

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

PRINTED: 10/04/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/26/2022	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 7125 S HANNA STREET FORT WAYNE, IN 46816			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00387724, IN00388130 and IN00388597.</p> <p>Complaint IN00387724 - Substantiated deficiencies related to the allegations are cited at R0149, R0155, and R0157</p> <p>Complaint IN00388130 - Substantiated deficiencies related to the allegations are cited at R0149, R0155, and R0157.</p> <p>Complaint IN00388597 - Substantiated deficiencies related to the allegations are cited at R0044, R0090, R0149, R0155, and R0157.</p> <p>Survey date: August 25 and 26, 2022</p> <p>Facility number: 014316</p> <p>Residential Census: 97</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed August 31, 2022.</p>			R 0000			
R 0044 Bldg. 00	<p>410 IAC 16.2-5-1.2(r)(1-5) Residents' Right - Deficiency (r) The transfer and discharge rights of residents of a facility are as follows: (1) As used in this section, "interfacility transfer and discharge" means the movement of a resident to a bed outside of the licensed facility. (2) As used in this section, "intrafacility transfer" means the movement of a resident to a bed within the same licensed facility.</p>						

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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>(3) When a transfer or discharge of a resident is proposed, whether intrafacility or interfacility, provision for continuity of care shall be provided by the facility.</p> <p>(4) Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:</p> <p>(A) the transfer or discharge is necessary for the resident 's welfare and the resident 's needs cannot be met in the facility;</p> <p>(B) the transfer or discharge is appropriate because the resident 's health has improved sufficiently so that the resident no longer needs the services provided by the facility;</p> <p>(C) the safety of individuals in the facility is endangered;</p> <p>(D) the health of individuals in the facility would otherwise be endangered;</p> <p>(E) the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; or</p> <p>(F) the facility ceases to operate.</p> <p>(5) When the facility proposes to transfer or discharge a resident under any of the circumstances specified in subdivision (4)(A), (4)(B), (4)(C), (4)(D), or (4)(E), the resident 's clinical records must be documented. The documentation must be made by the following:</p> <p>(A) The resident 's physician when transfer or discharge is necessary under subdivision (4)(A) or (4)(B).</p> <p>(B) Any physician when transfer or discharge is necessary under subdivision (4)(D).</p> <p>Based on record review and interview, the facility failed to ensure safe discharge an appropriate care setting for 1 of 1 residetn reviewed. (Resident D).</p>			R 0044	<p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</u></p>		10/06/2022

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	<p>Findings include:</p> <p>On 8/25/22 at 12:10 PM Resident D's record was reviewed. Diagnosis included recurrent major depressive disorder, dyspnea, orthopnea, essential hypertension, non-pressure chronic ulcer of left lower leg, gout, morbid obesity.</p> <p>The record indicated on 8/19/22, Resident D was transported to a hotel due to a plumbing issue in his room.</p> <p>In an interview on 8/26/22 at 10:05 AM the Maintenance Director indicated Resident D was sent to a hotel because of excessive destruction to his room. The Maintenance Director indicated management elected to move him to a hotel room rather than an empty apartment due to his potential to damage another room.</p> <p>In an interview on 8/26/22 at 10:00 AM, the Director of Nursing (DON) indicated the census on 8/19/22 was 100. The facility was a 135 licensed bed Assisted Living Facility. There were approximately 30 rooms available.</p> <p>A review of the annual service plan dated 7/22/22 indicated Resident D was not ambulatory and used a wheelchair. The resident needed transfer assistance of two. He required assistance with transfers in and out showers, washing his hair, putting on and removing his pants. The resident required regular or frequent assistance to and from the bathroom with extensive assist to change his incontinence product as well as negotiating clothing after toileting. The service plan indicated the resident required weight bearing assistance to get in and out of a bed, chair or car. On 7/22/21, 9/3/21, 12/28/21, and 8/8/22 new service plan interventions indicated to encourage Resident D</p>				<p>One resident was affected. No action is needed for the resident at this time as he no longer resides in the community.</p> <p>The resident was discharged to the safest environment possible. With no water available, resident had to be moved to another location. Resident refused to go home with his wife, and with no bed or other amenities in one of the 19 other empty rooms, providing resident with a handicapped accessible room was the safest option for the resident at the time.</p> <p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>The discharge of this resident was a unique situation and had occur immediately to protect the safety of other residents. The only residents this could affect in the future are residents engaging in behavior that endangers the safety of themselves and/or other residents. Should such an immediate discharge be necessary in the future, the Ombudsman will be immediately notified, and the resident will be issued a Discharge Notice.</p> <p>- <u>What measures will be put into place or what systemic</u></p>		

