

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155377	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/03/2014
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NAME OF PROVIDER OR SUPPLIER  SEYMOUR CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 707 S JACKSON PARK DR SEYMOUR, IN 47274
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00154374 and IN00154531.</p> <p>Complaint IN00154374 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00154531 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: September 29, 30, October 1, 2, and 3, 2014</p> <p>Facility number: 000272 Provider number: 155377 AIM: 100274710</p> <p>Survey team: Julie Dover, RN, TC Rita Bittner, RN Tammy Forthofer, RN Josh Emily, RN</p> <p>Census bed type: SNF/NF: 93 Total: 93</p> <p>Census payor type: Medicare: 7 Medicaid: 80 Other: 6</p>	F000000	Request paper IDR review for F279. Facility disagrees with scope and severity.	
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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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F000241 SS=D	<p>Total: 93</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 9, 2014, by Janelyn Kulik, RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview, observation and record review, the facility failed to ensure resident's dignity was maintained related to requesting to leave the dining room multiple times before being assisted back to the resident's room for 1 of 1 random observations. (Resident #84)</p> <p>Findings include:</p> <p>During a random observation on 10/01/2014 at 11:42 a.m., Resident #84 was transported to the restorative dining room by Speech Therapist #4. Resident #84 was telling Speech Therapist #4 she</p>	F000241	F241 Dignity and Respect <b>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident #84 has been interviewed for her preferences regarding dining room attendance. Her plan of care has been update accordingly and preferences are being followed. Social Service Director has followed up with resident regarding psychosocial well being. Therapist #4 was reeducated from her supervisor regarding resident's rights. <b>How will you identify other residents</b>	10/27/2014			

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	<p>did not want to eat in the dining room. The resident was sitting at the table for 12 minutes while the staff went to retrieve her dining tray from the kitchen. During the 12 minute wait, the resident was repeating she did not feel good and did not want to eat in the dining room. After returning with the resident's tray, Speech Therapist #4 sat down beside the resident. The resident continued to advise Speech Therapist #4 she did not want to eat in the dining room, the resident was then returned to her room without consuming any of her meal.</p> <p>During an interview with Resident #84 on 10/01/2014 at 12:20 p.m., she indicated she had informed staff on several occasions she had no desire to eat in the dining room.</p> <p>During an interview on 10/01/2014 at 12:40 p.m., Resident #84's daughter indicated staff had made her mother eat in the dining room on several occasions. Her mother does not like to eat around others and prefers to dine in her room. When family members have been present the facility allows her mother to eat in her room.</p> <p>Resident #84's record was reviewed on 10/1/2014 at 11:10 a.m., Nutritional Status Care Plan, indicated but was not</p>		<p><b>having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All resident have the potential to be affected by the alleged deficient practice. All residents have been interviewed by SS/Designee on their dining preferences. Each resident's dining preference is documented in the careplan. An inservice on resident's rights and choices will be completed by 10/24/2014. Additionally, new hire employees also receive training on resident's rights and choices during orientation. <b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur?</b> All residents will be interviewed using Preferences for Daily Customary Routines tool which covers meal time and place preference. Plan of Cares will be updated by 10/27/14. Preferences for Daily Customary Routines tool will be completed upon initial MDS assessment, quarterly thereafter, and upon significant changes or resident request. An inservice on resident's rights and choices will be completed by 10/24/2014. Additionally, new hire employees also receive training on resident's rights and choices during orientation. <b>How will the corrective actions be monitored to ensure the deficient practice will not</b></p>		

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	<p>limited to ....potential for nutritional risk, with resident's preference to eat in her room even after encouragement. Family, resident's adult protective services representative, and resident are all aware of consequences and risks of dining without continuous supervision.</p> <p>The Quarterly Minimum Data Set Assessment (MDS) dated 8/16/2104 indicated current diagnoses for Resident #84 included but was not limited to Depression, psychotic disorder other than schizophrenia, CVA and dementia. Resident #84's score for the Brief Interview of Mental Status was 10.</p> <p>During an interview on 10/02/2014 at 10:32 a.m., MDS coordinator #7 indicated the care plan for Resident #84's dining preference was to dine in her room for meals.</p> <p>During an interview on 10/02/2014 at 1:18 p.m., Speech Therapist #8 indicated Resident #84 was observed once a day by a speech therapist for 35 minutes. She indicated when a resident does not want to be in the dining room, the facility will try to accommodate the resident's choice. There had been times when a speech therapist had sat with Resident #84 in her room. Speech Therapist #8 indicated it was better for the resident to come out of</p>		<p><b>reoccur?</b> The Accommodation of Needs audit tool will be completed weekly times 4 weeks then monthly times 6 months. Any issues found will be corrected and brought before the monthly QA committee for review. Any non compliance with staff will result in staff education and up to disciplinary action.</p>		

