

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/21/2015
NAME OF PROVIDER OR SUPPLIER HUNTINGTON HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 311 S CAMPBELL STREET BURGAW, NC 28425		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to treat one of one sampled residents (# 28) with dignity and respect by failing to dress a resident in clothing to promote her dignity. The findings included: Resident # 28 was admitted to the facility on 10/2/2005 with diagnosis which included speech disturbance, aphasia, cardiovascular accident and hypertension. The most recent assessment was a quarterly Minimum Data Set (MDS) assessment dated 6/30/15 and the annual MDS dated 4/29/15 which indicated Resident # 28 was severely impaired in cognitive skills for daily decision making. A care plan dated 5/27/15 addressed the residents need for extensive assistance to total care for all bathing, dressing and personal hygiene due to impaired mobility. During an observation on 8/20/15 at 12:19 PM Resident # 28 was observed lying in bed reading a magazine. Resident #28 was dressed in a thin see through hospital gown that exposed her breasts. On 8/20/15 at 12:27 PM the Director of Nursing (DON) from a sister facility stated that when he pulled the cover up over the resident she had pulled it back down, stating that she was warm. The DON stated that they would find a better</p>	F 241	<p>For resident #28: ¿ On 08/20/2015, a CNA changed resident #28 into an appropriate gown that would promote her dignity. ¿ On 08/20/2015, the DON/Designee immediately audited all facility provided resident gowns on linen carts and clean linen rooms. Any gowns that were worn, frayed or thin were discarded. The Laundry Supervisor/Designee audited all facility provided resident gowns in laundry room and discarded any gowns found to be worn, frayed or thin.</p> <p>For resident #28 and all other residents: ¿ On 08/20/2015, The Director of Nursing/Designee immediately audited all facility provided resident gowns on linen carts and clean linen rooms. Any gowns that were worn, frayed or thin were discarded. The Laundry Supervisor/Designee audited all gowns in laundry room and discarded any gowns found to be worn, frayed or thin. ¿ Handling of Clean Linen policy was reviewed and revised if applicable by Laundry Supervisor prior to in-servicing staff. ¿ In-servicing of all laundry staff</p>	9/8/15	

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

TITLE

(X6) DATE

Electronically Signed

09/08/2015

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 241	Continued From page 1 gown for her. On 8/20/15 at 1:37 PM the nursing assistant (NA) assigned to resident #28 that day stated that the resident had plenty of nice gowns in her closet. She stated that the restorative aide came in to work with the resident, found her wet, provided incontinent care and put on the thin gown. Observation of the resident ' s closet with the NA on 8/20/15 at 1:40 PM revealed 3 gowns and other clothing in the closet. On 8/20/15 at 3:57 PM the facility DON stated that between nursing and laundry staff they had been working on getting rid of thin, old gowns and linens. During an interview with the Administrator on 8/21/15 at 10:33 AM she stated that she expected staff to throw old gowns out. She indicated staff had again thrown out old gowns & linens that morning.	F 241	implemented by Laundry Supervisor/Designee on 08/20/2015 on Handling of Clean Linen to include removal of worn, frayed or thin facility provided resident gowns from circulation. Any laundry staff not in-serviced by 08/21/2015 will be in-serviced by Laundry Supervisor/Designee at beginning of next scheduled shift. ¿ In-servicing implemented by Director of Nursing on 08/24/2015 to be conducted by Staff Development Coordinator/Designee of all facility staff on Resident Rights focusing on dressing of residents in appropriate clothing to promote dignity and respect. Any facility staff not in-serviced by 08/28/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift. ¿ In-servicing implemented by Director of Nursing on 09/07/2015 to be conducted by Staff Development Coordinator/Designee of all facility staff on Resident Rights focusing on offering residents the choice to dress in personal clothing. Any facility staff not in-serviced by 09/08/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift. ¿ The restorative aide that provided incontinent care to resident #28 was in-serviced on 09/07/2015 by Staff Development Coordinator/Designee on Resident Rights focusing on dressing of residents in appropriate clothing to promote dignity and respect and offering residents the choice to dress in personal clothing.		

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F 241	Continued From page 2	F 241	<p>¿All newly employed facility staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on Resident Rights to include dressing of residents in appropriate clothing to promote dignity and respect and offering the resident the choice to dress in personal clothing.</p> <p>¿All newly employed laundry staff will also be educated during the Employee Orientation by Laundry Supervisor/Designee on Handling of Clean Linen to include removal of worn, frayed or thin facility provided resident gowns from circulation.</p> <p>¿Effective 08/28/2015, Audit initiated by Administrator of all facility provided resident gowns to be conducted by Director of Nursing/Designee to include discarding any that are worn, frayed or thin. In addition, random selection of 5 residents for observation of appropriate clothing to protect dignity. Audit to continue weekly times two weeks and monthly thereafter by Director of Nursing/Designee.</p> <p>¿For continued monitoring, the Administrator reviewed and revised the Weekly Infection Control Rounds sheet on 09/07/2015 to include random audit of facility provided resident gowns and random selection of 5 residents for observation of appropriate clothing to protect dignity.</p> <p>¿On 09/07/2015, Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheets.</p>		

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F 241	Continued From page 3	F 241	∩ Results of facility provided resident gown audit and newly revised Infection Control Round sheet to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interview, the facility Social Worker failed to obtain a dental appointment to provide prompt dental care for one of one resident reviewed for missing dentures. (Resident # 37).</p> <p>Findings included:</p> <p>Resident #37 was admitted to the facility on 6/1/11 and readmitted on 6/10/14 with diagnoses of osteoarthritis, osteoporosis, hypertension and hypotension.</p> <p>The annual Minimum Data Set (MDS) dated 3/11/15 and his most recent quarterly MDS dated 6/10/15 revealed Resident #37 was cognitively intact and required only set up for eating. The</p>	F 250	<p>For resident #37:</p> <p>∩ A physicians order for dental consult was written on 08/17/2015 by 100 hall charge nurse for resident #37. The facility scheduler called the dental office on same date with outcome of scheduled dental appointment on 08/27/2015 at 3:30pm.</p> <p>∩ On 08/19/2015, Administrator obtained a subsequent appointment for dental consult and was able to schedule a dental appointment for 08/20/2015 at 8:40am. The facility scheduler then set up transport services to take resident #37 to appointment.</p> <p>∩ Resident #37 returned to facility the evening of 08/20/2015 with a new set of dentures.</p>	9/8/15	

