

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

PRINTED: 04/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155312		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER INDIAN CREEK HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 240 BEECHMONT DR CORYDON, IN 47112			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00400718 and IN00400649.</p> <p>Complaint IN00400718- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00400649- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 14, 15, 16, 17, and 20, 2023.</p> <p>Facility number: 000206 Provider number: 155312 AIM number: 100284940</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 12 Medicaid: 86 Other: 27 Total: 125</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 27, 2023.</p>			F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We requests that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review. Should you have any questions, feel free to contact me at (812) 738-8127. Sincerely, Samantha Lawson, Executive Director.</p>		
F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Samantha Lawson

Executive Director

04/06/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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>self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident's preferences and choices for meal service were honored for 1 of 2 residents reviewed for food choices. (Resident 48)</p> <p>Findings include:</p> <p>During an observation on 2/15/23, at 8:28 a.m., the resident received eggs for breakfast and her menu indicated no eggs because she was allergic to eggs. She had to send the breakfast tray back. She had a bowl of corn flakes on her tray. She was</p>			F 0561	<p>Corrective action for the residents found to have been affected by the deficient practice: Resident 48 was not harmed by the alleged deficient practice. Resident 48 had her preferences and allergies reviewed and updated as appropriate.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p>		03/27/2023

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	<p>supposed to receive 2 pieces of bacon, hot cereal, and toast. She did not receive any of those foods. The CNA (Certified Nursing Aide) returned with a breakfast tray and the resident had 2 pieces of sausage and a piece of white bread. She indicated she didn't really like sausage, but she would eat it.</p> <p>The clinical record for Resident 48 was reviewed on 2/15/23 at 8:45 a.m. The diagnoses included, but were not limited to, anorexia, mild dementia with other behavioral disturbance, and other seasonal allergic rhinitis.</p> <p>The Annual MDS (Minimum Data Set) assessment, dated 2/3/23, indicated the resident was cognitively intact.</p> <p>The physician's order, dated 10/4/21 with a revision date of 9/2/22, indicated the resident received a regular diet.</p> <p>During an interview on 2/15/23, at 8:28 a.m., Resident 48 indicated she was allergic to eggs, and she received eggs several times a week. She indicated she wished they would get it straight so she wouldn't have to tell them.</p> <p>The resident's meal slips for the week of 2/14/23 thru 2/20/23, indicated no eggs.</p> <p>During an observation on 2/20/23 at 8:15 a.m., the resident received eggs for breakfast. She indicated she was allergic to eggs, and she just sent them back to the kitchen, but she did not ask for a substitute.</p> <p>During an interview on 2/20/23 at 8:25 a.m., the Dietary Manager indicated she was aware the resident was allergic to eggs, but she did not realize the resident was receiving eggs for</p>				<p>All residents residing in the facility have the potential to be affected had their preferences and allergies reviewed and updated as appropriate.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur: The Administrator/DON/Designee held an in-service for all staff to provide education and expectations as it relates to "Ensuring resident's preferences and choices for meal service is honored". Dietary Manager, Asst. Dietary Manager, AIT received 1:1 education regarding honoring resident meal preferences and allergies.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: The ED/AIT/Designee will audit resident's meal tickets and compliance with honoring and preferences and allergies: 5 residents a week x 4 weeks, 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained.</p> <p>The ED/AIT/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when</p>		

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F 0690 SS=E Bldg. 00	<p>breakfast.</p> <p>The Dining and Food Preferences policy and procedure, last reviewed September 2017, provided on 2/20/23 at 1:12 p.m. by the Director of Nursing, included, but was not limited to, "... 4. Food allergies, food intolerance, food dislikes, and food and fluid preferences will be entered into the resident profile in the menu management software system ... 7. The individual tray assembly ticket will identify all food items appropriate for the resident/patient based on diet order, allergies & intolerance, and preferences..."</p> <p>3.1-3(u)(3)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that</p>				<p>100% compliance is achieved or if ongoing monitoring is required.</p> <p>="" b=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" b=""></p> <p>="" p=""></p> <p>="" p=""></p>		

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	<p>catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to provide the appropriate perineal care and prevent frequent urinary tract infections for 3 of 5 residents reviewed for bowel and bladder. (Residents 28, 49, and 7)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 28 was reviewed on 2/20/23 at 8:57 a.m. The diagnoses included, but were not limited to, dementia and urinary tract infection.</p> <p>The care plan, initiated on 3/17/21 and last revised 4/4/22, indicated the resident was incontinent of urine and bowel related to impaired cognition and mobility. The interventions included, but were not limited to, nursing staff to toilet every hour as needed; check the resident for incontinence; wash, rinse and dry perineum after incontinence episodes; and observe for signs and symptoms of UTI (urinary tract infection) such as, pain, burning, urine cloudiness, fever, altered mental status, and foul smelling urine.</p> <p>The care plan, initiated on 2/5/23, indicated the</p>			F 0690	<p>Corrective action for the residents found to have been affected by the deficient practice: Resident's 28, 49, and 7 were not harmed by the alleged deficient practice. Resident's 28, 49, and 7 received full assessment and peri-care. Resident's 28, 49, and 7 had their bladder program reviewed and updated as appropriate.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents requiring incontinent care for bladder have the potential to be affected by the alleged deficient practice. All residents requiring incontinent care had their bladder programs reviewed and updated as appropriate.</p>		03/27/2023

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	<p>resident had ESBL (Extended Spectrum Beta Lactamase) in her urine. The interventions included, but were not limited to, antibiotic as ordered; encourage fluids; monitor temperature; incontinent care with incontinent episodes; contact the physician with adverse reactions; and observe for signs and symptoms of infection such as altered mental status, fever, malaise, loss of appetite, activities of daily living decline, decreased urine output, and foul or cloudy urine.</p> <p>The physician's note, dated 9/16/22 at 12:48 p.m., indicated the resident presented with fatigue which had been worst the last two days. Her urinalysis (UA) indicated she had a UTI. Orders were given to start Keflex 500 mg (milligrams) twice daily for ten days for a UTI.</p> <p>The UA report, dated 9/18/22, indicated the resident had greater than 100,000 CFU/mL (colony forming units per milliliter) of the organism Klebsiella Pneumoniae and 50,000-100,000 CFU/mL of the organism Escherichia coli (E. Coli).</p> <p>The UA report, dated 10/13/22, indicated the resident had greater than 100,000 CFU/mL of the organism Klebsiella Pneumoniae.</p> <p>The infection note, dated 10/13/22 at 3:48 p.m., indicated the final results were obtained and a new order was given to start the resident on Rocephin 1 gram IM (intramuscularly injection) for 5 days as well as a probiotic daily for ten days.</p> <p>The physician's note, dated 11/10/22 at 11:30 a.m., indicated the resident had a positive urinalysis. A culture was performed with multiple sensitivities which were mostly intravenous medications. The infection was weakly susceptible to Macrobid. A new order was given for Macrobid 100 mg for five</p>				<p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The DON/Designee held an in-service for all direct care staff to provide education and expectations as it relates to "Peri-Care and preventing frequent urinary tract infections". The DON, IP, ADON, and SDC received 1:1 education regarding perineal care and preventing frequent urinary tract infections.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The DON/Designee will observe perineal care for residents who require incontinent care bladder as follows: 5 residents a week x 4 weeks, 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if</p>		

