PRINTED: 12/29/2016 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345175	B. WING _			11/	04/2016
	ROVIDER OR SUPPLIER	ND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 1940 SMITHFIELD, NC 27577				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 166 SS=E	A resident has the rig facility to resolve griethave, including those of other residents. This REQUIREMENT by: Based on record reviresident and family in resolve grievances by resident to use a bediconsecutive weeks be shathroom for 1 of 1 Findings included: Record review reveal admitted to the facility cumulative diagnoses Weakness and Urinar Admission Minimum I 2/18/2016 indicated the cognitively impaired, and bladder and requassistance of 1 persomassistance and listed resident #1 assistance and listed	th to prompt efforts by the vances the resident may with respect to the behavior is not met as evidenced ew, observation, staff, terviews, the facility failed to requiring a continent sefore repairing the resident residents.	F	166	Bathroom floor was retiled and commo replaced for Resident #1. All facility bathrooms were assessed to ascertain proper functioning and the absence of any unresolved odor proble by the Director of Environmental Service and/or his designee. Meeting with Resident #1 and his wife at the Director of Facility Compliance to ascertain their satisfaction with the resolving of the bathroom accommodations and the elimination of odors and to further encourage them to exercise their right to voice grievances with expectation of receiving a prompt effort towards its resolve. Unresolved issues of residents and families to be addressed as written grievances and placed in the Grievance Log for resolve and monitoring by the Quality Assurance Committee and its Coordinator. All grievances, including	ms es and	12/2/16
ABORATORY	Policy revised on 9/28 An interview was con	ure to File a Grievance 5/2008 was reviewed. ducted on 11/1/2016 at 2:10 SUPPLIER REPRESENTATIVE'S SIGNATURE			those unresolved, to be directed to the Administrator in a written form and to include all interventions utilized for its resolve. The Administrator will ensure a		(X6) DATE

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

11/18/2016 **Electronically Signed**

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.

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR MC). 0 <u>938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(2) MULTIPLE CONSTRUCTION . BUILDING			SURVEY PLETED
		345175	B. WING			11/	04/2016
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SMITHFIE	LD MANOR NURSING AI	ND REHAB			OST OFFICE BOX 1940		
				S	MITHFIELD, NC 27577		
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F 166	Continued From page	s 1		166			
1 100				100	offerte our utilized for its recolution with	-1	
		The resident was in his			efforts are utilized for its resolution with		
	room seated in a whe	le him. The resident was			the facility and will seek outside service necessary if unable to reach a resolution		
		person, place and time.			necessary if dilable to reach a resolution	OII.	
	-	n a semi-private room with a			Housekeeping staff will monitor on a d	ailv	
		ely 6 feet from the resident '			basis during the cleaning of each	~··· <i>y</i>	
		mode was located against			resident □s room and bathroom		
		athroom door. Resident #1			designated to their schedule to ascerta	ain	
		edside commode because			the proper functioning of the commode		
	the floor tiles and toile	et were removed from his			and the presence of any unresolved		
	bathroom several wee	eks ago due to urine odors			odors. Any non-functioning commodes	;	
	from the saturated flo	or under the tiles. Resident			and odors they are unable to eradicate	;	
	#1 stated his family m				with a general cleaning will be reported		
		Il times over the last few			the Director of Environmental Services		
		pathroom issue and was told			further assessment of the situation and	d its	
	-	ng on getting the issue			subsequent correction. Facility		
		at stated he did not like to			Housekeeper/Floor Tech Check List/Jo	ob	
	use the bedside com				description to now include their daily		
		d facility staff several times			monitoring of unresolved odors after		
	of his preference to u				routine cleaning and checking for functioning commodes. Negative findir		
		tration due to the amount of jet the issue resolved.			•	igs	
	, ,	ducted with the resident's			will be reported to their supervisor.		
		the interview with the			The Resident Satisfaction Audit will be		
		nember stated she visited			revised to include their satisfaction rela		
	· · · · · ,	y. The family member			to efforts of the facility to promptly		
	indicated she reported	•			address the resolving of their grievanc	es.	
	bathroom odors and t				These audits will be conducted by the		
		ek of September 26, 2016.			Quality Assurance Coordinator and/or	her	
		eported the tiles and toilet			designee on a bi-weekly basis for three		
	were removed around	d October 6, 2016 and the			(3) months then quarterly. Negative		
		orayed daily with a bleach			responses will be followed-up on by th		
		ays. The family member			facility Social Workers. These audits w		
		done to the bathroom for			be presented to the Quality Assurance		
		he family member stated			Committee □s membership at the		
		ecame inaccessible she			quarterly meeting(s) for their review so		
		nt to the visitor bathroom			they can monitor/ascertain the facility	S	
		s room and she discussed			compliance.		
	tne situation with the	Chief Financial Officer					

