

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155510	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/05/2014
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NAME OF PROVIDER OR SUPPLIER  CENTURY VILLA HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 27, 28, 29, 30, 31 November 3, 5, 2014</p> <p>Facility number: 000549 provider number: 155510 AIM number: 100267470</p> <p>Survey team: Rita Mullen, RN, TC Maria Pantaleo, RN Bobette Messman, RN Holly Duckworth, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 60 Total: 66</p> <p>Census payor type: Medicare: 10 Medicaid: 30 Other: 26 Total: 66</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000156 SS=D	<p>Tammy Alley RN on November 14, 2014.</p> <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</p>			

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

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	<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 record review and interview, the facility failed to notify a resident 48 hours prior to discontinuing Medicare coverage for 1 of 3 residents reviewed for liability notices (Resident #74).</p> <p>Findings include:</p> <p>The Liability Notice for Resident #74 was reviewed on 10/30/14 at 10:00 A.M.</p> <p>A letter, dated 8/16/14, indicated Resident #74's stay under Medicare was no longer covered after 8/15/14.</p> <p>A Verification of Receipt of Notice indicated the resident's representative was notified by phone on 8/15/14 and signed by the representative on 8/21/14.</p> <p>During an interview with the Director of Nursing, on 11/3/14 at 4:45 p.m., she indicated she did not know why the Liability Notification was not done by phone until 8/15/14.</p> <p>At the time of the exit no other</p>	F000156	<p>1) Resident/responsible party will be informed orally and in writing at least 48 hrs prior to ending of Medicare services. Information will be documented in Social Service notes. 2) No other residents were affected by this deficient practice. Any resident/responsible party ending Medicare services will be notified orally and in writing at least 48 hrs prior to ending Medicare coverage. Information will be documented in Social Services notes. 3) Resident ending Medicare services will be placed on calendar to ensure at least 48 hrs notice has been given prior to ending Medicare services. 4) Appropriate notification for ending of Medicare services will be monitored in the weekly therapy meeting and quarter QA meeting.</p>	11/23/2014

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F000280 SS=D	<p>information was received from the facility regarding the late Liability Notification.</p> <p>3.1-4(f)(2)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 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 record review and interview,</p>	F000280	1) Care plan was updated on resident #5 for order for low bed	12/04/2014

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	<p>the facility failed to update a Care Plan for fall prevention for a resident with a history of falls for 1 of 3 residents reviewed for falls (Resident #5).</p> <p>Findings include:</p> <p>The clinical record of Resident #5 was reviewed on 10/31/2014 at 11:00 a.m. Diagnoses included, but were not limited to, muscle weakness, generalized pain, anemia, hypertension, senile dementia and failure to thrive - adult.</p> <p>A review of the fall and accident assessment and intervention reports dated 9/28/2014 through 10/26/2014, indicated the resident had fallen four times, (9/9/2014, 9/28/2014, 10/2/2014, and 10/26/2014). The 9/9/2014, care interventions indicated no changes to current care plan, instruct resident and notify therapy to screen. The 9/28/2014, care interventions indicated no changes to current care plan, and re-instruct resident on use of call light. The 10/20/2014, care interventions indicated no changes to current care plan and re-instruct resident on use of call light . The 10/26/2014, care interventions indicated no changes to current care plan, re-instruct resident on use of call light, no obvious reason for fall.</p>		<p>on 09/09/14 following 09/03/14 physician order. Resident was terminally ill and expired 11/17/14 (prior to receiving citation) thus, unable to correct on individual resident. 2) Other residents' care plans will be reviewed and if falls have occurred within the last 30 days with a "potential" for falls, it will be changed to "history" of falls and updated with diagnosis and interventions pertinent to current status and orders. 3) Computer program changes will be made to update care plans as orders are written at which time nurses will update the care plan. The "continue current care plan" will be removed from the care plan interventions on the computer and nurses will be inserviced to address an intervention. Inservicing will be conducted by the DON instructing nurses to follow thru with care plan interventions following a fall and an order. 4) Falls and orders will be monitored weekly by the MDS nurse.</p>				

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	<p>A care plan dated 8/26/2014 at 9:41 a.m., indicated a problem for potential for falls related to unsteady gait and generalized weakness. The care plan indicated to observe, record and report all unsafe conditions and situations. Monitor neurological status, encourage to ask for assistance and instruct on safety. On 8/26/2014 at 9:42 a.m., an additional entry indicated encourage and ask for assistance, call light within reach, assist with transferring ,1 landing strip and sensor pad in chair and bed. No other entries were made to the care plan.</p> <p>A 9/3/2014, physician order indicated an order for a low bed. This intervention was not indicated on the care plan for potential for falls.</p> <p>A Quarterly Minimum Data Set (MDS) assessment dated 9/17/2014 indicated the resident was a risk for falls due to muscle weakness,and had a landing strip, geri chair for comfort and a low bed for safety. These interventions were not indicated in the care plan for potential for falls.</p> <p>During an interview with the Assistant Director of Nursing (ADON), on 10/31/2014 at 3:00 p.m., she indicated the care plan for potential for falls for</p>			

