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F 000	INITIAL COMMENTS	F 000		
F 241 SS=D	Annual Certification Survey 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, interview and record review the facility failed to maintain dignity during care and transport for two residents (R13 and R29) on the supplemental sample. Findings include: 1. R29's Minimum Data Set (MDS) dated 10/17/14 documents that R29 is cognitively intact. On 10/28/14 at 12:30 pm, E16, Physical Therapy Assistant pushed R29's wheel chair into the physical therapy room, assisted R29 onto the exercise bike, then pushed R29 back to his room. R29's urinary catheter drainage bag was uncovered the entired time, with mucous filled yellow urine visible to visitors, staff and other residents. R29 stated at that time, "It's a little embarrassing, I reckon." On 10/28/14 at 1:45 pm, E7, Licensed Practical Nurse (LPN) stated, "{R29} has had that mucous in his urine since he was admitted and I've never seen the (urinary) bag covered since he came here."	F 241		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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2. R13's MDS dated 8/28/14 documents that R13 has moderate cognitive impairment. R13's Care Plan dated 9/2/14 directs staff to assess for the cause of anxiety or agitation. The care plan also instructs staff to "talk to resident about her husband when anxious or agitated."

On 10/30/14 at 11:30 am, E8, Registered Nurse (RN) pushed R13 in her reclined geriatric chair from the dining room, to the scales, and down the full length of the hall. R13 yelled for staff to help her. R13's dress was around her abdomen which exposed both of R13's breasts and the perineal region of her incontinent brief. R13 was visible to E9, Certified Nursing Assistant (CNA), E10, (male) Laundry Attendant and E11, Housekeeper, who were all in the hallway as R13 was transported. No conversation with or about R13 took place by any staff.

On 10/30/14 at 11:40 am, E8 stated "I didn't notice (R13's bare breast) but she does that a lot. . . ." On 10/30/14 at 11:42 am, E6, Licensed Practical Nurse (LPN) stated that R13 "has agitated behaviors, we can't really do anything about them...and we can't stop her from disrobing." On 10/30/14 at 12:10 pm, E6 stated "I don't know what I'm suppose to do, she's (R13) in her room."

On 10/30/14 at 12:15 pm, R13 was in a geriatric chair in her room. R13's dress was down around her abdomen, exposing her breasts. R13 was visible through the open door, and open privacy curtain. R13 yelled repeatedly "help me, please help me."

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F 241	Continued From page 2 The undated facility policy for "Resident Dignity" documents that staff promote resident dignity by: "Maintaining resident privacy of body including keeping residents sufficiently covered, such as with a robe, while being taken to areas outside their room . . . .Refraining from practices demeaning to residents such as: keeping urinary catheter bags uncovered..."	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 services to prevent Urinary Tract Infection (UTI) by failing to maintain a urinary drainage bag below the level of the bladder and failing to prevent cross contamination during catheter care for two of two residents (R20 and R2) reviewed for urinary catheters in the sample of 14. Findings include: 1. The Physician's Order Sheet dated 10/1/14 through 10/31/14 documents that R20 has	F 315		

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diagnoses of Benign Prostatic Hypertrophy and Urinary Retention, with a Physicians Order for R20 to have a urinary catheter. The Resident Transfer Form dated 10/29/14 documents that R20 was sent the the emergency room for a decrease in the level of consciousness and red tinged urine. The Nurses Note dated 10/29/14 at 2:00 PM documents that R20 returned to the facility at that time with a diagnosis of UTI.

On 10/30/14 at 10:25 am, R20 was in his bed positioned on his back with his urinary catheter drainage bag strapped to his left lower leg. At that time R20's legs were elevated on pillows above the level of his bladder. On 10/30/14 at 10:45 AM E13 Certified Nurses Aide confirmed that R20's urinary catheter drainage bag was positioned above the level of R20's bladder and that urine was present in the drainage bag and at the junction of the urinary catheter and drainage bag. At that time E7 Licensed Practical Nurse stated that R20's urinary drainage bag should have been changed from a leg bag to a bedside bag when he was transferred to his bed.

The Daily Perineal-Catheter Care policy dated 1/3/13 states ". . . . Keep the catheter drainage bag below the bladder level at all times to prevent back flow of urine that could cause an infection. . . ."

