

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155386	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2014
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NAME OF PROVIDER OR SUPPLIER LAURELS OF DEKALB	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included Investigation of Complaint IN00146971.</p> <p>Complaint IN00146971 -Unsubstantiated due to lack of evidence.</p> <p>Survey dates: April 23, 24, 25, 28, and 29, 2014.</p> <p>Facility number: 000574 Provider number: 155386 AIM number: 100266430</p> <p>Survey team: Diane Nilson, RN, TC Carol Miller, RN Rick Blain, RN Timothy Long, RN</p> <p>Census bed type: SNF/NF: 81 SNF: 7 Total: 88</p> <p>Census payor type: Medicare: 7 Medicaid: 43 Other: 38 Total: 88</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on May 5, 2014, by Brenda Meredith, R.N.</p>	F000000	<p>The Laurels of DeKalb wishes to have this submitted plan of correction stand as its allegation of compliance. The date of alleged compliance is 5/29/14. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements. The Laurels of DeKalb respectfully requests paper compliance for these deficiencies.</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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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interviews and record reviews the facility failed to ensure 2 residents on admission were asked how many times a week would they would like to receive a shower. This deficiency affected 2 residents who were not asked in regard to choices how many times a week would they like to receive a shower in a sample of 3 residents reviewed for choices (Resident #21, #140).</p> <p>Finding include:</p> <p>1. On 4/23/14 at 1:42 p.m. Resident #140 was interviewed in regard to how many times a week he would like to have a shower and indicated he would like to have 3 showers a week.</p> <p>During an interview, on 4/28/14 at 10 a.m., the Director Of Nursing (DON) indicated when she had spoken with Resident #140 today he also indicated to the DON he would like 3 showers a week. The DON also indicated the Activity Director asked the resident on admission a series of questions that did not include how many times a week would you like to have a shower.</p>	F000242	No negative outcome resulted from the identified concern. Resident #140 and Resident #21 were interviewed and shower schedules adjusted per their preference. On 5/23/14 the Activity Director was in-serviced by the Administrator on the implementation of bathing/shower preferences. All current Residents will be interviewed by Activity Director for shower/bathing preferences by 5/29/14 and adjustments to shower/bathing schedules. Upon admission and quarterly all Residents will be interviewed by the Activity Director for shower/bathing preferences. All preferences will be added to the plan of care. The MDS Coordinator will monitor compliance weekly times 4 weeks. Variances will be corrected at the time of observation and additional education provided. The Director of Nursing will report the findings to the Quality Assurance Committee monthly for 3 months, then quarterly for 1 year. The	05/29/2014			

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	<p>2. During an interview on 4/23/14 at 1:54 P.M., Resident #21 indicated she did not choose how many showers or baths she took in a week. Resident #21 indicated she received two showers a week and it was the facilities' choice. Resident #21 indicated if she had a choice she would take three showers a week.</p> <p>Resident #21's medical records were reviewed on 4/25/14 at 12:15 P.M. Review of the record indicated a care plan from 1/17/14, for activities: Activity: resident prefers to choose own clothing; take care of personal belongings; take a shower. On of the approaches was to assist resident in preferred bathing: shower.</p> <p>A care plan from 8/9/13, indicated Resident #21 required extensive assistance with ADL's (Activity of Daily Living) related to decreased mobility. One of the approaches was to provide assistance with showers twice weekly.</p> <p>During an interview on 4/25/14 at 11:55 A.M., the MDS (Minimum Data Set assessment) coordinator indicated Resident #21's admission assessment noted the resident was asked if she would prefer a bath or a shower. The MDS coordinator indicated the admission assessment did not ask the resident how many baths or showers she preferred in a week.</p> <p>During an interview on 4/25/14 at 12:20 P.M., the Activity Director (AD) indicated she completes the Recreation Services Assessments for the resident's upon</p>		Quality Assurance Committee will monitor any trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of findings and offer input as necessary. Continued compliance will be monitored through daily round observations and through the facility's Quality Assurance program. The Administrator is responsible for continued compliance with the regulation.				

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F000371 SS=E	<p>admission. The AD indicated the assessment only includes whether a resident prefers a shower or a bath. The AD indicated if a resident requests more baths or showers the facility tries to accommodate them. The AD indicated on Resident #21's Recreation Services Assessment of 3/7/08 the resident indicated she would prefer showers. The AD indicated the resident was not asked how many showers or baths she preferred.</p> <p>During an interview on 4/29/14 at 11:30 A.M., the Administrator indicated the facility did not have a policy indicating bathing choices offered to residents.</p> <p>3.1-3(u)(1) 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</p> <p>Based on observation, interview and record review, the facility failed to maintain adequate hot water temperatures for dishwashing procedures on 2 of 2 observations affecting 88 of 88 residents residing in the facility.</p> <p>Findings include:</p> <p>During an observation in the kitchen on 4/23/14 at 9:15 A.M., the High Temperature Dishwashing Machine, during the wash cycle, reached a high of 130 degrees for two attempts. During an observation in the kitchen on 4/23/14 at 11:10 A.M., the High</p>	F000371	No Residents were identified during the observation. The Maintenance Director replaced the Contactor part on the dishwasher. The Dietary staff will be in-serviced by the Dietary Manager by 5/29/2014 on the adequate hot water temperatures for dishwasher procedures. The Dietary Manager/Designee will monitor the Dishmachine Temperature/Sanitizer Log daily for 4 weeks then weekly for 4 weeks then monthly for 3 months. Variances will be reported immediately to the Administrator	05/29/2014			