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F000242 SS=D	<p>the room. She indicated Resident #84 had an adult protective service representative who makes decisions for the resident.</p> <p>During an interview on 10/02/2014 at 1:51 p. m., Social Service Director #9 indicated residents' were free to make their own choices even with appointed adult protective service representative or a guardian.</p> <p>3.1-3(u)(3)</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview, observation and record review, the facility failed to ensure a resident's right to choose his or her dinning preference for 1 of 7 residents reviewed for choices. (Resident #84)</p> <p>Findings include:</p>	F000242	<b>F242 Self Determination – Right to Choices What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident #84 has been interviewed for her preferences regarding dining room attendance. Her plan of care has	10/27/2014

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	<p>During an observation on 10/01/2014 at 11:42 a.m., Resident #84 was transported to the restorative dining room by Speech Therapist #4. Resident #84 was telling Speech Therapist #4 she did not want to eat in the dining room. The resident was sitting at the table for 12 minutes while the staff went to retrieve her dining tray from the kitchen. During the 12 minute wait, the resident was repeating she did not feel good and did not want to eat in the dining room. After returning with the resident's tray, Speech Therapist #4 sat down beside the resident. The resident continued to advise Speech Therapist #4 she did not want to eat in the dining room, the resident was then returned to her room without consuming any of her meal.</p> <p>During an interview with Resident #84 on 10/01/2014 at 12:20 p.m., she indicated she had informed staff on several occasions she had no desire to eat in the dining room.</p> <p>During an interview on 10/01/2014 at 12:40 p.m., Resident #84's daughter indicated staff had made her mother eat in the dining room on several occasions. Her mother does not like to eat around others and prefers to dine in her room. When family members have been present the facility allows her mother to eat in her</p>		<p>been update accordingly and preferences are being followed. Social Service Director has followed up with resident regarding psychosocial well being. Therapist #4 was reeducated from her supervisor regarding resident's rights. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All resident have the potential to be affected by the alleged deficient practice. All residents have been interviewed by SS/designee on their dining preferences. Each resident's dining preference is documented in the careplan. An inservice on resident's rights and choices will be completed by 10/24/2014. Additionally, new hire employees also receive training on resident's rights and choices during orientation. <b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur?</b> All residents will be interviewed using Preferences for Daily Customary Routines tool which covers meal time and place preference. Plan of Cares will be updated by 10/27/14. Preferences for Daily Customary Routines tool will be completed upon initial MDS assessment, quarterly thereafter, and upon significant changes or resident request. An inservice on</p>				

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	<p>room.</p> <p>Resident #84's record was reviewed on 10/1/2014 at 11:10 a.m., Nutritional Status Care Plan, indicated but was not limited to ....potential for nutritional risk, with resident's preference to eat in her room even after encouragement. Family, resident's adult protective services representative, and resident are all aware of consequences and risks of dining without continuous supervision.</p> <p>The Quarterly Minimum Data Set Assessment (MDS) dated 8/16/2104 indicated current diagnoses for Resident #84 included but was not limited to Depression, psychotic disorder other than schizophrenia, CVA and dementia. Resident #84's score for the Brief Interview of Mental Status was 10.</p> <p>During an interview on 10/02/2014 at 10:32 a.m., MDS coordinator #7 indicated the care plan for Resident #84's dining preference was to dine in her room for meals.</p> <p>During an interview on 10/02/2014 at 1:18 p.m., Speech Therapist #8 indicated Resident #84 was observed once a day by a speech therapist for 35 minutes. She indicated when a resident does not want to be in the dining room, the facility will</p>		<p>resident's rights and choices will be completed by 10/24/2014. Additionally, new hire employees also receive training on resident's rights and choices during orientation. <b>How will the corrective actions be monitored to ensure the deficient practice will not reoccur?</b> The Accommodation of Needs audit tool will be completed weekly times 4 weeks then monthly times 6 months. Any issues found will be corrected and brought before the monthly QA committee for review. Any non compliance with staff will result in staff education and up to disciplinary action.</p>				

