

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

PRINTED: 03/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E288		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2015	
NAME OF PROVIDER OR SUPPLIER RESTHAVE HOME-WHITESIDE COUNTY				STREET ADDRESS, CITY, STATE, ZIP CODE 408 MAPLE AVENUE MORRISON, IL 61270			
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F 000	INITIAL COMMENTS			F 000			
F 312 SS=D	<p>Annual Certification Survey</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents were provided complete incontinence care after an incontinence episode. This applies to 2 residents (R7, R42) in a sample of 12 reviewed for incontinence care and toileting and 1 resident (R43) in the supplemental sample. The findings include: 1. On 3/18/15 at 1:30 PM, R7 was transferred from the wheelchair into her bed by E11 and E20 (Certified Nursing Assistants - CNA). The staff removed R7 's shoes, and left her fully dressed. R7 was positioned for comfort and covered with a blanket for a nap. E11 and E20 did not check R7 for incontinence or offer assistance with toileting, after an incontinence episode. On 3/18/15 at 1:35 PM, E11 (CNA) was asked how she checked R7 for incontinence. E11 stated she would have to lower her pants and check to see if she was soiled. E11 stated R7 was last toileted at 10:30 AM, prior to lunch. E11 returned to R7 's bedside, lowered her pants and noted her incontinence brief was wet. E11 and E20 removed the soiled brief; R7 was involuntary</p>			F 312			

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 312	<p>Continued From page 1</p> <p>of stool and urine. E20 used a single wet washcloth and wiped across R20 ' s rectal area. No soap or skin cleanser was used. An open area was observed on R7 ' s buttocks. E20 and E11 placed a clean incontinence brief on R7 and started to position her for comfort. The staff confirmed R7 was also incontinent of urine. E20 and E11 removed the dry brief and washed R7 ' s perineal area.</p> <p>The Minimum Data Set of 12/30/14 for R7 shows she has frequent incontinence of urine and bowel and requires extensive assistance for hygiene, bathing and toileting. R7 ' s Brief Interview of Mental Status (BIMS) score was 0 (indicating several cognitive impairment). The care plan 1/6/15 for R7 states to assist with peri care after each incontinent episode.</p> <p>2. On 3/18/15 at 8:50 AM, R42 was taken to the shower room. R42 became agitated and refused to be transferred to the toilet. E11 (CNA) stated R42 sometimes is not cooperative with transfer to the toilet. " We will let her calm down and attempt again later " . E11 positioned R42 ' s wheelchair near the Zone 3 nurses ' station. R42 was continuously observed by the surveyor from 8:55 AM to 11:30 AM when they transferred her to the dining room for lunch. No additional attempts to toilet were made. At 1:35 PM, R42 was escorted out of the dining room and taken to the shower room to check for incontinence and offer to use the toilet. E11 confirmed the last attempt to toilet R42 was at 8:30 AM. E11 stated the routine is to toilet residents every 2 hours.</p> <p>The MDS of 1/27/15 for R42 shows she is occasionally incontinent of urine and requires extensive assistance for hygiene, bathing and toileting. R42 is moderately impaired for daily decision making. The care plan dated 2/3/15 for R42 states she is incontinent of bladder at times</p>	F 312			

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F 312	Continued From page 2 and to assist the resident with toileting and hygiene routinely. 3. The facility face sheet shows R43 has diagnoses to include Dementia with Behaviors, Non Psychotic Brain Syndrome, Heart Disease, and Depression. The Minimum Data Set (MDS) shows R43 is incontinent of urine and requires extensive assistance with toileting, hygiene, and bathing. On 3/18/15 at 9:45 AM, E12 and E17 (Certified Nurse Assistants - CNA) transferred R43 from the wheelchair to the bed with a mechanical lift. E12 and E17 removed R43's pants and soiled incontinence brief. E12 said R43 was incontinent of urine. E17 took a dry wash cloth and sprayed the washcloth with "no rinse peri[neal]-cleaner". E17 and E12 placed R43 on her left side and E17 reached through R43's legs, and wiped R17's vaginal area with the dry cloth. E17 then took another dry cloth and wiped the vaginal area dry. E12 and E17 positioned a pillow behind R43's back and covered her with a blanket. E12 and E17 did not wash the surrounding peri-area that was in contact with the soiled incontinence brief. E12 and E17 did not clean R43 with a wet cloth. On 3/19/15 at 10:30 AM, E2 (Director of Nursing) said if a resident is incontinent of urine they should be washed with a wet cloth and soap or a wet cloth and the no rinse spray. E2 said the no-rinse spray should not be used on a dry cloth only. E2 said the entire area the incontinence brief covers should be cleaned if a resident is incontinent while wearing and incontinence brief. The facility policy for Perineal Care dated 1/9/14 states, "Set up basin of warm water and soap...Position resident in back lying position...Wash and dry upper, inner thighs...Clean the labia minora...rinse the area well... Cleanse and dry all areas contaminated	F 312			

