

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

PRINTED: 07/29/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2014
NAME OF PROVIDER OR SUPPLIER APERION CARE LITCHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 1024 EAST TYLER LITCHFIELD, IL 62056		
(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 000	INITIAL COMMENTS	F 000			
F 241 SS=D	<p>Annual Licensure and Certification Survey</p> <p>Licensure Survey for Subpart S: SMI 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 observation and interview the facility failed to maintain residents' dignity during care for 1 of 15 residents (R2) reviewed for dignity in the sample of 15.</p> <p>Findings include:</p> <p>On 7/15/14 at 11:50 AM, while in the community bathroom, E5 Certified Nurse Aide (CNA) and E8 CNA, were holding R2 up in a standing position while E7 Licensed Practical Nurse (LPN) was putting a dressing on R2's coccyx. R2 was very weak and was having a difficult time while being in that position where E5 and E8 were holding her up. R2's O2 was not on. During the procedure R2 stated "I can't breathe".</p> <p>R2's Physician Order Sheet (POS), dated 7/1/14 to 7/31/14, documented R2's diagnoses including Chronic Obstructive Pulmonary disease (COPD). POS for R2 documented oxygen at 4-5 liters/minute via nasal cannula.</p>	F 241			

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

TITLE

(X6) DATE

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

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F 241	Continued From page 1 Interview on 7/16/14 at 2:10 PM with R2, when asked if it bothered her to have the dressing change done in the community bathroom while she was held up by 2 (CNAs). R2 was also asked if would be more comfortable to have her dressing changed in her room where she could lay down. R2 stated "Yes, it bothers me, but it has to be done. I would be more comfortable in my room."	F 241			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide complete incontinence care to prevent the potential for urinary tract infections for 1 of 7 residents (R8) reviewed with a history of urinary tract infections in the sample of 15. Findings include: The admission face sheet for R8 documents diagnoses which includes Urinary Tract Infections.	F 315			

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F 315	<p>Continued From page 2</p> <p>R8's Minimum Data Set (MDS) dated 5/13/14 documents that R8 is frequently incontinent of bowel and bladder.</p> <p>R8's Nurses Notes dated 4/28/14 document a Physician Order (PO) for urinalysis, culture and sensitivity (U/A, C+S).</p> <p>R8's Nurses Notes dated 5/13/14 state R8 returned to the facility after a hospitalization with diagnoses that include, but are not limited to; Sepsis and Urinary Tract Infection.</p> <p>R8's PO dated 5/13/14, document that a U/A and C+S were again ordered on 5/14/2014.</p> <p>On 7/15/14, at 11:00 AM, R8 was taken to the bathroom by E6 and E8 both Certified Nurses Aids, (CNA). R8 had been incontinent and soaked through her underwear and slacks. E8 provided incontinent to R8 while R8 was seated on the toilet. E8 placed wet washcloths in the sink then used them to wash R8's perineal area. E8 did not wash or rinse R8's buttocks, thighs or abdominal fold. E8 did not place an incontinent brief on R8 after care. E8 pulled up R8's slack and stated, "OK you're all finished we will get you back out to the dining room now."</p> <p>On 7/16/14 at 2:30 PM, E8 during interview stated, " I know I shouldn't have done (R8's) incontinent care while she was sitting on the toilet and I didn't do everything I should have."</p> <p>The facility Incontinency Care Policy and Procedure, undated, documents under the area of procedure " #4. c) Clean/rinse inner/upper thigh areas to remove urine moisture. #7. Assist</p>	F 315			

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F 315	Continued From page 3 resident to turn to side away from you. #8. Using final rinse cloth from front to back wash and rinse perianal area."	F 315			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that residents receive proper respiratory care and treatment for 2 of 2 residents (R2 and R3) reviewed for oxygen (O2) therapy in the sample of 15. Findings include: 1. R2's Physician Order Sheet (POS), dated 7/1/14 to 7/31/14, documented R2's diagnoses including Chronic Obstructive Pulmonary disease (COPD). POS for R2 documented oxygen at 4-5 liters/minute via nasal cannula. The facilities Policy for Oxygen Therapy, under Objective: documented, "To administer oxygen in conditions in which insufficient oxygen is carried	F 328			