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F 166	Continued From page	a 2	F	166			
	· -	ago. The family member	'	100	A mandatory facility in sorvice will be		
		s aware the resident used			A mandatory facility in-service will be conducted on November 28, 2016, by	tho	
	T	The family member reported			two (2) Social Workers. It will include,		
		liscussion with the CFO a			not be limited to, the rights of our	Jul	
	_	d her the resident could not			residents to receive prompt efforts to		
		om and would have to use			resolve grievances. Staff will be instruc	cted	
		e. The family member did			to complete a written grievance report		
		e staff member 's name.			they observe complaints offered by		
	The family member re	eported the resident hated to			residents and/or families continue with	out	
	use the bedside com	•			being addressed and/or corrected.		
	frustrated the bathroo	om had not been repaired.					
	The family member re	eported she discussed the			Completion date of corrective action is		
		Maintenance Director, the			December 2, 2016.		
	nursing staff and the	Social Worker but the					
		o be inaccessible. The					
	_	I the facility had known for					
	over 6 weeks the resi						
		nd it should have been					
	resolved weeks ago.						
		sident 's bathroom on					
		revealed the tile and toilet					
	bathroom.	was a urine odor in the					
		ducted on 11/2/2106 at					
		g Assistant (NA) #1. NA #1					
		with Resident #1 on a					
	T	stated Resident #1 used a					
		ecause his bathroom was					
		1 reported the bathroom had					
	- ·	several weeks. NA #1					
		omplained often about not					
	being able to access	•					
	_	ducted with Resident #1 's					
	nurse (nurse #2) on 1	11/2/2016 at 2:45 PM. Nurse					
	· · · ·	ent did not like using the					
	bedside commode. N						
		ed because he felt the					
	bathroom could have	been repaired weeks ago.					
		ducted with the facility					

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F 166	The Maintenance Di the resident 's bathr and the family membrand the family membrand the family membrand the family membrand the end of Sourine odor. The Main plumber assessed the 13, 2016 and suggestreat the floor daily foodors remained. The the odors were not a treatment. The Main facility recently hired background in plumber the new employee to Maintenance Director had started working the interview. An interview was considered the west of the tiles of CFO stated he went day of the discussion urine odor. The CFO issue to the Maintenand there was no problem visitor bathroom. The unaware the staff de the visitor bathroom restricted the resident most of the resident membrand the resident membrand the staff de the visitor bathroom restricted the resident most of the resident membrand the resident membrand the resident membrand me	or on 11/2/2016 at 3:33 PM. rector stated he discussed com issue with the resident per a couple of times. The con was last week. The cor reported the tiles and toilet the bathroom sometime reptember due to the strong intenance Director stated a me flooring around October sted the facility chemically for a week or so and see if the remance Director reported the remance at the facility the morning of remance of the remaining of remance of the remaining of remaining the remaining the remaining the remaining the remaining the resident using the remaining the r	F	166			