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F 250	<p>Continued From page 4</p> <p>MDS indicated Resident #37 had no issues with his dentures.</p> <p>A review of the Care Area Assessment (CAA) revealed there were no concerns for dental care but he did trigger for Activities of Daily Living (ADLs) and revealed he was able to feed himself after set up and continued to remain on a regular diet. The ADL CAA did reveal Resident #37 had dentures and was tolerating his diet well.</p> <p>A review of the last dental exam on May 2015 revealed there were no issues concerning his dentures.</p> <p>A review of Nurse ' s Notes from 7/31/15 until 8/20/15 revealed Resident #37 had not been scheduled for a dental visit for his lost dentures.</p> <p>On 8/19/15 at 12:19 PM Resident #37 stated he had brushed his dentures on 7/31/15 and had placed them on a paper towel and placed a paper towel over them. He stated he thought that someone had taken the paper towels with his dentures and tossed them into the trash. He stated he had talked to the Social Worker and staff had looked everywhere for his dentures. He stated he was able to eat soft food but would like to eat regular food and missed not being able to eat his peanuts. He stated he had talked to the Social Worker on 7/31/15 and every day she had told him that no one had returned her call.</p> <p>On 8/20/15 at 9:30 AM the Social Worker stated that Resident #37 had reported that he was missing his dentures on 7/31/15. She stated Resident #37 told her that he had lost his top dentures. She stated she had searched his drawers and though out his room and staff could</p>	F 250	<p>For Resident #37 and all other residents:</p> <ul style="list-style-type: none"> ¿ Facility Dental policy was reviewed and revised if applicable by Administrator prior to in-servicing staff. ¿ Social Services Director in-serviced on 08/24/2015 by Administrator on facility Dental Policy to include immediate notification to Nursing Personnel/Unit Clerk of missing dentures to ensure prompt appointment is made for dental care. ¿ In-servicing implemented by Administrator on 08/25/2015 to be conducted by Staff Development Coordinator/Designee of all facility staff on facility Dental Services Policy to include immediate notification to Nursing Personnel/Unit Clerk of missing dentures to ensure prompt appointment is made for dental care. Any facility staff not in-serviced by 08/26/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift. ¿ All newly employed facility staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on facility Dental Services Policy to include immediate notification to Nursing Personnel/Unit Clerk of missing dentures to ensure prompt appointment is made for dental care. ¿ Effective 08/27/2015, Audit initiated by Administrator of all current residents medical records conducted by Director of Nursing/Designee for review of last three months physician orders to ensure dental appointments are scheduled promptly for any resident with a dental consult. 		

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F 250	<p>Continued From page 5</p> <p>not find them. The Social Worker further stated she had called the Department of Social Services (DSS) about what the procedures were to get his dentures replaced and what they would pay and what the resident would be liable for. The Social Worker stated she waited about 2 weeks to see if they would be recovered and then on 8/12/15 she called DSS and a left message. She stated she had called multiple times and DSS had not responded. She further stated she had been updating Resident #37 on the progress and DSS had still not notified her.</p> <p>During an interview on 8/20/2015 at 2:11 PM the DSS Supervisor stated all calls were very important and if they could not call the person back on the day they got the call then they would call no later than the next day. The DSS Supervisor further stated that Medicaid residents like Resident #37 could qualify for dentures if there were special circumstances. She stated she had not had any request for dentures for Resident #37.</p> <p>During an interview on 8/20/2015 at 3:43 PM the Administrator stated the Social Worker had called DSS but had not left a message with the correct person.</p>	F 250	<p>Random audit of 25% of current resident's medical record to continue weekly times four weeks to total 100% and monthly thereafter by Director of Nursing/Designee.</p> <p>¿ Effective 08/27/2015, Audit initiated by Administrator of all current resident MDS, Care Guide and Plan of Care to be conducted by Director of Nursing/Designee to ensure all three are consistent with dental needs and to include verification that any resident with dentures have them in place and are properly fitting. Random audit of 25% of MDS, Care Guide and Plan of Care as well as verification that any resident with dentures have them in place and are properly fitting to continue weekly times 4 weeks and monthly thereafter by Director of Nursing/Designee.</p> <p>¿ For continued monitoring, the Administrator reviewed and revised the weekly Infection Control Rounds sheet on 09/07/2015 to include random selection of 5 residents for verification of denture placement with proper fitting.</p> <p>¿ On 09/07/2015, Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheets.</p> <p>¿ Results of physician orders for dental consults audit and MDS, Care Plan, and plan of care audit, and newly revised Weekly Infection Control Round Sheet to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting</p>		