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F 328	<p>Continued From page 4 by the blood to the tissues."</p> <p>On 7/15/14 at 10:43 AM, E5 Certified Nurse Aide (CNA) and E6 CNA transferred R2 from R2's bed to R2's wheel chair using a gait belt. Prior to the transfer E5 removed R2's oxygen. E5 then wheeled R2 to the hallway to wait to use the community bathroom. After E5 and E6 gave incontinent care to R2, E5 took R2 to the dining room and then went back to R2's room, retrieved the portable oxygen (O2) and brought it out to the dining room and put the oxygen on R2. R2 was without O2 from 10:45 AM to 11:00 AM.</p> <p>On 7/15/14 at 11:50 AM, while in the community bathroom, E5 and E8 CNA, were holding R2 up in a standing position while E7 Licensed Practical Nurse (LPN) was putting a dressing on R2's coccyx. R2's O2 was not on. During the procedure R2 stated "I can't breathe".</p> <p>2. R3's POS dated 7/1/14 to 7/31/14, documented R3's diagnoses including COPD. POS for R3 dated 7/15/14, documented O2 @ 1-3 liters/nasal cannula (NC) to keep saturations greater or equal to 90%.</p> <p>On 7/15/14 at 10:50 AM, E5 and E6 transferred R3 from R3's bed to R3's reclining high back wheel chair. Prior to the transfer E5 removed R3's O2. E5 then took R3 to the community bathroom and toileted R3 without the O2. E5 took R3 to the dining room. E5 then retrieved the portable O2 from R3's room and took it to the dining room and placed the NC on R3. R3's O2 was not on from 10:50 AM until 11:03 AM.</p> <p>On 7/15/14 at 12:00 PM, R3 remained in the dining room since R3 was toileted at 11:00 AM,</p>	F 328			

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F 328	Continued From page 5 NC was in place to R3's nares but oxygen regulator was on zero. E7 was informed of R3's O2 being off, E7 replied "Well she is on hospice and doesn't have to have it on if she doesn't want it on." E7 was asked, how does she know R3 does not want the O2 on. E7 then went over to R3 and checked R3's O2 saturation which read 84%. E7 asked R3 if she felt short of breath, R3 shook her head yes. E7 turned the regulator to 3 liters and R3's saturation went up to 92%. On 7/16/14 at 12:10 PM, R3 was in the dining room with her O2 off. E7 was notified that R3's O2 was off. E7 stated "The oxygen is off because she was doing a 20 minute trial off of the O2 to see if she could go outside without her O2." Later when E7 was asked how R3 did without the O2 for 20 minutes, E7 stated "Not well, her saturation dropped to 84%". When asked why R3 needed her O2 off to go outside, E7 stated "She doesn't, the CNA just wanted the O2 off, to take her outside."	F 328			
F 388 SS=D	483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e)	F 388			

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F 388	Continued From page 6 of this section. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure residents are seen by a physician as required for one of 15 (R4) reviewed for physician's visits in a sample of 15. Findings include: Review of R4's physician visits document R4 was seen by Z2 Family Nurse Practitioner (FNP) or Z3 (FNP) on 1/10/14, 1/23/14, 1/30/14, 3/6/14, 4/10/14, 5/7/14 and 6/4/14 to clear R4 for electroconvulsive therapy. R4 has not seen Z4 medical doctor (MD) since 1/6/14. Interview with E2 Director of Nursing (DON) on 7/17/14 states they have not found any additional visits by Z4 (MD) for R4's exams.	F 388			
F 406 SS=E	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.	F 406			

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F 406	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide ongoing psychiatric support and rehabilitation groups/services for 4 of 15 residents (R4, R6, R7, R9) reviewed for mental health rehabilitative services in the sample of 15.</p> <p>Findings include:</p> <p>Per the admission face sheet R6 has diagnoses which include Schizophrenia, Seizure Disorder and Autism.</p> <p>R6's Minimum Data Set (MDS) dated 6/25/14 documents R6 experiences Hallucinations and Delusions. R6's MDS documents R6 exhibits verbal behaviors which significantly interfere with social interactions and activities.</p> <p>R6's Social History and Assessment dated 3/12/14, documents that R6 self isolates and has minimal interaction with others only coming out of his room for medications and sometimes, meals. The top five treatment priorities for R6 include stabilization, Psychosocial Rehabilitation and transfer to a group home. The Plan of Care Interventions listed on the assessment include "1. Involve resident in social skills program 3 times per week. 2. provide 1:1's for groups missed. 3. provide role play on interacting with people."</p> <p>R6's Social Service Progress Notes dated 5/5/14, documented R6 was originally supposed to to out of the facility for Psychosocial Rehabilitation, but behaviors caused R6 to be suspended from the program. R6 last attended any rehabilitation groups on 5/16/14.</p> <p>Review of information submitted by the facility on 7/17/14, which is titled "Subpart S Compliance", documents under the area headed "Psychosocial Programming/Day Programming: Residents do need to be involved in either a</p>	F 406			

