

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

PRINTED: 07/05/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E683		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/12/2017	
NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 4, 5, 9, 10, 11, and 12, 2017</p> <p>Facility number: 000399 Provide number: 15E683 AIM number: 100289100</p> <p>Census bed type: NF: 34 Total: 34</p> <p>Census payor type: Medicaid: 34 Total: 34</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on May 19, 2017.</p>			F 0000			
F 0241 SS=D Bldg. 00	<p>483.10(a)(1) DIGNITY AND RESPECT OF INDIVIDUALITY (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement</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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	<p>of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's privacy in that wandering residents (Resident 36 and Resident 37) were observed sitting on the bed in another resident's room (Resident 30).</p> <p>Findings include:</p> <p>On 5/11/2017 at 12:59 p.m., Resident 36 and Resident 37 were observed sitting on the roommate's bed in Resident 30's room. Resident 30 was observed to be visually upset and raising her left hand in the air. Resident 30 indicated by nodding "yes" that she was upset by Resident 36 and Resident 37 being in her room.</p> <p>On 5/12/2017 at 10:55 a.m., the Director of Nursing (DON) indicated Resident 36 and Resident 37 should not be in Resident 30's room. The facility will try to get a Velcro stop sign across Resident 30's door.</p> <p>On 5/12/2017 at 2:10 p.m., a review of the Minimum Data Set (MDS) assessment completed on 4/16/2017, indicated Resident 30 had a Brief Interview for Mental Status (BIMS) score of 09, indicating the resident was</p>			F 0241	<p>F-241</p> <ol style="list-style-type: none"> <li>1. VELCRO STOP SIGNS WERE PLACED AT DOORWAYS TO PREVENT CONFUSED RESIDENTS FROM ENTERING ROOMS OF RESIDENTS.</li> <li>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</li> <li>3. ALL RESIDENTS WERE ASKED IF THEY WANTED A STOP SIGN ACROSS DOORS OF THEIR ROOMS TO PREVENT OTHERS FROM ENTERING. STOP SIGNS WERE PLACED AT DOORS OF RESIDENTS WHO WANTED STOP SIGNS. STAFF TO MONITOR WANDERING CONFUSED RESIDENTS AS MUCH AS POSSIBLE TO PREVENT FROM ENTERING OTHERS ROOMS. SSD WILL ASK RESIDENTS MONTHLY IF THEY WISH TO HAVE A STOP SIGN AT THEIR DOOR AND UPON ADMISSION OF NEW RESIDENTS IF THEY WISH TO HAVE STOP SIGN AT THEIR DOOR. SSD TO CHECK ON RESIDENT #30 DAILY FOR 60 DAYS.</li> <li>4. HFA, DON OR DESIGNEE WILL MONITOR DAILY. THE QA COMMITTEE WILL REVIEW FOR 6 MONTHS. THE FACILITY</li> </ol>		06/11/2017

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	<p>interviewable and moderately cognitively impaired.</p> <p>On 5/12/2017 at 2:15 p.m., a review of the MDS assessment completed on 3/13/2017, indicated Resident 36's BIMS score could not be calculated due to resident being rarely/never understood and a behavior of wandering occurred daily.</p> <p>On 5/12/017 at 2:16 p.m., a review of the MDS assessment completed on 4/6/2017, indicated Resident 37's BIMS score could not be calculated due to resident being rarely/never understood and a behavior of wandering was not exhibited.</p> <p>On 5/11/2017 at 2:30 p.m., the Administrator provided the policy "Resident Rights" with a revised dated of 3/29/2017, and indicated it was the policy currently being used by the facility. The policy indicated, " ... (h) The resident has the right to personal privacy ... (1) Personal privacy includes accommodations ..."</p> <p>3.3-3(t)</p>				<p>WILL FOLLOW THE RECOMMENDATIONS OF QA COMMITTEE.</p> <p>5. DATE OF COMPLETION 6/11/17.</p>		

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F 0248 SS=D Bldg. 00	<p>483.24(c)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES (c) Activities.</p> <p>(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>Based on observation, interview, and record review, the facility failed to provide activities to meet a resident's needs and interest for 1 of 3 residents reviewed for activities. (Resident 33)</p> <p>Findings include:</p> <p>On 5/9/17 at 9:31 a.m., Resident 33 was observed to be awake and sitting in a geriatric chair (a medically reclining chair designed to allow someone to get out of the confines of their bed and to be able to sit comfortably in a variety of positions while being fully supported in order to maintain and to improve their</p>	F 0248	<p>F-248</p> <p>1. RESIDENT 33 WAS TOLD BY SSD THAT A RADIO WOULD BE PURCHASED FOR HER PERSONAL USE, ALSO, HER HUSBAND WAS CALLED TO NOTIFY OF SAID PURCHASE OUT OF HER PERSONAL FUNDS. SSD CHECKED THE TV AND TURNED IT ON FOR THE RESIDENT.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. EACH RESIDENT WILL BE CHECKED FOR PROPER VISUAL OR HEARING STIMULATION DEVICES FOR</p>	06/11/2017			