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	<p>days with instructions to consider a repeat culture if no improvement in symptoms after three days.</p> <p>The UA report, dated 11/10/22, indicated the resident had greater than 100,000 CFU/mL of the organism E. Coli with ESBL which had resistance to third generation cephalosporins.</p> <p>The UA report, dated 2/4/23, indicated the resident had greater than 100,000 CFU/mL of the organism E. Coli with ESBL which had resistance to third generation cephalosporins.</p> <p>The nurse's note, dated 2/4/23 at 6:54 p.m., indicated the UA results were received with new orders to start Primaxin 250 mg IV every 8 hours for 7 days and to place the resident in contact precautions related to a UTI with ESBL.</p> <p>The physician's note, dated 2/15/23 at 2:22 p.m., indicated the resident had a UTI and had worsening behaviors such as agitation and combativeness with others as well as dark urine. She was switched to an oral antibiotic due to pulling her line out however she was not having improved symptoms. The oral antibiotic was not the most sensitive to the organism identified and she was now finishing on IV antibiotics due to continued behaviors.</p> <p>During a random observation of perineal care on 2/17/23 at 11:27 a.m., CNA (Certified Nurse Aide) 18 entered Resident 3's room. She washed her hands and donned gloves. She indicated the resident had urinated in her brief and she would provide perineal care. She removed the resident's brief and provided two swipes with a disposable wipe to the residents internal genitalia, but did not clean the resident's groin, perineum, rectum, or buttocks. She applied a clean brief and indicated</p>				ongoing monitoring is required.		

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	<p>the perineal care was completed at this time.</p> <p>During an interview on 2/17/23 at 2:20 p.m., CNA 19 indicated when providing perineal care they did complete care. They cleansed all areas. She would always cleanse the inner genitalia, outer genitalia, and she would cleanse from the center toward the outwards portions, wiping from front to back.</p> <p>Guidance for Klebsiella pneumoniae in Healthcare Settings was obtained on 2/21/23 from the CDC (Center for Disease Control) website. The guidance included, but was not limited to, "... Klebsiella... is a type of Gram-negative bacteria that can cause different types of healthcare-associated infections... Increasingly, Klebsiella bacteria have developed antimicrobial resistance... Klebsiella bacteria are normally found in the human intestines (where they do not cause disease). They are also found in human stool (feces). In healthcare settings...</p> <p>Guidance for ESBL-producing Enterobacteriales in Healthcare Settings was obtained on 2/21/23 from the CDC website. The guidance included, but was not limited to, "... Enterobacteriales are a large order of different types of bacteria (germs) that commonly cause infections both in healthcare settings and in communities. Examples of germs in the Enterobacteriales order include Escherichia coli (E. coli) and Klebsiella pneumoniae... ESBL-producing germs live in the gastrointestinal (GI) tract, so it is especially important to clean your hands after using the bathroom and before eating or preparing food. You should remind healthcare providers and other caregivers to clean their hands before they care for you and before they handle any medical devices..."</p> <p>2. The clinical record for Resident 49 was reviewed on 2/15/23 at 2:08 p.m. The diagnoses included,</p>						

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	<p>but were not limited to Alzheimer's disease, displaced intertrochanteric fracture of the right femur, anterior dislocation of the right hip, dementia with behavioral disturbance, age related osteoporosis, pain, and a displaced fracture of the fifth metacarpal bone.</p> <p>The Quarterly MDS assessment, dated 2/1/23, indicated the resident was moderately cognitively impaired. She required extensive assistance of two staff members for bed mobility, dressing, toilet use and personal hygiene.</p> <p>The care plan, dated 10/7/20 and last revised on 1/25/23, indicated the resident's nursing toileting program for functional incontinence related to cognitive and physical impairment, medication use, and strict bed rest. The interventions, dated 10/7/20, indicated to check the resident as required for incontinence, wash, rinse and dry the perineum.</p> <p>The urinalysis results, dated 8/3/22, indicated the resident's white blood cell count was 6 to 20 per HPF (high power field), and a few epithelial cells and hyaline casts. A culture was indicated and resulted with less than 10,000 CFU/mL</p> <p>The nurse's note, dated 8/5/22 at 1:44 p.m., indicated the nurse practitioner was aware of the urinalysis results, with no new orders.</p> <p>The nurse's note, dated 8/29/22 at 1:35 p.m., indicated there were new orders from the nurse practitioner to obtain a CBC (complete blood count), BMP (basic metabolic panel), and UA on the resident.</p> <p>The urinalysis results, dated 8/30/22, indicated there were few epithelial cells and hyaline casts.</p>						

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	<p>The nurse's note, dated 8/30/22 at 3:36 p.m., indicated the urinalysis results were reviewed by the nurse practitioner with no new orders at this time.</p> <p>The urinalysis results, dated 2/17/23, indicated few epithelial cells and hyaline casts. Bacteria was present.</p> <p>During an observation of incontinence care on 2/17/23 at 11:16 a.m., LPN 12 and LPN 11 entered the resident's room and gathered supplies. They performed hand hygiene and applied gloves. LPN 11 turned off the call button on the wall with her gloved hand and pulled wipes from the package. LPN 12 unfastened the resident's brief. LPN 11 swiped the creases to each side of the labia with different multiple wipes. The labial area was not cleaned. The resident was rolled onto her left side and the brief was removed. LPN 11 obtained wipes and swiped the left buttock and disposed of the wipes. She then obtained multiple wipes and swiped the right buttock from front to back, then back to front. She disposed of the wipes. The anal area was not cleaned. The resident was rolled onto a clean brief and the brief was fastened without drying the resident.</p> <p>During an interview on 2/20/23 at 9:37 a.m., LPN 11 indicated for perineal care she would perform hand hygiene and apply gloves. She would use a wipe to clean the creases, then the middle. She would roll the resident onto their side and remove the brief. She would clean the buttocks, then the middle. She would swipe in a front to back motion and use a different wipe for each swipe. She usually used 3 wipes for the front area and 3 wipes for the back area.</p>						

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	<p>3. The clinical record for Resident 7 was reviewed on 2/20/23 at 1:50 p.m. The diagnoses included, but were not limited to, Parkinson's disease, peripheral vascular disease, lack of coordination, and chronic pain syndrome.</p> <p>The Annual MDS assessment, dated 12/5/22, indicated the resident was severely cognitively impaired. The resident required extensive assistance of two staff members for bed mobility, transfers, locomotion on unit, dressing, toilet use, and personal hygiene.</p> <p>The care plan, dated 7/20/17 and last revised 10/7/20, indicated the resident had bladder and bowel incontinence related to confusion and impaired mobility. The interventions, dated 10/7/20, indicated the resident used disposable briefs and to change as needed, monitor and document for signs and symptoms of a urinary tract infection.</p> <p>During an observation of perineal care on 2/20/23 at 1:30 p.m., of Resident 7 by CNA 10, she entered the resident's room and used hand sanitizer, then applied gloves. She unfastened the resident's brief and tucked it between the resident's legs. She obtained 2 wipes and cleaned the creases to each side of the labia with the same area of the wipe, folded the wipe, and cleaned down the labia. The resident was rolled onto her left side and she had a bowel movement. The CNA obtained wipes and dragging them back to front to remove some of the stool. She obtained wipes and swiped front to back with 2 swipes of the same area of the wipe and she cleaned the stool from the anal area. She folded the wipe and with 2 swipes of the same area she cleaned the anal area. She folded the wipe and with 4 swipes of the same area she cleaned the buttocks using a back and forth</p>						