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F 406	<p>Continued From page 8</p> <p>psychosocial program or going out to a day program on a regular basis. If they are in a psychosocial program, these visits need to be at least weekly and should include a program format and specific lesson plans geared towards the resident."</p> <p>Review of R6's the medical record/social service notes do not document any programming being done, and no 1:1 interactions for programming. During all 4 days of the survey R6 came out into the dining area for only two meals, and no activities. R6 stated, " I stay in my room and listen to music or play video games or watch movies."</p> <p>There were no group meetings/programs held/observed during the 4 days of the survey for any residents.</p> <p>On 7/15/14 at 9:30 AM, E4 (Social Services Department, Qualified Mental Health Professional) stated, "We have not had anyone in here to do group since May. I am the only one here."</p> <p>On 7/15/14 at 11:30 AM, E7 (Licensed Practical Nurse) stated, "(R6) has had some bad behaviors. I really think his big triggers are his staying in his room and watching his violent movies and playing his video games. He isolates himself sleeps all day then is up all night yelling and asking for snacks."</p> <p>2. R7's Physicians Order Sheet (POS), dated July 2014, documented R7's diagnoses including Schizophrenia, Bipolar and depression. R7's group goals and care plan dated 6/25/14, documented, provide resident with group schedule and encourage to attend.</p> <p>Interview with E1, (Administrator) on 7/17/14 at 10:20 AM, when asked about group sessions, stated there have been no group sessions since May 2014, because Psychiatric Rehabilitation Service Coordinator resigned.</p>	F 406			

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F 406	<p>Continued From page 9</p> <p>Interview on 7/15/14 at 2:30 PM, with E4 when asked for the facilities policy for Psychiatric services, group sessions, E4 replied "I have never seen that policy, I do not think we have one."</p> <p>3. R9's Admission Record documents R9 is diagnosed with Depressive Disorder and Schizophrenia.</p> <p>Z1's, Physician's, Evaluation of R9 dated 3/27/2014 documents " He voiced understanding of the purpose of the individual sessions he has gone through at the (Outpatient) clinic and decided to rejoin his group and individual sessions. "</p> <p>R9's Group Goals / Care plans dated 1/12/2014 and 2/01/2014 both document as part of the Approaches/Interventions include " Provide resident with group schedule and encourage to attend."</p> <p>In R9's Psychosocial Evaluation dated 4/8/2014, under the Treatment Recommendations documents in that R9 receive group and one-to-one intervention.</p> <p>On 7/17/2014 at 10:20 AM, E1 (Administrator) stated that the facility has not had any group sessions since the spring of 2014 because E10, Psychiatric Rehabilitation Services Coordinator (PRSC), resigned.</p> <p>On 7/17/2014 at 9:35 PM, R9 stated, "I wished they had group meetings again, I feel that the meetings helped me."</p>	F 406			

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F 406	Continued From page 10 4. R4 was admitted to the facility on 5/10/13 with a diagnosis of Major Depressive Disorder with psychosis. R4's "Social History and Assessment" dated 5/16/14 documents R4 is somewhat able to form and maintain friendships, socializes with peers and is involved with family/significant others. In addition, R4 is somewhat able to pursue leisure and recreational activities. R4 is totally dependent for washing, cleaning and doing laundry. R4 also is totally dependent for shopping for food, cooking and meal preparation. R4 needs guidance in the use of public transportation. R4's work related skills document that R4 does not normally show reasonable motivation and energy. E4 documented on 5/16/14, "R4 is very much a loner. He will sit in the television room with others and watch television, but he rarely socializes. R4 will speak when prompted." R4's "Group Goals/Care Plan" dated 2/1/14 document R4 is to be involved in stress management program up to 3 times per week. Current goal is to attend group at least one time per week. In addition, R4 is to be involved in social skills program 3 times per week with attendance at a minimum of one time per week. Interview with E4 on 7/17/14 states the facility has only one PRSC at this time, consequently no psychosocial programs have been completed for at least two months.	F 406			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441			

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F 441	Continued From page 11 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441			