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F 312 F 314 SS=D	<p>Continued From page 3 with excrement and/or urine.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents with skin breakdown were assessed, the physician & family were notified, and a treatment plan was initiated. This applies to 1 of 2 residents (R7) reviewed for pressure ulcers in a sample of 12. The findings include: On 3/18/15 at 1:30 PM, R7 was transferred from the wheelchair into her bed by E11 and E20 (Certified Nursing Assistants - CNA). E11 and E20 removed the soiled brief; R7 was involuntary of stool and urine. An open area was observed on R7 's buttocks. E11 stated she did not recall seeing the reddened open area the day before and that E16 (CNA) provided toileting earlier. An irregular circular open area (Stage II) approximately 1.3 cm x 0.3 cm is noted on the inner left buttocks area. From the circular area a 3 cm red crease (Stage I) extends upward. E14 (Registered Nurse - RN) was notified and</p>	F 312 F 314			

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F 314	<p>Continued From page 4</p> <p>responded to assess the open area on R7 ' s buttocks. E14 stated was not aware of the current skin breakdown; it had not been reported to her. E14 stated she could not recall if R7 had had any previous pressure areas.</p> <p>On 3/18/15 at 1:30 PM, E16 (CNA) confirmed she observed the red area on R7 ' s buttocks earlier. E16 stated she had not reported it because she stated she reported to the nurse the other day.</p> <p>On 3/18/15 at 1:50 PM, E14 (RN) stated E16 must have reported the open area to the nurse on 3/14/15. E14 stated she could not find any wound assessment or documentation, and the physician and family had not been updated. R7 ' s nurses ' notes and treatment records were reviewed and no wound documentation was recorded prior to 3/18/15.</p> <p>The care plan for R7 dated 1/6/15 states, " Monitor her skin during cares. If note any red areas or open areas inform the nurse. If receives an open area, the nurse will start a treatment, will monitor site daily and document status at least weekly " . The Minimum Data Set of 12/30/14 shows R7 is at risk for developing pressure and has no current or previously healed pressure ulcers</p> <p>The facility policy for Prevention and Treatment of Skin Breakdown dated 6/15/12 states, " Skin will be observed daily with cares by the nursing assistant. If any skin concerns are noted, they are to be reported immediately to the designated nurse. " The facility treatment procedure to be implemented if a new pressure ulcer develops includes the following: Initiate Wound Care Protocols, Notify MD and Family, Nursing supervisor, Dietary, Therapy, Re-evaluate turning and repositioning intervals, Initiate Braden Scale form, re-evaluate interventions per risk factors, update the care plan, initiate the weekly wound</p>	F 314			

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F 314	Continued From page 5	F 314			
F 315	documentation progress sheet, and daily wound monitoring should be done.	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 ensure an indwelling urinary catheter drainage bag remained below the level of the bladder and did not come in contact with employee uniform. This applies to 2 of 3 residents (R2, R16) reviewed for urinary catheters in the sample of 12. The findings include: 1. The March Physician order sheet documents R16 was re-admitted to the facility on 2/26/15 following with multiple diagnoses including Urinary Tract Infection (UTI), Cystitis, and VRE (Vancomycin Resistant Enterococcus) infection. The 2/19/15 physician order documents an order for an indwelling urinary catheter. On 3/17/15 at 1:45 PM, E11 and E12 (Certified Nursing Assistants-CNA's) placed R16 in her room and attached the mechanical lift to the sling				