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F 250	Continued From page 6	F 250	with determination at that time for continued need for monitoring.		
F 252 SS=D	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations and interviews with a resident and facility staff the facility failed to provide a homelike environment by failing to eliminate urine odors for one of two halls (Hall 100).</p> <p>Findings included:</p> <p>During initial tour on 08/18/15 at 9:00 AM the 100 hall outside of room 123 and room 125 a strong urine odor was observed.</p> <p>On 08/18/15 at 12:41 PM the bathroom between room 123 and room 125 the commode was observed not flushed with a strong urine odor and there were pea sized drops of brown dried substance splattered on the toilet base, and on the elevated toilet seat.</p> <p>On 08/18/15 at 2:05 PM the bathroom between room 123 and room 125 smelled of urine and stool. The commode was observed with pea sized drops of brown dried substance splattered on the toilet base and on the elevated toilet seat.</p>	F 252	<p>For Resident #37: ¿ On 08/20/2015, the Housekeeping Supervisor deep cleaned rooms 123 and 125 to include disinfecting adjoining bathroom and replacing the elevated toilet seat.</p> <p>For resident #37 and all other residents: ¿ On 08/20/2015, the Housekeeping Supervisor and District Manager for housekeeping disinfected and deep cleaned all resident bathrooms in facility to include elevated toilet chairs. ¿ The 5 and 7 step cleaning methods for resident rooms and bathrooms was reviewed and revised if applicable by District Manager for Housekeeping Services prior to in-servicing staff. ¿ In-servicing implemented by District Manager/Designee for Housekeeping Services on 08/31/2015 to be conducted by Housekeeping Supervisor on 5 and 7</p>	9/8/15	

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F 252	<p>Continued From page 7</p> <p>On 08/19/15 at 10:24 AM the bathroom between room 123 and room 125 smelled of urine and stool. The commode was observed with pea sized drops of brown dried substance splattered on the toilet base and on the elevated toilet seat.</p> <p>On 08/20/15 at 9:15 AM the housekeeper stated she had just finished cleaning the bathroom between room 125 and room 123, Resident #37's bathroom. She stated she had also cleaned the bathroom on 08/19/15 and had tried to clean as much stool as she could but could not get it all. During an observation with the housekeeper, there was observed stool on the commode and on the toilet lid with a two inch stream of light brown substance streaming down the wall behind the toilet. Also observed was dried brown substance on the right hand side of the door frame. The housekeeper stated she had cleaned the toilet but had not seen the stool on the toilet, the wall and the door frame. She stated there was always a urine odor in room 125 and she had cleaned the sheets and mattress of Resident #37 on 08/19/15 but there was still an odor.</p> <p>Resident #37 ' s annual Minimum Data Set (MDS) dated 03/11/15 and his most recent quarterly MDS dated 06/10/15 revealed he was cognitively intact and was always continent. During an interview on 08/20/15 at 9:37 AM Resident #37 stated he have been in Room 125 for a while and he had a problem with the strong urine odor and the toilet not being cleaned or flushed. He stated that when staff emptied the bed pans and urinals that they splattered stool and urine on the toilet seat. He stated he knew when he had to go to the bathroom there would be urine and stool left on the toilet seat even</p>	F 252	<p>step cleaning methods for resident rooms and bathrooms. Any employee not in-serviced by 09/01/2015, will be in-serviced by District Manager/Designee at beginning of next scheduled shift.</p> <p>¿ Beginning 08/31/2015, a 30 day cleanup plan was implemented by facility contracted housekeeping company to include stripping and waxing of all floors in facility, deep clean of all resident rooms, laundry room cleanup and systems analysis and retraining of all housekeeping and laundry staff.</p> <p>¿ Infection Control Policy was reviewed and revised if applicable by Director of Nursing prior to in-servicing staff.</p> <p>¿ The CNA assigned to resident #37 on 08/20/2015 was in-serviced on 09/07/2015 by Director of Nursing/Designee on infection control policy to include cleanliness of rooms and bathroom surfaces after pouring/cleaning of urinals and bedpans with discussion on identifying and handling linens that may cause odors.</p> <p>¿ In-servicing implemented by Director of Nursing on 09/07/2015 for all certified nursing staff to be conducted by Staff Development Coordinator/Designee on facility Infection Control Policy to include cleanliness of rooms and bathroom surfaces after pouring/cleaning of urinals and bedpans with discussion on identifying and handling linens that may cause odors. Any staff not in-serviced by 09/08/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift.</p> <p>¿ All newly employed certified nursing</p>		

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F 252	<p>Continued From page 8</p> <p>though housekeeping staff would have just cleaned. He stated he used a urinal when he was in bed and the toilet when he was out of bed. He further stated it was not like it was when he was at home.</p> <p>On 08/20/15 at 11:43 AM Resident #37 's Nursing Assistant (NA#1) stated room 125 always smelled of urine. She stated Resident #37 used a urinal and he would spill urine on his clothes and then would hang his clothes up on the foot board to dry. She stated staff were aware of the odor and in the morning they would clean him first and then change his sheets and blankets and take his clothes to the laundry.</p> <p>During an interview on 08/20/15 at 12:09 PM the Director of Environmental Services stated she wanted the residents' bathrooms cleaned. She further stated the housekeeper should have cleaned the wall, door frame and the commode. She stated there was always a urine odor in room 125 and that she had housekeeping to clean the sheets and the mattress of Resident #37 on 08/19/15.</p>	F 252	<p>staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on facility Infection Control Policy to include cleanliness of rooms and bathroom surfaces after pouring/cleaning of urinals and bedpans with discussion on identifying and handling linens that may cause odors.</p> <p>¿ All newly employed Housekeeping staff will also be educated on 5 and 7 cleaning method for rooms and bathrooms by Housekeeping Supervisor.</p> <p>¿ Effective 08/28/2015, Audit initiated by Administrator of 25% of resident rooms and bathrooms to be conducted by Director of Nursing/Designee focusing on cleanliness and ensuring resident rooms and bathrooms are free from odors. Audit to continue weekly times four weeks to total 100% and monthly thereafter by Director of Nursing/Designee.</p> <p>¿ For continued monitoring, the Administrator reviewed and revised the weekly Infection Control Rounds sheet on 09/07/2015 to include random selection of 5 resident rooms and bathrooms focusing on cleanliness and ensuring resident rooms and bathrooms are free from odors.</p> <p>¿ On 09/07/2015, Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheet.</p> <p>¿ Results of bedroom and bathroom audit tools and newly revised Weekly Infection Control Rounds Sheets to be presented at next scheduled Quality Assurance Committee Meeting for review</p>		

