STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146119	A. BUILDING _____ B. WING _____	04/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWOOD	320 SECOND STREET GRAYVILLE, IL 62844

(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 Certification Survey An Extended Survey was Conducted Complaint Investigation - 1551124 / IL75398 No Deficiency	F 000		
F 225 SS=F	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225		

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

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F 225	Continued From page 1 representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to thoroughly investigate allegations of abuse. This has the potential to affect all 44 residents living in the facility. Findings include: 1. On 03-31-2015 at 9:30 AM, R10 was up in a wheel chair, groomed and dressed and attended the Group meeting. R10 was very active with participation and asked if she could talk to this surveyor after the Group meeting. On 03-31-2015 at 10:15 AM, R10 stated that about two or three weeks ago around 9:30 in the evening, she needed to go to the bathroom really bad and when R10 told E12 (Certified Nursing Assistant) that she had to pee really bad, E12 told her she would just have to wait until all of the other residents were put into bed before they would toilet R10. R10 stated that she was very upset because she knew she couldn't hold her urine for very long. R10 stated that she can tell when she has to pee, but has to get to the toilet early so she won't wet herself. R10 stated that when she told E12 "thanks for letting me wet myself", E12 was cursing and called R10 a "smart a**". On 03-31-2015 at 11:30 AM , E1 (Administrator) stated that he was aware of the	F 225		

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F 225	Continued From page 2	F 225		

allegation of verbal abuse concerning E12 and R10 and an investigation was done and the allegation was unfounded. E1 stated that they re-educated E12 on dealing with difficult behaviors, abuse definitions and reporting and incontinence care.

R10's Minimum Data Set dated 02-08-2015 documents that R10 has a Brief Interview of Mental Status score of "14" and that R10 is alert and oriented. R10's Minimum Data Set also documents that R10 has a diagnosis of depression and is dependent on two assists for transfer and is frequently incontinent. The Behavior Tracking form dated 03-14-2015 does not identified R10 as having any behaviors, and there is nothing in R10's Nurses Notes that identifies that R10 was having behaviors. R10's Incontinence Care Plan dated 12-02-2013 documents that the staff are to toilet R10 every two hours while awake, and her Mood Care Plan documents that the staff will listen carefully and avoid challenging her and to approach her calmly and assist with a positive, friendly approach. The Incident Interview Form used for the investigation was not signed by each interviewee and R10's room mate, R14 was the only resident interviewed, no other potential witnesses were identified.

2. On 03-31-2015 at 10:45 AM, E10 was being interviewed about Abuse, and when asked if she had ever reported abuse, E10 stated, "yes about six months ago ". When E10 was asked what happened when she reported the abuse, E10 stated "nothing". E10 also stated that she reported to E13 (former Director of Nursing) and E14 (former Certified Nursing Assistant Supervisor) that E12 told R12 that she would

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F 225	Continued From page 3	F 225		

have to just "pee" in the bed and wait for the day shift to change her. E10 stated that R12 told her that she would try to hold her urine until E10 got there so she wouldn't lie in a wet bed. On 03-31-2015 at 3:00 PM, E1 stated that he was not aware of any allegation of abuse involving R12 and E12, but had done an investigation concerning abuse regarding E12 and R13. On 03-31-2015 at 3:10 PM, E2 (Acting Director of Nursing) stated that she didn't remember an allegation of abuse reported concerning R12 and E12, but would look for the report. E2 stated around 3:15 PM that there was no abuse investigation done concerning R12 and E12 but would start the investigation as soon as possible. A report on this allegation of abuse was faxed to the Illinois Department of Public Health on 04-01-2015. On 04-02-2015 at 7:50 AM via telephone, E13 stated that she did not remember E10 reporting an allegation of abuse concerning R12, but that was around the time her son passed away and she may not have remembered it. On 04-02-2015 at 8:01 AM via telephone, R12 stated that she did remember an incident that occurred about 5-6 months ago involving E12. R12 stated that about 6 AM, she turned on her call light to get help to go to the bathroom, and E12 came into her room and told R12 to go ahead and pee in her bed and day shift would clean her up. R12 stated that it was undignified and she was very upset about lying in a wet bed when she could have gotten up and gone to the bathroom if she had help.
E12 was suspended and a new abuse investigation was started on 04-01-2015.

