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MOUNT VERNON HEALTH CARE CENTER	**#5 DOCTORS PARK** **MOUNT VERNON, IL 62864**

(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 Annual Licensure and Certification Survey/ Validation Survey for Subpart U Mt. Vernon Health Care Center is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility staff failed to knock on doors before entering rooms for 2 residents (R23 and R24) reviewed for dignity in the supplemental sample. On 03/23/15 at 1:50PM, E21 (Certified Nurse Aide-CNA) was observed entering the front hall resident bathroom without knocking. At this time, R23 was observed sitting on the toilet. At 1:52PM, E22 (CNA) was also observed entering the same bathroom without knocking and placed soiled linens in a barrel in the bathroom. R23 was still sitting on the toilet. R24 stated on 03/25/15 at 4:00PM the CNA's have walked in on her in the bathroom without knocking and added that this does bother her. E25 (Minimum Data Set/Care Plan Coordinator/Licensed Practical Nurse) stated on 03/23/15 at 9:50AM that R23 and R24 are alert	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 and can make their needs known.	F 241		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to meet professional standards of practice for an Incentive Spirometer, Nasal Spray and Respiratory Inhaler not delivered properly for 1 of 15 residents (R9) reviewed for medical procedures in the sample of 18 and 2 residents (R21, R20) in the supplemental sample. Findings Include: 1. Physician Orders sheet dated 3/1/15 through 3/31/15 documents an order for R9 on 3/23/15 for Incentive Spirometer 4 times a day. On 3/23/15 at 10:30am there is no Incentive Spirometer in R9's room. On 3/24/15 at 9:00am the Incentive Spirometer is on R9's over the bed table. R9 stated he did not know how to use it and the nurse who gave it to him did not know either. E20 (Licensed Practice Nurse) stated, on 3/24/15 at 9:20am, they just received the Incentive Spirometer yesterday. E20 went on to say she would instruct the resident to blow into the device 5 to 10 times to get the ball (indicator) in the Incentive Spirometer as high as you can. E20 stated she gave R9 the Incentive Spirometer with instructions. E2 (Director of Nurses) stated, on 3/24/15 at 9:15am, there is no policy for	F 281		

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administration of an Incentive Spirometer. E2 went on to say it is a Standard of Practice and she will have to call Corporate to get a copy of the Standard of Practice. R9's Minimum Data Set, dated 1/14/15, documents the Brief Interview Mental Status as 15 of 15. This reflects R9's status as cognitively intact.

An undated document from the United States Department of Health and Human Service, Agency for Healthcare Research and Quality states the following: Incentive Spirometry, also referred to as sustained maximal inspiration, is accomplished by using a device that provides feedback when the patient inhales at a predetermined flow or volume and sustains the inflation for at least 5 seconds. The patient is instructed to hold the spirometer in an upright position, exhale normally, and then place the lips tightly around the mouthpiece. The next step is a slow inhalation to raise the ball (flow-oriented) or the piston/plate (volume-oriented) in the chamber to the set target. At maximum inhalation, the mouthpiece is removed, followed by a breath-hold and normal exhalation. Instruction of parents, guardians, and other health caregivers in the technique of incentive spirometry may help to facilitate the patient's appropriate use of the technique and assist with encouraging adherence to therapy.

2. On 03/24/15 at 10:40AM, E20 (Licensed Practical Nurse-LPN) was observed administering Nasonex 50 micrograms to R21. E20 placed the applicator tip of the nasal spray into the left nostril and sprayed in two sprays. E20 then placed the applicator tip into the right nostril and sprayed in

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two sprays. E20 was not observed to ask R21 to inhale during the medication administration or observed to hold one nostril shut as the medication was sprayed into the other nostril.

3. On 03/24/15 at 10:50AM, E20 was observed administering two Flovent inhalations to R20. After the medication administration, E20 did not have R20 rinse her mouth out with water.

The Facility's (Revised 10/06) Nasal Medication Administration policy states, " 13. If using nasal spray: a. Have the resident hold one nostril shut as you spray the medication into the other nostril. b. Ask the resident to inhale as the spray is being administered. c. Repeat in the other nostril.

An 03/25/15 untitled document presented by E2 (Director of Nurses) on 03/26/15 at 9:00AM states, "Following administration, instruct patient to rinse mouth thoroughly with water or mouthwash to remove fluticasone deposited in the mouth and to minimize dry mouth or throat, throat irritation, and hoarseness." E2 stated this document is from their pharmacy regarding Flovent.