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F 252	Continued From page 9	F 252	and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and resident and staff interviews the facility failed to provide a sanitary environment by failing to ensure the bathroom was cleaned from urine odors and stool for one of two halls. (100 hall).</p> <p>Findings included:</p> <p>During initial tour on 08/18/15 at 9:00 AM the 100 hall outside of room 123 and room 125 a strong urine odor was observed.</p> <p>On 08/18/15 at 12:41 PM the bathroom between room 123 and room 125 the commode was observed not flushed with a strong urine odor and there were pea sized drops of brown dried substance splattered on the toilet base, and on the elevated toilet seat.</p> <p>On 08/18/15 at 2:05 PM the bathroom between room 123 and room 125 smelled of urine and stool. The commode was observed with pea sized drops of brown dried substance splattered on the toilet base and on the elevated toilet seat.</p>	F 253	<p>For Resident #37:</p> <ul style="list-style-type: none"> ¿ On 08/20/2015, the Housekeeping Supervisor deep cleaned rooms 123 and 125 to include disinfecting adjoining bathroom and replacing the elevated toilet seat. For resident #37 and all other residents: ¿ On 08/20/2015, the Housekeeping Supervisor and District Manager for housekeeping disinfected and deep cleaned all resident bathrooms in facility to include elevated toilet chairs. ¿ The 5 and 7 step cleaning methods for resident rooms and bathrooms was reviewed and revised by District Manager for Housekeeping services prior to in-servicing staff. ¿ In-servicing implemented by District Manager for Housekeeping on 08/31/2015 to be conducted by Housekeeping Supervisor/Designee on 5 and 7 step cleaning methods for resident rooms and bathrooms. Any employee not in-serviced by 09/01/2015, will be in-serviced by 	9/8/15	

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F 253	<p>Continued From page 10</p> <p>On 08/19/15 at 10:24 AM the bathroom between room 123 and room 125 smelled of urine and stool. The commode was observed with pea sized drops of brown dried substance splattered on the toilet base and on the elevated toilet seat.</p> <p>On 08/20/15 at 9:15 AM the housekeeper stated she had just finished cleaning the bathroom between room 125 and room 123, Resident #37's bathroom. She stated she had also cleaned the bathroom on 08/19/15 and had tried to clean as much stool as she could but could not get it all. During an observation with the housekeeper, there was observed stool on the commode and on the toilet lid with a two inch stream of light brown substance streaming down the wall behind the toilet. Also observed was dried brown substance on the right hand side of the door frame. The housekeeper stated she had cleaned the toilet but had not seen the stool on the toilet, the wall and the door frame. She stated there was always a urine odor in room 125 and she had cleaned the sheets and mattress of Resident #37 on 08/19/15 but there was still an odor.</p> <p>Resident #37 ' s annual Minimum Data Set (MDS) dated 03/11/15 and his most recent quarterly MDS dated 06/10/15 revealed he was cognitively intact and was always continent. During an interview on 08/20/15 at 9:37 AM Resident #37 stated he have been in Room 125 for a while and he had a problem with the strong urine odor and the toilet not being cleaned or flushed. He stated that when staff emptied the bed pans and urinals that they splattered stool and urine on the toilet seat. He stated he knew when he had to go to the bathroom there would be urine and stool left on the toilet seat even</p>	F 253	<p>Housekeeping Supervisor/Designee at beginning of next scheduled shift.</p> <p>¿ Beginning 08/31/2015, a 30 day cleanup plan was implemented by facility contracted housekeeping company to include stripping and waxing of all floors in facility, deep clean of all resident rooms, laundry room cleanup and systems analysis and retraining of all housekeeping and laundry staff.</p> <p>¿ Facility Infection Control Policy was reviewed and revised by Director of Nursing prior to in-servicing staff.</p> <p>¿ The CNA that was assigned to resident #37 on 08/20/2015 was in-serviced on 09/07/2015 by Staff Development Coordinator/Designee on infection control policy to include cleanliness of rooms and bathroom surfaces after pouring/cleaning of urinals and bedpans with discussion on identifying and handling linens that may cause odors.</p> <p>¿ In-servicing implemented by Director of Nursing on 09/07/2015 for all certified nursing staff to be conducted by Staff Development Coordinator/Designee on facility Infection Control Policy to include cleanliness of rooms and bathroom surfaces after pouring/cleaning of urinals and bedpans with discussion on identifying and handling linens that may cause odors. Any staff not in-serviced by 09/08/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift.</p> <p>¿ All newly employed certified nursing staff will be educated during Employee Orientation by Staff Development</p>		

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F 253	<p>Continued From page 11</p> <p>though housekeeping staff would have just cleaned. He stated he used a urinal when he was in bed and the toilet when he was out of bed. He further stated it was not like it was when he was at home.</p> <p>On 08/20/15 at 11:43 AM Resident #37 's Nursing Assistant (NA#1) stated room 125 always smelled of urine. She stated Resident #37 used a urinal and he would spill urine on his clothes and then would hang his clothes up on the foot board to dry. She stated staff were aware of the odor and in the morning they would clean him first and then change his sheets and blankets and take his clothes to the laundry.</p> <p>During an interview on 08/20/15 at 12:09 PM the Director of Environmental Services stated she wanted the residents' bathrooms cleaned. She further stated the housekeeper should have cleaned the wall, door frame and the commode. She stated there was always a urine odor in room 125 and that she had housekeeping to clean the sheets and the mattress of Resident #37 on 08/19/15.</p>	F 253	<p>Coordinator/Designee on facility Infection Control Policy to include cleanliness of rooms and bathroom surfaces after pouring/cleaning of urinals and bedpans with discussion on identifying and handling linens that may cause odors.</p> <p>¿ All newly employed Housekeeping staff will also be educated by Housekeeping Supervisor on 5 and 7 step method for cleaning rooms and bathrooms.</p> <p>¿ Effective 08/28/2015, Audit initiated by Administrator of 25% of resident rooms and bathrooms to be conducted by Director of Nursing/Designee focusing on cleanliness and ensuring resident rooms and bathrooms are free from odors. Audit to continue weekly times four weeks to total 100% and monthly thereafter by Director of Nursing/Designee.</p> <p>¿ For continued monitoring, the Administrator reviewed and revised the weekly Infection Control Rounds sheet on 09/07/2015 to include random selection of 5 resident rooms and bathrooms focusing on cleanliness and ensuring resident rooms and bathrooms are free from odors.</p> <p>¿ On 09/07/2015, Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheet.</p> <p>¿ Results of bedroom and bathroom audit tools and newly revised Weekly Infection Control Rounds Sheets to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly</p>		