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	<p>to keep his apartment clean and free from clutter, to encourage the resident to place trash in proper areas daily, provide hygiene reminders daily and the resident would maintain room cleanliness as per lease agreement, respectively.</p> <p>In an interview on 8/26/22 at 10:22 AM the DON indicated Resident D had contacted the fire department three times in the last three months for transferring assistance. The DON also indicated Resident D received scheduled showering assistance on the third shift and assistance with activities of daily living as needed.</p> <p>A review of the Health Status Note dated 4/13/22 at 12:48 PM by the Director of Nursing and Wellness indicated Resident D was referred to four long term care (LTC) facilities with no follow-up. One LTC facility denied care and on 4/19/22 at 13:13 PM another LTC facility denied care. No follow-up or contact of LTC facilities was documented in attempt to place Resident D in a safe environment after April 19, 2022 at 13:13 PM.</p> <p>Progress notes dated 8/22/22 at 13:19 AM indicated when maintenance was working on Resident D's room, the end of a smoked marijuana joint, a pipe and other illegal substance related paraphernalia had been found. The facility called the police; the situation was investigated and Police Report 22F091797 was filed.</p> <p>On 8/22/22 the facility issued Resident D a letter indicating that he was being immediately discharged from the facility due to illegal drugs and paraphernalia found in his room in violation of his lease agreement.</p> <p>The facility did not issue a discharge notice</p>				<p><u>changes the facility will make to ensure that the deficient practice does not recur:</u> A discharge checklist will be implemented to ensure that all regulatory steps are taken, and all required notifications are given. The checklist will be signed off by the Executive Director (ED).</p> <p><u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u> Discharge checklists will be reviewed in Quality Assurance (QA) meetings for six (6) months.</p> <p><u>What date the systemic changes will be completed:</u> October 6, 2022</p>		

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R 0090 Bldg. 00	<p>giving the resident an avenue for appeal.</p> <p>This State citation is related to Complaint IN00388597</p> <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency (g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and</p>						

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	<p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interview and record review the facility failed to ensure the Indiana Department of Health was informed of situation meeting reportable criteria within 24 hours for 1 of 1 residents reviewed. (Resident L)</p> <p>Findings include:</p> <p>Resident L's record was reviewed on 8/25/22 at 3:15 PM. Resident L's diagnoses included schizophrenia.</p> <p>The progress notes dated 8/7/22 at 4:45 PM indicated the resident was observed walking in the middle of the street. The resident indicated to a Qualified Mediation Aide (QMA) she believed she was being stabbed with pins by an invisible man and was not going back to the facility.</p> <p>On 8/26/22 at 9:12 AM the Director of Nursing (DON) provided a timeline of occurrences dated 8/7/22. The timeline indicated she had reminded the staff to notify the hospital Resident L was a danger to herself.</p>			R 0090	<p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>The deficient practice in this area was inaccurate documentation of an incident, not the failure to contact the Indiana Department of Health for a situation meeting reportable criteria. The incident in question did not meet reportable criteria because the resident's welfare, safety, and health was never threatened. The resident herself was not interviewed by surveyors, nor was the nurse on duty. Both the nurse and resident stated that the QMA's statement of resident being in the street was not accurate and resident was on the sidewalk. The ultimate issue here is that nurse documented what was told to her and not what was observed by her.</p>		10/06/2022