2. R2's Physician's Orders Sheet dated October 2014 lists diagnoses of Urinary Retention and Chronic Kidney Disease Stage 3.

On 10/29/14 at 11:07 AM E13, Certified Nursing Assistant (CNA) assisted R2 with indwelling urinary catheter care by washing R2's indwelling

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F 315	Continued From page 4 catheter tubing with soap and water. E13 then repeated the procedure without changing the area of the washcloth. E13 proceeded with R2's care, washing the groin area twice by wiping downward without changing the area of the washcloth. E13 stated on 10/29/14 at 11:15 AM, "I will have to remember to change the area of the wash cloth when I do this again." The facility policy for Daily Perineal-Catheter (cath) Care dated 1/3/13 states, "Wash around cath tubing with clean wash cloth with one stroke each from point of entry, approximately 3 inches down cath tubing - changing area of wash cloth . . ." R2's Laboratory Reports dated 5/11/14, 4/12/14, 3/8/14 and 2/23/14 document Escherichia Coli organisms present in the urine on those dates.	F 315		
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal	F 322		

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F 322	Continued From page 5 ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to notify the physician and implement a Dietitian recommendation for tube feeding administration for one of one residents (R12) reviewed for gastrostomy tube feedings in the sample of 14. Findings include: The Minimum Data Set dated 9/11/14 documents that R12 is cognitively intact. The Physician's Order Sheet for 10/2014 documents that R12 receives continuous feeding of Jevity 1.5 through the gastrostomy tube. Z1 Registered Dietician's note dated 10/20/14 states "(R12) has not tolerated tube feeding at 55 milliliters (ml) per hour - (R12) requests tube feeding to be shut off or he shuts it off. Recommend tube feeding back to 45 ml as this was tolerated." On 10/28/14 at 4:30 p.m. R12's tube feeding was infusing at a rate of 55 ml per hour. On 10/29/14 at 8:00 a.m. R12's tube feeding was infusing at 55 ml per hour. At that time R12 stated that he has felt bloated for the last couple days and further stated, "they are putting too much in." On 10/29/14 at 11:55 am E4 Licensed Practical Nurse (LPN) verified that R12's tube feeding was	F 322		

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F 322	Continued From page 6 infusing at 55 ml per hour. On 10/29/14 at 8:30 a.m. E3 LPN stated that R12's tube feeding is turned off frequently by the nursing staff due to R12's complaint's of "feeling too full." On 10/29/14 at 11:20 a.m. E2 Director of Nurses confirmed that Z1 recommended that R12's gastrostomy tube feeding be decreased to 45 ml per hour on 10/20/14. E2 stated that she is responsible for notifying the physician of Z1's recommendations. E2 went on to state that she did not notify Z2 Nurse Practitioner of Z1's recommendation until 10/27/14 at 9:55 am. E2 went on to state she had not checked to see if an order had been received from Z2 regarding Z1's recommendation. On 10/29/14 at 2:00 p.m. E2 stated that she called Z2's office on 10/29/14 at 11:45 a.m. and received an order to decrease R12's tube feeding rate to 45 ml per hour. On 10/29/14 at 4:30 p.m., E1 Administrator stated that Z1's recommendation for R12 was not followed up on in a timely manner.	F 322		
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record	F 323		

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review the facility failed to ensure safety and supervision to prevent accidents by failing to implement fall interventions as planned, and failing to maintain safe water tempuratures for seven residents (R2, R9, R11, R18, R19, R21, R25 reviewed for safety from a sample of 14, and nine residents on the supplemental sample (R30 - R32 and R34 - R39). These failures resulted in R2 sustaining a fall with a left humerus fracture.

The findings include:

1. The Physician's Order Sheet (POS) dated October 2014 lists the following diagnoses: Fractured Shoulder, Chronic Kidney Disease Stage 3, Hypoglycemia and Diabetes Type 2. The Minimum Data Set (MDS) dated 8/15/14 documents R2 has severe cognitive impairment and requires extensive assist with two staff for transfers and toilet use. This MDS lists R2's balance is unstable requiring staff assistance.The Fall Risk Evaluations dated 8/15/14, 5/16/14 and 11/15/13 assesses R2 as high risk for falls.