The Manufacturer's (Revised 03/2013) instructions for Nasonex administration states,

"3. Gently blow your nose to clear the nostrils. Close 1 nostril. Tilt your head forward slightly, keep the bottle upright, carefully insert the nasal applicator into the other nostril (See Figure 3). Do Not spray directly onto the nasal septum (the wall between the two nostrils).

4. For each spray, hold the spray bottle upright and press firmly downward 1 time on the

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F 281	Continued From page 4 shoulders of the white nasal applicator using your index and middle fingers while supporting the base of the bottle with your thumb. Breathe gently inward through the nostril (See Figure 4)." The manufacturer's December, 2014 instructions for Flovent Inhaler administration states, " "What are the possible side effects with FLOVENT HFA? FLOVENT HFA can cause serious side effects, including: fungal infection in your mouth or throat (thrush). Rinse your mouth with water without swallowing after using FLOVENT HFA to help reduce your chance of getting thrush."	F 281		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, observation, and record review the facility failed to assist a resident during eating for 1 of 15 residents (R12) reviewed for meal service in the sample of 18. Findings include: R12's diagnoses documented on the Cumulative Diagnosis sheet (undated) is Diabetes, Glaucoma, Blindness, and Dementia. R12, on 3/23/15 at 12:00pm, was noted to be eating with	F 282		

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F 282	Continued From page 5 his fingers in the dining room. Food and juice was on R12's clothing protector and on the floor. R12 is stooped over and sitting in a cushioned reclining chair, and the height of the table is at R12's eye level. R12 has to reach above his head to reach the food. Care Plan, dated 1/19/15, documents the following: food in bowls, tell resident where it is on table, what it is, and assist as resident will allow. No one attempted to assist R12 while eating. R12, on 3/24/15 at 12:00pm, was in the dining room eating with his fingers. Food is on R12's clothing protector and on the floor. E2 (Director of Nurses) on 3/24/15 at 12:10pm, stated R12 becomes agitated when he is bothered so we leave him alone. Dining table is at R12's eye level. Surveyor talked to E2 regarding the table height. E2 stated the facility may be able to obtain a different table for R12. E5 (Assistant Director of Nurses), on 3/24/15 at 12:20pm, stated R12's table has an adjustable height. The table height was lowered by staff after R12 finished eating. Table height is now at R12's mid-chest. No one attempted to assist R12 while eating. R12, on 3/25/15 at 12:00pm, was in the dining room with food in bowls and starting to eat with fingers. E5 was encouraged by surveyor to sit with R12 and cue him during meal. R12 was cued by E5 to eat with spoon, took the empty bowls and replaced it with bowls with food in them, and assisted R9 to reach for fluids on the table. R9 ate with a spoon, spilled only 1 spoonful of food on clothing protector, and did not spill fluids. R12 did not have behaviors during meal time.	F 282		
F 365 SS=D	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS	F 365		

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Each resident receives and the facility provides food prepared in a form designed to meet individual needs.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview the facility failed to provide appropriate foods to meet individual needs for 1 of 15 residents (R5) reviewed for dietary intake in the sample of 18.

Findings include:

R5's March, 2015 Physician's Orders state he was admitted to the facility on 03/11/15 on a regular diet. The 03/11/15 Nutritional Assessment signed by E8 (Dietary Manager) states R5 has his own teeth that are few, broken and in poor condition with a weight of 132 pounds documented. On 03/26/15 at 3:00PM, E25 (Minimum Data Set/Care Plan Coordinator/Licensed Practical Nurse) stated R5 has a Brief Interview Status (BIMS) of 15 which means R5 is cognitively intact.

On 03/23/15 at 12:40PM, R5 was observed eating in the dining room. This surveyor asked R5 why he was not eating his cole slaw. R5 stated he does not have any teeth and cannot chew it. At this time, R5 opened his mouth and tiny black remnants were observed in the lower gums with no teeth in the upper gums. E5 (Assistant Director of Nurses) was in the dining room and offered R5 a substitute of cottage cheese and it was served. R5 was observed to eat the entire bowl of cottage cheese. E5 stated she will check

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F 365	Continued From page 7 into a Mechanical Soft diet for R5. This surveyor asked R5 if he would like ground meats and he stated yes if it would help him eat his food. On 03/24/15 at 12:45PM R5 was observed eating in the dining room. Grilled chicken was observed cut up on his plate. R5 stated he can eat the chicken if he chews it a long time. At this time, E5 stated R5 was spitting out the ham pieces from the breakfast casserole this morning and she got him scrambled eggs and he ate them all. During this observation, R5 was served ground chicken and was observed to eat the entire serving. E5 stated she would change his diet to Mechanical Soft. The March, 2015 Food and Fluid Intake Sheet states R5 eats an average of 50% of his meals since admission. This surveyor asked to watch R5 being weighed on 03/26/15 at 9:00AM. R5 was weighed in his wheelchair by E26 (Certified Nurse Aide) with the wheelchair weight deducted. A weight of 132.4 pounds was obtained.	F 365		
F 366 SS=C	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to provide food substitutes of similar nutritive value for residents who refuse food. This has the potential to affect all 88 residents in the facility.	F 366		