R12's Physician's Orders record dated 10-2015 documents that R12 has a diagnosis of a Cerebral Vascular Accident with left sided

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F 225	Continued From page 4 weakness. R12's Minimum Data Set dated 10-20-2014 documents under Section G. I. Toileting; R12 is limited assistance with the help of one person to toilet. R12's Care Plan dated 04-22-2014 for Incontinence of bladder that R12 is to be toileted or attempted to be toileted every two hours and as needed. R12's Minimum Data Set dated 10-20-2014 documents that R12 scored a 15 on her Brief Interview for Mental Status which indicates that R12 is alert and oriented and can make her needs known. 3. On 03-31-2015 at 3:00 PM, E1 stated that he was aware of an abuse investigation done concerning R13 and E12. E1 stated that this investigation was also unfounded and E12 was re-educated on Abuse, Resident's Rights and dealing with the hearing impaired residents. E1 also stated E12 was re-inserviced on the Abuse policy and reporting. The Incident Interview forms dated 05-22-2015 did not have interviewee signatures and no residents or potential witnesses were identified. The Incident Interview form dated 05-21-2015, documents that E12 made a statement to R13 that she was heavy to lift on and that was why R13's family had to buy her a lift chair. The Resident Census and Conditions of residents dated 03-30-2015 documents that there are 44 residents living in the facility at the time of this survey.	F 225		
F 226 SS=F	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit	F 226		

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F 226	Continued From page 5 mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement its own policies and procedures that prohibit abuse. The facility failed to initate an investigation once an allegation of abuse was reported and failed to thoroughly investigate the allegations of abuse. This has the potential to affect all 44 residents living in the facility. Findings include: 1. On 03-31-2015 at 9:30 AM, R10 was up in a wheel chair, groomed and dressed and attended the Group meeting. R10 was very active with participation and asked if she could talk to this surveyor after the Group meeting. On 03-31-2015 at 10:15 AM, R10 stated that about two or three weeks ago around 9:30 in the evening, she needed to go to the bathroom really bad and when R10 told E12 (Certified Nursing Assistant) that she had to pee really bad, E12 told her she would just have to wait until all of the other residents were put into bed before they would toilet R10. R10 stated that she was very upset because she knew she couldn't hold her urine for very long. R10 stated that she can tell when she has to pee, but has to get to the toilet early so she won't wet herself. R10 stated that when she told E12 "thanks for letting me wet myself", E12 was cursing and called R10 a "smart a**". On 03-31-2015 at 11:30 AM , E1	F 226		

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F 226	Continued From page 6 (Administrator) stated that he was aware of the allegation of verbal abuse concerning E12 and R10 and an investigation was done and the allegation was unfounded. E1 stated that they re-educated E12 on dealing with difficult behaviors, abuse definitions and reporting and incontinence care. R10's Minimum Data Set dated 02-08-2015 documents that R10 has a Brief Interview of Mental Status score of "14" and that R10 is alert and oriented. R10's Minimum Data Set also documents that R10 has a diagnosis of depression and is dependent on two assists for transfer and is frequently incontinent. The Behavior Tracking form dated 03-14-2015 does not identified R10 as having any behaviors, and there is nothing in R10's Nurses Notes that identifies that R10 was having behaviors. R10's Incontinence Care Plan dated 12-02-2013 documents that the staff are to toilet R10 every two hours while awake, and her Mood Care Plan documents that the staff will listen carefully and avoid challenging her and to approach her calmly and assist with a positive, friendly approach. The facility's undated policy on Abuse/Neglect Prohibition documents on page 8 under VII. The Abuse Prohibition Officer will follow the Resident Protection Abuse Investigation Procedures, using the specific path depending on the nature of the allegation, and procedures for investigation, interview, and reporting requirements. On 03-31-2015 at 2:45 PM, E1 stated that he didn't know what that procedure was. The Incident Interview Form used for the investigation was not signed by each interviewee and R10's room mate, R14 was the only resident interviewed, no other potential witnesses were identified.	F 226		