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	<p>quality of life) in the middle of her room with no television or radio on.</p> <p>On 5/10/17 at 10:29 a.m., Resident 33 was observed to be awake in bed laying on her right side with no television or radio on.</p> <p>On 5/11/17 at 12:58 p.m., Resident 33 was observed to be awake in bed and watching the roommate's television.</p> <p>On 5/12/17 at 9:29 a.m., Resident 33 was observed to be awake and sitting in a geriatric chair with no television or music on.</p> <p>On 5/10/17 at 10:41 a.m., Resident 33's clinical record was reviewed. Diagnoses included, but not limited to: age related macular cataracts, psychosis, and delusions.</p> <p>A review of Resident 33's activities careplan dated 5/20/16, indicated, "....I attend some scheduled group activities such as coffee time, Bingo, Special parties, and events...I enjoy listening to music. Please assist me with getting supplies and invite me to any...enjoys classic rock..."</p> <p>A review of Resident 33's significant change Minimum Data Set (MDS)</p>		<p>THEIR PERSONAL USE AND ENJOYMENT. STAFF OR DESIGNEE WILL CHECK THE PERSONAL NEEDS OF RESIDENTS FOR PROPER VISUAL OR HEARING STIMULATION DEVICES, DAILY.</p> <p>4. HFA, DON, OR DESIGNEE,SSD, WILL MONITOR DAILY. THE QA COMMITTEE WILL REVIEW FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS FO THE QA COMMITTEE.</p> <p>5. DATE COMPLETED 6/11/17.</p>				

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	<p>assessment dated 2/7/17, indicated she preferred to listen to music.</p> <p>A review of Resident 33's activity calendar record, for May 2017, indicated she attended 1 to 1 activities on May 1, 2, 3, 4, 5, 8, 9, 10, and 11, but did not attend the music activity on May 2 or 9.</p> <p>A review of Resident 33's activity small group/1:1 participation indicated the following: On 5/1/17, the 1 to 1 activity was indicated as active participation with being read to and playing color cards. On 5/3/17, the 1 to 1 activity was indicated as active participation with using sphere ball and paying color cards, On 5/8/17, the small group activity was indicated as active with being read to and using sensory pillow. On 5/10/17, the 1 to 1 activity was indicated as active with being read to resident and using sphere ball.</p> <p>During an interview on 5/10/17 at 11:38 a.m., Certified Nurse Aide (CNA) 2 indicated Resident 33 does not attend many activities because she likes to stay in bed. Resident 33 does not have a radio but will watch the roommate's television.</p> <p>During an interview on 5/11/17 at 1:38 p.m., Activity Assistant indicated</p>						

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	<p>Resident 33 was on 1 to 1 activities program and liked to be read to, touch sensory pillow, and liked to listen to music. She was unsure if Resident 33 had a radio in her room.</p> <p>During an interview on 5/11/17 at 3:16 p.m., Resident 33 indicated she liked to listen to music and would like a radio.</p> <p>During an interview on 5/12/17 at 11:15 a.m., Social Services Designee (SSD) indicated Resident 33 liked to listen to music and would attend music group activities for short periods of time. The facility provides a radio to residents and will get Resident 33 a radio.</p> <p>On 5/12/17 at 3:11 p.m., SSD provided the Activities Policy, dated unknown, and indicated the policy was the one currently being used by the facility. The policy indicated, "....It is the policy of [ ] Facility to provide an activities program that is appropriate to the needs and interests of each resident that will encourage self-care, resumption of normal activities, maintenance of optimal self functioning and contact with the environment..."</p> <p>3.1-33(a)</p>						

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F 0279 SS=D Bldg. 00	<p>483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan.</p> <p>483.21 (b) Comprehensive Care Plans</p> <p>(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) 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 §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p>						



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	<p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care plan was developed for a contracture (defined as a condition of fixed high resistance to passive stretch of a muscle) for 1 of 3 residents reviewed for Range of Motion (ROM) (Resident 20) and failed to develop interventions for staff implementation to prevent a resident from leaning to the side while seated in a geriatric chair (a medical reclining chair designed to allow someone to get out of the confines of</p>			F 0279	<p>F-279</p> <p>1. CONTRACTURE CAREPLAN WAS COMPLETED FOR RESIDENT 20 ON 5/15/17. STAFF WERE IMMEDIATELY IN-SERVICED ON POSITIONING RESIDENTS IN CHAIRS USING PILLOWS TO MAINTAIN PRPER BODY ALIGNMENT.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. ANY RESIDENT WITH A CONTRACTURE NOTED WILL BE CAREPLANNED EVEN IF</p>		06/11/2017

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	<p>their bed and be able to sit comfortably in a variety of positions while being fully supported in order to maintain and improve their quality of life) (Resident 16).</p> <p>Findings include:</p> <p>1.) On 5/5/17 at 10:30 a.m., Resident 20 was observed to have contracture of their left arm and fingers.</p> <p>On 5/10/17 at 9:27 a.m., Resident 20 was observed to have contracture of their left arm and fingers.</p> <p>On 5/5/17 at 11:10 a.m., the Director of Nursing (DON) indicated Resident 20 had a contracture of their left arm and fingers and had no ROM to the left arm and fingers.</p> <p>On 5/11/17 at 9:40 a.m., Resident 20 indicated his left hand does not hurt and he was observed unable to straighten his left fingers.</p> <p>On 5/11/17 at 1:53 p.m., Certified Nurse Aide (CNA) 2 indicated Resident 20 refused to participate in group or individual ROM to the left arm or fingers.</p> <p>On 5/11/17 at 2:29 p.m., The Director of</p>				<p>THEY REFUSE RANGE OF MOTION, CORRECTIVE DEVICES OR PT SERVICES. CAREPLAN FOR RESIDENT 16 WAS UPDATED TO INCLUDE POSITIONING WITH PILLOWS WHILE IN GERI CHAIR, PT WILL INSERVICE STAFF ON 5/30/17 ON POSITIONING RESIDENTS IN CHAIRS TO PROMOTE PROPER BODY ALIGNMENT.</p> <p>4. HFA, DON, OR DESIGNEE,SSD CONSULTANT, SSD, WILL MONITOR MONTHLY FOR COMPLETION OF CAREPLANS. HFA, DON, STAFF OR DESIGNEE WILL MONITOR DAILY FOR POSITIONING OF RESIDENTS. QA TO MONITOR FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS OF QA COMMITTEE.</p> <p>5. DATE OF COMPLETION 6/11/17.</p>		