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R 0149 Bldg. 00	<p>On 8/26/22 at 9:38 AM a current policy dated 2/1/2020 was received from the Executive Director (ED) titled "Incident Reporting Policy,". The policy indicated: occurrences that directly threaten the welfare, safety or health of a resident should be reported. The policy indicated a report should be submitted to the Indiana State Department of Health within 24 hours of discovery of the incident.</p> <p>No documentation from the facility the Indiana Department of Health had been notified concerning Resident L's occurrence was received by the time of exit.</p> <p>This State citation is related to Complaint IN00388597.</p> <p>410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control</p>				<p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> Clinical staff will be in-serviced on objective documentation and incident reporting.</p> <p>- <u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u> The Executive Director and/or the Director of Nursing & Wellness will do weekly audits of documentation in the electronic medical records for one month, then monthly audits for five (5) months.</p> <p>- <u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u> Documentation audits will be discussed in QA for six (6) months.</p> <p><u>What date the systemic changes will be completed:</u> October 6, 2022</p>		

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	<p>program in operation in compliance with 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure the environment was free of pests related to an ineffective pest control program. 109 residents resided in the facility.</p> <p>Findings include:</p> <p>On 8/25/22 at 9:30 AM a live bed bug was observed on a love seat in a common lounge area on the first level.</p> <p>On 8/25/22 at 10:00 AM the fourth level the hallway carpets were observed to have had dark brown stains, were littered with debris consisting of food crumbs and various dead bugs. Piles of assorted dead bugs were observed in the corners of the residents' doors.</p> <p>On 8/25/22 at 10:00 AM the fourth level laundry area was observed. The area contained two large trash bins. One of the trash bins was covered with a lid with two cardboard boxes of trash on top of the lid. The second trash bin was not covered with a lid; trash was over the top of the bin. A 19" x 14" x 17" cardboard box filled with trash was sitting on the floor. A black trash bag tied with a drawstring was sitting on the floor. A half full, open black trash bag sat on the floor. There were two full insect traps behind the washer and dryer.</p> <p>In an interview on 8/25/22 at 9:33 AM, Resident G indicated she had seen bed bugs in the common areas on the first level.</p> <p>In an interview on 8/25/22 at 9:35 AM, Resident J</p>	R 0149	<p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> All rooms are being treated for roaches and bed bugs. Treatment is ongoing.</p> <p>It should be noted that House Bill 1415 never made it out of committee and was never codified into law.</p> <p>- <u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> All rooms are being treated for roaches and bed bugs. Treatment is ongoing.</p> <p>- <u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u> Silver Birch Living has contracted with Rose Pest Control to provide ongoing pest treatments. Rose will be visiting the facility 2x/week to treat rooms in addition to regular service.</p> <p>- <u>How the corrective action will be monitored to ensure the</u></p>	10/06/2022			

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	<p>indicated the fourth level was being treated for bed bugs and roaches.</p> <p>In an interview on 8/25/22 at 9:40 AM, Resident A indicated the fourth level was being treated for bed bugs. The resident indicated there had been bed bugs and roaches in the facility throughout the last 6 months. She indicated the fourth level had been sprayed prior but the spray was ineffective. Resident A indicated the fourth level laundry area had overflowing trash and roaches.</p> <p>In an interview on 8/25/22 at 10:30 AM, the Environmental Services Director indicated the fourth level was being sprayed for bed bugs that day. He indicated the resident's belongings were taken to the first level and placed in a dryer before being returned to their rooms. He did not indicate how long or how hot the dryer was to run.</p> <p>In an interview on 8/25/22 at 10:34 AM, Resident K indicated the fourth level had been sprayed for bed bugs twice before, but had not been sprayed in the recent past.</p> <p>In an interview on 8/25/22 at 11:23 AM, the Environmental Services Director indicated he was aware of the trash in the laundry room. He indicated there was no housekeeping staff at various times. He indicated he was working on the bug problem. He presented current service records from an extermination company. He indicated the fourth level laundry room trash should have been removed prior to spraying for bed bugs. He indicated the trash was usually removed by 10:00 AM, but there was no housekeeper today. He indicated the trash would be removed at the end of the day. He indicated the carpets should be vacuumed after the bed bug treatment. He indicated he did not have a cleaning</p>				<p><u>deficient practice will not recur, i.e., what quality assurance program will be put into place:</u> Pest control will be discussed in QA meetings for six (6) months or until issue is resolved.</p> <p><u>What date the systemic changes will be completed:</u> October 6, 2022</p>		

