

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

PRINTED: 03/14/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/06/2023
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NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - FOUNTAINVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00396753, IN00399179, IN00400017, IN00399787.</p> <p>Complaint IN00396753 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00399179 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00400017 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684.</p> <p>Complaint IN00399787 - Substantiated. Federal/State deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: January 31, Febuary 1, 2, 3, & 6, 2023</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 10029010</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 6 Medicaid: 48 Other: 25 Total: 79</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists.This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance.Facility Respectfully request paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Roberta	TITLE Shull	(X6) DATE 02/27/2023
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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 disclosed 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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F 0684 SS=G Bldg. 00	<p>Quality review completed 2/13/23.</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>A. Based on interview and record review, the facility failed to ensure physician orders were carried out in a timely manner for a resident who was admitted to the facility after ventral hernia repair surgery as a result the resident required hospitalization for debridement and IV therapy for 1 of 3 Residents reviewed (Resident G)</p> <p>B. Based on record review and interview, the facility failed to ensure admission orders for surgical treatment and timely physician follow up appointment for a resident with fracture of neck of left femur, and surgical treatment for a resident with a left below the knee amputation for 3 of 3 charts reviewed for physician orders. (Resident E, F, G)</p> <p>Findings include:</p> <p>1. The clinical record review for Resident G was conducted on 2/1/2023 at 9:00 A.M. Resident G was admitted to the facility on 12/15/2022 following ventral hernia repair. Diagnosis included, but not limited to: ventral hernia repair, and encounter for surgical aftercare following surgery on the skin an subcutaneous tissue.</p>			F 0684	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident E, F, and G have all discharged from facility.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: Nursing has identified residents who have admitted to our facility within the last 30 days and still reside as of today. An Admission Audit (exhibit 1) will be completed to identify any resident with missing treatment orders, any physician orders that were not carried out in a timely manner and any follow up appointment that was not completed timely. Any resident identified to have been affected will have the issues resolved.</p>		03/03/2023

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	<p>The Hospital Discharge form titled, "After Visit Summary", dated 12/15/2022, indicated the resident had a post operation visit scheduled for 12/22/2022, a list of medications to be administered and instruction to read the attachments on surgical drain care and abdominal hernia repair. The attached form titled, "Surgical Drain Care", indicated after surgery, fluid may collect inside your body and could make infection problems more likely. A Jackson-Pratt (JP) drain carried the fluid into a collection bulb. The form indicated to empty the JP collection bulb when it appeared to be half full and the measure the amount of fluid removed from the drain. Then squeeze the bulb until it is flat, as this removes air and wound create a suction that pulls fluid into the drain. Another attached form titled, "Abdominal Hernia Repair", indicated to "...wash area with warm soapy water, and pat dry. Don't use hydrogen peroxide or alcohol, which can slow healing. You may cover the area with gauze bandage if it weeps or rubs against clothing. Change the bandage every day...." The antibiotics listed for administration included Amoxicillin 875-125 mg two times a day for 7 days (last dose was in A.M.) and Linezolid 600 mg two times a day (last doses was in A.M.)</p> <p>The Medication Administration Record (MAR) order date 12/15/2022, indicated "...Linezolid 600 mg (milligrams), give 1 tablet by mouth two times a day for infection, discontinue on 12/30/2022....". On the following dates/times the MAR indicated by a code of 7 referencing see Nurses Notes, the following were missed doses 12/16/2022 at 9 A.M. and 9 P.M. dose, 12/19/2022 at 9 A.M., 12/20/2022 at 9 A.M., 12/21/2022 at 9 A.M. and 9 P.M., 12/26/2022 at 9 P.M. (3-hold/see nurses notes), 12/27/2022 at 9 A.M. and 9 P.M., 12/28/2022 at 9</p>			<p>What measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur;</p> <p>Licensed nurses to be in-serviced by DCE/designee on admission process to include entering all admitting physician orders, ensuring a head-to-toe skin assessment is completed and any area identified has a treatment order in place if applicable, as well as scheduling follow up appointments timely. Licensed nurses to also be in-serviced on medication availability and notifying MD if medication is not available. Clinical Managers will visually see admissions within 72 hours. Unit Manager/Director of Nursing/designee will review in clinical start any new admits/readmits from previous day, progress notes, and medication administration audit report to ensure all orders entered and carried out timely.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur ie what quality assurance will be put into place</p> <p>Admission Audits, medication and treatment administration audits will be completed 5 times weekly x 30 days, then 3 times weekly x 30 days, then weekly times 4</p>			