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F 441	<p>Continued From page 12</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility staff failed to perform hand hygiene during incontinent care, handle soiled linens and clean/disinfect environmental surfaces in a manner to prevent the potential spread of infection for 2 of 15 residents (R2 and R8) reviewed for infection control in the sample of 15.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R2's Physician Order Sheet (POS), dated 6/22/14, R2 had been admitted to the local hospital with diagnoses including urinary tract infection. <p>On 7/15/14 at 10:45 AM, E5 Certified Nurse Assistant (CNA) and E6 CNA gave R2 incontinent care in the community bathroom on the B hall. E5 and E6 washed their hands and put gloves on. E5 and E6 transferred R2 to the toilet. R2's slacks and underpants were wet with urine. E5 removed R2's slacks and underpants. E5 cleansed R2 from front to back with wet soapy washcloth, then placed soiled washcloth in the community sink, E5 then rinsed and dried area and placed soiled washcloth and towel in the sink. E5 then put R2's clean slacks and underpants on without removing soiled gloves.</p> <p>The facilities policy for infection control, which was not dated on the paper document, when interviewed, on 7/17/14 at 2:45 PM, E1 Administrator, stated "The policies were all updated on 12/19/13". The policy documented "It is the policy of this facility to maintain an infection control program designed to provide a safe, sanitary and comfortable environment, and to</p>	F 441			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2014
NAME OF PROVIDER OR SUPPLIER APERION CARE LITCHFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 1024 EAST TYLER LITCHFIELD, IL 62056		
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F 441	<p>Continued From page 13</p> <p>prevent or eliminate when possible the development and transmission of disease and infection."</p> <p>Interview on 7/21/14 at 10:15 AM, with E11 Housekeeping, when asked how often the community bathrooms were cleaned, E11 stated "In the morning, in the afternoon and at night".</p> <p>2. The Admission Face Sheet, undated, for R8 documents diagnoses which includes Urinary Tract Infections.</p> <p>On 7/15/14 at 11 AM, R8 was taken to the bathroom by E6 and E8 both Certified Nurse's Aids, (CNA). R8 had been incontinent and soaked through her underwear and slacks. E8 provided incontinent care to R8 while R8 was seated on the toilet. E8 placed wet washcloths in the sink of the community bathroom and then used to wash R8's perineal area. The soiled wash cloths were then placed on a step stool in the corner of the community bathroom. E8 did not change gloves or wash hands during the procedure. No bag was utilized for disposal of soiled washcloths, which were carried down the hall to the linen hamper.</p> <p>On 7/16/14 at 2:30 PM, E8 stated, " I know I shouldn't have done (R8's) incontinent care while she was sitting on the toilet and I didn't use a bag to get rid of the dirty stuff."</p> <p>The facility Incontinency Care Policy and Procedure, which is undated documents under the area of procedure " #9 Place soiled cloths in a linen hamper bag. Potentially infectious or biohazardous waste will be handled in</p>	F 441			

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F 441	Continued From page 14 accordance with all appropriate regulations. #10) Remove gloves and wash hands. Use plastic bag if transporting wet, soiled items down hallways." The Infection Control Policy, which is undated documents under the Standards Heading, " #10 Employees will receive orientation to infection control policies and procedures during orientation and inservice programs will be conducted in each department at least annually. #14, All facility personnel are required to routinely wash hands and use appropriate barrier precautions."	F 441			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to provide 80 square feet per resident bed for 12 residents (R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12 and R13) in the sample of 15 and 51 residents (R16 - R28; an R30 - R67) in the supplemental sample. Findings include: The facility has 28 two bed rooms that are occupied by 2 residents. According to historical data, and room measurements these rooms provide only 76 square feet per resident bed. All of these rooms are certified for Medicaid. R2 - R13, R16 - R22, and R24 - R67 reside in	F 458			

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F 458	Continued From page 15 rooms 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 15 on A Hall; and resident rooms 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 15 on B Hall.	F 458			
F 468 SS=B	<p>The Facility's Resident Census and Conditions of Residents, CMS 672, dated 07/14/2014, documented the facility had a census of 63 residents.</p> <p>483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS</p> <p>The facility must equip corridors with firmly secured handrails on each side.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide handrailson each side of the cooridors for three hallways.This effects 1 resident (R8) reviewed for use of handrails in the sample of 15 and 12 residents (R21, R23, R27, R43, R46, R47, R48, R49, R52, R57, R61 and R65) in the supplemental sample.</p> <p>Findings include:</p> <p>On 07/14/2014 at 11:00 AM, both resident halls were noted to be lacking handrails along one side. Also, the hall connecting these two halls, which is the South end of the dining room was noted to be lacking handrails.</p> <p>On 07/14/2014 at 2:15 PM, E1, Administrator, stated that they have been without these handrails for over a year now.</p> <p>On 07/15/2014 at 10:45 AM, E9, Maintenance,</p>	F 468			

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F 468	Continued From page 16 stated that when they took the handrails off for remodeling around January of 2013, the new handrails were installed in this incomplete fashion. On 07/17/2014 at 12:45 PM, E7 (Licensed Practical Nurse), stated that R8, R21, R23, R27, R43, R46, R47, R48, R49, R52, R57, R61 and R65 do use the handrail for support when walking or assistance in their mobility while in their wheelchairs. She stated it would be beneficial for them to have the handrails as before.	F 468			