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	<p>schedule for the rooms that had been sprayed for bugs.</p> <p>In an interview on 8/25/22 at 3:43 PM the Environmental Services Director indicated the facility needed to hire more housekeepers. He presented documentation of housekeeping schedules for three housekeepers, the housekeeping policy (revised 5/1/18), the apartment cleaning policy (revised 5/1/18), three common area cleaning schedules, and the housekeeping training checklist (revised 11/18). He indicated the staff just could not keep all the areas clean.</p> <p>On 8/26/22 at 10:00 AM live bed bug activity was observed on a love seat in a first level lounge area.</p> <p>In an interview on 8/26/22 at 10:10 AM, the Environmental Services Director indicated he would remove the love seat. He indicated the love seat should have been removed as soon as bed bugs were detected.</p> <p>In an interview on 8/26/22 at 11:22 AM, the Health Facility Administrator (HFA) indicated she was aware of the bed bug problem. She indicated new residents of the facility were not made aware of the bed bug infestation prior to admission.</p> <p>In an interview on 8/26/22 at 12:08 PM, CNA 3 indicated she had not seen anyone vacuum the hallways for the last month.</p> <p>In an interview on 8/26/22 at 12:34 PM, the Administrator indicated dead bugs on the carpet do not cause live bugs. She indicated she was not aware the carpets and beds needed vacuumed after the bug treatment to remove eggs. She</p>						

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	<p>indicated she was aware of the dead bugs along the conference room edges.</p> <p>The Centers for Disease Control and Prevention (CDC, 2018) states that while bed bugs do not transmit diseases to humans, complications from bed bug bites could be harmful to vulnerable populations. The CDC defined vulnerable populations as the elderly, immunocompromised individuals, and those who reside in a community living facility such as residential, institutional, or a shelter. Complications from bed bug bites included allergic reactions and cellulitis (skin infections) (CDC, 2018). The CDC advised that vulnerable populations are at an increased risk for antibiotic resistant staph aureus infections (severe skin infections). The CDC also warned antibiotic resistant infections can lead to sepsis, complications to other organs from strong antibiotics, and death.</p> <p>Indiana General Assembly House Bill 1415 Section 13(a) stated a dwelling unit may not be offered for rent if the landlord knows, or reasonably suspects bed bug activity and must disclose any bed bug activity for the previous 8 months at the request of a potential tenant.</p> <p>The Centers of Disease Control and Prevention (CDC) and the United States Environmental Protection Agency (EPA) Guidelines for Prevention and Management of Bed Bugs in Shelters and Group Living Facilities included: all floors should be thoroughly vacuumed with a brush attachment and the brush attachment should be cleaned in hot soapy water after use, mattresses and box springs should be thoroughly vacuumed prior to treatment, vacuum bags should be immediately contained and disposed of outside, and hard furniture and walls should be</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/26/2022	
NAME OF PROVIDER OR SUPPLIER SILVER BIRCH OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 7125 S HANNA STREET FORT WAYNE, IN 46816			
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R 0155 Bldg. 00	<p>washed liberally with soapy water.</p> <p>References: Centers for Disease Control and Prevention (2018). https://www.cdc.gov/parasites/bedbugs/add_resources.html United States Environmental Protection Agency (2022). https://www.epa.gov/bedbugs Indiana General Assembly (2021). https://www.iga.in.gov/legislative/2021/bills/house/1415/#document-813e94e8</p> <p>This state citation is related to complaints IN00387724, IN00388130, and IN00388597</p> <p>410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.</p> <p>Based on observation, interview and record review, the facility failed to ensure garbage and waste were stored disposed of in a sanitary manner. 109 residents resided in the facility.</p> <p>Finding include:</p> <p>In an interview on 8/25/22 at 9:40 AM, Resident A indicated there were roaches and overflowing trash in the fourth level laundry room.</p> <p>In an interview on 8/25/22 at 11:23 AM, the Environmental Service Director indicated he was aware of the trash in the laundry room, but there was no housekeeping staff to take it out. He</p>			R 0155	<p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> Housekeepers have been hired and trash has been disposed of as needed.</p> <p><u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> Trash in all laundry rooms will be</p>		10/06/2022