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	<p>Temperature Dishwashing Machine, during the wash cycle, reached a high of 140 degrees. On a subsequent attempt, the temperature reached 150 degrees during the wash cycle.</p> <p>On 4/23/14, at 11:15 A.M., the Dietary Manager (DM) provided the "Dishmachine Temperature/Sanitizer Logs" for March and April, 2014. The logs indicated the acceptable temperatures for the High Temperature wash cycle was 150 degrees. The temperatures were to be recorded at all three meals for the month. In March 2014, 24 temperatures for the wash cycle were recorded as less than 150 degrees out of 71 recorded temperatures. There were 19 blank spaces for the wash cycles. For March 2014 (from March 1-22), 14 temperatures for the wash cycle were recorded as less than 150 degrees out of 63 recorded temperatures and there were 2 blank spaces for the wash cycles.</p> <p>During an interview 4/24/14 at 11:20 A.M., the DM indicated the Dish Machine temperatures for the wash cycle were supposed to be at least 150 degrees. The DM indicated if the temperatures for the wash cycle did not reach at least 150 degrees staff were to wash dishes in a three sink cycle. The DM indicated the rinse cycle being at least 180 degrees was the sanitizing aspect of the dishwashing cycle. The DM noted the rinse cycle temperatures for March and April 2014 were all documented at 180 degrees or above.</p> <p>At 11:25 A.M., the DM provided a copy of the Dish Machine Temperature/Sanitizer Records dated 4/2010. The procedure section, under number 3 indicated for a a</p>		<p>and Maintenance Director. The Dietary Manager will report the findings to the Quality Assurance Committee monthly for 3 months and then quarterly thereafter for 1 year. The Quality Assurance Committee will monitor any trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of findings and offer input as necessary. Continued compliance will be monitored through daily round observations and through the facility's Quality Assurance program. The Administrator is responsible for continued compliance with the regulation.</p>		

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F000465 SS=D	<p>High Temperature Dish Machine, the wash cycle was to be 150-165 degrees. Under number 8 in the procedure section indicated if there is a concern about the sanitizing quality due to inadequate wash or rinse temperature, the dishware washing should be stopped and reported to the supervisor immediately.</p> <p>3.1-21(i)(1) 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE 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 and interview, the facility failed to provide a safe and comfortable environment, on 1 of 4 units of the facility, the 400 hall.</p> <p>Findings include:</p> <p>During observation of the bathroom in Room 402, at 2:00 p.m., on 4/23/14, there was a space between the back of the sink and the wall, and the sink was loose and could be moved. There were 2 residents in the room who shared the bathroom.</p> <p>During the environmental tour, on 4/28/14 at 1:25 p.m., and accompanied by the Maintenance Supervisor and the Administrator, the following was observed on the 400 hall:</p> <p>In the resident bathroom in room 402, the sink had been caulked and was no longer loose. The Administrator indicated after this concern was noted on 4/23/14, one of the</p>	F000465	<p>No residents were identified in the observation. On 5/23/14 in Room 402 the Maintenance Director made the necessary repairs to the sink. On 5/23/14 in Room 403 the Maintenance Director made the necessary repairs to the bathroom wall. On 5/23/14 in Room 404 the Maintenance Director made the necessary repairs to the wall in the alcove area. On 5/23/14 in Room 407 the Maintenance Director made the necessary repairs to the bathroom wall. All Resident rooms and bathrooms in the facility were inspected for any environmental concerns and necessary repairs made on 5/23/14. All Staff will be in-serviced by the Administrator by 5/29/2014 on the procedure of notifying the Maintenance Director of environmental concerns by using Repair Log. Continued compliance with this</p>	05/29/2014			

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	<p>residents in the room notified the Administrator of the concern and the Maintenance man repaired the sink.</p> <p>In the resident bathroom in room 403, shared by 2 residents, there were scattered areas of black marks and chipped paint, extending 8 inches up from the baseboard, on the right wall upon entrance to the bathroom. The Maintenance Supervisor indicated this was due to wheelchairs hitting the wall.</p> <p>In resident room 404 A, there were 2 holes in the alcove area which was located to the left side of the room next to the bedstand. The Maintenance supervisor indicated the holes were caused by the wheelchair handle bars being pushed against the wall. He indicated the hole to the left side was 1 and 1/2 inches in diameter, and the one directly across (wheelchair width apart) was 1 by 3 inches in size and both were about 5/8 inch deep. The Maintenance supervisor indicated he had just repaired these holes about 1 month ago.</p> <p>In the resident bathroom in room 407, shared by 2 residents, there were scattered areas of black marks and chipped paint on the right wall upon entrance to the bathroom, extending 10 inches up from the baseboard. There was a 2 by 2 inch area of missing/chipped paint on the right side of the handrail to the left of the toilet, and a 1 and 1/2 by 3 inch area of missing/chipped paint near the handrail directly across from the toilet.</p> <p>3.1-19(f)</p>		<p>regulation will be monitored by staff through daily rounds. Variances will be corrected at the time of observation and additional education provided. The Maintenance Director will report the findings to the Quality Assurance Committee monthly for 3 months, then quarterly for 1 year. The Quality Assurance Committee will monitor any trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of findings and offer input as necessary. Continued compliance will be monitored through daily round observations and through the facility's Quality Assurance program. The Administrator is responsible for continued compliance with the regulation.</p>		