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F 166	Worker (SW) on 11/4, stated the family men urine odor and the iss from the tile in the res several weeks ago. T bathroom was inacce currently used a beds An interview was con Administrator on 11/4 Administrator stated a Resident #1 's bathrosince the issue was reported the Maintena determine what cause professional plumbers Administrator stated it been resolved more twas the resident 's b resolved in a lesser a 483.15(a) DIGNITY A INDIVIDUALITY The facility must promanner and in an envenhances each reside full recognition of his This REQUIREMENT by: Based on record reviresident and family in maintain the dignity or continent resident to over 5 consecutive were several was in the resident to over 5 consecutive were several weeks ago. The several was in the several was in the several was in the several was the resident and family in maintain the dignity or continent resident to over 5 consecutive were several weeks ago. The several was in the several was in the several was the resident and family in maintain the dignity or continent resident to over 5 consecutive were several was in the several was the resident to over 5 consecutive were several was in the several was the resident to over 5 consecutive were several was in the several was the resident to several was the resident was the resident to several was the resident was	ducted with the Social /2016 at 8:30 AM. The SW nber reported the strong sue with liquid seeping up sident 's bathroom to her 'he SW was aware the essible and the resident side toilet. ducted with the examination of time awareness of the issue with from and the amount of time exported. The Administrator ance Department tried to ed the problem and is assessed the floor. The ne wished the issue had imely and the expectation athroom would have been amount of time. AND RESPECT OF The total care for residents in a vironment that maintains or ent's dignity and respect in or her individuality. The is not met as evidenced siew, observation, staff, terviews, the facility failed to fa resident by requiring a use a bedside commode for eeks before repairing the which resulted in feelings of		241	Bathroom floor was retiled and commo replaced for Resident #1 which provide an environment that maintained his dig and respect in full recognition of his individuality. All facility bathrooms were assessed to	ed nity	12/2/16

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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				POST OFFICE BOX 1940			
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F 241	Continued From pag	e 5	F 24	1			
	residents reviewed for			ascertain proper functioning a	and free of		
	Findings included:	or digitity.		any unresolved odor problem			
	Record review revea	led Resident #1 was		Director of Environmental Se	•		
	admitted to the facilit	y on 2/11/2016 with		his designee.			
	cumulative diagnose	s which included Muscle					
	Weakness and Urina	ry Tract Infection. The		Housekeeping staff will monit			
	I .	Data Set (MDS) dated		basis during the cleaning of e			
		the resident was moderately		resident □s room and bathroo			
		always continent of bowel		designated to their schedule			
		uired supervision to limited		presence/functioning of comm			
	· '	on for toileting needs. The		the presence of any unresolv			
		Resident #1 used a walker or		The absence of proper toileting	•		
		ty. The most recent Quarterly 6 indicated the resident was		and the presence of odors the to eradicate with a general cle	•		
		ent of urine and always		reported to the	cariing will be		
	1	nd had severe cognitive		Director of Environmental Se	rvices for		
	I .	e Plan updated on 7/12/2016		further assessment of the situ			
	1	1 required limited toileting		subsequent correction. Facilit			
		assisting the resident to the		Housekeeping/Floor Tech Ch	•		
	bathroom to avoid ar	ny incontinent episodes as an		description to now include the	eir daily		
	intervention.			monitoring of non-functioning	commodes		
	An interview was cor	nducted on 11/1/2016 at 2:10		and unresolved odors after ro	outine		
		. The resident was in his		cleaning and their reporting o	f negative		
	room seated in a whe	-		findings to their Supervisor.			
		de him. The resident was		The Desident Conf. f. f.	414		
	I .	person, place and time.		The Resident Satisfaction Au			
		in a semi-private room with a		revised to include their satisfa			
		tely 6 feet from the resident ' nmode was located against		their environment maintaining and respect on an individual l			
	I .	athroom door. Resident #1		audits will be conducted by the			
	I .	edside commode because		Assurance Coordinator and/o			
		et were removed from his		designee on a bi-weekly basi			
		eks ago due to urine odors		(3) months then quarterly. Th			
	I .	oor under the tiles. Resident		will be presented to the Quali			
	#1 stated his family r	nember talked with		Committee □s membership at	the		
	Administration severa	al times over the last few		quarterly meeting(s) for their	review so as		
		bathroom issue and was told		they can monitor/ascertain th	e facility□s		
		ng on getting the issue		compliance.			
	resolved. The resider	nt stated he did not like to					