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	<p>indicated the fourth level laundry room trash should have been removed prior to spraying for bed bugs. He indicated the trash was usually removed by 10:00 AM but there was no housekeeping staff to take it out. He indicated the trash would be removed by the end of the day. He indicated the facility needed to hire more housekeepers. He presented current housekeeping schedules for three housekeepers, the housekeeping policy (revised 5/1/18), the apartment cleaning policy (revised 5/1/18), three common area cleaning schedules, and the housekeeping training checklist revised (11/18).</p> <p>During an observation on 8/25/22 at 10:00 AM the fourth level laundry area contained two large trash bins. One of the trash bins was covered with a lid with two cardboard boxes of trash on top of the lid. The second trash bin was not covered with a lid; trash was over the top of the bin. A 19" x 14" x 17" cardboard box filled with trash was sitting on the floor. A black trash bag tied with a drawstring was sitting on the floor. A half full, open black trash bag sat on the floor. There were two full insect traps behind the washer and dryer.</p> <p>During an observation on 8/25/22 at 3:50 PM a review of the Common Area Cleaning Schedule provided by the Environmental Service Director indicated the resident laundry rooms should be cleaned daily.</p> <p>During an observation on 8/26/22 at 12:11 AM, two trash cans were observed in the fourth level laundry room. 1 trash bin was covered by a lid. The second trash bin contained a clear unsecured trash bag filled with trash over the level of the trash bin.</p> <p>This Satate citation is related to complaints</p>				<p>disposed of as needed. <u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u> The ED and/or the Environmental Services Manager (ESM) will audit the 4th floor laundry daily for one week, 2x/wk for one month, and 1/wk for 4 months to ensure trash is disposed of as needed. <u>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u> Audits of 4th floor laundry will be reviewed in QA for six (6) months. <u>What date the systemic changes will be completed:</u> October 6, 2022</p>		

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R 0157 Bldg. 00	<p>IN00387724, IN00388130, and IN00388597.</p> <p>410 IAC 16.2-5-1.5(n) Sanitation and Safety Standards - Deficiency n) The facility shall develop, adopt, and implement written policies and procedures on cleaning, disinfecting, and sterilizing equipment used by more than one (1) person in a common area.</p> <p>Based on observation and interview the facility failed to ensure the carpets were clean in the common areas in 2 of 2 observation.</p> <p>Findings include:</p> <p>During an observation on 8/25/22 at 1:45 PM, the third-floor hallway carpeting was observed with numerous dime to dinner-plate sized brown and red spots in round and streak shapes.</p> <p>During an observation on 8/25/22 at 3:35 PM, the fourth-floor hallway carpeting was observed with numerous dime to dinner-plate sized brown and red spots in round and streak shapes.</p> <p>In an interview on 8/25/22 at 3:43 PM, the Maintenance Director indicated he was aware of the carpet condition and corporate had ordered a carpet cleaner.</p> <p>On 8/25/22 at 3:43 PM a current policy titled "Housekeeping," effective 5/01/18, provided by the Maintenance Director indicated carpets should be shampooed annually and as needed.</p> <p>No documentation was provided regarding the cleaning of common area carpets by time of the survey exit.</p>		R 0157	<p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u> All facility carpets will be cleaned, and a new carpet cleaning machine has been purchased and is scheduled to be delivered to the facility on September 19, 2022.</p> <p>- <u>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> A carpet cleaning schedule will be created and implemented.</p> <p>- <u>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</u> Audits of the carpet cleaning schedule will occur weekly by ESM for six (6) months.</p> <p>- <u>How the corrective action will be monitored to ensure the</u></p>		10/06/2022	

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