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F 253	Continued From page 12	F 253			
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and resident and staff interviews, the facility failed to offer the opportunity to participate in care plan meetings for one (Resident #29) of three sampled residents reviewed.</p> <p>The findings included:</p>	F 280	<p>Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.</p> <p>For resident #29: On 08/21/2015, MDS Coordinator presented Resident #29 with an invitation to care plan meeting and encouraged him to participate. Resident #29 declined to attend meeting but requested that facility send notice to his responsible party. The care plan meeting invitation was mailed to</p>	9/8/15	

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F 280	<p>Continued From page 13</p> <p>Resident #29 was admitted to the facility 8/6/2013. A Quarterly Minimum Data Set (MDS) dated 1/7/15 indicated Resident #29 was cognitively intact. The most recent comprehensive MDS assessment dated 6/17/15 indicated Resident #29 was cognitively intact.</p> <p>A review of the social worker notes from 1/6/15 through 8/19/15 did not indicate if Resident #29 and/or family were invited to the resident ' s quarterly care plan meetings.</p> <p>During an interview on 8/18/15 at 3:39 PM, Resident #29 stated he had not been invited to a care plan meeting this year and might attend if he were asked. The Resident further stated he did not feel like the staff included him in decisions about his medicine, therapy, or care.</p> <p>In an interview on 8/21/15 at 8:52 AM, the Social Worker stated she would be notified by the MDS Nurse quarterly when the care plan meeting was to be scheduled. The Social Worker stated Resident #29 should have been personally handed an invitation to attend a care plan meeting in January 2015 but cannot find documentation that this was done.</p> <p>Upon review of the Care Plan Meeting book from 1/6/15 through 8/19/15, the MDS Nurse stated in an interview on 8/21/15 at 11:57 AM there was no documentation found of Resident #29 or his family being given an invitation or attending a care plan meeting. The MDS Nurse stated that Resident #29 should have had a quarterly care plan meeting scheduled on 1/7/15, on 04/8/2015 and on 07/14/2015. The MDS Nurse stated that the Resident was cognitively intact and should have received an invitation but there was no documentation in the Social Service Worker</p>	F 280	<p>resident #29 responsible party on same day.</p> <p>For resident #29 and all other residents:</p> <ul style="list-style-type: none"> ¿ To ensure all current and future residents are offered an invitation to care plan meeting, effective 09/01/2015, the MDS Coordinator will be responsible for issuing a copy of the OMRA calendar to the Social Services Director at the beginning of each month. The Social Services Director will then be responsible for issuing the invitation to the resident and responsible party if applicable and documenting in the residents chart the date the invitation was issued, if resident requested to participate in meeting and date and time of scheduled meeting. ¿ Social Services Director and MDS Coordinator were in-serviced on 09/07/2015 by Administrator on importance of resident participation in care plan meetings with discussion on how to monitor and document issuance of invitation to care plan meetings to include both the resident and responsible party if applicable. ¿ Effective 09/01/2015, an audit initiated by Administrator of the last three months facility OMRA calendar to be conducted by Director of Nursing/Designee to ensure all residents unless adjudged incompetent were offered and encouraged to attend a care plan meeting. Any resident not invited to participate will be offered a care plan meeting to include care plan meeting letter mailed to responsible party. Audit of current month OMRA calendar to continue weekly times four weeks and random selection of 25% of current month OMRA 		

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F 280	Continued From page 14 progress notes or elsewhere that the resident was offered. The Administrator stated in an interview on 8/21/15 at 9:10 AM, she would expect the residents and family to be encouraged and notified of care plan meetings in order to inform and coordinate their care and wishes.	F 280	calendar to continue monthly thereafter by Director of Nursing/Designee. ¿ Results of the OMRA calendar audit to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility staff failed to change the bath water and wash cloths after giving a resident catheter/perineal care and before cleaning the resident ' s legs and back for 1 of 1 residents that needed extensive assistance with activities of daily living (ADLs) (Resident #29). Findings included: The facility policy, dated April 2007, entitled " Giving a Bedbath " read in part, " Change the bath water as often as necessary during the bath (i.e., whenever the water becomes soapy, dirty, or cold, and after washing the legs, back, and perineal area, etc.). " The procedure listed the genital area as the last body part to be washed in the bed bath procedure. Resident #29 was admitted to the facility on	F 312	For resident #29 and all other residents: ¿ Facility Bathing Policy was reviewed and revised if applicable by Director of Nursing prior to in-servicing staff. ¿ In-servicing implemented by Director of Nursing on 08/20/2015 to be conducted by Staff Development Coordinator/Designee for all licensed and certified nursing staff on facility bathing policy with emphasis on changing bath water. Any staff not in-serviced by 08/21/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift. ¿ All newly employed licensed and certified nursing staff will be educated during Employee Orientation by Staff	9/8/15	