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	<p>A.M. and 9 P.M., 12/29/2022 at 9 A.M. She received doses on 12/17/2022 at 9 A.M. and 9 P.M., 12/18/2022 at 9 A.M. and 9 P.M., 12/19/2022 at 9 P.M., 12/20/2022 at 9 P.M., 12/22/2022 at 9 A.M., 12/23/2022 at 9 A.M. and 9 P.M., 12/24/2022 at 9 A.M. and P.M., 12/25/2022 at 9 A.M. and 9 P.M., 12/26/2022 at 9 A.M.</p> <p>The MAR, order date 12/15/2022, indicated "...Amoxicillin-Pot Clavulanate tablet 875-125 mg, give 1 tablet by mouth every 12 hours for bacterial infection related to encounter for surgical aftercare following surgery on the skin and subcutaneous tissue for 7 days...." On 12/15/2022 the 6 P.M. dose and 12/17/2022 - 9 A.M. dose was missed.</p> <p>The Treatment Administration Record (TAR) did not indicate an order was put into place for the abdominal incision site upon admission or JP drains.</p> <p>A Treatment Administration Record (TAR) indicated "...Record output from drain-LLQ [left lower quadrant] (1 of 2) every shift...", dated 12/19/2022. The TAR indicated the first time an output was documented was on 12/20/2022, on the evening shift with 10 milliliters of drainage, but did not describe the drainage. There was no documentation indicating the amount of drainage from the LLQ-JP drain on the following dates/shifts: 12/21-evening and night shift, and 12/27-day and-night shift.</p> <p>A TAR indicated "...Record output from drain-RLQ [right lower quadrant] (2 of 2) every shift...", dated 12/19/2022. The TAR indicated a nurse had recorded her initials only on the night shift, no indication of the amount fluid, had been documented. The recorded output, for RLQ was,</p>		months. Results of these audits to be brought to QAPI x 6 months to track for any trends. If any issues identified than audits will continue based on IDT recommendations.				

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	<p>on 12/20/2022, and indicated there was 75 milliliters of drainage. There was no documentation indicating the amount of drainage from the RLQ JP drainage on the following dates/shifts: 12/20-evening and night shift, 2/22-night shift, 12/23-day shift and 12/27-day and night shift.</p> <p>The post-surgery follow up appointment, dated 12/22/2022, contained the following orders, Keflex 500 mg every 8 hours for 14 days at 6:00 A.M., 2:00 P.M., and 10:00 P.M., and Bactrim DS 800/160 mg, twice a day at 6:00 A.M. and 6:00 P.M. Both medications had a start date of 12/22/2022 and stop date of 1/5/2023. And daily dry dressing changes over incision.</p> <p>After the resident seen the surgeon the Medication Administration Record (MAR), for December 2022 indicated the resident was administered the Keflex, on 12/22/2022 at 10:00 P.M., on 12/24/2022 at 2:00 P.M. and 10:00 P.M. The missed doses were on 12/23/2022 at 6:00 A.M., and on 12/24/2022 the MAR indicated the Keflex was discontinued. The Bactrim DS missed doses were on 12/23/2022 at 6:00 A. M., 12/24/2022 at 6:00 A.M. and 6:00 P.M., and 12/25 /2022 at 6:00 A.M. The Bactrim DS was documented as administered as administered on 12/30/2022 when the resident was admitted to the hospital on 12/29/2022.</p> <p>The Treatment Administration Record indicated the resident received a dressing change on 12/24/2022, 12/25/2022, 12/26/2022, 12/28/2022, 12/29/2022 and 12/30/2022. The missed treatments were on 12/23/2022 and 12/27/2022.</p> <p>A Surgeon's Progress Note, dated 12/29/2022, indicated, "... Pt last seen on 12/22/2022 for a PO</p>						