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

PRINTED: 04/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155312		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
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	<p>motion. The resident was not dried. The clean brief was applied and fastened. LPN 9 was present during the perineal care.</p> <p>During an interview on 2/20/23 at 1:38 p.m., CNA 10 indicated she would clean the resident the resident between the folds, nooks, and crannies. She would clean the back of the resident and put a brief on them.</p> <p>During an interview on 2/20/23 at 1:40 p.m., LPN 9 indicated CNA 10 touched the dresser with the dirty gloves from performing perineal care. She needed to change her gloves after the care and before touching the resident. She should not use the same area of the wipe without folding the wipe. Using the same area of the wipe more than once could cause UTIs.</p> <p>3. The review of the Antibiotic Stewardship dated July 1, 2022, thru February 18, 2023, indicated for the month of July there were 17 UTIs, in the month of August there were 26 UTIs, in the month of September there were 19 UTIs, in the month of October there were 18 UTIs, in the month of November there were 20 UTIs, in the month of December there were 17 UTIs, in the month of January there were 17 UTIs, and in the month of February there were 14 UTIs.</p> <p>During an interview on 2/18/23, at 2:55 p.m., the IP (infection Preventionist) indicated she would pick 5 areas of infection control to monitor, and UTI's were not one of them. She had not watched perineal or incontinent care.</p> <p>The current Perineal Care-Male & Female policy, was provided by the DON (Director of Nursing) on 2/20/23 at 10:45 a.m. The policy included, but was not limited to, "... The purpose of this procedure is to provide cleanliness and comfort to</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 0744 SS=E Bldg. 00	<p>the resident, to prevent infections... Female Residents... 2- Wash perineal area, wiping from front to back a) Separate labia and wash area downward from front to back... b) Continue to wash perineum moving from inside outward to the thighs, rinse perineum thoroughly in same direction using fresh water and a clean washcloth or disposable perineum wipes... 3- Ask the resident to turn on her side with her top leg slightly bent, if able. 4- Using a clean washcloth, apply soap or skin cleansing agent; use disposable perineum wipes if available. 5- Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. 6- Rinse and dry thoroughly..."</p> <p>3.1-41(a)(2)</p> <p>483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>Based on observation, record review, and interview, the facility failed to ensure structured activities were conducted as scheduled on the Dementia Unit for 10 of 42 residents observed. This deficient practice had the potential to affect all 42 residents currently residing on the South Hall Dementia Unit. (Residents 322, 325, 82, 73, 60, 105, 320, 19, 16, and 10)</p> <p>Findings include:</p> <p>During an observation on 2/16/23 at 9:22 a.m., there were no activities occurring.</p>			F 0744	<p>="" p="">Corrective action for the residents found to have been affected by the deficient practice:="" p="">Resident's 322, 325, 82, 73, 60, 105, 320, 19, 16, and 10 were not harmed by the alleged deficient practice. Resident's 325, 82, 73, 60, 105, 320, 19, 16, and 10 had their activity preferences and participation reviewed and updated as appropriate.</p> <p>="" p="">Resident 322 no longer resides at facility.</p> <p>="" p=""></p>		03/27/2023

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

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OMB NO. 0938-039

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	<p>1. The clinical record for Resident 322 was reviewed on 2/20/22 at 9:00 a.m. The diagnoses included, but were not limited to, unspecified dementia with behavioral disturbance and altered mental status.</p> <p>The care plan, initiated on 2/16/23, indicated the resident had the potential for alteration in activity participation related to dementia. The interventions included, but were not limited to, assist the resident in obtaining materials and supplies for independent activity as needed and encourage active participation, assist resident to and from program area as needed, if the resident exhibits any behaviors provide quiet area with re-directional activities of resident preference or ability, invite and encourage active participation in programming of preference, ability, and choice.</p> <p>The Activities Assessment, dated 2/16/23, indicated the resident enjoyed coffee, reading the paper daily, walking daily, hunting and fishing, watching television with his spouse, and watching the news. He preferred to participate in scheduled activities in the morning. He preferred activities in his room. He needed assistance getting to and from activities.</p> <p>The behavior note, dated 2/12/23 at 3:30 p.m., indicated the resident was exit seeking, requesting to call police, delusional and stating his family member stole all his money and he needed the police. He was difficult to redirect with verbal conversation, staff offered coffee but he refused, he was redirected to his room where his spouse was sitting with some effectiveness, but only for a short time then the cycle repeated with the resident getting more agitated and cursing at staff. The note lacked documentation of any attempts to provide encouragement for individual or group</p>				<p>="" p="">Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>="" p="">All residents requiring dementia care structured activities have the potential to be affected by the alleged deficient practice. All residents had their activity preferences and participation reviewed and updated as appropriate. The Activity Calendar was reviewed and updated as appropriate.</p> <p>="" p=""></p> <p>="" p="">Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>="" p="">The Administrator/DON/Designee held an in-service for all staff to provide education and expectations as it relates to "Dementia Care and Structured activities." The Program Director, Activities Director, Activities Leader, Unit Manager received 1:1 education regarding Dementia Care and Structured Activities.</p> <p>="" p="">Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>="" p="">The ED/AIT/Designee will audit dementia care structured activities and compliance with facilitating structured activities: 5 times a week x 4 weeks, 3 times</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>activities.</p> <p>The nurse's note, dated 2/14/23 at 1:31 p.m., indicated the resident was ambulating on the unit exit seeking, and was going door to door saying he was going to call the police. The resident was redirected with calming conversation, offered toileting and snacks. He accepted but continued to be very anxious and to ask for the phone to call the police. He was very frustrated with redirection and was loud and agitated with staff. He was having delusions stating he thought he had been kidnapped. The physician was notified and a new order was given to give the resident Ativan 0.5 mg (milligrams) one time. The note lacked documentation of any attempts to provide encouragement for individual or group activities.</p> <p>The behavior note, dated 2/15/23 at 1:40 p.m., indicated the resident was becoming more and more agitated. A urine specimen was obtained to go out for a urinalysis on 2/16/23. He was becoming more frequent with his repetitive questions and still requested to leave. He was easy to redirect by offering to show him back to his room to rest with his spouse. The note lacked documentation of staff providing any encouragement for individual or group activities.</p> <p>2. The clinical record for Resident 325 was reviewed on 2/20/23 at 9:15 a.m. The diagnoses included, but were not limited to, Alzheimer's disease, dementia with behavioral disturbance, anxiety disorder, depression, violent behavior, and irritability and anger.</p> <p>The care plan, initiated on 2/8/23, indicated the resident had behavior problems related to dementia, including wandering, distressing delusions, restlessness, anxiousness, care</p>			<p>a week x 4 weeks, then 1 time a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained.</p> <p>="" p="">The ED/AIT/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>="" p=""></p> <p>="" p=""></p> <p>b=""></p> <p>="" b=""></p> <p>="" p=""></p> <p>b=""></p> <p>="" b=""></p> <p>="" p=""></p> <p>="" p=""></p> <p>="" b=""></p> <p>="" p=""></p> <p>="" p=""></p>			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>resistance, and poor appetite. Interventions included, but were not limited to, provide a program of activities that is of interest and accommodates the resident's status.</p> <p>The Activities Assessment, dated 2/15/23, indicated the resident enjoyed playing bingo, checkers, and dominos. She enjoyed reading, doing craft-based activities with staff such as painting and coloring, walking on the unit with staff, singing and dancing. Her favorite music was 50's and 60's music. She preferred to participate in morning and afternoon activities both in her room and in the activity room. She needed assistance getting to and from activities.</p> <p>3. The clinical record for Resident 82 was reviewed on 2/20/23 at 9:30 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, major depressive disorder, and schizoaffective disorder.</p> <p>The care plan, initiated on 1/27/21 and last revised on 2/7/23, indicated the resident had a behavior problem related to dementia and had behaviors of wandering, exit seeking, negative remarks, sad affect, poor appetite, and rummaging. The interventions included, but were not limited to, provide a program of activities that is of interest and accommodates residents status.</p> <p>The Activities Assessment, dated 2/8/23, indicated the resident enjoyed walking on the secured unit, being outdoors, gardening, and snack socials. She preferred morning and afternoon activities both in her room and in the activities room.</p> <p>4. The clinical record for Resident 73 was reviewed on 2/20/23 at 10:15 a.m. The diagnosis included,</p>						