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F000279 SS=D	<p>try to accommodate the resident's choice. There had been times when a speech therapist had sat with Resident #84 in her room. Speech Therapist #8 indicated it was better for the resident to come out of the room. She indicated Resident #84 had an adult protective service representative who makes decisions for the resident.</p> <p>During an interview on 10/02/2014 at 1:51 p. m., Social Service Director #9 indicated residents' were free to make their own choices even with appointed adult protective service representative or a guardian.</p> <p>3.1-3(a)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical,</p>				



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	<p>mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to create and update an individualized care plan with specific approaches for each goal as resident progressed in treatment. This deficient practice effected 1 of 2 residents reviewed. (Resident # 89)</p> <p>Findings include:</p> <p>On 9/30/14 at 11:20 a.m., Resident #89 was observed to ambulate from dining room to Resident #89 room. Resident #89 rose from the chair in the dining room with no assistance and with ease, then walked with a cane at normal speed, gait and balance, with no assistance of staff. Resident #89 reached her room and sat on the bed. The resident was then observed standing up from a sitting position on the bed with ease and no assistance from staff. Resident #89 was observed to return to dining room in the same manner.</p> <p>On 10/1/14 at 9:12 a.m., Resident #89 was observed in the hall ambulating with a cane, no assistance from staff, with no</p>	F000279	<p>Request paper IDR review for F279. Facility disagrees with scope and severity.F279 Develop Comprehensive Care Plans <b>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Resident #89's has had a new MDS assessment completed which indicates level of assistance needed on 10/27/14. Resident #89 is also on therapy caseload and has had licensed occupational therapist review gait assistance. Plan of Care has been updated to reflect 10/27/14 assessment. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All resident have the potential to be affected by the alleged deficient practice. MDS Coordinator reviewed all MDS assessments for ADL's to ensure accuracy and that the careplan reflected the accurate MDS assessment.An inservice on Activities of Daily Living coding and Plan of Care updating will be completed by 10/24/2014 with Nurses and Certified Nursing Aides. <b>What measures will be</b></p>	10/27/2014

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	<p>balance or gait issues.</p> <p>On 10/1/14 at 12:35 p.m., Resident #89 was observed walking down the hall to room unassisted with a cane, with normal gait and speed.</p> <p>On 10/2/14 at 8:49 a.m., Resident #89 was observed ambulating down the hallway with a cane, with normal gait and speed.</p> <p>On 10/2/14 at 2:00 p.m., Resident #89 was observed leaving the bathroom with no assistance, sitting on the bed, and rising from the bed with no assistance.</p> <p>The record for Resident #89 was reviewed on 10/1/14 at 9:48 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus type II, cardiovascular disease, dementia with psychosis, inguineal neuralgia, chronic obstructive pulmonary disease, stroke, psychosis, senile dementia with delusions, trigeminal neuralgia.</p> <p>Review of the five day Minimum Data Set (MDS) Assessment dated 5/7/14, indicated the resident needed limited assistance (limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance) with one</p>		<p><b>put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur?</b></p> <p>During clinical rounds Monday-Friday IDT team will review ADL coding of resident that are due for MDS assessments with line staff (Nurses and CNA's) to ensure accuracy.MDS Coordinator/Designee will place accurate ADL's onto MDS assessments and will update careplans to reflect accurate ADL coding. <b>How will the corrective actions be monitored to ensure the deficient practice will not reoccur?</b> An <i>ADL accuracy audit tool that covers care plans</i> will be completed weekly times 4 weeks then monthly times 6 months. Any issues found will be corrected and brought before the monthly QA committee for review. Any non compliance with staff will result in staff education and up to disciplinary action.</p>				

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	<p>person physical assistance for the following activities; walking in corridor, walking in room, locomotion on unit and locomotion off unit and transfers (transfers-how resident moves between surfaces including to or from: bed, chair, wheelchair, and standing position). MDS indicated Resident #89 required extensive assistance (extensive assistance - resident involved in activity, staff provide weight-bearing support) with a one person physical assistance for toilet use and personal hygiene. MDS indicated for balance that Resident #89 was not steady, but able to stabilize without human assistance for the following activities; moving from seated to standing position, walking (with assistive device if used), turning around and facing the opposite direction while walking, moving on and off toilet, and surface-to-surface transfer (transfer between bed and chair or wheelchair).</p> <p>Review of the annual Minimum Data Set (MDS) Assessment dated 8/3/14, indicated the resident needed limited assistance with one person physical assistance for transfers. MDS indicated that Resident #89 required extensive assistance with a one person physical assistance for toilet use and personal hygiene. MDS indicated that Resident #89 required no help or staff oversight at</p>			