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F000323 SS=D	<p>Resident #5 had not been updated with additional interventions.</p> <p>3.1-35(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 record review, observation and interview, the facility failed to completed admission fall assessment and assess for fall prevention strategies for 2 of 3 residents reviewed for falls. (Residents #5 and #15)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #15 was reviewed on 10/31/14 at 10:00 a.m. Diagnosis include but not limited to,</p>	F000323	<p>1) Resident #15 fall assessment was completed upon finding. Resident #5 was terminally ill and expired prior to receipt of citing, however, assessment was completed prior to her expiring. 2) All residents were reviewed and updated assessments have been completed. 3) All fall assessments will be completed upon admission, with quarterly and significant change MDS'. Nurses will be inserviced on fall assessments by the DON. 4) MDS nurse will</p>	12/04/2014	

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	<p>muscle weakness, history of Transient Ischemic Attacks and stroke.</p> <p>Incident reports obtained on 10/31/14 at 1:25 p.m., from Administrative Assistant indicated:</p> <p>8/20/14 at 8:45 p.m.: Resident had fallen in the bathroom, Resident was documented to be alert and oriented normal for resident. Activity at the time of fall was transferring from wheelchair to the toilet without staff assistance. Teaching done at the time of the fall included instruction to the resident on use of call light. Staff action documented as no changes, continue current Care Plan.</p> <p>8/28/14 at 12:40 p.m.: Resident was observed on the floor in the dining room. Resident was documented to be alert and oriented. Activity at the time of the fall was bending over in an unlocked wheelchair at the table to pick up food she had dropped on the floor. Teaching done at the time of incident was do not bend over in wheelchair and lock the wheelchair. Staff action documented as no changes, continue current Care Plan.</p> <p>8/31/14 at 7:10 a.m.: Resident was observed on floor in the bathroom. Resident was documented to be alert and oriented. Activity at the time of the fall</p>		<p>monitor/QA with each MDS that assessments have been completed. If assessment is not completed, the MDS nurse will notify the appropriate nurse to complete and notify DON. Note: During observation, a sensor was observed on the floor. All attempts are made to make sensors available to residents; however, there are times residents drop them or remove them. This was an alert and oriented person. We continue to strive to maintain safety for all residents.</p>				

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	<p>was toileting. Teaching at the time of the incident was not to attempt to transfer or walk to the bathroom on her own. Staff action documented as no changes, continue current Care Plan.</p> <p>9/18/14 at 9:46 a.m.: Resident was observed on the floor in resident's room. Resident was documented to be alert normal for resident. Activity at the time of incident was unknown. Teaching at the time of incident included the safe use of assistive device. Staff action documented as no changes, continue current Care Plan.</p> <p>9/30/14 at 8:00 a.m.: Resident was observed on the floor in resident's room. Resident was documented as alert. Activity at the time of the incident was unknown. Teaching at time of the incident included instruction on the call light. Staff action documented as no changes, continue current Care Plan.</p> <p>10/7/14 at 9:17 p.m.: Resident was on the floor of resident's room. Resident was documented as disoriented and confused. Teaching at time of the incident included instruction on use of call light. Staff action documented as no changes, continue current Care Plan.</p> <p>A review of the care plan for Resident</p>			

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	<p>#15, dated 10/21/14, identified alteration of thought processes related to cognitive impairment. Impairment manifested by difficulty with decision making. Goal was documented as oriented times three, recognition of family, cooperative with care. Time frame goal documented as three months. Interventions for all staff included reorientation and redirection, verbal cues, offering non verbal cues, give resident time to respond, explain procedures and care as provided, speak slowly and clearly to the resident and involve family.</p> <p>A review of the care plan for Resident #15, dated 8/12/14, identified potential for falls related to unsteady gait and generalized weakness. Manifested by history of falls and unsteady gait. Goals identified as no injury and understanding of need for safety. Time frame for goal documented as three months. Interventions for nursing staff included observe, record and report all unsafe conditions and situations, monitor neurological status, and encourage to ask for assistance. Monitor closely, assess change in level of consciousness, observe for functional decline due to psychotropic use, instruct on safety. Nurse Aide to encourage resident to ask for assistance, place call light in reach, one landing strip sensor pad in chair, sensor pad in bed.</p>						