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F 312	<p>Continued From page 15</p> <p>8/6/13 with diagnoses including generalized muscle weakness, lack of coordination, and abnormality of gait.</p> <p>The most recent comprehensive Minimum Data Set (MDS) dated 6/17/15 indicated Resident #29 was cognitively intact and required extensive assistance in bathing and personal hygiene. He had an indwelling urinary catheter and a colostomy. According to the Care Area Assessment (CAA) dated 7/14/15 the Resident required extensive assistance with all aspects of his Activities of Daily Living (ADL) except eating. The resident care plan dated 7/14/15 revealed the resident needed extensive assistance in bathing. Interventions included the staff provided assistance daily to meet all needs.</p> <p>On 8/20/15 at 10:02 AM nursing assistant (NA) #1 was observed bathing Resident #29. The NA gathered clean towels and wash cloths and a basin of fresh warm water. The NA applied liquid soap and water to a clean washcloth and allowed the resident to bathe and rinse his face. The NA proceeded to bathe the Resident 's arms, chest, perineal area and do catheter care. NA #1 then bathed Resident #29 's legs, feet, back and bottom. NA#1 did not change the bath water, rinse the wash basin or use clean wash cloths after catheter/perineal care was provided.</p> <p>On 8/20/15 at 10:23 AM, NA #1 stated in an interview that she knew to change her bath water after cleaning the perineal area, and before washing the legs and back, but she was nervous and forgot to do it.</p> <p>The Administrator stated in an interview on 8/21/15 at 9:10 AM her expectations were that the NAs would bathe residents in the correct manner and follow technique per facility policy and NA#1 did not use the correct technique by not changing the bath water after giving perineal</p>	F 312	<p>Development Coordinator/Designee on facility bathing policy with emphasis on changing of bath water.</p> <p>¿ Effective 08/27/2015, Audit initiated by Director of Nursing to be conducted by Staff Development Coordinator/Designee for observation of all certified nursing staff on bathing of resident with return demonstration of proper technique focusing on changing of bath water. Observation with return demonstration of all certified nursing staff by Staff Development Coordinator/Designee to be completed by 09/11/2015. Any certified nursing staff that has not been observed will be at next scheduled shift.</p> <p>¿ In-servicing implemented by Director of Nursing on 09/07/2015 to be conducted by Staff Development Coordinator/Designee for all licensed and certified nursing staff on facility bathing policy with emphasis on step-by-step process for giving a bed bath with emphasis on genital area as the last body part to be washed .</p> <p>¿ All newly employed licensed and certified nursing staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on facility bathing policy to include step-by-step process for giving a bed bath with emphasis on genital area as the last body part to be washed .</p> <p>¿ Effective 09/07/2015, Audit initiated by Director of Nursing to be conducted by Staff Development Coordinator/Designee for observation of all certified nursing staff on bathing of resident with return demonstration of proper technique</p>		

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F 312	Continued From page 16 care.	F 312	focusing step-by-step process for giving a bath to include genital area as last body part to be washed. Observation with return demonstration of all certified nursing staff to be completed by 09/22/2015. Any certified nursing staff that has not been observed by Staff Development Coordinator/Designee will be at next scheduled shift. ↷ Random audit initiated by Administrator of 4 resident bed baths focusing on step-by-step process for giving a bed bath to include genital area as last part of body to be washed and changing of bath water with return demonstration is to be conducted by Staff Development Coordinator/Designee monthly thereafter. ↷ Results of bed bath audit to include return demonstration to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to maintain the ground surrounding the dumpster free of debris to prevent the	F 372	For all residents: ↷ On 08/20/2015, the Maintenance Director contacted facility pest control	9/8/15	

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F 372	Continued From page 17 harboring of pests. The findings included: During the initial kitchen tour on 8/18/15 at 8:38 AM the dumpster area was observed. Four empty jelly cups were observed on the ground by the dumpster. Flies were observed inside the jelly cups and multiple flies were observed flying around the ground area. During an observation of the dumpster area on 8/20/15 at 9:16 AM 3 straw papers, one plastic drink lid, one styrofoam cup and 5 jelly cups were observed on the ground. Four flies were observed in or hovering near the jelly cups. On 8/21/15 at 9:09 AM an observation of the dumpster area revealed one plastic drink lid and 4 jelly cups on the ground. Three flies were observed in or hovering near the jelly cups. In an interview with the Maintenance Director on 8/21/15 at 9:09 AM he stated that staff try to work together on keeping the area picked up. He indicated he would get some gloves to clean up the area immediately. During an interview with the Dietary Manager on 8/21/15 at 9:14 AM she stated that all staff were responsible for keeping the dumpster area clean. She stated that she expected her staff to pick up the area every time they went out to the dumpster.	F 372	company to treat the inside and all surrounding areas around the dumpster to prevent the harboring of pests. Treatment of dumpster was conducted on same day. ¿ On 08/21/2015, the Maintenance Director immediately cleaned all trash around the dumpster. ¿ In-servicing implemented by Administrator on 08/21/2015 for all Dietary Staff to be conducted by Dietary Manager on removal of trash and refuse around dumpster to include checking surrounding areas at beginning of shift, at end of shift and anytime trash is disposed of in dumpster. Any staff not in-serviced by 08/21/2015 will be in-serviced by Dietary Manager at beginning of next scheduled shift. ¿ In-servicing implemented by Administrator on 09/07/2015 for all Housekeeping staff to be conducted by Housekeeping Supervisor on removal of trash and refuse around dumpster to include checking surrounding areas at beginning of shift, at end of shift and anytime trash is disposed of in dumpster. Any staff not in-serviced by 09/08/2015 will be in-serviced by Housekeeping Supervisor at beginning of next scheduled shift. ¿ Maintenance Director in-serviced by Administrator on 09/07/2015 on removal of trash and refuse around dumpster to include checking surrounding areas at beginning of shift, at end of shift and anytime trash is disposed of in dumpster. In-service to also include call backs as deemed necessary for pest control services to prevent the harboring of pests.		