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	<p>Nursing (DON) indicated Resident 20 was admitted with left arm and hand contracture and he refused any ROM to the left arm or hand.</p> <p>On 5/10/17 at 9:40 a.m., Resident 20's clinical record was reviewed. Diagnoses included but were not limited to: Vascular and Parkinson's Dementia, psychosis, and delusions.</p> <p>A review of Resident 20's Contracture Assessment indicated the following: On 6/30/16, left wrist and left fingers had moderate ROM. On 9/27/16, left wrist and left fingers had moderate ROM. On 12/21/16, left wrist and left fingers had moderate ROM. On 3/21/17, left wrist and left fingers had moderate ROM.</p> <p>A review of Resident 20's care plans lacked a care plan to address care or treatment of his left wrist or hand contracture.</p> <p>On 5/12/17 at 10:56 a.m., DON indicated Resident 20 did not have a care plan to address care and treatment of assessed contracture.</p> <p>On 5/12/17 at 12:15 p.m., The Administrator provided the Plan of Care</p>						

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	<p>Assessments Policy, dated unknown, and indicated the policy was the one currently being used by the facility. The policy indicated, "....Each resident shall have a Plan of Care so that he/she will receive the care necessary to enable him/her to achieve and/or maintain the highest practical physical, mental, and psychological wellbeing..."2.) On 5/10/17 at 11:00 A.M., Resident 16's clinical record was reviewed. Diagnosis included, but not limited to Parkinson's disease.</p> <p>The Minimum Data Set Assessment (MDS) quarterly review, dated 1/24/17, indicated the resident was totally dependent on staff for his positioning in bed or alternate furniture.</p> <p>A physician's order, dated 3/10/16, indicated the resident may be in a geriatric chair due to his inability to balance himself or hold his torso in an upright position.</p> <p>The resident's care plan, dated 3/10/16 and revised 4/13/17, indicated a problem/concern was the resident's inability to balance self and leaning forward and to the sides while seated in a geriatric chair. The indicated goal was the proper positioning of the resident in the geriatric chair. Interventions indicated the</p>						

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	<p>resident was to be up and properly positioned in the geriatric chair. The care plan lacked interventions for staff to implement to achieve the goal of maintaining proper positioning.</p> <p>Resident 16 was observed sitting in a geriatric chair and slouching to his left with no interventions to support him in an upright position on the following dates, times, and locations:</p> <p>5/4/17 at 12:30 P.M., in the dining room. 5/4/17 at 2:30 P.M., in his room. 5/5/17 at 10:00 A.M., in his room. 5/9/17 at 1:00 P.M., in his room. 5/10/17 at 9:15 A.M., in his room. 5/10/17 at 11:30 A.M., in the hallway by the nurse's station. 5/10/17 at 2:00 P.M., in his room. 5/11/17 at 8:00 A.M., in the dining room. 5/11/17 at 9:45 A.M., in his room.</p> <p>On 5/11/17 at 9:50 A.M., CNA 2 indicated the resident had begun severely slouching to the left about two months ago and would benefit from being supported in an upright position. At this time, CNA 2 assisted the resident in sitting upright in the geriatric chair and placed pillows on his left side and behind his head. The resident indicated this position felt much more comfortable to him than slouching to his left.</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E683		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/12/2017	
NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160			
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	<p>On 5/12/17 at 9:30 A.M., the resident was observed in the dining room, slouching to the left with no support in his geriatric chair.</p> <p>On 5/12/17 at 10:05 A.M., the Director of Nursing indicated the resident's progressive condition of Parkinson's disease had caused him to slouch to his left in his geriatric chair and the resident would benefit from the support of pillows to keep him in an upright position.</p> <p>On 5/12/17 at 3:15 P.M., the resident was observed sitting in his geriatric chair, in an upright position, supported by a pillow on his left side and a pillow behind his head. The resident indicated this positioning felt much more comfortable than slouching to his left.</p> <p>On 5/12/17 at 12:15 p.m., The Administrator provided the Plan of Care Assessments Policy, dated unknown, and indicated the policy was the one currently being used by the facility. The policy indicated, "....Each resident shall have a Plan of Care so that he/she will receive the care necessary to enable him/her to achieve and/or maintain the highest practical physical, mental, and psychological wellbeing..."</p>						