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	<p>appointment with Dr. Folstein. Pt resides at a home and it was noted that her bandages were not being changed as a result of moist dressing on her incision and infection. Bactrim and keflex prescribed for 14 days. Our office spoke to the nurse at home for specific instructions regarding incision care-daily dry dressing changes--keeping site clean, dry, and intact. Upon assessment, pt has a very dirty and wet dressing on incision. The result of poor dressing changes, cleanliness, and keeping incision dry led to skin breakdown along surgical incision site and now may result in surgical debridement. Leading to admission to the ER...."</p> <p>A Care Plan, dated 12/16/2022, indicated the resident had altered skin integrity related to a post-surgical wound with JP drain. The interventions included but were not limited to: JP drain as ordered, monitor for signs/symptoms of infection, treatments as ordered and weekly wound assessments.</p> <p>During a phone interview, on 2/3/2023 at 11:19 A.M., the pharmacy tech from Alixa RX, indicated that the Linezolid came from CVS the backup pharmacy on 12/17/2022 with a 5- day supply/total of 10 pills. On 12/28/2022 the pharmacy sent another 5-day supply/total of 10 pills.</p> <p>During an interview, on 2/3/2022 at 12:11 P.M., the Director of Nursing (DON) indicated the process for obtaining new admission medication is to enter the order in Pointclick care and if med is not in the EDK (Emergency Drug Kit) they receive it from the backup pharmacy CVS. She indicated that Bactrim, Amoxicillin and Keflex are in the EDK box and should have been obtained from there. If the medication is not available, then a call is made to the Physician to clarify the new start date with an</p>						

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	<p>entry documented in the progress notes. The Linezolid was delivered on 12/17/2022 at 12:12 P.M. and the documentation in the electronic medical record (EMR) indicated awaiting delivery from pharmacy. On 12/19/2022, the documentation in EMR indicated that it was not given and was in the cart (nurse no longer works here). On 12/20/2022 at 9 A.M. and 12/21/2022 at 9 A.M. and 9 P.M. documenting indicated not given. On 12/26/2022 thru 12/28/2022 documentation indicated pending pharmacy run. She indicate that the doctor should have been notified of all the dates it was missing and documented in the progress notes. And no documentation on why the Keflex was not administered on 12/23/2022 and 12/24/2022 at 6:00 A.M. in the EMR.</p> <p>During a phone interview, on 2/3/2023 at 3:12 P.M., the Nurse Practitioner indicated she did not discontinue the Keflex on 12/24/2022.</p> <p>During a phone interview, on 2/3/2023 at 3:24 P.M., the Registered Nurse indicated she does not know why she discontinued the Keflex order.</p> <p>During an interview, on 2/3/2023 at 12:47 P.M., the DON indicated the abdominal wound was not on the admission assessment with measurements and description of it until 12/19/2022 and should have been completed within 24 hours of admit. And she indicated the treatment for the abdominal hernia repair was for a home patient and did not feel it was an order to clean and change daily. She did indicated she should have a treatment order for the JP sites and the emptying of the drains which began on 12/19/2022. There was no documentation in the EMR on way there was no record of output of the drains on 12/20, 12/21, 12/22, 12/23, and 12/27; and no reason for not</p>						