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F 366	Continued From page 8 The findings include: The facility's Resident Census and Conditions of Residents form, dated, 3/24/15 documented the facility had a census of 88 residents. 1. During the noon meal of 3/24/15 the menu called for the service of 1/2 cup of Apple Cinnamon Sweet Potatoes and 1/2 cup of peas for the diets including: Regular, Mechanical Soft, Puree and Limited Concentrated Sweets. When asked at noon on 3/24/15, E8 (Food Service Supervisor) stated that the cooks are allowed to choose the food substitutes. E7 (cook) was asked at that time for the planned substitutes. E7 stated the substitute for the Sweet Potatoes were potato chips and the substitute for the peas was a combination of green beans and carrots. E7 was further questioned about the A on the menu next to the Sweet Potato entry. E7 indicated after thinking for a moment that the substitute should have been another A vegetable instead of the chips. E7 stated she was just thinking a potato for a potato. E7 was observed throughout the meal service to use the items described for substitutions. E8 indicated after the meal service at 12:25pm that a list of A substitutions used to be on the board next to the service window and they will need a new list.	F 366		
F 425 SS=F	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F 425		

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them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This REQUIREMENT is not met as evidenced by:
Based on observation and record review the facility failed to dispose of expired medications. This has the potential to affect all 88 residents in the facility.

Findings include:

The Residents Census and Conditions of Residents states there are 88 residents in the facility.

On 03/24/15 at 9:00AM the West Side Medication Room refrigerator was observed to have (1) bottle of Tuberculin Purified Protein Derivative with no date indicating when it was opened.

The Facility's 03/25/15 Tuberculin Purified Protein

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F 425	Continued From page 10 Derivative policy states, "After initial entry into the vial, the multidose vial may be stored at 2-8 degree C (Celsius) (35-46 degree F (Fahrenheit)) for up to 30 days; protect from light and do not freeze. Discard any multidose vial not used within the 30 day time period." An undated Procurement and Storage Of Medications policy states, "7. All medication containers shall be labeled with the date opened by the person breaking the container seal.	F 425		
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of	F 431		

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controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based of observation, record review and interview the facility failed to keep the medication and treatment carts clean and orderly and failed to properly label and store medications. This has the potential to affect all 88 residents in the facility.

Findings include:

The Residents Census and Conditions of Residents dated 03/24/15 states there are 88 residents in the facility.

On 03/24/15 at 1:00PM, the Back West Hall Medication Cart was observed to have the following:
-Several loose pills in the base of the second and third left drawers
-(1) ProAir Inhaler with no name indicating who it belongs to and (1) Pro Air Inhaler with a last name only.
-In the narcotic locked box was a plastic bag containing a bottle of Lortab 5/325 milligrams (mg) labeled with R20's name. The bottle was empty. Also, inside the bag were 3 small clear bags. Two of the bags contained #10 white pills and one bag contained #1 white pill. At this time,

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E20 (Licensed Practical Nurse) stated the white pills are the Lortab. E20 stated another nurse thought of this to help with the narcotic medication count. The bags of medication were not labeled to identify who they belonged to or what they were.

On 03/24/15 at 4:00PM, the Front West Hall Medication Cart was observed to have:
-(1) bottle of Lorazepam 0.5mg inside the narcotic box labeled with R43's name. Inside the bottle were 2 small clear plastic bags. One bag had #10 small white pills and the other bag had #2 small white pills inside. At this time, Z1 (Pharmacist) stated the staff cannot repackage the prescriptions delivered from the pharmacy.

On 03/24/15 at 4:10PM, the Back Hall Treatment Cart was observed to have the following:
-(1) 30 gram tube of Gentamicin Sulfate 0.1% with an illegible label to identify who it belongs to
-(2) 1 ounce tubes of Preparation H Ointment with no name indicating who it belongs to.
-(1) 85 gram tube of Silvadene 1% Cream with no label indicating who it belongs to.

At this time, E3 (Registered Nurse) stated the Preparation H belongs to R24, the Silvadene belongs to R39 and she is not sure who the Gentamicin belongs to.