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F 0282 SS=D Bldg. 00	<p>3.1-35(a)</p> <p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview, and record review, the facility failed to ensure staff followed a care plan to provide activities for 1 of 3 residents reviewed for activities (Resident 33) and the facility failed to ensure staff followed a care plan to provide the necessary assistance to a resident during meal time for 1 of 3 residents reviewed for nutrition (Resident 36).</p> <p>Findings include:</p> <p>1.) On 5/9/17 at 9:31 a.m., Resident 33 was observed to be awake and sitting in a geriatric chair (a medically reclining chair designed to allow someone to get out of the confines of their bed and to be able to sit comfortably in a variety of</p>			F 0282	<p>F-282</p> <p>1. FACILITY STAFF IN-SERVICED REGARDING THE NECESSITY OF FOLLOWING EACH RESIDENT'S PLAN OF CARE. STAFF WILL BE INFORMED WHEN SIGNIFICANT CHANGES ARE UPDATED TO CARE PLAN. 2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED. 3. RESIDENT #36 CARE PLAN WAS REVIEWED AND UPDATED. RESIDENT 36 WILL BE WEIGHED WEEKLY TO MONITOR WGT. HE WILL CONTINUE TO RECEIVE HEALTH SHAKES WITH MEALS,BETWEEN MEALS AND AT HS, BENECALORIE LIQUID ADDED TO FOOD WITH MEALS, REMERON 15MG PO</p>		06/11/2017

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	<p>positions while being fully supported in order to maintain and to improve their quality of life) in the middle of her room with no television or radio on.</p> <p>On 5/10/17 at 10:29 a.m., Resident 33 was observed to be awake in bed laying on her right side with no television or radio on.</p> <p>On 5/11/17 at 12:58 p.m., Resident 33 was observed to be awake in bed and watching the roommate's television.</p> <p>On 5/12/17 at 9:29 a.m., Resident 33 was observed to be awake and sitting in a geriatric chair with no television or music on.</p> <p>On 5/10/17 at 10:41 a.m., Resident 33's clinical record was reviewed. Diagnoses included, but not limited to: age related macular cataracts, psychosis, and delusions.</p> <p>A review of Resident 33's activities careplan dated 5/20/16, indicated, "....I attend some scheduled group activities such as coffee time, Bingo, Special parties, and events...I enjoy listening to music. Please assist me with getting supplies and invite me to any...enjoys classic rock..."</p>				<p>QHS TO STIMULATE HIS APPETITE, ENSURE 237ML (1CAN) AT 10A, 3P AND 9P, AND FREQUENT SNACKS INCLUDING CAKES, COOKIES AND ICE CREAM. OT TO ASSESS RESIDENT #33 ON 6/1/2017 FOR INDEPENDENCE OF EATING. RESIDENT WILL BE SEATED AT FEEDING TABLE IN SDR FOR ALL MEALS SO HE CAN BE CUED AND ASSISTED TO EAT. RESIDENT #33 CARE PLAN WAS REVIEWED AND UPDATED. EACH RESIDENT WILL BE CHECKED FOR PROPER VISUAL OR HEARING STIMULATION DEVICES FOR THEIR PERSONAL USE AND ENJOYMENT. ACTIVITY ASSISTANT AND NURSING WILL CHECK THE PERSONAL NEEDS OF RESIDENTS FOR PROPER VISUAL OR HEARING STIMULATION DEVICES, DAILY. A RADIO WAS PURCHASED FOR RESIDENT #33 PERSONAL USE AND RESIDENT IF SHE WISHES TO ATTEND ACTIVITIES DAILY AND TV WILL BE ON IF RESIDENT REQUEST IT.</p> <p>4. HFA, DON OR DESIGNEE, STAFF WILL MONITOR DAILY. THE QA COMMITTEE WILL REVIEW FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATION OF THE QA COMMITTEE.</p> <p>5. DATE COMPLETED 6/11/17.</p>		



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	<p>A review of Resident 33's significant change Minimum Data Set (MDS) assessment, dated 2/7/17, indicated she preferred to listen to music.</p> <p>A review of Resident 33's activity calendar record for May 2017, indicated she attended 1 to 1 activities on May 1, 2, 3, 4, 5, 8, 9, 10, and 11, , but did not attend the music activity on May 2 or 9.</p> <p>A review of Resident 33's activity small group/1:1 participation indicated the following: On 5/1/17, the 1 to 1 activity was indicted as active participation with being read to and playing color cards. On 5/3/17, the 1 to 1 activity was indicated as active participation with using sphere ball and paying color cards. On 5/8/17, the small group activity was indicated as active with being read to and using sensory pillow. On 5/10/17, the 1 to 1 activity was indicated as active with being read to resident and using sphere ball.</p> <p>A review of Resident 33's activity calendar lacked no music activity provided as indicated on her care plan.</p> <p>During an interview on 5/10/17 at 11:38 a.m., Certified Nurse Aide (CNA) 2 indicated Resident 33 does not attend</p>						

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	<p>many activities because she likes to stay in bed. Resident 33 does not have a radio but will watch resident's roommate television.</p> <p>During an interview on 5/11/17 at 1:38 p.m., Activity Assistant indicated Resident 33 was on 1 to 1 activities program and liked to be read to, touch sensory pillow, and liked to listen to music. She was unsure if Resident 33 had a radio in her room.</p> <p>During an interview on 5/11/17 at 3:16 p.m., Resident 33 indicated she liked to listen to music and would like a radio.</p> <p>During an interview on 5/12/17 at 11:15 a.m., Social Services Designee (SSD) indicated Resident 33 liked to listen to music and would attend music group activities for short periods of time. The facility provides a radio to residents and will get Resident 33 a radio. 2.) During an interview on 5/8/17 at 11:30 a.m., Resident 36's wife indicated when she comes to visit him, he needs an hour to eat meals and constant reminders to bring the food to his mouth. She further indicated he is unable to cut up his food and wondered if built-up silverware would be a good option.</p> <p>On 5/8/17 at 12:15 p.m., Resident 36's</p>						