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	<p>any time. MDS indicated for balance that Resident #89 was not steady, but able to stabilize without human assistance for the following activities; moving from seated to standing position, walking (with assistive device if used), turning around and facing the opposite direction while walking, moving on and off toilet, and surface-to-surface transfer (transfer between bed and chair or wheelchair).</p> <p>Physical Therapy notes for Resident #89 dated 08/07/2014, provided by the Administrator on 10/2/2014 at 11:30 a.m., indicated physical therapy was started on 05/02/2014 and completed on 08/07/2014. Physical therapy notes indicated the patient's goal to stand upright for ten minutes without a rest break, was met on 7/2/2014. Physical therapy notes also indicated, Resident 's #89 goal of using a straight cane and supervision (needs verbal cueing but no physical assistance) for safe ambulation for three hundred feet with initiation cue and verbal instruction/cues was met on 8/5/2014.</p> <p>Occupational therapy notes for Resident #89, dated 08/07/2014, provided by the Administrator on 10/2/2014 at 11:00 a.m., indicated occupational therapy was started on 05/01/2014 and completed on 08/07/2014. Occupational therapy notes</p>			

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	<p>indicated for Resident #89, patient was able to complete all bathing tasks requiring supervision, (needs verbal cueing but no physical assistance) was met on 08/07/2014. Occupational therapy notes indicated, Resident #89 met the goal of being able to achieve balance on toilet/commode utilizing grab bars requiring modified independence, assistive device or extra time needed.</p> <p>Review of care plan dated 11/12/2012, indicated the approach for Resident #89 was an assistance of one staff for residents needs, concerning the problem care planned for assistance with activities of daily living, related to: decreased mobility, stroke, and dementia with psychosis</p> <p>Review of care plan dated 11/12/2012, indicated the approach for Resident #89 was to utilize one staff for transfers as needed to assist resident to steady herself during transfers concerning the problem care planned for fall risk.</p> <p>Review of resident profile (resident profile was information seen by staff on kiosk related to residents plan of care) dated 10/3/2014 indicated the approach for Resident #89 was an assistance of one staff for problem of activities of daily living. Approach for Resident #/89 of</p>						

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	<p>resident uses cane for mobility if indicated, for problem of falls. Approach for Resident #89 of provide assistance of one for transfers as needed, to assist resident to steady herself during transfers.</p> <p>During an interview on 10/1/2014 at 3:00 p.m., Certified Nurse Assistant (CNA) #10 indicated Resident #89 needed assistance one out of every ten times at night with balance while getting off the toilet. CNA #10 indicated help or assistance was not provided to Resident #89 unless Resident #89 hit the call light. CNA #10 indicated Resident #89 needed assistance for balance when showering and transferring in shower room but unaware of any other needed assistance. CNA #10 indicated that she would, wait to see if a resident asks for help, then assess situation when she got to resident, on information for guidance on how to assist residents. CNA #10 indicated she was unaware of assistance specified in care plan.</p> <p>During an interview on 10/2/2014 at 1:31 p.m., the Minimum Data Set assessment (MDS) coordinator indicated, once a week on Thursday Resident #89 was assessed by the MDS coordinator, and someone should be there at all times to help her transfer or while on toilet.</p>			

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	<p>During an interview on 10/2/2014 at 2:01 p.m., Resident # 89 indicated, she requires no assistance with standing, rising, personal hygiene, or activities of daily living, and does not get any assistance throughout the day or night.</p> <p>During an interview on 10/2/2014 at 2:50 p.m., CNA #11 indicated Resident #89 did not need any assistance at anytime, for any reason, including activities of daily living, transfers or personal hygiene.</p> <p>During an interview on 10/3/2014 at 9:50 a.m., Licensed Practical Nurse (LPN) #12 indicated Resident #89 does not need assistance and completes following the tasks on her own; dressing, bathroom use/toileting, arising from bed, personal hygiene, transferring, dressing and activities of daily living. LPN #12 indicated she was unaware of Resident #89 ' s need assistance in care plan, and unaware of what care plan indicated for Resident #89. After LPN #12 reviewed care plans concerning activities of daily living, with the assistance of one staff and the other care plan of providing assistance of one staff, for transfers as needed to assist resident to steady herself during transfers, LPN #12 indicated she was unaware of care planned need of staff assistance for transferring and</p>						