An undated Procurement and Storage Of Medications policy states, "7. All medication containers shall be labeled with the date opened by the person breaking the container seal.

On 3/23/15 at 2:25 PM, the Back East Hall Medication Cart's locked narcotic drawer

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	**#5 DOCTORS PARK** **MOUNT VERNON, IL 62864**

(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 431	Continued From page 13 contained a large, clear plastic bag which held an empty blue medication bottle, labeled to indicate R26's current hydrocodone order, and 5 individually packaged small plastic bags - each containing 10 small white pills; and 1 small clear bag - containing 2 small white pills. There were 52 total small white pills packaged in a total of 6 small clear plastic bags within the large clear plastic bag. All 52 pills were identified by E9, (Registered Nurse), as hydrocodone. E9 indicates that the controlled medications are packaged that way to make it easier to perform the controlled medication counts at the change of shift. R9 said, "That's how they do it here".	F 431		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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.	F 441		

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(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.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview the facility failed to prevent cross contamination during resident care, failed to properly disinfect blood glucose meters and failed to properly store linens for 6 of 15 residents (R1, R6, R7, R8, R11, R12) reviewed for infection control in the sample of 18 and 20 residents (R19-R24, R28-38, R40-42) in the supplemental sample.

Findings include:

On 03/23/15 at 1:10PM, E21 (Certified Nurse Aide-CNA) and E22 (CNA) were observed performing catheter care on R1. R1 was incontinent of bowel during this observation. During the care E21 removed a multi-purpose skin cleanser from his pocket with a contaminated gloved hand and pumped the cleanser onto R1's perineal area and then placed the cleanser back into his pocket. E21 reached

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for the cleanser with a contaminated gloved hand again during this observation before completing the task. After the care, E21 stated at the end of his shift he puts the cleanser back on the linen cart.

On 03/23/15 at 1:40PM E3 (Registered Nurse-RN) was observed performing a wound treatment on R1. E3 gathered the supplies from the Treatment Cart and entered R1's room. E3 sat the dressing supplies and multi-purpose skin cleanser on the over the bedside table without using a barrier. After the treatment, E3 placed the skin cleanser back in the Treatment Cart.

On 03/24/15 at 10:40AM, E20 (Licensed Practical Nurse-LPN) was observed administering Nasonex 50 micrograms to R21. E20 sat the box containing the Nasonex on the over the bedside table without using a barrier. After administering the Nasonex, E20 placed the Nasonex back in the box and returned the medication to the Medication Cart.

On 03/24/15 at 10:50AM, E20 was observed administering Pataday eye drops to R20. E20 entered the room and removed the Pataday from the box and sat the box on the dresser. After administering the eye drops, E20 sat the medication bottle on the over the bed side table. E20 did not use a barrier during this observation. After the care, E20 returned the medication to the Medication Cart.

On 03/24/15 at 11:15AM, E20 was observed performing a blood glucose test on R6. After the test, E20 cleansed the meter with a Sani-Cloth Bleach Germicidal Disposable Wipe. E20 was observed to wipe the meter with the wipe for 2

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minutes and then placed the meter on a barrier on the Medication Cart. E20 stated she wipes the meter for 2 minutes and then allows it to air dry for 4 minutes.

On 03/25/15 at 9:00AM, the front hall (West Side) linen cart was observed sitting in R7's room. R7 is in room 110 bed 1. The linen cart cover was folded back on top of the cart. There is no resident in bed 2. At this time, E23 (Certified Nurse Aide-CNA) was observed to enter the room and get linens. This surveyor asked E23 why the cart was in this room. E23 stated she works on the east side of the building and was just walking through and another staff member asked her to get a draw sheet. At 9:10AM, E21 (CNA) entered the room and got linens from the same cart. This surveyor asked E21 why the cart is in the room. E21 stated when the floors are being cleaned the cart is put in this room because the halls are so narrow. E21 then rolled the cart back in the hall.

The undated Manufacturer's Sani-Cloth Bleach Germicidal Disposable Wipe "Directions For Use" states, "To Clean, Disinfect and Deodorize: Treated surface must remain visibly wet for a full four (4) minutes......Let air dry." Two untitled documents dated 03/26/15, one signed by E2 (Director of Nurses) and one signed by E10 (LPN), states the following residents receive blood glucose testing-R6, R8, R11, R12, R19, R22-24, R28-38, R40-42.