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F 372	Continued From page 18	F 372	<ul style="list-style-type: none"> ¿ All newly employed Dietary, Maintenance, and Housekeeping staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on removal of trash and refuse around dumpster to include checking surrounding areas. ¿ Effective 08/28/2015, Audit initiated by Administrator for daily inspection of dumpster to be conducted by Maintenance Director/Designee to ensure proper disposal of trash and refuse and area surrounding dumpster to prevent the harboring of pests. Audit to continue weekly times four weeks and monthly thereafter by Maintenance Director/Designee ¿ For continued monitoring, the Administrator reviewed and revised the weekly Infection Control Rounds sheet on 09/07/2015 to include inspection of the dumpster and area surrounding to ensure proper disposal of trash and refuse to prevent the harboring of pests. ¿ On 09/07/2015, Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheet. ¿ Results of the dumpster inspections and newly revised Weekly Infection Control Round Sheets to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring. 		

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F 412 F 412 SS=D	Continued From page 19 483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on medical record review and resident and staff interviews the facility failed to promptly refer a resident with lost dentures to a dentist for one of one resident that had stated he had lost his dentures. (Resident #37). The findings included: Resident #37 was admitted to the facility on 6/1/11 and readmitted on 6/10/14 with diagnoses of osteoarthritis, osteoporosis, hypertension and hypotension. The annual Minimum Data Set (MDS) dated 3/11/15 revealed Resident #37 was cognitively intact and required only set up for eating. The MDS indicated Resident #37 had no issues with his dentures. A review of the Care Area Assessment (CAA) revealed there were no concerns for dental care but he did trigger for Activities of Daily Living	F 412 F 412	For resident #37: ¿ A physicians order for dental consult was written on 08/17/2015 by 100 hall charge nurse for resident #37. The facility scheduler called the dental office on same date with outcome of scheduled dental appointment on 08/27/2015 at 3:30pm. ¿ On 08/19/2015, Administrator obtained a subsequent appointment for dental consult and was able to schedule a dental appointment for 08/20/2015 at 8:40am. The facility scheduler then set up transport services to take resident #37 to appointment. ¿ Resident #37 returned to facility the evening of 08/20/2015 with a new set of dentures. For Resident #37 and all other residents: ¿ Facility Dental policy was reviewed and revised if applicable by Administrator prior to in-servicing staff. ¿ Social Services Director in-serviced	9/8/15	

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F 412	<p>Continued From page 20</p> <p>(ADLs) and revealed he was able to feed himself after set up and continued to remain on a regular diet. The ADL CAA did reveal Resident #37 had dentures and was tolerating his diet well.</p> <p>A review of the last dental exam on May 2015 revealed there were no issues concerning his dentures.</p> <p>A review of Nurses' Notes from 7/31/15 until 8/20/15 revealed Resident #37 had not been scheduled for a dental visit for his lost dentures.</p> <p>On 8/19/15 at 12:19 PM Resident #37 stated he had brushed his dentures on 7/31/15 and had placed them on a paper towel and placed a paper towel over them. He stated he thought that someone had taken the paper towels with his dentures and tossed them into the trash. He stated he had talked to the Social Worker and staff had looked everywhere for his dentures. He stated he was able to eat soft food but would like to eat regular food and missed not being able to eat his peanuts. He stated he had talked to the Social Worker on 7/31/15 and every day she had told him that no one had returned her call.</p> <p>On 8/20/15 at 9:30 AM the Social Worker stated that Resident #37 had reported that he was missing his dentures on 7/31/15. She stated Resident #37 told her that he had lost his top dentures. She stated she had searched his drawers and though out his room and staff could not find them. The Social Worker further stated she had called the Department of Social Services (DSS) about what the procedures were to get his dentures replaced and what they would pay and what the resident would be liable for. The Social Worker stated she waited about 2 weeks to see if</p>	F 412	<p>on 08/24/2015 by Administrator on facility Dental Policy to include immediate notification to Nursing Personnel/Unit Clerk of missing dentures to ensure prompt appointment is made for dental care.</p> <p>∩ In-servicing implemented by Administrator on 08/25/2015 to be conducted by Staff Development Coordinator/Designee of all facility staff on facility Dental Services Policy to include immediate notification to Nursing Personnel/Unit Clerk of missing dentures to ensure prompt appointment is made for dental care. Any facility staff not in-serviced by 08/26/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift.</p> <p>∩ All newly employed facility staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on facility Dental Services Policy to include immediate notification to Nursing Personnel/Unit Clerk of missing dentures to ensure prompt appointment is made for dental care.</p> <p>∩ Effective 08/27/2015, Audit initiated by Administrator of all current residents medical records conducted by Director of Nursing/Designee for review of last three months physician orders to ensure dental appointments are scheduled promptly for any resident with a dental consult. Random audit of 25% of current resident's medical record to continue weekly times four weeks to total 100% and monthly thereafter by Director of Nursing/Designee.</p>		

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F 412	Continued From page 21 they would be recovered and then on 8/12/15 she called DSS and a left message. She stated she had called multiple times and DSS had not responded. She further stated she had been updating Resident #37 on the progress and DSS had still not notified her. During an interview on 08/20/2015 2:11 PM the DSS Supervisor stated all calls were very important and if they could not call the person back on the day they got the call then they would call no later than the next day. The DSS Supervisor further stated that Medicaid residents like Resident #37 could qualify for dentures if there were special circumstances. She stated she had not had any request for dentures for Resident #37. During an interview on 08/20/2015 3:43 PM the Administrator stated the Social Worker had called DSS but had not left a message with the correct person.	F 412	¿ Effective 08/27/2015, Audit initiated by Administrator of all current resident MDS, Care Guide and Plan of Care to be conducted by Director of Nursing/Designee to ensure all three are consistent with dental needs and to include verification that any resident with dentures have them in place and are properly fitting. Random audit of 25% of MDS, Care Guide and Plan of Care as well as verification that any resident with dentures have them in place and are properly fitting to continue weekly times 4 weeks and monthly thereafter by Director of Nursing/Designee. ¿ For continued monitoring, the Administrator reviewed and revised the weekly Infection Control Rounds sheet on 09/07/2015 to include random selection of 5 residents for verification of denture placement with proper fitting. ¿ On 09/07/2015, Director of Nursing, Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheet. ¿ Results of physician orders for dental consults audit and MDS, Care Plan, and plan of care audit, and newly revised Weekly Infection Control Round Sheet to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		
F 469 SS=E	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM	F 469		9/8/15	