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F 241	The resident reported having a bathroom to reported there were leave when he needed movement so the visiodors. The resident sembarrassed when he commode. An interview was confamily member durin resident. The family the resident every daindicated she reported bathroom odors and Administration the waster removed around bathroom floor was solution for several dareported nothing wasten past few weeks, when the bathroom would take the resided down the hall from his reported she was told the visitor bathroom bedside commode, the resident was embedside commode. The resident was embedside commode. Observation of the resident was embedside commode. Observation of the resident was embedside commode. The resident hater the removed of the resident hater the removed. The resident was embedside commode. The removed of the resident hater the removed of the resident was embedside commode. Observation of the resident hater the removed of the removed of the resident hater the removed of the resident hater the removed of the resident hater the resident was embedside commode. Observation of the resident hater the resident hater the resident hater the resident hater the resident was embedside commode. Observation of the resident hater the resid	amode and it was an in he had visitors in the room. In he had visitors was asked visitors to end to have a bowel with it in a bowel with it in he had been and with the resident 's and the interview with the member stated she visited and the issues with the room.	F	241	A mandatory facility in-service will be conducted November 28, 2016, by the (2) Social Workers. It will include, but r be limited to, the facility s responsibility promote care for residents in a manner and in an environment that maintains each resident dignity and respect in recognition of his or her individuality. Completion date of corrective action is December 2, 2016.	ot ty to -		

	FEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 246 SS=E	reported she worked regular basis. NA #1 bedside commode be being repaired. NA # been inaccessible for stated Resident #1 cobeing able to access An interview was connurse (nurse #2) on #2 reported the resid bedside commode. No resident was frustrate privacy was provided no bathroom available An interview was connumbered he was maderesident #1 's bathroom available An interview was connumbered he was maderesident 's issue with commode. The Administrator stated Resident #1 's bathroom expectation was Resident was Resident was resident 's issue with commode. The Administration was Resident has the right of the right of the resident has the right of the right of the resident has the right of the r	with Resident #1 on a stated Resident #1 used a stated Resident #1 on plained often about not a bathroom. Iducted with Resident #1 's stated with Resident #1 's stated here are stated the stated here are stated the stated with the stated here are stated the stated from the use of the Administrator stated the stated the stated the stated with restricted from the use of the Administrator stated the stated the stated the stated with resident #1 's dignity would be not accommodations for the resident were provided. NABLE ACCOMMODATION SENCES If the to reside and receive with reasonable individual needs and when the health or safety of	F 2-			12/2/16

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F 246	Continued From pag	e 8	F	246			
	by: Based on record revresident and family in accommodate the toi requiring a continent commode for over 5 repairing the resident residents. Findings included: Record review revea admitted to the facilit cumulative diagnose. Weakness and Urina Admission Minimum 2/18/2016 indicated tognitively impaired, and bladder and requassistance of 1 persomassistance and listed wheelchair for mobility MDS dated 8/12/201 occasionally incontincontinent of bowel ar impairment. The Canindicated Resident # assistance and listed bathroom to avoid ar intervention. An interview was corp. M with Resident #1 room seated in a whomember seated besidalert and oriented to Resident #1 resided bathroom approximas bed. A bedside control.	y on 2/11/2016 with s which included Muscle ry Tract Infection. The Data Set (MDS) dated the resident was moderately always continent of bowel wired supervision to limited on for toileting needs. The Resident #1 used a walker or ty. The most recent Quarterly 6 indicated the resident was ent of urine and always and had severe cognitive to Plan updated on 7/12/2016 to required limited toileting assisting the resident to the ty incontinent episodes as an adducted on 11/1/2016 at 2:10. The resident was in his			Bathroom floor was retiled and commoreplaced for Resident #1. All bathrooms were assessed to ascert proper functioning of commodes and the absence of any unresolved odor proble by the Director of Environmental Service and/or his designee. Unresolved issues of residents and families to be addressed as written grievances and placed in the Grievance Log for resolve and monitoring by the Quality Assurance Committee and its Coordinator. Unresolved grievances to directed to the Administrator in a writter form and to include all interventions utilized for its resolve. The Administrate will ensure all efforts are utilized for its resolution within the facility and will see outside contract (i.e., plumbing) service to assist in reaching a resolution. Housekeeping staff will monitor on a dabasis during the cleaning of each resident sroom and bathroom designated to their schedule to ascertathe proper functioning of the commode and the presence of any unresolved odors. Any non-functioning commodes and odors they are unable to eradicate with a general cleaning will be reported the Director of Environmental Service3 for further assessment of the situation its subsequent correction. Facility Housekeep/Floor Tech Check List/Job	ain ne ems ces e be n or ek es aily in	