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	<p>doing the treatment to abdominal wound on 12/23/2022 and 12/27/2022.</p> <p>2. The clinical review for Resident E was reviewed on 1/31/2023 at 11:00 A.M. The diagnoses included, but not limited to, necrotizing fasciitis, orthopedic aftercare following surgical amputation, and acquired absence of left leg below knee(L BKA) Resident was admitted to the facility on 1/9/2023.</p> <p>A Care Plan, dated 1/12/2023, indicated the resident has altered skin integrity related to BKA surgical wound to left stump. The interventions included but were not limited to: conduct weekly skin inspection, monitor for signs and symptoms of infection, treatments as ordered.</p> <p>Physician Order Sheet - Sanctuary of Holy Cross dated 12/21/2022, indicated wound-incision care left BKA apply betadine and cover with dry gauze or ABD only twice a day.</p> <p>The Treatment Administration Record, dated 1/2023, indicated on 1/13/2023 an order of betadine external solution 10% apply to the left BKA topically every evening shift for surgical site. May cleanse with NS or wound wash , apply betadine cover with ABD and secure with gauze or border dressing.</p> <p>During an interview, on 2/2/2023 at 2:47 P.M., the Director of Nursing indicated that the treatment order for the left below the knee was not transcribed upon admission and should have been.</p> <p>3. The clinical record for Resident F was reviewed on 1/31/2023 at 2:00 P.M. The diagnoses included, but not limited to, fracture of</p>						

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	<p>unspecified part of neck of left femur, muscle weakness and abnormalities of gait and mobility. Resident was admitted to the facility on 1/12/2023.</p> <p>The Hospital Discharge form titled, " After Summary Instructions", dated 1/12/2023, indicated Wound/Incision Care for patient instructions: Daily dressing changes. Cover with ABD and tape. May leave open to air after post op day 7 if healed and no longer draining. And schedule an appointment with J. Yeargler, MD as soon as possible for a visit in 2 weeks, specialty: Orthopaedic.</p> <p>The Hospital Discharge Summary, dated 1/6/2023 indicated Resident F underwent hemiarthroplasty on 1/8/2023.</p> <p>A Care Plan, dated 1/13/2023 indicated altered skin integrity related to surgical wound to left hip. The interventions included but were not limited to: treatment as ordered, monitor for signs and symptoms of infection, weekly wound assessment.</p> <p>During an interview, on 1/31/2023 at 3:30 A.M., the Director of Nursing indicated that she was following up on scheduling his follow up appointment with the surgeon yesterday, which should have been made when he admitted. And indicated the treatment depends what day he came out of post op whether he could be open to air or not.</p> <p>On 1/31/2023 at 4:24 P.M., the DON indicated that he did not have an order for dressing change when he admitted and should have because he was 4 day post op.</p> <p>On 2/2/2023 at 11:40 A.M., the Regional Nurse</p>						

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F 0804 SS=G Bldg. 00	<p>indicated they have no orders no policies or procedures on physician orders or transcribing of, and the admission process.</p> <p>On 2/1/2023 at 11:40 A.M., the Director of Nursing provided a policy titled, "Wound Treatment Management", dated 2022, and indicated the policy was the one currently used by the facility. The policy indicated "...Policy: To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Policy Explanation and Compliance Guidelines: 1. Wound treatments will be provided in accordance with current standard of practice and physician orders, including the cleansing method, type of dressing, and frequency of dressing change. 2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders...6. Guidelines for dressing selection may be utilized in obtaining physician orders...c. The facility will follow specific physician orders for providing wound care. 7. Treatments will be documented on the Treatment Administration Record or in the electronic health record. 8. The effectiveness of treatment will be monitored through ongoing assessment of the wound. Considerations for needed modification include: a. Lack of progression towards healing. B. Changes in the characteristics of the wound...."</p> <p>This Federal tag related to compalint IN00400017.</p> <p>3.1-37(a)(b)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink</p>						