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

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	<p>but was not limited to, dementia without behavioral disturbance.</p> <p>The care plan, initiated on 5/14/21 and last revised on 11/8/22, indicated the resident was at risk for wandering and elopement. The interventions included, but were not limited to, provide diversionary activities as needed, redirect as appropriate, provide structured activities at times of increased elopement risk, diversional tasks, redirection of ambulation pattern, and utilization of safe wandering areas.</p> <p>The Activity Assessment, dated 12/5/22, indicated the resident liked snacks and sweets, as well as coffee. He enjoyed walking the halls and talking with staff and other residents. He enjoyed western movies and older shows. He preferred activities in the morning, in the activity room.</p> <p>5. The clinical record for Resident 60 was reviewed on 2/20/23 at 10:30 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety, insomnia, and major depressive disorder.</p> <p>The care plan, initiated on 1/25/21 and last revised on 4/25/22, indicated the resident had a potential for alteration in activity participation related to dementia. The interventions included, but were not limited to, assist the resident in obtaining materials for independent activities as needed and encourage active participation, assist the resident to and from the program area as needed, if the resident exhibited any behaviors assist to a quiet area with redirection activities of resident preference, and invite and encourage active participation in programming of preference.</p> <p>The Activity Assessment, dated 11/22/22,</p>						

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

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155312		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
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	<p>indicated the resident enjoyed activities in the morning and afternoon in the activity room and outside the facility.</p> <p>6. The clinical record for Resident 105 was reviewed on 2/20/23 at 10:45 a.m. The diagnosis included, but was not limited to, dementia without behavioral disturbance.</p> <p>The care plan, initiated on 11/22/22, indicated the resident was at risk for wandering and elopement. The interventions included, but were not limited to, provide diversionary activities as needed, redirect as appropriate, provide structured activities at times of increased elopement risk, diversional tasks, redirection of ambulation pattern, and utilization of safe wandering areas.</p> <p>The Activity Assessment, dated 11/22/22, indicated the resident enjoyed reading her bible, making flower arrangements and decorations, crafting activities, exercise by walking, watching movies, listening to gospel music, and singing. She preferred activities in the morning and afternoon in the activity room, in her own room, and outside the facility.</p> <p>7. The clinical record for Resident 320 was reviewed on 2/20/23 at 11:00 a.m. The diagnoses included, but were not limited to, dementia without behavioral disturbance and major depressive disorder.</p> <p>The care plan, initiated on 1/20/22 and last revised on 1/26/23, indicated the resident had a potential for alteration in activity participation due to dementia. The interventions included, but were not limited to, assist the resident in obtaining materials and supplies for independent activity as needed and encourage active participation, assist</p>						

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

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	<p>the resident to and from the program area as needed, if the resident exhibited any behaviors assist to a quiet area with re-directional activities of resident preference. Her activity preferences included but were not limited to, alone time, movie and TV classics, snack socials, outdoor socials, bible stories, walking on the unit, family visits, games, coloring, painting, drawing, 50's and 60's music, reminiscing and manicures.</p> <p>The Activity Assessment, dated 12/27/22, indicated the resident enjoyed playing cards and bingo with other residents, listening to music, doing craft type activities, watching baseball, playing table-top games, and enjoyed socializing with staff and peers. She preferred activities in the morning and afternoon, and in both her own room and the activity room.</p> <p>8. The clinical record for Resident 19 was reviewed on 2/20/23 at 11:15 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety disorder, and major depressive disorder.</p> <p>The care plan, initiated on 1/19/21 and last revised on 2/17/23, indicated the resident had a potential for alteration in activity participation due to dementia. Interventions included, but were not limited to, assist the resident in obtaining materials and supplies for independent activity as needed and encourage active participation, assist the resident to and from the program area as needed, if the resident exhibited any behaviors assist to a quiet area with re-directional activities of resident preference. Invite and encourage the resident to participate in programming of choice. Her activity preferences included but were not limited to, alone time, cleaning, snack socials, outdoor socials, family visits, bingo, beauty shop</p>						

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

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	<p>visits, manicures, TV and movie classics, folding towels, socializing, games, reminisce, coloring, story time, and bird watching.</p> <p>The Activity Assessment, dated 11/22/22, indicated the resident enjoyed playing bingo and basic card games, painting, coloring and simple crafts, watching television and listening to music. She was very social and enjoyed engaging in conversation with peers and staff. She preferred activities in the morning and afternoon, and in both her own room and the activity room, as well as outside the facility.</p> <p>9. The clinical record for Resident 16 was reviewed on 2/20/23 at 11:30 a.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, anxiety disorder, and depression.</p> <p>The care plan, initiated on 1/19/21 and last revised on 2/17/23, indicated the resident had a potential for alteration in activity participation due to dementia. The interventions included, but were not limited to, assist the resident in obtaining materials/supplies for independent activity as needed and encourage active participation, assist the resident to and from the program area as needed, if the resident exhibited any behaviors assist to a quiet area with re-directional activities of resident preference. Invite and encourage the resident to participate in programming of choice. Her activity preferences included, but were not limited to, alone time, bingo, table games, cooking, reading romance and fiction, country music, walking and exercise, socializing, crocheting, sewing, reminiscing, manicures, TV and movies.</p> <p>The Activity Assessment, dated 8/5/22, indicated the resident enjoyed playing bingo and other games. She liked reading books and loved to stay</p>						

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

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FORM APPROVED
OMB NO. 0938-039