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	<p>meal tray was delivered to him in the main dining room. The meat was observed to be uncut and Resident 22 was observed to reach over and cut up Resident 36's meat. Resident 22 reminded Resident 36 to eat his food.</p> <p>On 5/10/17 at 9:54 a.m., Resident 36 was observed at the nurses's station talking to staff while eating a package of cookies. Staff was observed to ask him multiple times if he was eating his cookies.</p> <p>On 5/10/17 at 12:34 p.m., Resident 36 was observed eating in the main dining room without assistance. He was eating taco salad while multiple food particles fell on his clothing and the floor. The resident indicated he was very hungry but could not get the food to his mouth. The resident was then observed to grab his sherbet with his bare hands. Resident 22 instructed Resident 36 to use his spoon and was observed to hand him a spoon for his sherbet.</p> <p>On 5/11/17 at 12:35 p.m., Resident 36 was observed eating lunch in the main dining room without assistance. Resident 5 was observed to tell him to sit down and eat. The resident consumed 75% of his meal tray as LPN 1 was observed to remove his tray, scrape his leftovers into a garbage receptacle, and leave the room.</p>						

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	<p>Resident 36 was observed to sit alone in the dining room at the table.</p> <p>On 5/10/17 at 10:04 a.m., Resident 36's clinical record was reviewed. Diagnoses included, but was not limited to: insomnia, anxiety, Alzheimer's disease, and delusions.</p> <p>A Nutritional Assessment, dated 3/9/17 indicated, ".... Eating patterns: independent. set up. supervision....res [resident] feeds himself a reg [regular] nas [no added salt] diet after set up ... eats 75-100% of lunch et [and] supper ... He has lost 26 lbs [pounds] since admission 1 year ago. wt [weight] usually steadily declines... "</p> <p>A review of Resident 36's care plans included, but were not to:</p> <p>3/28/16, "Problems/Needs Inability to participate in independent ADL [activities of daily living] activity D/T [due to] dementia [with] behavioral disturbance, Alzheimer's, agitation, hydrocephalus [accumulation of fluid within the brain] [with] VP [ventriculoperitoneal] shunt, major depression, postural kyphosis [curvature of the spine], spinal stenosis [narrowing of the spin], seizures, anxiety, delusions ... He feeds himself [after] setup of tray</p>						

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F 0309 SS=D Bldg. 00	<p>and [with] cueing ..."</p> <p>On 5/12/17 at 11:51 a.m., LPN 1 indicated Resident 36 usually eats in the main dining room and sometimes will eat in the assisted dining room if he needs a little more help.</p> <p>On 5/12/17 at 3:05 p.m., interview with CNA 1 indicated if a resident needed to be watched closer or needed cueing, the resident would go into the assisted dining room where staff could keep a closer eye on them.</p> <p>3.1-36(g)(2)</p> <p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 (k) Pain Management. The facility must ensure that pain</p>						

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	<p>management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(I) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on observation, interview, and record review, the facility failed to provide positioning support in order to prevent a resident from leaning to the side while seated in a geriatric chair (a medical reclining chair designed to allow someone to get out of the confines of their bed and be able to sit comfortably in a variety of positions while being fully supported in order to maintain and improve their quality of life). (Resident 16).</p> <p>Findings include:</p> <p>On 5/10/17 at 11:00 A.M., Resident 16's clinical record was reviewed. Diagnosis included, but not limited to Parkinson's disease.</p> <p>The Minimum Data Set Assessment (MDS) quarterly review, dated 1/24/17, indicated the resident was totally</p>			F 0309	<p>F-309</p> <p>1. STAFF WERE IMMEDIATELY INSERVICED ON POSITIONING RESIDENTS IN CHAIRS USING PILLOWS TO MAINTAIN PROPER BODY ALIGNMENT.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. CAREPLAN FOR RESIDENT 16 WAS UPDATED TO INCLUDE POSITIONING WITH PILLOWS WHILE IN GERI CHAIR, PT WILL INSERVICE STAFF ON 5/30/17 ON POSITIONING RESIDENTS IN CHAIRS TO PROMOTE PROPER BODY ALIGNMENT.</p> <p>4. HFA, DON, OR DESIGNEE, STAFF, PT WHEN IN BULDING WILL MONITOR DAILY FOR POSITIONING OF RESIDENTS. QA TO MONITOR FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS OF THE QA COMMITTEE.</p>		06/11/2017

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	<p>dependent on staff for his positioning in bed or alternate furniture.</p> <p>A physician's order, dated 3/10/16, indicated the resident may be in a geriatric chair due to his inability to balance himself or hold his torso in an upright position.</p> <p>Resident 16 was observed sitting in a geriatric chair and slouching to his left with no interventions to support him in an upright position on the following dates, times, and locations:</p> <p>5/4/17 at 12:30 P.M., in the dining room. 5/4/17 at 2:30 P.M., in his room. 5/5/17 at 10:00 A.M., in his room. 5/9/17 at 1:00 P.M., in his room. 5/10/17 at 9:15 A.M., in his room. 5/10/17 at 11:30 A.M., in the hallway by the nurse's station. 5/10/17 at 2:00 P.M., in his room. 5/11/17 at 8:00 A.M., in the dining room. 5/11/17 at 9:45 A.M., in his room.</p> <p>On 5/11/17 at 9:50 A.M., CNA 2 indicated the resident had begun severely slouching to the left about two months ago and would benefit from being supported in an upright position. At this time, CNA 2 assisted the resident in sitting upright in the geriatric chair and placed pillows on his left side and behind</p>				5. DATE COMPLETED 6/11/17.		