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F 315	<p>Continued From page 6</p> <p>in her chair. E11 removed the urinary drainage bag from the wheelchair. E11 held the drainage bag at chest level, causing urine to drain back toward the bladder. During the transfer, E11 continued to hold the drainage bag above the level of the bladder. When R16 was lowered into the bed, E11 placed the drainage bag onto the bed. E11 and E12 removed R16's pants, then holding up the drainage bag off of the bed, the drainage bag was passed through the pant leg. E11 then placed the drainage bag on the side of the bed.</p> <p>On 3/19/15 at 9:45 AM, E2 (Director of Nursing-DON) stated she had instructed the aides to keep the drainage bag below the level of the bladder and not to hang the bag off of their uniform pants.</p> <p>The 12/6/13 facility policy for catheter care documents the catheter bag should not touch the floor at any time and the catheter bag is never to be held above the bladder level.</p> <p>2. R2's Physician Order Sheet dated 3/1/15 shows diagnoses to include Paralysis, Urinary Retention, Weakness, Parkinson's disease, and Neurogenic Bladder.</p> <p>The Minimum Data Set (MDS) of 1/20/15 shows R2 has a urinary catheter, and requires extensive assistance from staff with hygiene, toileting, and bathing.</p> <p>On 3/17/15 at 1:35 PM, E18 and E19 transferred R2 with a stand lift from the wheelchair to the bed. E19 unhooked R2's urinary drainage bag from his wheelchair and handed the bag to E18. E18 took the uncovered urinary drainage bag and placed the hook on the lower pocket of her uniform pants. The urinary drainage bag hung on the pocket of R18's pants while R2 was transferred with the stand lift. R2's urinary drainage bag bounced off R18's leg while she</p>	F 315			

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F 315	Continued From page 7 moved the recliner to unhook the privacy bag, and while she attached the privacy bag to the bed. R2 had a container with a red bag for linens, and a container with a red bag for garbage located in his bathroom. R2 had a " please see nurse " sign on his door identifying he was on isolation. R18 said [R2] " has VRE in his urine and any items soiled with urine are to go in the red bags. On 3/17/15 at 2:20 PM, E24 (Licensed Practical Nurse-LPN) said R2 is on isolation precautions for VRE in his urine and any items soiled with urine need to be disposed of in special red bags (to prevent cross-contamination). On 3/19/15 at 10:30 AM, E2 (DON) said a urinary drainage bag should not be hooked to staff clothes especially if the resident is in isolation for urine. E2 said there is a place on the lift the urinary drainage bag can be hooked to keep it below the level of the bladder during the transfer. The 12/6/13 facility policy " Catheter Care- Care of Cleaning of Urinary Drainage Bags " states " Hold catheter in hand until placed in proper spot "	F 315			
F 317 SS=D	483.25(e)(1) NO REDUCTION IN ROM UNLESS UNAVOIDABLE Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. This REQUIREMENT is not met as evidenced by:	F 317			

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F 317	<p>Continued From page 8</p> <p>Based on observation, interview and record review the facility failed to provide restorative services to prevent contractures (muscle shortening) and maintain residents full range of motion.</p> <p>This applies to 2 residents (R17, R41) reviewed for mobility and restorative services in a sample of 12.</p> <p>The findings include:</p> <ol style="list-style-type: none"> On 3/18/15 at 9:10 AM, R17 was positioned to use a mechanical stand lift by E22 and E11 (Certified Nursing Assistant - CNA). E11 instructed R17 to grasp the handle of the lift with both hands in preparation for the transfer. R17 complained of right hand pain and stated he was unable to open his hand to grasp the handle. The 2nd, 3rd, and 4th fingers on his right hand were bent inward into a fist position. R17 was unable to open his hand and straighten his fingers. R17 could only hang onto the handle with his 1st finger and thumb during the transfer. The joints and knuckles of the affected fingers were enlarged and reddened. R17 was unable to achieve an upright standing position in the lift. E11 stated for some residents they place a washcloth in the hand for support. Upon completion of cares, a wash cloth was not positioned in his hand. R17 was unable to use his hands or feet to self propel his wheelchair. Staff escorted him to the activity via wheelchair. On 3/18/15 at 12:15 PM, R17 was at the dining room table feeding himself with his left hand using a large handled fork. R17 stated he is managing "pretty well" but has always been right handed. R17 stated he has had pain in his right hand for a couple of months. <p>On 3/18/15 at 10:30 AM, E10 (Restorative Nurse)</p>	F 317			