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F000465 SS=E	<p>activities of daily living. LPN #12 indicated that the care plan needed to be updated. LPN #12 indicated Resident #89 did not need extensive assistance for toilet use and transfers, as minimum data set dated 8/3/2014 indicated.</p> <p>3.1-35(a)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review the facility failed to provide an odor free environment for two of three common areas (nurse's station areas on B Wing and C Wing) and one room (#706).</p> <p>Findings include:</p> <p>1. Observation of the facility on 09/29/2014 at 10:00 a.m. indicated a strong urine odor in the areas around the nurse's stations on B Wing and C Wing.</p> <p>Observation of the facility on 09/30/2014 at 9:00 a.m. indicated a strong urine odor in the areas around the nurse's stations on B Wing and C Wing.</p>	F000465	<p><b>F465</b> <b>Safe/Functional/Sanitary/Comfortable Environment What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> Room #706 has been deep cleaned, also linens in the room changed out as well as the bathroom has been deep cleaned. The root cause of the common areas was identified as the soiled utility rooms – trash in the soiled utilities is now emptied twice a shift, soiled linens are now emptied 4 times a shift and as needed if odors arise. Ventilation fans in the soiled utilities will be replaced by 10/24/14. The solid utility rooms on B and C wing will be deep</p>	10/27/2014			



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	<p>RN #1 was interviewed on 10/02/2014 at 11:28 a.m. When asked about the urine odor in the area around the nurse's station on C Wing, he indicated the dirty linen room was near the nurse's stations in C Wing and B Wing and dirty linens were removed two times daily.</p> <p>During an interview on 10/02/2014 at 1:50 p.m. with Maintenance #2, indicated the dirty linen receptacles were kept covered and transported to laundry at least two to four times a day. He indicated the facility had a contract with an odor control company that comes in once a month and replaces the scent cartridges.</p> <p>Observation of the facility on 10/03/2014 at 8:50 a.m. indicated a strong urine odor near the C wing nurse's station.</p> <p>During an interview, on 10/03/2014 at 10:02 a.m., with Maintenance #2, documentation review of odor control company's receipts indicated air fresheners throughout the facility are refilled each month.</p> <p>2. During the initial tour on 09/29/2014 at 10:15 a.m., a strong odor of urine was noted in the hallway outside of room #706.</p>		<p>cleaned by 10/24/14. An air deodorizer has been added to the B wing and C wing soiled linen rooms. <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> All resident have the potential to be affected by the alleged deficient practice. An inservice on odor control and environmental rounds will be completed by 10/24/2014 with facility personnel including the nursing department, department heads, housekeeping and laundry department. <b>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur?</b> Department heads have been assigned designated rooms and common areas to round on daily to ensure an odor free environment is provided. If odors are found a root cause will be identified and corrective actions will be taken. <b>How will the corrective actions be monitored to ensure the deficient practice will not reoccur?</b> An <i>environmental CQI tool including odors will be completed daily times 4 weeks then weekly times 4 weeks, then monthly times 6 months.</i> Any issues found will be corrected and brought before the monthly QA committee for review. Any non</p>		

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	<p>During an observation on 09/29/2014 at 2:25 pm, room #706 had a strong odor of urine coming from the bathroom. No visible urine was noted in the toilet. Urine odor could be smelled in the hallway outside the room. Two residents resided in room #706.</p> <p>During an observation on 09/30/2014 at 9:30 a.m., Room #706 had a strong odor of urine in the hallway outside of the room. A two foot in diameter urine stain was noted on the bed. The resident was sitting beside the bed in a recliner.</p> <p>During a second observation on 09/30/2014 at 12:12 p.m., Room #706 continued to have a strong odor of urine in the hallway outside the room. The two foot in diameter urine stain was still visible on the bed. The resident continued to sit in her recliner next to her bed.</p> <p>3.1-19(f)</p>		compliance with staff will result in staff education and up to disciplinary action.	