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F 246	Continued From pag stated he used the b the floor tiles and toil bathroom several we from the saturated flow #1 stated his family in Administration sever weeks regarding the the facility was working resolved. The reside use the bedside commember had informed of his preference to understand the family member during resident. The family the resident every daindicated she reported bathroom odors and Administration the word the family member in were removed around bathroom floor was a solution for several contents and the past few weeks. When the bathroom with the situation with the (CFO) several weeks.	e 9 edside commode because et were removed from his eeks ago due to urine odors oor under the tiles. Resident member talked with al times over the last few bathroom issue and was told ng on getting the issue nt stated he did not like to amode and his family ed facility staff several times use the bathroom. The estration due to not having a privacy. Inducted with the resident 's g the interview with the member stated she visited ay. The family member ed the issues with the		246		sor. t ual d. her e	
	a few days after the staff member informed use the visitor bathro the bedside commod	The family member reported discussion with the CFO a led her the resident could not soom and would have to use le. The family member did ne staff member 's name.			bathroom facilities should their physical condition allow verses the use of a bedside commode. Also, all staff will be instructed that residents have the right use the public bathroom facilities should they desire to do so and further that all	e to d	

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NAME OF PR	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
					ST OFFICE BOX 1940		
SMITHFIE	LD MANOR NURSING AI	ND REHAB	SMITHFIELD, NC 27577				
	OLIMANA DV OT	ATEMENT OF REFIGIENCIES			<u>`</u>		247
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 246	Continued From page	e 10	F 2	246			
F 246	The family member re use the bedside comm frustrated the bathrood. The family member re issue with the CFO, Mursing staff and the bathroom continued to Observation of the result of the	eported the resident hated to mode and was very in had not been repaired. Eported she discussed the Maintenance Director, the Social Worker but the obe inaccessible. Sident's bathroom on revealed the tile and toilet was a urine odor in the ducted on 11/2/2106 at g Assistant (NA) #1. NA #1 with Resident #1 on a stated Resident #1 used a sease his bathroom was 1 reported the bathroom had several weeks. NA #1 complained often about not a bathroom. ducted with Resident #1's 1/2/2016 at 2:45 PM. Nurse ent did not like using the urse #2 reported the decause he did not feel for toileting when there was a for him. ducted with the facility on 11/2/2016 at 3:33 PM. Ector stated he discussed from issue with the resident ter a couple of times. The on was last week. The reported the tiles and toilet.	F 2	446	continued, unresolved complaints of residents and/or their family should be addressed in the form of a written grievance so as it can follow the appropriate route to resolution. Completion date of corrective action is December 2, 2016.		
	around the end of Se urine odor. The Maint plumber assessed the	ne bathroom sometime otember due to the strong enance Director stated a e flooring around October ted the facility chemically					