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F 317	Continued From page 9 stated R17 was receiving restorative service for lower leg exercises, but nothing had been addressed about his right hand. E10 stated the restorative staff had not been notified of problems with his hand. E10 stated there is another restorative nurse and 2 restorative aides at the facility. E10 stated if the nursing staff notice a change in a resident's motor function, they report it to the restorative nurse and she will take a look at the resident and involve the therapist to develop a therapy plan. On 3/19/15 at 10:40 AM, R17 was seated in a wheelchair in the therapy room with E23 (Restorative Aide). E23 explained R17 started restorative therapy when he was having trouble standing and transferring to the chair. E23 stated R17 performs his leg exercises while seated in the wheelchair. E23 stated R17 does not have any exercises to strengthen his upper legs or standing balance. E23 stated they had not noticed any problems with his right hand until today, "Usually if the CNA notices a problem with a resident's range of motion, they report it to the restorative staff and we work on the problem." The Minimum Data Set of 12/30/14 shows R17 does not have any range of motion limitations, and had not received any range of motion exercises in the previous 7 days of the assessment. The Brief Interview for Mental Status (BIMS) score is 15 (indicating no cognitive deficits.) The care plan dated 1/6/15 states R17 will receive lower extremity exercises: LAQ (Long Arc Quad) and marching with 1 -3 pounds as tolerated. The treatment record for February 2015 shows R17 received restorative exercises on 7 of 28 days. There is no restorative plan to address R17's inability to stand upright or prevent contracture of his right hand. Review of the medical record for R17 does not show any	F 317			

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F 317	<p>Continued From page 10</p> <p>contracture assessments, or restorative plan with measurable goals or evaluation of the lower leg exercises. R17 was admitted to the facility on 12/12/12. There is no documentation he was admitted with limited range of motion to his right hand. R17 does not have an unavoidable diagnosis for development of contractures to his right hand.</p> <p>The facility policy for restorative programming dated 10/31/03 states, "Every resident who receives restorative nursing has a care plan with individualized, measurable goals and interventions". The procedures include:</p> <p>"Determine appropriate restorative services based on assessment of resident's needs, Address each restorative service in the care plan, including measurable goals and interventions, Document each restorative service separately on the restorative nursing flow sheet, Document periodically resident progress toward restorative nursing goals, as addressed in the care plan and on progress notes, Evaluation and interventions should be addressed with changes made on the care plan at least quarterly and as needed. "</p> <p>2. The 1/13/15 contracture potential assessment documents R41 is at a high risk for contractures. The 1/20/15 care plan for R41 documents she has self-care deficits and needs assist with activities such as dressing, grooming and toileting due to dementia and poor balance. The interventions listed for restorative nursing care include therapy 3-5 times per week. The restorative therapy includes scapular pinches, biceps/triceps curls, shoulder flex, rowing and wheelchair push- ups. While sitting in the wheelchair, R41 is to perform hamstring curls, ankle pumps and gluteal sets.</p> <p>The 1/13/15 quarterly MDS (Minimum Data Set) and the 10/21/14 annual MDS each document</p>	F 317			

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NAME OF PROVIDER OR SUPPLIER RESTHAVE HOME-WHITESIDE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 408 MAPLE AVENUE MORRISON, IL 61270		
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F 317	Continued From page 11 R41 has had zero restorative nursing programs performed for the look back period. The restorative programs include range of motion (active and passive). The chart review of R41 showed an evaluation for restorative program from 2010. No further documentation of a restorative program was presented by the facility.	F 317			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure residents received recommended nutritional supplements to prevent unplanned weight loss. This applies to 4 of 6 residents (R18, R7, R41, R43) reviewed for weight loss in the sample of 12, and 2 residents (R38, R39) in the supplemental sample. The findings include: 1. R18 's Physician Order Sheet (POS) dated 3/1/15 shows diagnoses to include Dementia, Cognitive Impairment, and Diabetes. R18 's facility weight record shows R18 's weight	F 325			