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	<p>busy. She was a very social person and worked for a radio station for over 30 years. She preferred activities in the morning and afternoon in the activity room.</p> <p>10. The clinical record for Resident 10 was reviewed on 2/20/23 at 11:45 a.m. The diagnosis included, but was not limited to, vascular dementia.</p> <p>The care plan, initiated on 10/01/21 and last revised on 1/26/23, indicated the resident had a potential for alteration in activity participation due to dementia. The interventions included, but were not limited to, assist the resident in obtaining materials and supplies for independent activities as needed and encourage active participation, assist the resident to and from the program area as needed, if the resident exhibited any behaviors assist to a quiet area with re-directional activities of resident preference. Invite and encourage the resident to participate in programming of choice. His activity preferences included, but were not limited to, alone time, listening to TV and sports, being outdoors, sweet snacks, talking to his family on the phone, family visits, pet therapy, religious programs, classic country music, old gospel music, and caring for plants in his room.</p> <p>The Activity Assessment, dated 3/14/22, indicated the resident enjoyed playing cards, reading westerns, listening to football and classic television shows, and he enjoyed activities in the afternoon in the activity room and his own room.</p> <p>The review of the Activities Calendar, which was posted on the wall outside the dining room, indicated the next activity would be the "Move and Groove" activity taking place at 9:30 a.m.</p>						

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

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OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER INDIAN CREEK HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 240 BEECHMONT DR CORYDON, IN 47112			
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	<p>During an observation on 2/16/23 at 9:38 a.m., two residents were observed to be sitting in the main dining room with the MCF (Memory Care Facilitator). A sitcom was playing on the television and there were no guided activities occurring. The MCF was utilizing her personal cellphone and there were no other activities staff in sight. Resident 82 was observed to be ambulating aimlessly down the hallway with a towel in her hand. Resident 102 was in the secondary dining room having her nails painted by Activities Staff 15. There were no other residents observed to be encouraged to participate in nail-painting, and no attempts were made to conduct the "Move and Groove" activity. Residents 82, 73, and 105 were observed to be wandering the hallway aimlessly during this time with no staff interaction.</p> <p>During an observation on 2/16/23 at 10:18 a.m., the Activities Director was observed to be in the main dining room rolling a ball with Resident 10. Resident 60 was observed to be sitting in a chair in the corner of the room with no staff interaction. The TV remained on a sitcom. Resident 60 was not engaged, she was leaning her head back with her eyes closed.</p> <p>During an observation on 2/16/23 at 10:21 a.m., Resident 82 was watching a sitcom in the secondary dining room as activities staff painted a resident's nails. A third female resident was in the room but was not engaged by staff at this time.</p> <p>During an observation on 2/16/23 at 10:28 a.m., Residents 60, 82, 105, and 73 were observed to be wandering the hall aimlessly. Resident 105 grabbed ahold of Resident 82's arm. Resident 82 then turned around and reached out then pinched Resident 105 on the arm. Resident 82 then walked</p>						

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

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	<p>into the secondary dining room. There were five staff members observed on the hall at this time, and no efforts were made to redirect any of the residents to an activity.</p> <p>The review of the Activities Calendar, indicated the next activity on the schedule was for Music and Snacks at 10:30 a.m.</p> <p>During an observation on 2/16/23 at 10:30 a.m., Resident 325 was attempting to get into the supply room. A staff member redirected the resident away from the door and the resident continued to wander down the hall aimlessly. There were no attempts to redirect the resident with a guided activity. Resident 105 was observed to approach the desk three separate times asking staff members for a snack. The resident was given snacks which he took back to his room, but was not directed to any activities.</p> <p>During an observation on 2/16/23 at 10:34 a.m., Resident 105 again approached the nurse's station and asked for a snack. Resident 322 approached the nurse's station and asked the nurse for assistance calling an attorney. Staff attempted to make the call for the resident and then tried to redirect him back to his room, but he indicated he would just wait at the desk. There were five staff members at the nurse's station and no attempts were made to redirect Residents 105 or 322 to any activities.</p> <p>During an observation on 2/16/23 at 10:37 a.m., Resident 322 again asked for a snack. LPN (Licensed Practical Nurse) 16 indicated she did not have any snacks at this time but they would be having their snack activity very soon.</p> <p>During an observation on 2/16/23 at 10:43 a.m.,</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Resident 322 was observed to once again attempt to get the staff to call an attorney. The MCF indicated to staff not to make the call, as the resident was in a guardianship. Staff redirected the resident to his room. No attempts were made to conduct the music and snack activity which had been scheduled for 10:30 a.m.</p> <p>During an observation on 2/16/23 at 10:44 a.m., the Activities Director was observed to be assisting one resident in the main dining room to eat a container of yogurt, however no efforts were observed of staff inviting other residents to a snack activity, or attempts to play music. Resident 60 was sitting in the corner of the room, watching the same sitcom that had been on the television all morning. Resident 322 exited his room and again approached the nurses station stating his money had been stolen. The MCF again redirected the resident back to his room.</p> <p>During an observation on 2/16/23 at 10:46 a.m., Resident 60 and 102 were in the secondary dining room with no staff interaction. Two nurses sat at the nurse's station, and the MCF returned to sit in a chair in the main dining room. The MCP observed Resident 10 as he sat in the dining room at a table by himself with no staff interaction after he finished his snack. Two staff members continued to paint two residents' nails in the secondary dining room.</p> <p>During an observation on 2/16/23 at 10:56 a.m., Resident 322 again approached the nurse's station indicating he had been swindled and he needed to get out. LPN 11 indicated she'd have to work on finding out who it was. The resident remained at the nurse's station rifling through business cards in his wallet with no staff interaction for several minutes. There were four residents in the</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>secondary dining room with no guided activities at the time. The TV was playing the same sitcom. The residents were not focused on the television.</p> <p>The review of the Activities Calendar, indicated the next activity on the schedule was for Wash Wagon at 11:00 a.m.</p> <p>During an observation on 2/16/23 at 11:00 a.m., several staff members were observed to be talking to one another on the halls as Resident 16, 19, 60, and 10 sat in the dining room with no staff interaction. Resident 322 returned to his room. At 11:05 a.m. LPN 17 offered the residents in the dining room coloring pages and colored pencils. In the secondary dining room, Residents 320, 105, and 325 were sitting in the dining room as the Medical Records staff member observed the residents but did not interact with them. The same sitcom remained on the television. The residents did not appear engaged in the show.</p> <p>During an interview on 2/20/23 at 9:16 a.m., LPN 12 indicated activities were important on the unit. It helped lower the risk for falls, helped keep residents more hydrated, provided companionship and someone to socialize with.</p> <p>During an interview on 2/20/23 at 9:17 a.m., LPN 14 indicated the activities on the unit helped keep the residents busy. It gave them a sense of purpose. They were happier when they were doing something.</p> <p>During an interview on 2/20/23 at 9:33 a.m., the MCF indicated the activities played a huge role on the unit. They tried to have activities and exercise such as reminiscing, cognition activities, busy baskets, hand massages, and sensory activities. They were a huge role in the resident's lives. It</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>kept them entertained. The whole unit was about structure. They encouraged the residents to attend activities unless they were sleeping. In the morning lots of folks wanted to go back to sleep. So it fluctuated. They encouraged people, that was part of the structure with the unit. If they wanted to go back to bed they let them. Providing activities helped with behaviors and wandering. Engaging residents helped break negative thought patterns. The move and groove activity was just actually any kind of music they could relate to along with exercise. The wash wagon activity was actually just something normal that folks would do before dinner. Staff provided a warm rag to wash the hands resident's hands. She could not say with certainty why the activities were not conducted according to the schedule on 2/16/23, she thought perhaps because staff got to doing the resident's nails they didn't want to just stop before everyone had their nails done. Herself or another staff member should have conducted the scheduled activities.</p> <p>During an interview on 2/20/23 at 10:55 a.m., the Activities Director indicated she was working on 2/16/23. They had attempted to do a balloon toss a bit earlier in the morning with the resident and didn't have very many people up. So she asked a resident if she wanted her nails done and they had several ladies who wanted their nails done so they went with that. It was nursing and activities staff's responsibility to direct residents to the activities. She would expect nursing to redirect wandering residents into activities that were being facilitated. She did not have a plan for conducting group activities while they had to do individual activities. Wash wagon was facilitated later on. It was 15 minutes late. They tried to adhere to the activities as much as possible. Some days were easier than others. Resident 322 liked to stay in</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 0881 SS=F Bldg. 00	<p>his room. He enjoyed his coffee and television and was not the most social person. She had not attempted to provide any crosswords or busy activities in the resident's room yet. Directing him back to his room was not effective.</p> <p>The most current Dementia Care Resident Rights and Privileges policy was provided on 2/20/23 at 2:20 p.m. by the DON. It included, but was not limited to, "... It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents... Residents will be permitted and assisted to participate in facility activities as they are able and at a level they can actively participate in, but will not be compelled to do so..."</p> <p>3.1-37(a)</p> <p>483.80(a)(3) Antibiotic Stewardship Program §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. Based on record review and interview the facility failed to ensure an infection prevention and control program related to the tracking and monitoring of infections and antibiotics was followed related to organisms and prescribing of antibiotics for UTIs. This deficient practice had the potential to affect 125 of 125 residents that reside in the facility.</p>			F 0881	<p>Corrective action for the residents found to have been affected by the deficient practice: No residents were harmed by the alleged deficient practice. All residents currently on antibiotics were reviewed and</p>		03/27/2023