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2. On 03-31-2015 at 10:45 AM, E10 was being interviewed about Abuse, and when asked if she had ever reported abuse, E10 stated, "yes about six months ago ". When E10 was asked what happened when she reported the abuse, E10 stated "nothing". E10 also stated that she reported to E13 (former Director of Nursing) and E14 (former Certified Nursing Assistant Supervisor) that E12 told R12 that she would have to just "pee" in the bed and wait for the day shift to change her. E10 stated that R12 told her that she would try to hold her urine until E10 got there so she wouldn't lie in a wet bed. On 03-31-2015 at 3:00 PM, E1 stated that he was not aware of any allegation of abuse involving R12 and E12, but had done an investigation concerning abuse regarding E12 and R13. On 03-31-2015 at 3:10 PM, E2 (Acting Director of Nursing) stated that she didn't remember an allegation of abuse reported concerning R12 and E12, but would look for the report. E2 stated around 3:15 PM that there was no abuse investigation done concerning R12 and E12 but would start the investigation as soon as possible. E12 was suspended and a new abuse investigation was started on 04-01-2015.
On 04-02-2015 at 7:50 AM via telephone, E13 stated that she did not remember E10 reporting an allegation of abuse concerning R12, but that was around the time her son passed away and she may not have remembered it. On 04-02-2015 at 8:01 AM via telephone, R12 stated that she did remember an incident that occurred about 5-6 months ago involving E12. R12 stated that about 6 AM, she turned on her call light to get help to go to the bathroom, and E12 came into her room and told R12 to go ahead and pee in her bed and day shift would clean her up. R12 stated that it was undignified and she was very upset about

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F 226	Continued From page 8 lying in a wet bed when she could have gotten up and gone to the bathroom if she had help. R12's Physician's Orders record dated 10-2015 documents that R12 has a diagnosis of a Cerebral Vascular Accident with left sided weakness. R12's Minimum Data Set dated 10-20-2014 documents under Section G. I. Toileting; R12 is limited assistance with the help of one person to toilet. R12's Care Plan dated 04-22-2014 for Incontinence of bladder that R12 is to be toileted or attempted to be toileted every two hours and as needed. R12's Minimum Data Set dated 10-20-2014 documents that R12 scored a 15 on her Brief Interview for Mental Status which indicates that R12 is alert and oriented and can make her needs known. The facility's undated "Abuse Policy" documents on page 8, VII, line 1; All incidents will be documented whether or not abuse occurred, was alleged or suspected. A report was faxed to the Illinois Department of Public Health on 04-01-2015 regarding this allegation of abuse. 3. On 03-31-2015 at 3:00 PM, E1 stated that he was aware of an abuse investigation done concerning R13 and E12. E1 stated that this investigation was also unfounded and E12 was re-educated on Abuse, Resident's Rights and dealing with the hearing impaired residents. E1 also stated E12 was re-inserviced on the Abuse policy and reporting. The Incident Interview forms dated 05-22-2015 did not have interviewee signatures and no residents or potential witnesses were identified. The Incident Interview form dated 05-21-2015, documents that E12 made a statement to R13	F 226		

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F 226	Continued From page 9 that she was heavy to lift on and that was why R13's family had to buy her a lift chair. The facility's undated "Abuse Policy" documents on page 8, VII, line 8; The Abuse Prohibition Officer will report the conclusion of the investigation to the Administrator within five working days of the reported incident. The final investigation shall contain the following: 1. Name, age, diagnosis and mental status of the resident allegedly abused or neglected. 2. The original allegation noting day, time, location, the specific allegation, and by whom, witnesses to the occurrences, circumstances surrounding the occurrence and any noted injuries. 3. Facts determined during the process of the investigation, review of medical record and interview of witnesses. 4. Conclusion of the investigation based on known facts. 7. Attach a summary of all interviews conducted, with names, addresses, phone numbers and willingness to testify of all witness. The facility failed to follow these parts of their abuse policy for these investigations. The Resident Census and Conditions of residents dated 03-30-2015 documents that there are 44 residents living in the facility at the time of this survey.	F 226		
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 --	F 322		

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F 322	Continued From page 10 (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 ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on record review , interview and observation, the facility failed to accurately record the total fluid intake and output for 1 of 1 residents, (R1) reviewed who are dependent on staff to receive all nutrition through a gastric tube, in the sample of 11. Findings include: 1. The March 2013 Physician Order Sheet notes R1 is in a coma and cannot eat or drink any thing by mouth. The Physician Order notes R1 had an indwelling urinary catheter . The Physicians Orders notes R1 is to receive, 1200 cubic centimeters (cc) of water in 24 hours plus an additional 540 cc of water with medications.	F 322		

