on 7/25/12.</p> <p>During an interview with CNA #5 on 8/1/12 at 10:13 a.m. when queried about how she would know if a resident had a certain preference on how to dress, she indicated she had a sheet that told her about the residents and what they like.</p>		<p>thing to do was to only have the clothing available in the room that she preferred to wear because even though the pants were not tight fitting, they seemed to cause her distress. The care plan and the CNA assignment sheet was updated to reflect the resident preference for clothing.</p> <p>Social Service staff interviewed all interviewable residents regarding their clothing causing them discomfort or pain. Any preferences that they identified were added to the care plan and the CNA assignment sheets. The DON or designee will monitor all residents that had specific concerns with clothing causing discomfort or pain three times weekly to assure that the plan of care is being followed. Upon admission, the same questionnaire will be used to honor the resident's preference in comfortable clothing and the information will be added to the care plan. The audits of resident preferences will be reviewed monthly by the Quality Assurance Committee for six months or until the Committee deems that compliance is met. (Attachment 280)</p>		

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	<p>During an interview with CNA #6 at 10:14 a.m. on 8/1/12 when queried about how he would know if a resident had a certain preference on how to dress, he indicated he would know if the resident or a family member told him.</p> <p>During an interview with LPN #5 on 8/1/12 at 10:18 a.m., she indicated Resident #30's granddaughter told her after Resident #30 was admitted that she liked to wear gowns and attributed it to the diverticulosis. She indicated she let the CNAs on Resident #30's unit know that so they knew how to dress her.</p> <p>The 6/18/12 admission MDS (Minimum Data Set) assessment indicated Resident #30's frequency of pain was almost constantly, the pain made it hard to sleep at night, and the intensity of the pain was a 6 on a scale of 1 to 10.</p> <p>The 6/13/12 pain care plan for Resident #30 indicated the problem was potential for pain in the abdominal area due to diverticulosis. An intervention was to attempt to make the resident as comfortable as possible. There was no intervention to dress the resident in gowns or</p>			

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	<p>loosely fitting clothing as the resident and family preferred.</p> <p>During another interview with LPN #5 at 10:26 a.m. on 8/1/12, she indicated, "I went ahead and put the preference to wear gowns on her treatment sheet and I'm going to have it put on the CNA assignment sheet.</p> <p>3.1-37(a)</p>						

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F0371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to provide a sanitary manner to serve food by touching food with bare hands, while serving food and by not washing hands after a coughing into hands, prior to serving a resident's food. This affected 2 of 20 residents dining in the Juniper dining room. (Resident #57 and #104)</p> <p>Findings include:</p> <p>1. During a dining observation, on 7/31/12 at 9:17 a.m., RN #2 coughed in her left hand while waiting in line to serve food. Then RN#2 received the plated food and served Resident #57 her breakfast plate, without washing her hands. RN #2 was then observed to wash her hands after the plated food was served to Resident #57.</p> <p>In an interview with the DoN (Director of Nursing), on 8/1/12 at 10:50, she indicated that staff was to wash hands prior to serving food, especially</p>	F0371	Inservice training was provided for all nursing staff that are involved in food handling and service. The topics included safe food service and handling, handwashing, as well as techniques for tray set up that do not involve direct contact with food. The DON or designee will monitor one meal service daily to assure that staff are appropriately handling and serving food. Should any deficient practices be noticed, immediate corrective action will be taken. The results of the audits will be reviewed by the Quality Assurance Committee monthly for six months or until food service is determined to be in compliance. (Attachment 371)	08/15/2012	

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	<p>if a staff member coughed in their hands.</p> <p>2. On 7/31/12, at 9:22 a.m., RN #2 was observed serving breakfast to Resident #104. RN#2 used a spoon to scoop out jelly, from a single serving container, on to Resident #104's toast. RN#2 touched the toast with her bare hands, while she spread the jelly on the toast.</p> <p>At 10:52 a.m., on 8/1/12, the DoN indicated that staff was expected to wear gloves when touching a resident's food.</p> <p>3.1-21(i)(3)</p>				