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	<p>his head. The resident indicated this position felt much more comfortable to him than slouching to his left.</p> <p>On 5/12/17 at 9:30 A.M., the resident was observed in the dining room, slouching to the left with no support in his geriatric chair.</p> <p>On 5/12/17 at 10:05 A.M., the Director of Nursing indicated the resident's progressive condition of Parkinson's disease had caused him to slouch to his left in his geriatric chair and the resident would benefit from the support of pillows to keep him in an upright position.</p> <p>On 5/12/17 at 3:15 P.M., the resident was observed sitting in his geriatric chair, in an upright position, supported by a pillow on his left side and a pillow behind his head. The resident indicated this positioning felt much more comfortable than slouching to his left.</p> <p>On 5/11/17 at 2:30 P.M., the Facility Administrator provided the facility's current Resident's Rights policy, dated, 3/29/17. The policy indicates the facility must, "....treat each resident in a manner that promotes maintenance or enhancement of his or her quality of life..."</p>						



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F 0312 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS (a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure staff provided necessary assistance to a resident during meal time for 1 of 3 residents reviewed for nutrition (Resident 36).</p> <p>Findings include:</p> <p>During an interview on 5/8/17 at 11:30 a.m., Resident 36's wife indicated when she comes to visit him, he needs an hour to eat meals and constant reminders to bring the food to his mouth. He is unable to cut up his food.</p> <p>On 5/8/17 at 12:15 p.m., Resident 36's meal tray was delivered to him in the main dining room. The meat was</p>			F 0312	<p>F-312</p> <p>1. STAFF WERE INSERVICED ON 5/15/17 UTILIZING DINING TABLE IN SMALL DINING ROOM. RESIDENT #36 REASSESSED TO ESTABLISH HIS LEVEL OF INDEPENDENCE FOR EATING BY OT ON JUNE 1, 2017. STAFF IN-SERVICED ON FACILITY POLICY FOR FEEDING PROGRAM.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. RESIDENT 36 WILL CONTINUE TO BE WEIGHED WEEKLY TO MONITOR WGT. HE WILL CONTINUE TO RECEIVE HEALTH SHAKES WITH MEALS, BETWEEN MEALS AND AT HS, BENECARORIE LIQUID ADDED</p>		06/11/2017

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E683		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/12/2017	
NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160			
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	<p>observed to be uncut and Resident 22 was observed to reach over and cut up Resident 36's meat. Resident 22 reminded Resident 36 to eat his food. The staff in the dining room did not assist with cutting up food or cue the resident to eat.</p> <p>On 5/10/17 at 9:54 a.m., Resident 36 was observed at the nurses's station talking to staff while eating a package of cookies. Staff was observed to ask him multiple times if he was eating his cookies.</p> <p>On 5/10/17 at 12:34 p.m., Resident 36 was observed eating in the main dining room without assistance. He was eating taco salad while multiple food particles fell on his clothing and the floor. The resident indicated he was very hungry but could not get the food to his mouth. The resident was then observed to grab his sherbet with his bare hands. Resident 22 instructed Resident 36 to use his spoon and was observed to hand him a spoon for his sherbet. The staff in the dining room did not cue the resident to eat.</p> <p>On 5/11/17 at 12:35 p.m., Resident 36 was observed eating lunch in the main dining room without assistance. Resident 5 was observed to tell him to sit down and eat. The resident consumed 75% of his meal tray as LPN 1 was observed to</p>				<p>TO FOOD WITH MEALS, REMERON 15MG PO QHS TO STIMULATE HIS APPETITE, ENSURE 237ML (1CAN) AT 10A, 3P, 9P, AND FREQUENT SNACKS INCLUDING CAKES, COOKIES AND ICE CREAM. RESIDENT #36 WILL BE IN SMALL DINING ROOM FOR MEALS TO BE CUED AND ASSISTED WITH MEALS.</p> <p>4. HFA, DON, OR DESIGNEE, STAFF WILL MONITOR DAILY. THE QA COMMITTEE WILL REVIEW FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS OF THE QA COMMITTEE.</p> <p>5. DATE COMPLETED 6/11/17.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>remove his tray, scrape his leftovers into a garbage receptacle, and leave the room. Resident 36 was observed to sit alone in the dining room at the table. The staff in the dining room did not assist with cutting up food or cue the resident to eat.</p> <p>On 5/10/17 at 10:04 a.m., Resident 36's clinical record was reviewed. Diagnoses included, but was not limited to: insomnia, anxiety, Alzheimer's disease, and delusions.</p> <p>A Nutritional Assessment, dated 3/9/17 indicated, ".... Eating patterns: independent. set up. supervision....res [resident] feeds himself a reg [regular] nas [no added salt] diet after set up ... eats 75-100% of lunch et [and] supper ... He has lost 26 lbs [pounds] since admission 1 year ago. wt [weight] usually steadily declines... "</p> <p>A review of Resident 36's care plans included, but were not to:</p> <p>3/28/16, "Problems/Needs Inability to participate in independent ADL [activities of daily living] activity D/T [due to] dementia [with] behavioral disturbance, Alzheimer's, agitation, hydrocephalus [accumulation of fluid within the brain] [with] VP [ventriculoperitoneal] shunt, major</p>						