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F 322	Continued From page 11 According to the Physicians orders between 6:00 AM to 6:00 PM, R1 should receive 960 cc of water. Between 6:00 PM to 6:00 AM shift R1 should receive 780 cc of water. The March 2015 Intake and Output record March 01 through March 30 notes R1 only received 400 to 800 cc of water flushes for both shifts. The Intake and Output Sheet for March 01 through March 04 2015 notes 9 of 32 areas to document intake or output were blank. The January and February 2015 Intake and Output Sheets do not reflect the accurate amount of water flushes R1 is to receive. The February 2015 Intake and Output Sheet notes 11 of 64 areas do not record intake or output for R1 . A hospital History and Physical record notes R1 was treated for Urinary Tract Infection and Dehydration on 02/19/15. On 0310/15 R1 received antibiotic therapy to treat a urinary tract infection. During an interview with E2 (Director of Nursing) at 9:10 AM on 04/012/15 , she said the Intake and Output sheets currently in use are not set up to record intake and out put for a resident who has a gastric tube feeding. . E2 did say the medication administration record does record when the flushes are given. During an observation on 03/31/15 at 12:30 PM, there was approximately 400 cc of straw colored urine present in a collection bag .	F 322		
F 363 SS=F	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended	F 363		

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dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, the facility failed to follow the preplanned spreadsheet menu. This has the potential to affect all 44 residents in the facility.

Findings include:

The facility's Resident Census and Conditions of Residents form, dated, 3/30/15 documented the facility had a census of 44 residents.

1. The spreadsheet menu for the noon meal of 3/31/15 called for the service of a #8 scoop of ground Peppered Beef Patty with 2 ounce sauce and the pureed meat called for the service of #8 scoop of pureed peppered beef patty. E16 (cook) was asked during the meal service that began at 11:30am how the pureed meat was prepared. E16 stated she cooked a 5 pound chub of regular ground beef for use for the ground and pureed meat service. E16 was observed to serve the ground meat from a small spoodle (size unknown, the plastic was melted on the label). The beef chunks were in a broth of some type. E16 scooped approximately 1 to 11/2 spoodle of the ground meat into a bowl, ladle broth from the regular pepper steak container onto the ground meat. When asked, E16 could not identify the amount of ground meat served.
E16 was questioned about the preparation of the pureed meat, E16 indicated she used the plain

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F 363	Continued From page 13	F 363		

ground beef and not the peppered beef patties. Review of the recipes for the ground meat called for the use of the beef patties that had been cooked and placed in the prepared broth that was made from tomatoes, onion, garlic, fresh sliced bell peppers. The recipe for the pureed meat called for the use of a peppered beef patty with water and beef base.

2. The spreadsheet menu called for the service of baked potatoes and sour cream for all diets. The prepared foods on the steam table during the meal service included baked potatoes as well as mashed potatoes. E16 was observed to serve the baked potatoes to the regular, mechanical soft and low concentrated sweets diets and to serve mashed potatoes for the pureed diets. E16 indicated the mashed potatoes were not made from the baked potatoes made for all of the other diets. Also, the pureed trays did not receive the sour cream as the menu stated.

3. With nine trays left for service during the noon meal of 3/31/14 there were no whole baked potatoes left. The remaining trays were served the mashed potatoes. R16 was one of the nine individuals who did not get a baked potato. When questioned R16 stated at 12:25pm that she was served mashed potatoes and that she had been looking forward to the baked potato.

4. The spreadsheet menu called for the service of bread and margarine for all diets served by the facility. All of the prepared diets were served wheat bread and margarine regardless of preference during the noon meal of 3/31/15. E17 (cook) stated during the meal service that began at 11:30am that they were out of white bread. Review of the diet orders for all of the residents

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	146119	A. BUILDING _____ B. WING _____	04/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWOOD	320 SECOND STREET GRAYVILLE, IL 62844

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F 363	Continued From page 14 included R17 to have a low fiber diet that would not include wheat bread. The pureed diet called for pureed buttered bread. There was no pureed bread served during the noon meal observation on 3/31/15 beginning at 11:30am. E16 was questioned and asked about the pureed bread during the meal service. E16 stated the bread had been added to the pureed carrots. E7 (Dietary Manager) stated on 4/2/15 at 9:30am that the menus and available recipes should have been followed and that the appropriate products should have been served per each residents diet order. E7 indicated they do have a local store where items in short supply could be purchased.	F 363		
F 366 SS=F	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. This has the potential to affect all 44 residents in the facility. Findings include: The facility's Resident Census and Conditions of Residents form dated, 3/30/15 documented the facility had a census of 44 residents. 1. The spreadsheet menu for the noon meal of	F 366		