E2 stated on 03/25/15 at 3:30PM a barrier should have been used during the dressing change and when placing the medications on resident surfaces.
On 3/25/15 at 11:00 AM, E24, (Licensed Practical Nurse), completed a blood glucose monitor check

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F 441	Continued From page 17 for R22 and used a germicidal wipe to disinfect the glucometer. E24 said that the glucometer should be rubbed with the germicidal wipe for 2 full minutes.	F 441		
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL E ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to: control odors and maintain all furniture, wheel chairs, linens carts, doors, and loose floor vents. This has the potential to affect all 88 residents in the facility. The findings include: The Facility's Resident Census and Conditions of Residents form, dated, 3/24/15 documented the facility had a census of 88 residents. 1. During the initial tour of the facility on 3/23/15 at approximately 10:00am in the Social Service Office to the East of the front entry door a stong urine odor was noted in the room. Upon returning to this room later at approximately 10:30am to make a photo copy the urine odor remained and was stronger near the copy machine and the East wall. This odor was brought to the attention of E1 (Administrator) at this time. E1 and E2 (Director of Nursing) explained at 3:30pm on 3/23/15 that the resident room directly east of the office	F 465		

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houses residents with inappropriate toileting behaviors and solutions have been attempted to reduce the odor. This odor was noted on 3/24/15 and 3/25/15 while passing by this office to and from the front entry.

2. The reclining wheel chair arms for R25 were observed to be torn on both arms on 3/25/15 at 1:55pm.

3. The floor grate at the far Northwest door was noted to be soiled with food debris on 3/25/15 at 1:57pm. The window above this floor grate was noted to have 1/2 inch of build-up along the bottom edge.

4. On 3/26/15 at 10:50am the Bridges sitting room furniture was found soiled and in disrepair:

The green loveseat vinyl seat on the left side was cracked.
The beige chair was missing a cover on the front of the arm where staples were showing. The chair was soiled as well.
The brown loveseat against the West wall was soiled and a seat cushion was torn.
Both of the brown loveseats were soiled, especially where the cushions meet the sides of the units.

5. On 3/26/15 at 10:55am two of the three blue chairs in room 214 had cracked vinyl on the arms.

6. During the initial tour of the food preparation area and dish room on 3/23/15 at 10:15am found the following:

The sink in the dish room was leaking from the

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drain pipe and the water was being collected in a container under the drain line.

The ceiling above the food preparation area across from the stove was noted to have been patched and the patched material in a 2 foot by 2 foot area was blistered and peeling.

There were 5, 2 feet by 4 feet ceiling tile noted to be discolored and having small holes in the food storage area.

7. In the North-West Shower Room on 03/25/15 at 2:00PM the linen cart cover was folded back and on top of the cart were various items such as a hat, hangers and disposable undergarments. Inside the cart were finger nail clippers, open lotion bottles without lids, roll on deodorants without lids, scattered undergarments, razors, wash cloths, and an old tissue box housing various items such as glasses and unlabeled combs. Also, noted inside the cart was a plastic bag labeled "PBJ 3/22."

8. In the North-West Soiled Utility Room on 03/25/15 at 2:15PM the hose was in the hopper and a clear plastic bag full of unrinsed soiled linens with bowel was observed sitting on top of the red Bio-Hazard barrel.
14. On 03/23/15 from 9:50AM- 10:30AM the following was observed:
-E8's left wheelchair arm was torn and tattered.
-R25's reclining wheelchair arms were tattered.
-R39's wheelchair arms were tattered.
-R10's wheelchair seat and metal bars and brakes had a yellow and pink dried residue.
-R7's right wheelchair metal bars and brake had a pink dried residue.

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12. R12's reclining cushioned chair, on 3/23/15 at 10:05 am, was noted to have tattered and torn arm rest. The back rest of chair has a 20 x 23 centimeter cracked area with a 7 x 1 centimeter hole in the center, exposing dark yellow foam.

13. R 27's wheelchair, on 3/25/15 at 11:35 am, the left and right armrest has 1 x 2 centimeter holes exposing dark yellow foam.

9.. On 3/23/15 at 12:45 PM, the wooden display case on the wall outside of room 214 was loose.

10. On 3/25/15 at 11:15 AM, the door of room 206 was propped open with a chair. When the chair was removed to accommodate entry of the nurse's medication cart into the room, the door closed and was not functioning to stay open. R24, (Licensed Practical Nurse), indicated that that door will not stay open without the chair.

11. On 3/25/15 at 11:05 AM, a strong urine odor was detected in the dining room area of the locked Bridge unit, more strongly noticed near the floor vent by the activity cabinet and activity supplies. The dining room was full with residents eating lunch during the same time. By 3:00 PM on 3/25/15, the strong urine odor remained present at the same location.