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	<p>depression, postural kyphosis [curvature of the spine], spinal stenosis [narrowing of the spin], seizures, anxiety, delusions ... He feeds himself [after] setup of tray and [with] cueing ..."</p> <p>On 5/12/17 at 11:51 a.m., LPN 1 indicated Resident 36 usually eats in the main dining room and sometimes will eat in the assisted dining room if he needs a little more help.</p> <p>On 5/12/17 at 3:05 p.m., interview with CNA 1 indicated if a resident needed to be watched closer or needed cueing, the resident would go into the assisted dining room where staff could keep a closer eye on them.</p> <p>On 5/12/17 at 3:14 p.m., the Administrator provided the policy, "Feeding Program," undated, and indicated it was the policy currently being used. The policy indicated, " .... Any resident who has special feeding needs, such as ... significant weight loss of five (5) or more pounds or who could benefit from being part of a social feeding program, will go to the dining room every day for lunch and dinner to receive special assistance ..."</p> <p>3.1-38(a)(2)(D)</p>						

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F 0323 SS=D Bldg. 00	<p>483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that -</p> <p>(1) The resident environment remains as free from accident hazards as is possible; and</p> <p>(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>(n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>Base on observation, interview, and record review, the facility failed to ensure staff implemented use of a gait belt (assistive device) to prevent an accident or injury to the resident (Resident 37)</p>		F 0323	<p>F-323</p> <p>1. THE PHYSICAL THERAPIST INSERVICED LPN #1 AND DON ON USING A GAIT</p>		06/11/2017	

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	<p>during a random observation of transfer care.</p> <p>Findings include:</p> <p>On 5/9/17 at 9:29 a.m., a loud noise was heard and Resident 37 was observed lying on the floor. LPN 1 and the Director of Nursing were observed to reach under the resident's arms and assist him up to his feet, without using a gait belt, and walk him back to his room.</p> <p>On 5/12/17 at 10:00 a.m., Resident 37's clinical record was reviewed. Diagnoses included, but were not limited to: hypertension, anxiety, schizophrenia.</p> <p>A review of Resident 37's Minimum Data Set assessment, dated 4/6/17, indicated the resident was extensive assistance with transfers. The Brief Interview for Mental Status (BIMS) was not attempted.</p> <p>On 5/1/8/17 at 10:30 a.m., a review of the Occupational Safety and Health Administration (OSHA) website: <a href="https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html">https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html</a>, indicated the following regarding the use of gait belts, ".... For use after a fall always assess the resident for injury prior to movement. If resident can regain standing position with minimal</p>				<p>BELT FOR TRANSFERS OFF OF THE FLOOR.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. ALL NURSING PERSONNEL WERE INSERVICED ON 5/30/17 ON PROPER TRANSFER TECHNIQUES USING A GAIT BELT. WILL BE MONITORED BY DON OR DESIGNEE WHEN EVER FALLS OCCUR.</p> <p>4. 4. HFA, DON, OR DESINGEE, CHARGE NURSE AND STAFF WILL MONITOR DAILY. THE QA COMMITTEE WILL REVIEW FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS OF QA COMMITTEE.</p> <p>5. DATE COMPLETED 6/11/17.</p>		

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F 0328 SS=D Bldg. 00	<p>assistance, use gait or transfer belts with handles to aid resident. Keep back straight, bend legs, and stay as close to resident as possible ... If resident cannot stand with minimal assistance, use a powered portable or ceiling-mounted lift device to move resident. Gait belts are worn around a patient's waist. Their purpose is to put less strain on the lumbar spine of the care giver(s) who support the patient ..."</p> <p>On 5/12/17 at 3:05 p.m., CNA 1 indicated if someone was on the floor staff would get the nurse and use a gait belt to transfer them off of the floor.</p> <p>On 5/12/17 at 3:14 p.m., the Administrator indicated he did not have a policy regarding transferring a resident off of the floor.</p> <p>3.1-45(a)(2)</p>						
	<p>483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p>						

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	<p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments</p> <p>(f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to ... prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p> <p>(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>(j) Prostheses. The facility must ensure that</p>						



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	<p>a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's portable oxygen tank was filled with oxygen for 1 of 1 resident observed during a random observations. (Resident 31)</p> <p>Findings include:</p> <p>On 5/4/2017 at 12:46 p.m., Resident 31 was observed in the dining room pointing to the back of his chair and yelling out, "I need some air." Resident 31's portable oxygen tank was observed to be empty at that time.</p> <p>On 5/9/2017 at 12:28 p.m., Resident 31 was observed sitting in the dining room with an empty portable oxygen tank. Resident 31 indicated he was short of breath (SOB). The nasal cannula was removed and the resident indicated no oxygen was coming out from the nasal cannula.</p> <p>On 5/9/2017 at 12:35 p.m., Certified Nursing Assistant 1 (CNA) indicated Resident 31 frequently turns his oxygen</p>			F 0328	<p>F-328</p> <p>1. PORTABLE 02 CONTAINERS WITH MALFUNCTIONING GAUGES WERE REPLACED. STAFF WERE INSERVICED ON 5/15/17 ON NEED TO ENSURE PORTABLE 02 CONTAINERS ARE FULL AND FUNCTIONING PROPERLY WITH EACH USE.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. PORTABLE 02 CONTAINERS ARE STORED IN 02 ROOM AND FILLED PRIOR TO GIVING TO RESIDENTS FOR USE. GAUGES ARE CHECKED FOR PROPER FUNCTIONING AS CONTAINERS ARE FILLED. WHEN RESIDENT RETURNS TO THEIR ROOMS THEY ARE PLACED ON 02 CONCENTRATORS AND PORTABLE 02 CONTAINERS ARE RETURNED TO 02 ROOM SO RESIDENTS CANNOT GO TO LARGE DINING ROOM BEFORE PORTABLE 02 CONTAINERS ARE REFILLED.</p> <p>4. HFA, DON OR DESIGNEE, CHARGE NURSE,</p>		06/11/2017