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	<p>During an interview with Assistant Director of Nursing on 10/31/14 at 10:31 a.m., she indicated she was unable to find an admission fall prevention assessment for Resident #15 in the electronic charting system.</p> <p>During an observation of Resident's #15 room and wheelchair on 10/31/14 at 10:00 a.m., a sensor was observed on the floor, in the resident's bed and on the wheelchair.</p> <p>A policy review of Admission Procedure obtained from Administrative Assistant on 10/31/14 at 1:00 p.m. indicated a fall risk assessment will be completed during admission in the electronic charting system.</p> <p>A policy review of Incident Report Procedure obtained from Administrative Assistant on 11/3/14 at 3:11 p.m., indicated fall assessments are completed on admission and quarterly thereafter with MDS (Minimum Data Set Assessment).</p> <p>2. The clinical record of Resident #5 was reviewed on 10/31/2014 at 11:00 a.m. Diagnoses included, but were not limited to muscle weakness, depression,</p>			

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	<p>esophageal reflux, constipation, generalized pain, anemia, hypertension, senile dementia and failure to thrive - adult.</p> <p>A care plan dated 8/26/2014 at 9:41 a.m., indicated a problem for potential for falls related to unsteady gait and generalized weakness. Approaches included, but were not limited to, observe, record and report all unsafe conditions and situations, monitor neurological status, encourage to ask for assistance and instruct on safety.</p> <p>On 8/26/2014 at 9:42 a.m., an additional entry indicated encourage and ask for assistance, call light within reach, assist with transferring ,1 landing strip and sensor pad in chair and bed.</p> <p>A review of the fall and accident assessment and intervention reports dated 9/28/2014 through 10/26/2014, indicated the resident had fallen four times.</p> <p>On 9/9/2014, the resident fell and interventions indicated no changes to current care plan, instruct resident and notify therapy to screen.</p> <p>On 9/28/2014, the resident fell and interventions indicated no changes to current care plan, and re-instruct resident</p>			

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	<p>on use of call light.</p> <p>On 10/20/2014, the resident fell and interventions indicated no changes to current care plan and re-instruct resident on use of call light .</p> <p>On 10/26/2014, the resident fell and interventions indicated no changes to current care plan, re-instruct resident on use of call light, no obvious reason for fall.</p> <p>No intervention entries to prevent falls were made on the care plan after 8/26/2014 and resident continued to fall.</p> <p>A Quarterly Minimum Data Set (MDS) assessment on 9/17/2014, indicated the resident was a risk for falls due to muscle weakness, and the resident had a landing strip, geri chair for comfort and a low bed for safety. The geri chair and low bed for safety were not indicated in the care plan for potential for falls.</p> <p>During an interview with the Assistant Director of Nursing (ADON), on 10/31/2014 at 3:00 p.m., she indicated the care plan for potential for falls had not been updated since 8/26/2014 with additional interventions.</p> <p>3.1-45 (a)(2)</p>			

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview, the facility failed to assess a resident for weight loss for 1 of 3 residents reviewed for weight loss and nutrition (Resident #5).</p>	F000325	<p>1) Resident #5 was terminally ill and expired prior to receipt of citing. 2) Upon review, there were no other residents affected by this deficient practice. Weekly weights are reviewed weekly by CDM. RD monitors weekly</p>	12/04/2014

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	<p>Findings include:</p> <p>The clinical record for Resident #5 was reviewed on 10/31/2014 at 11:00 a.m. Diagnosis included, but were not limited to malignant neoplasm of vulva, muscle weakness, depression, esophageal reflux, constipation, generalized pain, anemia, hypertension, abdominal pain, hypocalcemia, senile dementia and failure to thrive - adult.</p> <p>A care plan for potential weight loss, dated 8/15/2014, had approaches for monthly weights, monitor food intake, provide ordered diet, offer replacements and Registered Dietician (RD) consult.</p> <p>Physician orders for October 2014 indicated orders for 2 cal supplement with meals, appetite stimulant, and Medpass (supplement) with medications.</p> <p>A review of Resident #5 weights indicated a 7.5% weight loss. The CNA weight log record was reviewed on 10/31/2014 at 1:30 p.m. The log indicated on 9/29/2014, Resident #5's weight was 142 pounds and on 10/27/2014, Resident #5's weight was 132 pounds.</p> <p>No dietary manager or consultant RD assessment was found in Resident #5's</p>		<p>weights on bi-monthly scheduled visits. 3) Policies and procedures for weekly weights was reviewed. Will continue to follow facility policy for weekly weights. Will continue to investigate weight losses/gains to determine if edema present or diuretic use has caused excessive loss or other causal etiology. 4) RD and CDM will continue to monitor and exchange pertinent information regarding residents upon RD's bi-monthly visits via verbal exchange and Nutritional Referral List kept to-date between visits.</p>				