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345175	B. WING _			11/04/2016	
	ROVIDER OR SUPPLIER	AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 1940 SMITHFIELD, NC 27577	•		
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F 246	community		F 2	46			
	odors remained. The the odors were not a treatment. The Main facility recently hired background in plumb the new employee to Maintenance Director had started working the interview. An interview was conditionally a started working the interview was conditionally a started working the interview was conditionally a started working the interview was conditionally a started the discussion urine about the bound wetness of the tiles of CFO stated he went day of the discussion urine odor. The CFO issue to the Mainten reported he was away visitor bathroom and there was no problem visitor bathroom. The unaware the staff dethe visitor bathroom. The CFO longer than normal to the interview was conditionally worker (SW) on 11/4 stated the family meurine odor and the is from the tile in the reseveral weeks ago. Subathroom was inacconcurrently used a bed an interview was conditionally a started to the interview was conditionally as a series of the started the family meurine odor and the is from the tile in the reseveral weeks ago. Subathroom was inacconcurrently used a bed an interview was conditionally as a series of the started the family meurine odor and the is from the tile in the reseveral weeks ago. Subathroom was inacconcurrently used a bed an interview was conditionally as a series of the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the reserved the started the family meurine odor and the is from the tile in the started the family meurine odor and the is from the tile in the						

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F 246 F 253 SS=E	resident 's issue with commode. The Admir should not have been the visitor bathroom. expectation was the rewould have been acceptathroom was being 483.15(h)(2) HOUSE MAINTENANCE SERTHE facility must proving maintenance services sanitary, orderly, and	com. The Administer the aware on 11/2/16 of the a using the bedside inistrator stated the resident in restricted from the use of The Administrator stated the resident 's toileting needs commodated while the repaired. KEEPING & RVICES	F 24		12/2/16	
	resident and family in provide maintenance bathroom of a contine the resident having to for over 5 consecutiv Findings included: Record review reveal admitted to the facility cumulative diagnoses Weakness and Urina Admission Minimum 2/18/2016 indicated to cognitively impaired, and bladder and requassistance of 1 person MDS also indicated Fwheelchair for mobility			F 253 Housekeeping & Maintenance Services Bathroom floor was retiled and commor replaced for Resident #1. All bathrooms were assessed to ascerproper functioning and the absence of unresolved odor problems by the Dire of Environmental Services and/or his designee. Housekeeping staff will monitor on a designated to their schedule to ascert the proper functioning of the commode and the presence of any unresolved odors. Any non-functioning commodes	tain i any ctor laily ain e	

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F 253	continent of bowel an impairment. The Care indicated Resident #' assistance and listed bathroom to avoid an intervention. A review of the facility Grievance Policy reviewed. The Policy be filed with members Social and/or Nursing stated investigation a would be completed in not to exceed 5 work. An interview was con PM with Resident #1. room seated in a whemember seated besidalert and oriented to Resident #1 resided in bathroom approximates bed. A bedside completed the floor tiles and toile bathroom several we from the saturated flow #1 stated his family in Administration several weeks regarding the the facility was working resolved. The resider use the bedside commember had informed of his preference to use the second flow that in the facility was working the the facility was working resolved. The resider use the bedside commember had informed of his preference to use the second flow that it was taking to get the second flow that it was ta	ent of urine and always and had severe cognitive at Plan updated on 7/12/2016 at required limited toileting assisting the resident to the y incontinent episodes as an of 's Procedure to File at sed on 9/25/2008 was revealed grievances could so of the Administrative, at staff. The Policy further and resolution of grievances at a timely manner and were sing days. In the resident was in his selchair with a family de him. The resident was person, place and time. In a semi-private room with a selly 6 feet from the resident throom door. Resident #1 and were removed from his eleks ago due to urine odors for under the tiles. Resident member talked with all times over the last few bathroom issue and was tolding on getting the issue at stated he did not like to	F	253	and odors they are unable to eradicate with a general cleaning will be reported the Director of Environmental Services further assessment of the situation and subsequent correction. The Resident Satisfaction Audit will be revised to include their satisfaction with the facility being maintained with a sanitary, orderly, and comfortable inter These audits will be conducted by the Quality Assurance Coordinator and/or designee on a bi-weekly basis for three (3) months then quarterly. Negative responses will be followed-up on by the Director of Environmental Services. Th Mandatory facility-wide in-service will be conducted on November 28, 2016, by the Social Workers. The training will include but not limited to, the facility so obligation to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Completion date of corrective action is December 2, 2016.	to for lits ior. her e ese pe the e,	

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