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	<p>up to 6 liters which causes the tank to empty quickly. CNA 1 was observed to refill Resident 31's portable oxygen tank at that time.</p> <p>On 5/10/2017 at 10:29 a.m., Resident 31 was observed sitting in the dining room with an empty portable oxygen tank. Resident 31 indicated he was SOB. The nasal cannula was removed and the resident indicated no oxygen was coming from the nasal cannula.</p> <p>On 5/10/2017 at 10:30 a.m., the Director of Nursing (DON) was informed of Resident 31's empty portable oxygen tank. The DON was observed to pick up the oxygen tank and put the nasal cannula into a cup of water. No air bubbles were observed in the cup of water which indicated the oxygen was not working. The DON indicated the tank was empty and was observed to take Resident 31 down the hall to refill the portable oxygen tank.</p> <p>Resident 31's clinical record was reviewed on 5/10/2017 at 2:50 p.m. Diagnoses included, but were not limited to Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Physicians recapitulated order, dated 5/2017, indicated "O2 [oxygen] at 3 LPM</p>				<p>STAFF WILL MONITOR DAILY. QA TO MONITOR FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS OF THE QA COMMITTEE.</p> <p>5. DATE OF COMPLETION 6/11/17.</p>		

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F 0371 SS=D Bldg. 00	[liters per minute] per N/C [nasal cannula] for COPD."						
	A care plan, initiated on 3/21/2016, for Resident 31 indicated: PROBLEM/CONCERN/NEED: " ... Resident has a diagnosis of COPD and remains at risk for severe respiratory distress ... GOAL: Resident will exhibit no signs/symptoms of severe respiratory distress thru next review ... APPROACH/INTERVENTION: O2 @ 3L/NC ..."						
	3.1-47(a)(6)						
	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.						

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	<p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>Based on observation and interview, the facility failed to ensure a handwashing sink was available for staff to use in the kitchen during a time when meat was thawing for 1 of 1 random observation in the kitchen.</p> <p>Findings include:</p> <p>On 5/10/2017 at 11:30 a.m., ten pounds of frozen wrapped hamburger was observed to be thawing in the hand washing sink with cold water running over it. There was no hand washing sink accessible to staff during that time. The Dietary Supervisor (DS) was observed to be in the dietary office and Cook 1 was observed to be preparing food for puree (food that has been ground, pressed, blended or sieved to the consistency of a soft creamy paste or thick liquid).</p> <p>On 5/12/2017 at 9:15 a.m., the DS and</p>	F 0371	<p>F-371</p> <p>1. MEAT WAS REMOVED FROM HAND WASHING SINK. MEAT WAS PLACED IN A PAN WITH COLD RUNNING WATER AND PLACED IN THE CORRECT SINK FOR PROPER THAWING.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. IN SERVICE WAS CONDUCTED ON 5/24/17 FOR PROPER PROCEDURE ON THAWING FOOD ITEMS AS WELL AS THE HAND WASHING SINK IS ONLY FOR HAND WASHING. INSERVICE CONDUCTED BY DIETARY MANAGER ON 5/24/2017. POLICY FOR HAND WASHING SINK WAS COMPLETED AND FILED IN POLICY BOOK. EMPLOYEE WHO PLACED MEAT IN HAND WASHING SINK RECEIVED VERBAL COUNSILING.</p>	06/11/2017			

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	<p>Cook 1 indicated they were not aware the meat could not be thawed in the hand washing sink and they use the three compartment sink to wash their hands.</p> <p>On 5/12/2017 at 9:36 a.m., the Administrator indicated the facility does not have a policy related to the accessibility of the hand washing sink.</p> <p>On 5/12/2017 at 9:30 a.m., a copy of the Retail Food Establishment Sanitation Requirement Manual 410 IAC 7-24 was observed to be in the facility kitchen.</p> <p>On 5/12/2017 at 10:00 a.m., review of the "RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC 7-24," dated November 13, 2004, indicated, "... Where to wash hands ... Sec. 130. (a) Food employees shall clean their hands in a hand washing sink or approved automatic hand washing facility and may not clean their hands in a sink used for food preparation or in a service sink ..."</p> <p>3.1-21(i)(2)</p>				<p>4. HFA, DM OR DESIGNEE WILL MONITOR DAILY. THE QA COMMITTEE WILL REVIEW FOR 6 MONTHS. THE FACILITY WILL FOLLOW THE RECOMMENDATIONS OF THE QA COMMITTEE.</p> <p>5. DATE COMPLETED 6/11/17.</p>		

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