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F 366	Continued From page 15 3/31/15 called for the service of carrots to all diets provided by the facility. At 11:35am the steam table of food for the noon meal service contained sliced carrots and pureed carrots for service. When questioned E16 (cook) indicated that creamed corn was the substitute vegetable for all diets. 2. The spreadsheet menu for the noon meal of 3/31/15 called for the service of fruited gelatin for all diets provided by the facility. The dessert for the pureed diets called for pureed fruited gelatin and the Low Concentrated Sweets diet called for 1/2 portion of the gelatin. The trays provided for the 5 pureed diet order residents were noted to be served a four ounce sugar sweetened pudding cup. Two residents, R2 and R15 who received the pudding have the Pureed/Low Concentrated Sweets diet order. E17 (cook) was questioned during the meal service about the missing pureed gelatin. E17 indicated that she forgot to make that gelatin and ran out of time so chose to serve the pudding instead.	F 366		
F 441 SS=D	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,	F 441		

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F 441	Continued From page 16 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. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to use a barrier for wound care and failed to wash hands while providing care for 1 of 1 resident (R2) reviewed for pressure ulcers in the sample 11. Findings include: On 03-30-2015 at 3:30 PM, E8 (Registered Nurse) used the remote to raise R2's bed, then opened the treatment cart drawer, placed 1 skin prep package on top of the treatment cart	F 441		

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F 441	Continued From page 17	F 441		

without a barrier and dropped the second skin prep package onto the floor. E8 picked up the skin prep dropped on the floor and got another one out of the drawer, but did not use alcohol gel or wash her hands. E8 donned a pair of gloves and removed the heel protector to the left foot and used the skin prep, then E8 removed the heel protector to the right foot and used the skin prep. E8 did not wash her hands or use alcohol gel, but donned a pair of gloves, adjusted R2s clothing, removed the soiled Gastronomy Tube dressing, went to the treatment cart and opened a plastic container of gauze sponges soaking in normal saline, cleansed around the Gastronomy Tube site and applied a clean dressing. E8 went back to the treatment cart, opened the drawer and took out the antibiotic ointment and using a cotton tipped swab, applied the ointment underneath the dressing. E8 did not wash her hands or use the alcohol gel after the Gastronomy Tube dressing change, donned a pair of gloves, went to the treatment cart and took out the Hydrogel, Hydrogel Silver and foam dressing and placed all the treatment supplies on top of the treatment cart without a barrier. After touching several surfaces with her gloved hands, E8 reached into the plastic container and removed a gauze pad and did R2's treatment to the pressure ulcer on the left buttock, then E8 without washing her hands changed gloves, took out another gauze pad soaked in normal saline and did the pressure ulcer treatment to the pressure ulcer on the coccyx.

The facility's policy, "Hand Washing Policy and Procedure" documents under "Policy"; All personnel working in the long-term care facility are required to wash their hands before and after resident contact, before and after performing any

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F 441	Continued From page 18 procedure, after sneezing or blowing noses, after using the toilet, before handling food, and when hands become obviously soiled. The facility's undated policy on "Dressing Change-Clean Technique" documents under "Procedure": 1. Performed by licensed nurse 2. Explain procedure to resident 3. Wash hands and apply gloves 4. Remove old dressing and discard in red bag 5. Wash hands apply clean gloves 6. Clean area with ordered cleanser 7. Perform prescribed treatment 8. Discard all equipment and any unused ointment in red bag 9. Remove gloves and wash hands 10. Place trash in proper disposal area	F 441		
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE 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 maintain all furniture and resident shower equipment to be clean and sanitary. This has the potential to affect all 44 residents in the facility. Findings include: The facility's Resident Census and Conditions of Residents form, dated, 3/30/15 documented the facility had a census of 44 residents.	F 465		

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F 465	Continued From page 19 1. On 3/30/15 at 11:40am the South day area was observed to have soiled chairs including; a brown recliner, brown wingback, brown patterned recliner and a blue recliner. The arms and seats of these chairs were discolored. 2. On 3/30/15 at 11:45am the far South shower/tub room shower bed was observed to puddle of standing water in the lower cloth drain area and the area around the drain was noted to have a 6 inch ring of black material around it. 3. On 3/31/15 at 2:45pm the North Day area was observed to have a soiled green recliner. 4. On 4/2/15 at 10:05am E15 (Housekeeping Supervisor) stated she would take care of cleaning the chairs and would have maintenance look at the shower bed drain.	F 465		