

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

PRINTED: 02/22/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155618		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2017	
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES SUMMER TRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA ST CARMEL, IN 46032			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00218293.</p> <p>Complaint IN00218293 - Substantiated. Federal/State deficiencies related to the allegations are cited at F328 and F465</p> <p>Survey dates: January 9 and 10, 2017</p> <p>Facility number: 001149 Provider number: 155618 AIM number: 200145500</p> <p>Census bed type: SNF: 23 SNF/NF: 27 Residential: 75 Total: 125</p> <p>Census Payor Type: Medicare: 11 Medicaid: 27 Other: 12 Total: 50</p> <p>Sample: 3</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000			

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

TITLE

(X6) DATE

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

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F 0328 SS=E Bldg. 00	<p>Quality Review was completed by 21662 on January 11, 2017.</p> <p>483.25(b)(2)(f)(g)(5)(h)(i)(j) TREATMENT/CARE FOR SPECIAL NEEDS (b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments</p> <p>(f) Colostomy, ureterostomy, or ileostomy care. The facility must ensure that residents who require colostomy, ureterostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to ... prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.</p>						

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	<p>(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.</p> <p>(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>(j) Prostheses. The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device.</p> <p>Based on observation, interview and record review the facility failed to provide safe and sanitary respiratory equipment tubing for 3 of 8 residents reviewed for oxygen equipment utilization. (Resident C, D and E)</p> <p>Findings included:</p> <p>During a tour of the facility on 1/9/2017 at 2:30 p.m., following was observed:</p>	F 0328	The statement made in this plan of correction is not an admission to and does not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or is planning to take actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates	02/09/2017			

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	<p>a.) Room 237, the oxygen tubing and equipment for Resident C's utilization of oxygen was kinked and the tubing and bottle were leaking on to the floor. A large puddle of water had formed on the floor around the oximiser and a continuous drip from the tubing was observed.</p> <p>b.) Room 232, the trach cover mask and tubing for Resident D was found hanging on the dresser knob in the room and not in the plastic bag available for resident utilization.</p> <p>Other observations included:</p> <p>Room 160 on 1/10/2017 at 11:00 a.m., the nebulizer treatment equipment for Resident E was found on the dresser in the room and not in plastic bag available for resident utilization.</p> <p>Room 232 on 1/10/2017 at 1:30 p.m., the O2 trach cover mask for resident D was found on bed not in plastic bag available for resident utilization.</p> <p>During an interview on 1/10/2017 at 2:15 p.m., with the Director of Nursing (DON), she indicated the nebulizer equipment, the trach cover masks and other oxygen equipment should be put in a plastic bag when not in use by the</p>		<p>indicated.</p> <p>-</p> <p><u>Corrective actions accomplished for those residents found to be affected by this alleged practice:</u></p> <p>Resident C's (in room 237) no longer resides at the facility.</p> <p>Resident D's (room 232) trach cover mask and tubing is a plastic bag available for resident utilization.</p> <p>Resident E's (room 160) nebulizer treatment equipment is in a plastic bag and available for resident utilization. This resident's trach cover mask is also in a plastic bag when not in use.</p> <p>-</p> <p><u>Other residents having the potential to be affected by this alleged deficient practice.</u></p> <p>Residents who have nasal cannulas, masks, including trach cover masks, have this equipment in labeled plastic bags when not in use.</p> <p>Residents with oxygen tubing have tubing which is not kinked. When bottles are in use these bottles are not leaking.</p> <p>-</p> <p><u>Measures put into place/ systemic</u></p>				

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	<p>resident and should not be kinked or leaking.</p> <p>During an interview on 1/10/2017 at 11:15 a.m., with RN# 7, she indicated the oxygen tubing should not be kinked and leaking.</p> <p>The current policy for "RESPIRATORY: OXYGEN ADMINISTRATION" dated 9/2014 and received from the DON 1/10/2017 at 12:50 p.m., indicated "...2. When oxygen not in use, store tubing and nasal cannula or mask in serrate, labeled plastic bag....".</p> <p>This Federal tag relates to Complaint IN00218293.</p> <p>3.1-47(a)(6)</p>			<p><u>changes made to ensure the alleged deficient practice does not recur.</u></p> <p>Nursing staff have been in-serviced/reeducated by the Director of nursing/Designee regarding the importance of oxygen tubing not being kinked, tubing and bottles not leaking. This in-service/reeducation included the importance of trach cover masks, nasal cannels and nebulizer treatment being in plastic bags when not in use. This in-service/reeducation was completed using the facility policy titled Respiratory: Oxygen Administration.</p> <p>-</p> <p><u>How the corrective action will be monitored to ensure the alleged deficient practice will not recur.</u></p> <p>Director of Nursing/Designee will monitor rooms of residents who are using this equipment. This monitoring will be completed daily (Monday thru Friday) times four weeks. Then three times weekly for four weeks and as needed thereafter. This monitoring will be taken to monthly QUPI for review/ recommendations.</p>			

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F 0465 SS=E Bldg. 00	<p>483.90(h)(5) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON (h) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>(h)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a clean, sanitary, and home like environment related to 6 out of 11 resident rooms, and the second floor central bath and lounge areas. (Room's # 139, 148, 160, 218, 232 and 237)</p> <p>Findings included:</p> <p>During a tour of the facility on 1/9/3017 at 2:40 p.m., the following was observed:</p> <p>Room 237 had a large puddle of clear liquid surrounding the oxygen oximiser and oxygen supply cart. The bedroom walls were marred, chipped and peeling. The bedroom corners had dirt and debris.</p>		F 0465	<p>It is the practice of this facility to comply with F465 that the facility provides a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p><u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>Room 237 The puddle of clear liquid of clear liquid surrounding the oxygen oximeter and oxygen supply cart was removed and the area was cleaned by housekeeping. The bedroom walls where spackled and painted by maintenance. The bedroom corners where cleaned by housekeeping. The resident glasses</p>		02/09/2017	