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	<p>clinical record for the 7.5% weight loss. The last dietary manager assessment was on 9/17/2014.</p> <p>A policy and procedure titled "Weight Policy and Procedure", dated 10/31/2013, received on 11/05/2014 at 11:20 a.m., from the Assisted Director of Nursing(ADON), indicated "...5. b. The dietary manager is responsible for providing monthly weight documentation to the Director of Nursing upon receipt of current weights...."</p> <p>During an interview with the Dietary Manager on 11/03/2014 at 1:40 p.m., she indicated she was not aware of Resident #5's weight loss and there should have been an assessment to address Resident #5's weight loss.</p> <p>During an interview with the consultant RD and the Dietary Manger on 11/05/2014 at 11:18 a.m., the RD indicated the last assessment note was on 9/17/2014 and the weight loss for Resident #5 had not been assessed. She did indicate the resident had been in the hospital in August 2014 and had gained weight due to edema at that time. She indicated her weight now was back to baseline.</p> <p>3.1-46(a)(1)</p>			

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in</p>				

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	<p>Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure expired vancomycin HCL (antibiotic) oral solution was destroyed or returned to the dispensing pharmacy, located in 1 of 2 medication storage rooms.</p> <p>Findings include:</p> <p>During an observation of the medication storage room which includes the medications for the 200, 300, and 400 units on 10/29/2014 at 10:15 a.m., it was observed that the refrigerator contained a bottle of expired vancomycin HCL (antibiotic) oral solution, with an expiration date of 10/17/ 2014.</p> <p>During an interview with the Assistant Director of Nursing (ADON), on 10/29/2014 at 10:30 a.m., she indicated the expired bottle should have been destroyed.</p> <p>A policy titled "Discontinued Medication", dated 01/01/2005, provided by the ADON, 10/29/2014 at 1:45 p.m. The policy indicated : "Policy:</p>	F000431	<p>1) Expired Vancomycin HCL oral solution was destroyed appropriately. 2) No residents were affected by this deficient practice. Upon review, there were no other expired meds. 3) Policy and procedure for med destruction was reviewed. Policy states to return for credit or destroy within seven days of discontinuation. Night nurses review the med carts and refrigerator for discontinued meds and/or expired meds. Pharmacy auditor also monitors same on monthly visits. 4) Monitoring will be ongoing by nurses and pharmacy auditor. Spot checks will be completed bi-monthly by DON or ADON.</p>	12/04/2014

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F000465 SS=E	<p>Medication that is discontinued per physician's order must be either returned to pharmacy for credit or destroyed according to regulations in a timely manner (usually within seven days)...."</p> <p>3.1-25(o)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure the hallways, nursing station, public bathroom doors and main dining room were in good repair for 4 of 4 hallways, 1 of 2 nursing stations and 1 of 3 dining rooms.</p> <p>Findings include:</p> <p>The following observations were made during during the survey:</p> <p>1. In the 100 hallway, outside room 110, two white ceiling tiles were noted to have</p>	F000465	<p>1) Ceiling tiles and "wall gouge" will be replaced and/or repaired. 2) No residents were affected by this deficient practice. All areas have been inspected as of this date, but ceiling tile discoloration, "gouges", "scratches" and "mars" happen frequently and are repaired as soon as possible. 3) The maintenance and housekeeping staff are aware of facility system to report any "gouges", "scratches", "mars", or discolored ceiling tiles and will do so through a written "AVO" (Avoid Verbal Orders). 4) The maintenance and housekeeping staff will continue to monitor</p>	12/04/2014

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	<p>red/brown discolored areas.</p> <p>2. In the 200 hallway a ceiling tile, next to the exit sign at the fire door, had a 3 inch in diameter water stain and the hand rails were scratched, gouged and marred.</p> <p>3. In the 300 hallway a white ceiling tile outside room 302 had a 5 inch in diameter water stain and the handrails were scratched, gouged and marred.</p> <p>4. The Main Nursing station's handrail was scratched, gouged and marred.</p> <p>5. The public bathroom doors next to the main Nursing Station were scratched, gouged and marred along the bottom of the doors.</p> <p>6. The Main Dining Room had a 1.5 inch in diameter gouge in the wall, under the TV set, an area of missing wallpaper on the east wall near the window and the baseboard around the perimeter of the dinning room was scratched and marred.</p> <p>During an interview with the Director of Environmental Services, on 11/5/14 at 2:00 p.m., she indicated she was not aware of the stained ceiling tiles and they would be corrected. The handrails are taken down periodically and refinished but wasn't sure when that would be done</p>		<p>areas for discoloration of tiles, carpet stains, scratches, mars, and gouges on a routine basis while normal workload is performed. Environmental Supervisor will report to Director of Plant Operations. Note: The facility is currently being remodeled, beginning with every resident room, of which surveyor was aware. None of the mars, scratches, gouges, discolored ceiling tiles affect the quality of life in any negative way. The facility is and has remained safe, functional, sanitary and comfortable.</p>	

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	by maintenance.  3.1-19(f)			