R2's Nurses notes dated 12/16/13 at 7:15 PM state, "Nurse was called to (R2's) room by Certified Nurses Assistance (CNA) and another Nurse. (R2) was lying on stomach with legs outstretched right arm out to side and laying on left arm. Assisted up with gait belt and four staff members and assisted back to recliner. (R2) was not wearing any shoes and only had anti-embolism hose on..... (R2) complains left shoulder/arm pain unable to move left upper extremity, can only wiggle finger." Nurses Notes on 12/16/13 at 10 PM states "Emergency Room (ER) called to say (R2) was being released from ER with diagnosis of left fracture to shoulder."

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The facility's Occurrence Report dated 12/16/13 under "Preventive Measures at time of Fall" documents "Alarm - None . . . Ted Hose on. . . .Recommendation - Post sign in room to check alarms before leaving room."

The hospital Radiology report dated 12/16/13 states, "Suspect impacted transverse fracture through the proximal left humeral neck and vertical avulsion fracture of the greater tuberosity of the left humerus. . . ."

The care plan for R2 dated 8/23/13 states "(R2) is high risk for falls as exhibited by impaired balance during transitions." Care plan approaches include, "Appropriate foot wear on while up, Pressure Seat Alarm, use in soft chair (recliner) and floor alarm when in bed."

E2, Director of Nurses stated on 10/30/14 at 2:37 PM "(R2)'s care plan states for him to wear proper foot wear while up, and (R2) should have had a pressure alarm in his recliner. Proper foot wear is grippy non-skid socks or shoes. (R2) should have had both proper foot wear and a pressure alarm in place ."

2. On 10/30/14 at 1:02 PM the water temperature measured 119.0 degrees Fahrenheit (F) at the hand sink in the unlocked shower room on Jones Hall, using E14's Maintenance Supervisor's digital thermometer.

On 10/30/14 at 1:40 PM E14 stated, "That's too high... each hall has it's own water heater so the whole hall will be the same temperature."

Water temperatures were verified using E14's

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F 323	Continued From page 9 digital thermometer to measure resident room hand sinks in the rooms on Jones Hall. Temperatures ranged from 118.0 degrees F through 119.5 degrees F. On 10/30/14 at 3:30 PM E14 stated "I haven't kept a log for water temperatures in years... to my knowledge there is not a policy for checking [the water temperatures]." On 10/31/14 at 8:35 AM E1 Administrator confirmed there is no facility policy for checking water temperatures nor does E14 maintain a log to record water temperatures. The facility's undated roster documents on Jones Hall include R2, R9, R11, R18, R19, R21, R25, R30 - R32, and R34 - R39.	F 323		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic	F 329		

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drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to show clinical indication/ justification for the use of antipsychotic medicationad for one of five residents (R9) reviewed for psychoactive medication in a sample of 14.

Findings include:

R9's Physician's Order Sheet (POS) dated October 2014 includes the following diagnoses: Cerebral Vascular Accident/Stroke and Anxiety. This POS documents that R9 is to receive Risperdal (antipsychotic) 0.25 mg (milligrams) by mouth at bedtime.

The Psychotropic Medication Evaluation dated 9/10/14 list the diagnosis for the clinical usage for Risperdal .25 mg as "Anxiety". Current behavior states "Trouble falling asleep - feels fidgety." The Psychotropic Medication Evaluation dated 6/12/14 list the diagnosis for clinical usage as "Anxiety" Behaviors "Feels Tired, Has Little Energy." The Psychotropic Medication Evaluation dated 3/12/14 lists the diagnosis as "Anxiety" and the Behavior exhibited as "Sleeps to much, feels crippled and can't do much."

The Behavior Monitoring forms for R9 for

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F 329	Continued From page 11 October, September and August of 2014 has documented zeros in all areas, stating R9 has not had any type of behaviors. On 10/29/14 at 3:27 PM E8, Registered Nurse (RN), responsible for completing all assessments for psychotropic medications, states " First time, (R9) was admitted to the facility (R9) was on Risperdal because (R9) was hateful. Z3, (Physician) will use the drug Risperdal for anything. (R9) has no behaviors and I know Anxiety is not a diagnosis for the usage of Risperdal but that is what (Z3) ordered for (R9)."	F 329		
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a therapeutic diet as ordered for two of 14 residents (R6 and R9) reviewed for dining in the sample of 14. Findings include: 1. R6's Physician Order Sheet (POS) dated October 2014, documents the diet order for a regular diet, pureed, thinned with milk for increased nutrition/calories. This POS documents a diagnosis of Alzheimer's Disease. On 10/28/14 at 12:40 pm, E17, Certified Nursing Assistant (CNA) fed R6 a pureed meal of peach cobbler, hamburger with beef gravy mashed	F 367		

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potatoes and spinach. E17 mixed each item in a cup of cold water from R6's meal tray. On 10/28/14 at 12:57 pm, E17 stated "we have to mix her (R6) food with water so she can drink it because she bites the spoon."