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	<p>Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on record review and interview the facility failed to prevent burns from hot liquids by serving it at an inappropriate temperature resulting in a partial thickness to full thickness burn.(Resident D).</p> <p>Finding includes:</p> <p>An Incident Report, dated 1/20/23, indicated " ...Description added: Resident was in room and yelled. Staff responded and noted resident had spilt her hot tea ...Action Taken: Resident assessed, NP [Nurse Practitioner] notified with new orders ...Type of injury: Belly area has a 48 cm [centimeter] by 22 cm open blister area with redness noted by nurse...."</p> <p>During an interview, with Resident D, on 2/1/23 at 9:55 A.M., Resident D indicated she was sitting in her wheelchair with the overbed table across her lap, she was served hot tea in a Styrofoam cup that did not have a lid. She indicated she prefers not to have a lid on her cup because she cannot open the lid because she has contracted hands. She indicated that when the tea spilled it landed on her abdomen and she pulled her shirt away and she yelled for help. Staff came right away to assist her.</p> <p>During an interview and observation, on 2/1/23 at</p>			F 0804	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident was assessed for hot liquids and interventions added to include cup with lid, care plan updated.</p> <p>Coffee and hot water will be obtained from carafe off dining room carts not from commercial coffee urn.</p> <p>Coffee and hot water will be served at an appetizing temperature to ensure resident satisfaction while minimizing the risk for scalding and burns.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</p>		03/03/2023

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	<p>10:00 A.M., with LPN 3 and Resident D, he said the area to Resident D's abdomen was better, it was healing. During the observation of Resident D's abdominal area, the skin to the abdomen had multiple brown scabs on her skin with the surrounding tissue a slightly reddened color. At that time, it appeared to be a healing wound. The multiple scabbed areas presented about the size of a nickel or dime.</p> <p>The clinical record for Resident D, was reviewed on 2/1/23 at 10:40 A.M. Diagnoses included, but not limited to: paraplegia unspecified, muscle weakness generalized and other lack of coordination.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 12/20/22 indicated the resident was cognitively intact and required supervision of 1 with eating. The MDS did not indicate any use of assisted devices for eating.</p> <p>A Nurse Practitioner for Wound Care-Progress Notes, dated 1/23/23, indicated the resident was seen for a new abdominal burn " ...New areas of partial [epidermis& dermis damage] and full thickness [includes all 3 layers of skin damage] tissue loss across abdomen with multiple fluid-filled blisters. Unable to sense pain; had spilled hot tea across her abdomen and couldn't remove clothing fast enough due to hand contractures. Will manage burn with thin layer Silvadene cream the cover with single layer xeroform; protect with ABD [abdominal type of dressing] and secure with medipore tape outside of wound borders; change every 48 hrs. [hours] and pm[as needed] saturation. Keep site clean and dry and protect from further tissue damage"</p>			<p>All residents were assessed for hot liquids, interventions put into place as indicated.</p> <p>Coffee and hot water will be obtained from carafe off dining room carts not from commercial coffee urn.</p> <p>Coffee and hot water will be served at an appetizing temperature to ensure resident satisfaction while minimizing the risk for scalding and burns.</p> <p>what measures will be put into place and what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>Hot liquids assessments will be completed on all new residents and current residents.</p> <p>Kitchen staff will temp hot liquids from commercial coffee urn, then temp carafe upon arrival to the unit. Staff have all been educated to get liquids off the dining room carts, not directly from the commercial coffee urn.</p>			

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	<p>A Tissue Analytics, dated 1/23/23, indicated the burn wound measured 9.04cm x 4.05cm x 0.20. The wound has scant serious fluid, with no odor with epithelium intact. Wound dressing to be completed 3 x's per week.</p> <p>A Tissue Analysis, dated 1/26/23, indicated the burn wound measured 7.07cm x 3.07 cm x 0.01 cm. Another Tissue Analysis dated 1/30/23 indicated the burn wound measured 7.49 cm x 7.19 cm x 0.10 cm.</p> <p>The Treatment Administration Record (TAR) for January 2023, indicated a treatment for the burn was started on 1/19/23 and included " ...clean area with normal saline and pat dry, apply medihoney every shift. The TAR indicated the first treatment was first documented on 1/20/23 on night shift. The last date and time the treatment was completed was on 1/24/23, day shift. The TAR indicated there was treatment change, on 1/24/23, to apply Silver Sulfadiazine Cream 1% to the abdominal wound.</p> <p>During an interview, on 2/3/23 at 10:58 A.M., the Unit Manager indicated when hot liquids are served to residents it is supposed to have a lid on it.</p> <p>During an interview, on 2/3/23 at 11:34 A.M., CNA7 indicated she was the one who brought the hot tea to the resident. She indicated hot tea was served to the resident in a Styrofoam cup without a lid, per the resident's request.</p> <p>During an interview, with the Dietary Manager, conducted on 2/1/23 at 11:30 A.M., she indicated they have a commercial coffee urn that they take water from and pour into a carafe for Residents tea and hot chocolate. The water temperature she</p>				<p>How the corrective action will be monitored to ensure the deficient practice will not recur ie what quality assurance will be put into place</p> <p>Coffee and Hot water temperatures will be completed 7 days a week 3 meals a day x 30 days, then 3 times weekly x 30 days, then weekly times 4 months. Results of these audits to be brought to QAPI x 6 months to track for any trends. If any issues are identified than audits will continue based on IDT recommendations.</p>		