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Findings include:</p> <p>The review of the Antibiotic Stewardship tracking log indicated the following information on residents with UTIs:</p> <p>In July 2022 there were 17 UTIs (urinary tract infections) on the tracking log, which included the number of cases of organisms identified:</p> <p>2 Providencia Stuartii 3 Escherichia Coli 1 Escherichia Coli ESBL (Extended-Spectrum Beta-Lactamase) 1 Pneumoniae E. Faecalis VRE (Vancomycin Resistant Enterococci) 1 Klebsiella Pneumoniae ESBL 1 Pneumoniae Faecalis</p> <p>There were 6 residents that lacked documentation to indicate an organism despite being prescribed antibiotics.</p> <p>In August 2022 there were 26 UTIs on the tracking log, which included the number of cases of organisms identified:</p> <p>4 Escherichia Coli 2 Streptococcus agalactiae 2 Escherichia Coli ESBL 3 Pseudomonas aeruginos 5 Escherichia Coli 2 Providencia Stuartii 1 Pseudomonas</p> <p>There were 6 residents that lacked documentation to indicate an organism despite being prescribed antibiotics</p> <p>There were 5 residents that had a UA (urinalysis) which came back clear but were still prescribed antibiotics.</p>				<p>new orders received as appropriate.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by the alleged deficient practice. All residents were reviewed and plan of care updated as appropriate.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur: The Administrator/DON/Designee held an in-service for licensed nursing staff to provide education and expectations as it relates to "Antibiotic Stewardship, antibiotic use protocols, and antibiotic use prevention" The Director of Nursing, Infection Preventionist, Asst. Director of Nursing, Medical Director, and Nurse Practitioner received 1:1 education regarding Antibiotic Stewardship, antibiotic use protocols, and antibiotic use prevention.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: The DON/Designee will audit</p>		

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	<p>In September 2022 there were 19 UTIs on the tracking log, which included the number of cases of organisms identified:</p> <p>3 Escherichia Coli 1 Proteus Mirabilis ESBL 2 Enterococcus Faecalis 2 Klebsiella Pneumoniae E. Coli 3 Pseudomonas Aeruginosa 1 Providencia Stuartii 1 Escherichia Coli ESBL 1 Providencia Rettgeri</p> <p>There were 2 residents that had no organism identified, but were prescribed antibiotics. There were 3 residents that lacked documentation to indicate an organism and were prescribed antibiotics.</p> <p>In October 2022 there were 18 UTIs on the tracking log, which included the number of cases of organisms identified:</p> <p>2 Methicillin-Resistant Staphylococcus Aureus 1 Klebsiella Pneumoniae 1 Enterococcus Faecalis 4 Proteus Mirabilis ESBL 1 Gram Negative Bacillus 3 Escherichia Coli 1 Citrobacter Koseri</p> <p>There were 4 residents that lacked documentation to indicate an organism and were prescribed antibiotics.</p> <p>In November 2022 there were 20 UTIs on the tracking log, which included the number of cases of organisms identified:</p> <p>1 Enterobacter Cloacae CRE (Carbapenem Resistant) 4 Escherichia Coli</p>				<p>antibiotic orders and compliance with antibiotic stewardship protocols: 5 residents a week x 4 weeks, 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained. The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		

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	<p>1 Streptococcus Agalactiae Group B</p> <p>2 Proetus Mirabilisstrep Dysgalactiae p Aureaus</p> <p>3 Enterococcus Faecium VRE (Vancomycin Resistant Enterococcus)</p> <p>2 Morganella Morgani</p> <p>2 Enterococcus Faecalis</p> <p>1 Escherichia Coli ESBL</p> <p>1 Methicillin Resistant Staphylococcus Aureaus</p> <p>1 Proetus Mirabilis</p> <p>1 Pseudomonas Aeruginosa</p> <p>There were 2 residents that lacked documentation to indicate an organism and were prescribed antibiotics.</p> <p>There was 1 urinalysis pending results with the resident prescribed antibiotics, the log was not updated with any organisms for this resident.</p> <p>In December 2022 there were 17 UTIs on the tracking log, which included the number of cases of organisms identified:</p> <p>5 Escherichia Coli</p> <p>3 Enterococcus Faecalis</p> <p>There were 4 residents that lacked documentation to indicate an organism and were prescribed antibiotics</p> <p>There were 4 residents with no growth of an organism and were prescribed antibiotics</p> <p>There was 1 resident with +1 leukocyte but no organism and was prescribed antibiotics</p> <p>In January 2023 there were 17 UTIs on the tracking log, which included the number of cases of organisms identified:</p> <p>4 Escherichia Coli ESBL</p> <p>2 Escherichia Coli</p> <p>1 Providencia Stuartii</p> <p>3 Enterococcus Faecalis VRE</p> <p>1 Klebsiella Pneumoniae</p>						

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	<p>1 Staphylococcus Epidermidis MRS (Methicillin Resistant)</p> <p>1 Proteus Mirabilis</p> <p>1 Pseudomonas Aeruginosa</p> <p>There were 2 residents that lacked documentation to indicate an organism and were prescribed antibiotics</p> <p>There was 1 resident with no growth and was prescribed antibiotics</p> <p>In February 2023 there were 14 UTIs on the tracking log, which included the number of cases of organizms identified:</p> <p>2 Escherichia Coli</p> <p>1 Escherichia Coli and Klebsiella Pneumoniae</p> <p>1 Enterobacter Cloacae</p> <p>1 Providencia Stuartii</p> <p>1 Escherichia Coli ESBL</p> <p>2 Methicillin Resistant Staphylococcus Aureaus</p> <p>5 ESBL</p> <p>There was 1 resident that lacked documentation to indicate an organism and was prescribed antibiotics</p> <p>There was 1 resident with no growth and was prescribed antibiotics.</p> <p>The Antibiotic Stewardship lacked documentation that identified trends and patterns regarding infections, organisms and the use of antibiotics in the facility.</p> <p>During an interview on 2/18/23 at 2:55 p.m., the IP (infection Preventionist) indicated if a pattern or trend was observed she would consult with the SDC (Staff Development Coordinator) with educating the staff. The NP (Nurse Practitioner) was at the facility weekly, and she would be informed of the trend. Trends would be reviewed</p>						