On 10/29/14 at 12:30 pm E13, Certified Nursing Assistant (CNA) stated to Z4 student CNA, that (R6)'s food "should be mixed with water and given to (R6) by cup so she can drink her meal." Z4 mixed pureed chicken, pasta, bread, chocolate mousse and green beans with water from R6's tray. Z4 then fed R6 the diluted pureed meal.

On 10/31/14 at 10:30 am, Z1 Registered Dietician Consultant stated, "(R6) has had very poor food intake with weight loss and skin breakdown. I would expect staff to use whole milk when thinning the pureed food as (R6)'s caloric intake would not be sufficient with using the water. It is necessary for staff to follow the plan of care."

2. R9's Physician's Order Sheet (POS) dated October 2014 shows R9 has diagnoses that include Hypertension and Cerebral Vascular Disease Disease/Stroke. The POS orders a No Added Salt (NAS) diet, and medications including Lasix (diuretic) at 60 milligrams (mg) daily. Z3 Physican also ordered Ritalin (stimulant) 5 mg per day am and noon dosage for weight loss.

R9's diet card on 10-28-14 at 12:15pm and 10-29-14 at 11:49am reads Regular diet. At the noon meal on 10-28-14 and 10-29-14 R9 used regular salt from a salt shaker sitting on his table.

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(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 367	Continued From page 13 Facility diet for No Added Salt Diet from the Long Term Care Diet Manual, 2012 Edition states ". . . .Salt is not used at the table and salt packets are not added to the tray." On 10-29-14 at 4:00pm E5 Dietary Manager (DM) stated she checks the tray cards but may have some errors. On 10-30-14 at 10:11am E5 stated the Regular diet is the same as the NAS diet except for no regular salt at the table. E5 stated that R9's tablemate can have regular salt on the table, and "I forgot to change (R9's) tray card."	F 367		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed store potentially hazardous cold foods food at 41 degrees Fahrenheit (F) or below to prevent foodborne illness, having the potential to affect all 55 residents in the facility. Findings include: On 10/28/14 at 10:15 AM an upright refrigerator	F 371		

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	145416	A. BUILDING _____ B. WING _____	10/31/2014

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F 371	Continued From page 14	F 371		

had an interior ambient temperature of 50 degrees Fahrenheit (F). Inside the refrigerator were 4 unopened plastic individual serving containers of yogurt, one 5 pound (#) container of cottage cheese, and a half-gallon carton of lactose-free milk.

On 10-28-14 at 10:18am, the facility's temperature log for the upright refrigerator had no recordings for 10/27/14 nor 10/28/14.

On 10/28/14 at 10:17 AM E5 Dietary Manager (DM) stated the "temperatures were not recorded on the log for [10/27/14] and (E5) would need to talk to the maintenance supervisor to have this refrigerator looked at."

On 10-29-14 at 9:45am E5 identified the refrigerator in the back as the unit they use to store cottage cheese, sour cream, yogurts and lactose free milk when they first get in the deliveries.
At this time E5 took the temperature of a 5 # cottage cheese container reading 50 degrees F. and a 32 ounce yogurt container reading 60 degrees F. At this time E5 stated they had received another delivery around 11:30am or Noon on 10-28-14. This refrigerator had at this time a total of 6 - 5# cottage cheese containers, 2 - 5# sour cream containers, 2 half gallon size cartons of lactose-free milk, 6 - 32 ounce containers yogurt and 2 flats of individual yogurt serving containers (all unopened). After taking the temperatures, E5 stated "they were above the 40 degrees and we don't want to make anyone sick, we will throw them out it's been past the 6 hours."