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	<p>said, had to be at 164 degrees Fahrenheit in order for the tea and hot chocolate to be palatable.</p> <p>During an intevievw, with CNA 6 on 2/1/23 at 2:45 P.M., indicated she would get a cup from the kitchen or Styrofoam cup as most residents like larger cups. She indicated she would get the hot water from the machine in the kitchen and take it to the Resident.</p> <p>Hot water in a Coffee Carafe on the 200 unit on 2/1/23 at 11:30 A.M., was 144 degrees Farenheit. The temperature was retrieved by the Dietary Manager 10 minutes after being brought to the unit.</p> <p>Hot water in a Coffee Carafe, dated 1/20/23 through 2/2/23, indicated temperatures of the hot water were 162 degrees Fahrenheit.</p> <p>Hot water from the Coffee/Hot Water Machine, dated 1/20/23 through 2/2/23, indicated the temperatures of the hot water were 162 degrees Fahrenheit to 165 degrees Fahrenheit.</p> <p>A form titled, "Hot Beverage Safety", undated, indicated " ...Guideline Statement: A hot beverage is something many of our residents look forward to. These beverages must be served at a temperature that is both palatable and safe for the resident" The form indicated water from commercial coffee urns " ...will be in the 185 to 200 degree range, which is recommended temperature for brewing tea" Serving Resident section indicated"...Do not use styroform cups for hot beverage...Residents who travel in a wheelchaic with hot beverages should be provided with a wheelchair cup holder..." The form stated"...All residents should be evaluated for Hot Beverage Safety on admission, with any change of conditon</p>						

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	<p>and annual assessment using the Hot Liquid Safety Evaluation..."</p> <p>On 2/3/23 At 3:18 P.M., the Administer indicated the above form and its information was used for education only and is not a policy.</p> <p>Causation of Cutaneous Burns, retrieved from the National Center of Biotechnology Information (NCBI) website on 2/3/23 at https://www.ncbi.nlm.nih.gov/articles/PMC1934304/?page=16 indicated the time and temperture relationship to serious burns with the following temperatures and the time required for a 3rd degree burn (full thickness burn going through the dermis and affecting deeper tissue) to occur:</p> <p>155 degrees Fahrenheit (F)-1 second 148degrees F-2 seconds 140 degrees F-5 seconds 133 degrees F-15 seconds</p> <p>On 2/3/23 at 11:08 AM ., The Unit Manager provided a policy titled, "Hot Liquid Safety", dated 2022 and indicated it was the one currently used by the facility. The policy indicated "...Policy Explanation and Cimpliace Guidelines: 1. Hot liquids can cause scaling and burns 2. The temperature of hot liquids will be checked in the dietary department prior to distrubution to th nursing units. If the temperature is greater than 140 Fahrenheit, hold the liquid in the dietary department until it reaches an apporiate temperature...4. Staff shall respond to immediately to spills or other accidents with hot liquids to minimize the risk for burns. Follow procedures regarding incidents/accidents should anyone experience exposure to hot liquids..." The policy contained additional information regarding the time and temperture requided for 3rd degree burn</p>						

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	to occur. The policy indicated, at 155 degrees, it would take 1 second to recieve a third-degree burn. This Federal tag relates to complaint IN00399787. 1.3-21(a)(1)(2)						