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F0372 SS=F	<p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. Based on observation and record review the facility failed to ensure the outside dumpster was closed in order to facilitate pest control. This had the potential to affect 107 of 107 residents residing in the facility.</p> <p>Findings include:</p> <p>Observation on 8/1/2012 at 9:13 a.m. with the Dietary Manager indicated the dumpster was open, its cover lid was not on. The dumpster was located outside the building.</p> <p>Observation on 8/1/2012 at 2:58 p.m. indicated the dumpster lid was open.</p> <p>A policy provided by Medical Records Director on 8/1/2012 at 11:40 a.m. indicated, "Waste disposal: purpose: to prevent the spread of infection. Standards: 5. Dietary personnel shall assure the dumpster area is kept clean and all trash bags are in the dumpster, and dumpster lids closed."</p> <p>3.1-21(i)(5)</p>	F0372	<p>The dumpster is checked daily for lid closure by the Maintenance Director. It is believed that when the dumpster was emptied by the waste contractor that the lid was left open in the am. An email was sent to the contractor encouraging them to have drivers close the lids after emptying the dumpster. Maintenance has placed a large sign at the dumpster area that instructs staff that the dumpster lid should be closed after use. The Maintenance Director or designee will check the dumpster for lid closure twice daily, (M-F), once in the morning and again in the afternoon to assure that staff are closing the lids after emptying trash. Any noncompliance will be corrected immediately. The results of the checks will be reported to the Quality Assurance Committee and monitored monthly for six months or until the Committee determines that compliance is achieved. (Attachment 372)</p>	08/17/2012			

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F0465 SS=D	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a toilet was kept clean. This affected 1 of 14 resident rooms on the dementia unit. Room # 507.</p> <p>Findings include:</p> <p>Observation on 7/26/2012 at 11:34 a.m. indicated the room toilet, which is shared by two residents, appeared dirty, with a substance around the inside rim. The color of the substance was yellow and brown in color and it looked dried.</p> <p>Interview and observation with Maintenance Director and Housekeeping Director on 8/1/2012 at 10:50 a.m. indicated the toilet in room 507 had what appeared to be a brown and yellow substance surrounding the inner toilet bowl. The substance was old looking, it appeared the same as was previously observed on 7/26/2012. The Housekeeping Supervisor indicated the toilet is cleaned at least once a day. The Maintenance Director and Housekeeping Director both indicated</p>	F0465	<p>It should be noted that one of the residents in Room #507 is independent with toileting and is up ad lib. A check of the ADL records indicated that the resident had reported to night shift staff that she had a large BM on the early morning shift of 7/26 and also on the day shift on 8/1. A review of the housekeeping service for the dementia unit (where room #507 is located) shows that the daily housekeeper for that unit does not report to work until 11:30 am daily. The usual routine, according to the job flow record is to start with the common area and then to move to cleaning the resident rooms. The job flow record showed that Room #507 would not be expected to be cleaned until around 3 pm daily. No concerns have been reported about this housekeeper or housekeeping in general on the dementia unit so it is highly unlikely that the toilet remained soiled for days, rather likely that the resident was using the toilet regularly and soiling it. A "housekeeping clipboard" was placed at the nurses station on the dementia unit to allow staff to report any housekeeping issues that need attention. The unit housekeeper has been instructed</p>	08/16/2012			

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	<p>the substance appeared to be feces.</p> <p>A policy provided by Medical Records on 8/1/2012 at 11:40 a.m. indicated, "Bathroom Cleaning: Wet Steps: 5. Sanitize commode, tank, bowl, base. Use brush for inside of bowl."</p> <p>3.1-19(f)</p>		<p>to check this list when first reporting for duty to give priority to areas of concern noted by staff. The housekeeping supervisor or designee will make daily rounds on the dementia unit to check bathrooms for cleanliness and take corrective action if needed. The results will be reviewed by the Quality Assurance Committee monthly for three months and then quarterly thereafter for one year. (Attachment 465)</p>		