On 10-29-14 at 4:00pm E5 stated, "we only

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F 371	Continued From page 15 occasionally take temperatures of items on delivery." E5 confirmed that E14, Maintenance Director did not look at the refrigerator on 10-28-14 as she had previously stated on 10-28-14 at 10:17am. The undated policy for Deliveries states, "check temperature of chilled or frozen foods; store under proper refrigeration or freezing IMMEDIATELY. If received at unacceptable temperature, refuse delivery from the vendor." The facility's Resident Census and Condition of Residents report dated 10/28/14 documents 55 residents in the facility.	F 371		
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	F 441		

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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.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the facility failed to implement infection control procedures to prevent cross contamination during gastronomy tube (g-tube) medication administration and glucometer disinfection. These failures affect two of 14 residents (R12 and R23) reviewed for infection control on the sample of 14, and two residents (R40 and R41) on the supplemental sample.

Findings include:

1. On 10/28/14 at 12:10 pm, E6, Licensed Practical Nurse (LPN), with gloves on , closed the lid and handled an odorous bed side commode which contained urine . Still wearing the same contaminated gloves, E6 touched the bed controls, g-tube syringe, graduate, stethoscope, medication cups, medication tray and bed side table.

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On 10/28/14 at 12:15 pm, E6 stated " . . . I should have removed my gloves and washed my hands after touching his (R12) bed side commode."

The facility Infection Control, Precautions Standard dated 3/15/02 states that gloves are worn to prevent cross contamination, and, "gloves should be changed between patient contacts and hands washed after gloves are removed."

2. On 10/29/14 at 11:20 am, E4, Licensed Practical Nurse (LPN) performed a blood glucose test on R23. Without cleaning or disinfecting, E4 placed the contaminated glucose meter in the top drawer of the medication cart on top of another glucose meter.

On 10/29/14 at 11:28 am, E4 stated the other two residents (R40 and R41) already had their blood glucose monitoring. "I always clean it (glucose meter) with alcohol after I'm done with this hall. We do share the glucometer with all the residents on this hall."

On 10/29/14 at 11:29 am, E2, Director of Nursing (DON) stated "(E4) is a new nurse she should have used a (disinfectant) wipe to clean the glucometer. It prevents cross contamination. I guess she didn't get a good orientation on this (glucometer disinfecting)."

The facility policy for Blood Glucose Monitoring Procedure with a Glucose Machine dated 5/25/11 documents, "After completing the procedure, clean the glucometer machine with cavicide wipes and return to the appropriate pouch."

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F 463	Continued From page 18	F 463		
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH	F 463		

The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure the emergency call system operates as designed and within reach in one shower stall and one bathing tub. This failure has the potential to affect seven residents on the sample (R2, R9, R11, R18, R19, R21, R25) and nine residents on the supplemental sample (R30 - R32 and R34 - R39).

Findings include:

1. On 10/30/14 at 1:02 PM, the pull cord from the emergency call switch in the shower stall of the unlocked shower room on Jones Hall bypassed the eyelet guide on the switchplate, which ensures proper operation when the cord is pulled. The center section of the pull cord was tied around a seat belt dangling on the floor. The loose end of the pull cord returned up to the switch and was tied securely to the eyelet on the switch plate, rendering the switch inoperable.

On 10/30/14 at 1:40 PM E14 Maintenance Supervisor stated, "[the cord] is not supposed to be like that. It is supposed to pass through [the eyelet] so it can pull the switch straight down from anywhere... I don't know why the seat belt is tied onto the cord."

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F 463	Continued From page 19 On 10/30/14 at 3:15 PM E3 Licensed Practical Nurse stated, "I don't have an answer for why the cord is tied to a seat belt." 2. On 10/30/14 at 1:02 PM, the loose end of the pull cord for the emergency call switch closest to the bathing tub extended downwards 24 inches from the emergency call switch, leaving the loose end of the cord 22 inches off the floor surface. The bathing tub's vertical side was 68 inches from the wall where the switch was located, making it difficult to reach from the tub. On 10/30/14 at 1:40 PM E14 stated, "That cord needs to be longer." On 10/30/14 at 3:15 PM E3 agreed that the call cord could not be reached from the side of the bathing tub. The facility's undated roster documents 16 residents on that hall that would use that bathing room: R2, R9, R11, R18, R19, R21, R25, R30 - R32, R34 - R39.	F 463		