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F 0886 SS=D Bldg. 00	<p>weekly in the QAPI (Quality Assurance Performance Improvement) meetings. Antibiotic use was reviewed weekly to improve antibiotic use. She would review new residents started on antibiotics every day. She would monitor handwashing, increased fluids, peri care, PPE (personal protective equipment) donning, and doffing, and TBP (transmission based precautions) randomly. She would monitor if there was a specific area of concern in the facility. The IP indicated she had not been monitoring the UTI's for trends and patterns.</p> <p>The most recent Antibiotic Stewardship Overview Policy and Procedure dated 3/11/22, provided by the DON on 2/14/23 at 10:00 a.m., included, but was not limited to " ... a) The infection preventionist will function as coordinator, data collections management, surveillance, and as a communication resource to the staff using evidence based criteria for reporting infections and outbreaks b) The IP will examine trends and patterns where improvements may be implemented ... (1) Tracking how and why antibiotics are prescribed ... (iii) Determine patterns (Practitioners, seasons, hallways, caregivers, for example)... c) Review of culture data..."</p> <p>483.80 (h)(1)-(6) COVID-19 Testing-Residents & Staff §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</p>						

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	<p>§483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <p>(i) Testing frequency;</p> <p>(ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility;</p> <p>(iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;</p> <p>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</p> <p>(v) The response time for test results; and</p> <p>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <p>(i) Document that testing was completed and the results of each staff test; and</p> <p>(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2023

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OMB NO. 0938-039

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	<p>positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)(5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)(6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>Based on record review and interview, the facility failed to ensure the residents were COVID-19 tested in accordance with their policy for 2 of 6 residents reviewed. (Residents 22 and 57)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 22 was reviewed on 2/20/23 at 10:00 a.m. The diagnoses included, but were not limited to, acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, pneumonia, history of COVID infection, shortness of breath, dyspnea, vascular dementia, and cerebral infarction affecting right dominant side.</p> <p>The Significant Change Minimum Data Set (MDS) assessment, dated 1/12/23, indicated the resident had severe cognitive impairment; had shortness of breath when lying down, and required extensive assist for mobility.</p> <p>A care plan, dated 5/2/18 with a review/revision</p>			F 0886	<p>Corrective action for the residents found to have been affected by the deficient practice: Resident's 22 and 57 were not harmed by the alleged deficient practice. Resident's 22 and 57 were assessed for current signs/symptoms of COVID-19. Resident's 22 and 57 noted to have no signs/symptoms of COVID-19.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents with the potential to be affected were reviewed for signs/symptoms and tested as appropriate.</p> <p>Measures/systemic changes put into place to ensure the deficient</p>		03/27/2023

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	<p>date of 1/13/23, indicated the resident had the potential for difficulty breathing r/t (related to) SOB (shortness of breath), and respiratory failure with hypoxia. The interventions included, but were not limited to, monitor for changes in or development of signs and symptoms of breathing difficulty, such as SOB, alteration in breath sounds or increased respiratory rate, decrease in SpO2 (oxygen level in the blood); productive or non-productive cough, fever, chills, difficulty speaking, bluish skin color, and changes in cognition. Obtain laboratory testing and diagnostics as ordered, monitor and report results to physician. Staff were to report changes in respiratory status to the physician.</p> <p>A care plan, dated 1/8/21, indicated the resident had a history of COVID-19. The interventions included, but were not limited to, observe cardiac status such as arrhythmias, chest fluttering, shortness of breath, observe neurological system, change in mental status due to poor oxygenation, chronic fatigue or muscle weakness, observe respiratory status, such as chronic wheezing, asthma, general increased shortness of breath, lung damage, assess need for supplemental oxygen, and if any of the above symptoms occur, notify medical professional.</p> <p>On 12/14/22, the resident received new physician orders. The first order was for a Respiratory/COVID Screener: Any of the following S/Sx (signs and symptoms) observed: fever, chills, shortness of breath, body aches, cough, dry productive, diarrhea, nausea, vomiting, congestion, headache, loss of appetite, smell, or taste, fatigue, sore throat. If any S/Sx were observed, staff were to complete the Respiratory COVID Symptoms Evaluation.</p>				<p>practice does not recur: The Administrator/DON/Designee held an in-service for all staff to provide education and expectations as it relates to "Resident COVID-19 Testing Requirements. The Director of Nursing, Infection Preventionist, Asst. Director of Nursing received 1:1 education regarding COVID-19 Testing requirements.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: The DON/Designee will audit any signs and symptoms of COVID-19 and compliance with COVID-19 testing: 5 residents a week x 4 weeks, 3 residents a week x 4 weeks, then 1 resident a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained. The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		

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	<p>The second order was for COVID-19 testing as needed. May use PCR (polymerase chain reaction) or POC (rapid viral test) testing - as needed for COVID 19 Testing.</p> <p>An Infection Note, dated 1/13/23 at 12:57 a.m. indicated the resident was currently on PO (by mouth) ABT (antibiotic) Doxycycline 100 mg (milligrams) BID (twice daily) related to PNE (pneumonia) until 1/17/23. The resident was congested with a cough and was also running a fever. The NP (Nurse Practitioner) gave new orders to get a chest x-ray.</p> <p>The Nurse Practitioner note, dated 1/13/23 at 7:15 p.m., indicated the resident presented with fever which was acute on 1/12/23 and 1/13/23. Repeat the CXR (chest X-ray). The resident was still on doxycycline for a chest infection, but began vomiting on 1/13/23 which was consistent with a virus caught by other residents with acute pain of both ears. The resident had no diarrhea or increase in cough or chest congestion. The plan was to give zofran 4 mg q (every) 6 hrs (hours) as needed for vomiting. Staff were to monitor for recurring fever and encourage bland diet and sips of fluids.</p> <p>Review of the COVID testing logs and the Respiratory Surveillance logs for January 2023, indicated the resident was not tested for COVID.</p> <p>During an interview with LPN (Licensed Practical Nurse) 9 on 2/20/23 at 10:20 a.m., she would monitor a resident for fever, chest and head congestion, coughing, vomiting as being possible signs of COVID. If the resident has any of these symptoms, she would then contact the Nurse Practitioner, the Director of Nursing and the Executive Director to get orders to test the</p>						