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	<p>The residents glasses and glasses case were located behind the bedside dresser and were full of dust and debris. The residents wheel chair seat had stains and debris. The window sill had debris and dirt and oxygen caps and tubing covers were found on the floor under the residents bed. The resident curtains were stained and had debris. The telephone jack cover was missing from the wall.</p> <p>The second floor central bathroom had a used needle container loose from the wall. The toilet bowl had a ring of dirt and debris. The sink was not attached to the wall. The shower drain had cracked and missing tile. Dirty linen and gloves were found on the floor near the tub area. A large one foot section of wall was missing in the shower and there was exposed wet plasterboard. The corner of the shower area had rust and debris. The door entering the central bathroom was chipped, peeling, and marred. The main door jam had dust and debris.</p> <p>The lounge area on the second floor had a large full square stain on the rug.</p> <p>Room 232 had a large half dollar size hole in the bedroom wall, and the bedroom walls were chipped, marred, and peeling. Debris and dirt were on the bathroom floor and a two dirty towels</p>				<p>where cleaned. The wheelchair was cleaned. Housekeeping addressed the window sills. The oxygen caps and tubing was bagged and dated. The curtains where replaced. The telephone jack cover was replaced.</p> <p>The second floor central bath needle container has been repaired. The toilet bowel was cleaned. The sink was repaired. The shower walls have been repaired by maintenance. Nursing removed the linen gloves. The shower room main door jam has been cleaned.</p> <p>Housekeeping cleaned and removed the large square stain on the rug.</p> <p>Room 232 – The walls have been spackled and repaired. Housekeeping cleaned the bathroom wall and maintenance repaired. Staff to place dirty linen into the hamper after care.</p> <p>Room 218 Maintenance spackled and painted the bed room walls. Housekeeping cleaned the floors and over bed table. The resident's blankets have been replaced. The air vent/conditioner and vent holes have been cleaned by maintenance.</p> <p>The Maintenance Director re-educated his maintenance</p>		

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	<p>were located near the sink. The bathroom walls were chipped, cracked, marred and above the toilet paper holder were 4 holes in the wall.</p> <p>Room 218 the bedroom walls were marred, chipped, and peeling. A half dollar size section of the bedroom wall was missing and the plaster was exposed. The bedroom floors were stained and had dirt and debris. The overbed table was stained and dirty with debris. The resident blanket had an old dried stain and his pillow was located on the floor behind his bed with dust, dirt and debris. The air vent / conditioner was stained and had dirt and debris in the vent holes.</p> <p>During a tour of the facility on 1/10/3017 at 10:50 a.m., the following was observed:</p> <p>The Hallway outside room 134 had a calking gun hanging on the walking railing. The gun was ready to use but no maintenance staff in area utilizing the equipment.</p> <p>Room 139 had a large stain located on the bedroom floor from the bathroom to the residents bed area. The bedroom walls were chipped, cracked and peeling.</p> <p>Room 160 had rust stains on the</p>			<p>assistance to no leave maintenance equipment/supplies unsupervised.</p> <p>Room 139 housekeeping cleaned in bed room floor. The bed room walls have been spackled and painted.</p> <p>Room 160 housekeeping cleaned the bathroom floors</p> <p>Room 148 maintenance spackled and cleaned the bedroom walls.</p> <p>-</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u></p> <p>Maintenance spackling and repairing each resident room and bathroom where mars, and chips, peeling, or holes are identified under the direction of the Maintenance Director.</p> <p>The Housekeeping Supervisor has in place a daily cleaning schedule. The housekeeping aides provide a check list to the Housekeeping Supervisor at the end of their shift to document the rooms that have been attended to.</p> <p>A Guardian Angel program is in place. Each room is assigned a</p>			

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	<p>bathroom floors</p> <p>Room 148 had bedroom walls marred, chipped and peeling.</p> <p>During an interview on 1/10/2017 at 1:00 p.m., with Housekeeping staff member# 9, she indicated that all rooms were cleaned daily and as needed.</p> <p>During an interview on 1/10/2017 at 1:04 p.m., with Housekeeping staff member# 11, she indicated that all rooms were cleaned daily and as needed.</p> <p>During an interview on 1/10/2017 at 1:06 p.m., with Housekeeping staff member# 10, he indicated that all rooms were cleaned daily and as needed.</p> <p>During an interview on 1/10/2017 at 1:10 p.m., with the Housekeeping Manager, she indicated that all rooms were cleaned daily and as needed.</p> <p>The current policy for "HOUSEKEEPING MANUAL STANDARDS AND POLICIES CHAPTER 2 RESIDENT ROOMS" dated 3/01/03 and received from the Executive Director on 1/10/2017 at 1:50 p.m., indicated "...FREQUENCY, Daily....".</p>				<p>Guardian Angel. The Guardian Angel is to round each business day to check on the residents and check on residents room environment for 2 weeks. After the two weeks the Guardian Angel is to round no less than 2x a week for 10 weeks. After 10 weeks, the Guardian Angel rounds occur no less than 1x a week.</p> <p>The Guardian Angel will also check on bagged tubing and condition of residents equipment. All identified concerns will be communicated to the appropriate department head for correction. Any maintenance issues will submitted into TELs so that it will be logged and assigned for repair.</p> <p>-</p> <p><u>What measure will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>The Housekeeping supervisor spots checks behind the aides towards the end of their shift to confirm that the rooms were attended too. If the Housekeeping Supervisor finds any unaddressed concerns she has the aide attended to the concern prior to the staff person leaving.</p> <p>All concerns identified by the Guardian Angel will be</p>		

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