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F 469	<p>Continued From page 22</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, resident and staff interviews the facility failed to provide an effective pest control program by keeping the facility free of flies in 2 of 2 residents' rooms (Rooms 125 and 127), at the dumpster for one of one dumpster and for one of one physical therapy room.</p> <p>Findings included:</p> <p>A review of the facility contract titled, "Pest control Service Agreement" dated 3/15/10 revealed the service agreement included special instructions and read in part, "Call backs as needed."</p> <p>A review of the exterminator's receipt revealed the exterminator came one time during July on July 28, 2015.</p> <p>On 8/18/2015 at 2:09 PM, there were two flies observed in Room 125. The fly was observed landing on Resident #37 ' s shirt and then on his bed. A review of Resident #37 ' s annual Minimum Data Set (MDS) dated 3/11/15 and his most recent quarterly MDS dated 6/10/15 revealed he was cognitively intact. During an interview with Resident #37 he stated flies were so bad that he had his own fly swatter and he kept his fly swatter on him. He stated at night it was really bad and early in the morning the flies</p>	F 469	<p>For Resident #37: ¿ On 08/20/2015, the Housekeeping Supervisor deep cleaned room 125 and 127 to include disinfecting adjoining bathroom.</p> <p>For Resident #37 and all other residents: ¿ On 08/20/2015, the Maintenance Director contacted facility pest control company to treat the inside and all surrounding areas around the dumpster and all entrances to the facility including the courtyard to prevent the harboring of pests. Treatment of dumpster and entrances was conducted on same day.</p> <p>¿ On 08/28/2015, the pest control company retreated inside and all surrounding areas around the dumpster and all entrances to the facility including the courtyard to prevent the harboring of pests.</p> <p>¿ Maintenance Director in-serviced by Administrator on 09/07/2015 on removal of trash and refuse around dumpster to include checking surrounding areas at beginning of shift, at end of shift and anytime trash is disposed of in dumpster. In-service to also include call backs as deemed necessary for pest control services to ensure timely measures are taken to eradicate and contain pests.</p>	

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F 469	<p>Continued From page 23</p> <p>started landing on his face and head to the point that it awakened him. While talking to the resident a fly was observed landing on the resident's head and he was observed with his fly swatter up.</p> <p>On 8/18/15 at 2:41 PM a fly was observed in Room 127. A resident that was assessed as not interviewable was observed lying in her bed with the fly at the head of her bed.</p> <p>On 8/20/15 at 9:11 AM four flies were observed at the dumpster near discarded jelly cups.</p> <p>On 8/20/15 at 9:59 AM two flies were observed in the therapy room near Resident #37 while he was talking to staff.</p> <p>On 8/20/15 at 10:02 AM the Maintenance Manager stated he had distributed fly swatters in the building to staff and residents. He further stated the exterminator came once a month and the Maintenance Manager stated he sprayed the outside of the building between the time the exterminator came and sprayed the dumpster's every other day. He also stated the area near the facility was surrounded by hog farms and flies breed there and came to the facility dumpster's. The trash was picked up in the mornings three times a week to avoid the breeding of flies.</p> <p>On 8/20/15 at 4:24 PM the Administrator stated that staff and residents have been handed out fly swatters due to the flies. She further stated that they did have a contract with an exterminator and that if he needed to come more often they could call him. She stated that the exterminator came at the end of the month in July 2015 and he had not come in August 2015.</p>	F 469	<p>∩ In-servicing initiated by Administrator on 09/07/2015 for all facility staff conducted by Staff Development Coordinator/Designee on importance of reporting flies and pests to Maintenance Director to ensure timely measures are taken to eradicate and contain pests. Any staff not in-serviced by 09/08/2015 will be in-serviced by Staff Development Coordinator/Designee at beginning of next scheduled shift.</p> <p>∩ All newly employed facility staff will be educated during Employee Orientation by Staff Development Coordinator/Designee on importance of reporting flies and pests to Maintenance Director to ensure timely measures are taken to eradicate and contain pests.</p> <p>∩ Effective 08/28/2015, Random audit initiated by Administrator of 25% of resident rooms, bathrooms, and common areas to be conducted by Director of Nursing/Designee for observation of environment related to pests. Any areas found to have pests are to be reported to Maintenance Director immediately to ensure timely measures are taken to eradicate and contain pests. Audit to continue weekly times 4 weeks to total 100% and monthly thereafter by Director of Nursing.</p> <p>∩ For continued monitoring, the Administrator reviewed and revised the weekly Infection Control Rounds sheet on 09/07/2015 to include observation of environment pertaining to pests. A copy is to be given to Maintenance Director upon completion of round.</p> <p>∩ On 09/07/2015, Director of Nursing,</p>		

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

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F 469	Continued From page 24	F 469	Assistant Director of Nursing and Staff Development Coordinator was in-serviced by Administrator on newly revised Weekly Infection Control Rounds sheet. ¿ Results of observation of environment audit and newly revised Infection Control Round Sheets, Sheet to be presented at next scheduled Quality Assurance Committee Meeting for review and again at the following quarterly Quality Assurance Committee Meeting with determination at that time for continued need for monitoring.		