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	<p>resident for COVID and place them into isolation. She also indicated that even if the resident was tested and was negative before, she would re-test the resident if symptoms persist or become worse.</p> <p>2. The clinical record for Resident 57 was reviewed on 2/15/23 at 10:26 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease; personal history of COVID-19; and dementia.</p> <p>The Quarterly MDS assessment, dated 1/20/23, indicated the resident was severely cognitively impaired and required extensive assist of one staff member for mobility.</p> <p>On 11/26/20, a new physician's order was received for COVID-19 testing as needed. May use PCR or POC testing.</p> <p>A care plan, dated 1/8/21, indicated the resident had a history of COVID-19. The interventions included, but were not limited to, observe cardiac status such as arrhythmias, chest fluttering, shortness of breath, observe circulatory system, blood clotting, assess peripheral pulses, skin color, localized pain, change in skin temperature of localized area, sudden chest pain, difficulty breathing, change in mental state, observe neurological system, change in mental status due to poor oxygenation, chronic fatigue, muscle weakness, observe respiratory status, chronic wheezing, asthma, general increased shortness of breath, lung damage, and assess need for supplemental oxygen.</p> <p>A care plan, dated 1/20/21, indicated the resident was at risk for COVID-19 as evidenced by the pandemic. The interventions included, but were not limited to, encourage resident to report any</p>						

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	<p>new or worsening signs or symptoms as soon as possible; isolation precautions as needed, laboratory and diagnostic testing per physician's orders - report results; monitor for elevated temperature and lung sounds; and observe for signs and symptoms of respiratory distress - notify physician if occurs.</p> <p>A nursing note, dated 9/9/22 at 8:39 a.m., indicated the resident presented with wheezing, productive cough with light yellow phlegm, but no c/o (complaint of) SOA (shortness of air). New orders were obtained.</p> <p>A nursing note, dated 9/9/22 at 6:38 p.m., indicated the resident's spouse was updated on new orders of Z-Pak and Prednisone.</p> <p>Review of the Respiratory Surveillance Line List for September 2022 indicated the resident was not tested for possible COVID infection.</p> <p>On 10/25/22, a new physician's order was received for Respiratory/COVID Screener: Any of the following S/Sx observed, fever, chills, shortness of breath, body aches, cough dry or productive, diarrhea, nausea/vomiting, congestion, headache, loss of appetite, smell, or taste, fatigue, sore throat. If any S/Sx noted, complete the Respiratory COVID Symptoms Evaluation.</p> <p>On 2/20/23 at 1:20 p.m., the Director of Nursing presented a copy of the facility's current policy titled Criteria for COVID-19 Requirements dated 9/23/22. Review of this policy included, but was not limited to, "... Policy: This policy is to assist with guidance on how to manage... resident surveillance... the criteria for admission into an isolation room... covid testing... The facility will isolate the resident in place and utilize</p>						

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F 0921 SS=D Bldg. 00	<p>Transmission-Based Precautions... Facility criteria including COVID-19 testing, use of PPE (personal protective equipment), and surveillance will follow the CDC (Center for Disease Control) and CMS (Center for Medicare/Medicaid Services) requirements. Additionally, the facility will follow each state or local health department guidance... Residents... b. Residents with symptoms of COVID-19 require the completion of the Respiratory/COVID Symptoms Evaluation at least daily until COVID-19 symptoms have resolved or resident recovers from COVID-19... g. Residents who have symptoms of COVID-19 will be placed in quarantine and will be tested immediately. If the test result is negative, and no other source of infection is identified, the test is repeated in 48 hours... Consideration for COVID-19 Isolation Room - if symptoms are identified, place resident in isolation, obtain orders to test for COVID. Signs and Symptoms of COVID-19: Fever equal or greater than 100.0 or more than 2 temperatures of equal or greater than 99.0; cough; shortness of breath... congestion..."</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions 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 maintain a sanitary and clean environment for 1 resident room and 2 of 3 hall unit shower rooms and handrails observed. (Resident 5, 300 Hall, and 200 Hall)</p> <p>Findings include:</p> <p>1. During an observation on 2/14/23, at 10:00 a.m., the shower room on the 300 Hall was dirty. The</p>			F 0921	<p>Corrective action for the residents found to have been affected by the deficient practice: Resident 5 were not harmed by the alleged deficient practice. Resident 5's room received a full deep clean to ensure sanitary and clean environment. Shower room 300 hall was observed and deep cleaned. Shower room 200 hall</p>		03/27/2023

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	<p>floor was darkened with stains and food debris. The debris on the shower floor included a plastic razor cover, dirty tissues, and food debris.</p> <p>During an observation 2/17/23 at 10:30 a.m., the following concerns were observed on the 300 Hall inside the handrails:</p> <ul style="list-style-type: none"> - one large black bottle lid - used Kleenex - ink pen - Dried brown substances - dust <p>2. During an observation, on 2/15/23, at 11:00 a.m., the shower room on the 200 Halls had missing tile. The tile in the storage part of the shower had loose and broken tile pieces.</p> <p>During an observation, on 2/16/23 at 12:20 p.m., the following concerns were observed on the 200 Hall inside handrails:</p> <ul style="list-style-type: none"> - 2 oatmeal cream pie wrappers - sweet and low packets - dirty alcohol wipes -used napkins -dried brown substances - candy wrappers - white Ensure lid - white colored pill - dust <p>3. During an observation on 2/18/23, at 11:03 a.m., Resident 5's room had several dried brown substances that ran down the wall above the resident's bed.</p> <p>During an interview on 2/20/23, at 8:50 a.m., Housekeeper Aide 13 indicated the rails were cleaned 3 times a day including the inside of the railing. If she walked by and saw debris, she</p>				<p>was observed and repaired. Handrails 200 hall were observed and cleaned.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: All resident rooms and resident areas with potential to be affected were observed, cleaned, and scheduled for repair as appropriate.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur: The Administrator/DON/Designee held an in-service for all staff to provide education and expectations as it relates to "Maintaining a Clean and Sanitary Environment. The Housekeeping Director and Maintenance Director received 1:1 education regarding Maintaining a Clean and Sanitary Environment.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: The ED/Designee will audit facility hand rails: 5 times a week x 4 weeks, 3 times a week x 4 weeks, then 1 time a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained. The ED/Designee will audit facility shower rooms: 5 times a week x</p>		

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	<p>would remove it. She indicated there should not be any debris inside the handrails because they were supposed to be cleaned 3 times a day.</p> <p>During an interview on 2/20/23, at 9:30 a.m., the Housekeeping Director indicated the rails should be cleaned 3 times a day and that included the inside of the rails. They would try to clean mornings, noon, and evenings. There should not have been any debris on the inside of the rails. The rooms would be cleaned daily and deep cleaned 1 time per month. Staff should have seen any substance above the resident's bed and cleaned it.</p> <p>The most recent housekeeping policy and procedure dated 1/1/2000, provided by the DON (Director of Nursing) on 2/20/23, at 1:12 p.m., included, but was not limited to "... 2. Horizontal Surfaces - disinfected using a solution of properly diluted germicide, sanitize all horizontal surfaces. 3. Vertical surfaces are not completely wiped down daily - but must be spot cleaned daily. Walls - especially by trash cans, light switches, and door handles - will need special attention..."</p> <p>3.1-19(f)</p>				<p>4 weeks, 3 times a week x 4 weeks, then 1 time a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained. The ED/Designee will audit facility resident rooms: 5 times a week x 4 weeks, 3 times a week x 4 weeks, then 1 time a week for 4 weeks. This will occur for no less than 3 months and until compliance is maintained. The ED/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>="" b=""> ="" p=""> ="" p=""> ="" p=""> ="" p=""></p>		