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F 325	<p>Continued From page 12</p> <p>on 6/14 was 119.8 pounds. R18 ' s Dietician ' s progress notes dated 3/12/15 shows R18 ' s current weight is 103 pounds (a 16.8 pound loss). R18 ' s Quarterly Nutritional Care Notes show "no noted swallowing disorders" and "weight gradually decreasing ... "</p> <p>R18 ' s 3/12/15 Dietician progress notes show "patient triggered for 6# / 9# / 12# weight loss in 30 / 60/ 90 days indicating significant 5.5% , 8%, and 10% weight loss over those days ...Current weight 103#, BMI (Body Mass Index) 18.2 - underweight". The 3/12/15 progress note shows "Goals/interventions ...Add supplemental drink such as breeze with 1-2 meals if patient desires ...add butter and peanut butter to patient tray if she likes them".</p> <p>R18 ' s "Dietary" care plan dated 3/3/15 shows "super mashed potatoes to be offered in place of regular potatoes". There is no intervention for the "supplemental drink with 1-2 meals if patient desires" or "add butter and peanut butter to patient tray if she likes them".</p> <p>On 3/17/15 at 12:40 PM, R18 was sitting in the dining room eating lunch. R18 had plain boiled potatoes and plain steamed cabbage (both without butter). R18 did not have butter or peanut butter on her plate. R18 said she was eating "just potatoes and cabbage" with nothing on them but pepper.</p> <p>On 3/17/15 at 11:15 AM, E15 (Cook) took boiling potatoes off the stove, and drained them in the sink. Without adding butter or seasoning, E15 took the potatoes and put them in the steam serving table. E15 then took steamed cabbage out of the oven. E15 drained the excess water off and without adding butter or seasoning; E15 placed the pan of cabbage into the steam serving table. E15 plated R18 ' s lunch without adding butter to the plate or the vegetables. On 3/17/15,</p>	F 325			

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F 325	<p>Continued From page 13</p> <p>at 11:30, E15 prepared the super mashed potatoes. E15 said the super mashed potatoes are higher in calories and given to residents who are at risk for weight loss. E15 pointed to a list on the counter that identified which residents are to receive the super mashed potatoes. R18 did not receive the mashed potatoes with the 3/17/15 lunch meal.</p> <p>On 3/18/15 at 11:45 AM, E15 was serving lunch. E15 did not have any super mashed potatoes available to serve the residents. E15 said "oh, I did not make them [super mashed potatoes] today".</p> <p>On 3/18/15 at 12:15 PM, R18 was sitting at the table in the dining room eating lunch. R18 had plain mashed potatoes without butter. R18 did not have any butter or peanut butter on her plate. R18 did not have super mashed potatoes.</p> <p>On 3/18/15 at 1:00 PM, E3 said when the dietician makes a recommendation; she (Dietary manager) will implement the recommendations. E3 said the recommendations should be implemented as soon as possible and no longer than 24 hours after recommendation is made. E3 said the R18 's diet ticket identifies the type of diet the resident is on but does not include additional information such as supplements, extra butter, extra peanut butter, or super mashed potatoes. E3 said peanut butter, and butter would come from the kitchen and should be served on the plate. E3 said she asked R18 if she wanted the supplemental drink but did not offer her a taste test. E3 said she has not attempted to re-offer the drink after the first time.</p> <p>On 3/18/15 at 2:00 PM, E3 (Dietary Manager) said she discussed with the dietician about putting 6 residents on super mashed potatoes with the lunch meal. E3 said the super mashed potatoes provide over 300 calories per half cup</p>	F 325			

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F 325	<p>Continued From page 14</p> <p>serving and the residents "actually like them and will eat them". E3 said the super mashed potatoes help prevent weight loss by adding additional calories. E3 said the super mashed potatoes should be available every lunch and include cream cheese, milk, potatoes, and shredded cheese.</p> <p>On 3/17/15 at 12:00 PM, the undated diet list hanging by the serving station shows R18 is to receive super mashed potatoes. On 3/17/15 at 1:30 PM, E3 provided a copy of the diet list. E3 said this list is accurate and is updated daily with any diet order changes and with new admissions. E3 said the cook is to follow this list when serving meals.</p> <p>On 3/19/15 at 9:20 AM, E13 (Dietician) said R18 has had a "significant weight loss", and the supplemental [breeze] drinks recommended for R18 "provide extra calories". E13 said the resident should be offered the drink more than once and she writes "if patient desire" so they don't force the resident but the option should be offered multiple times at different meals. E13 said she recommends putting butter and peanut butter on resident trays with weight loss because both offer extra calories. E13 said the super mashed potatoes are a calories booster that also offers additional protein. E13 said the super potatoes should be prepared and available every day.</p> <p>On 3/19/15 at 10:30 AM, E2 (DON) said the residents used to have dining cards in the dining room that notified the nursing staff if they needed extra items or special food items. E2 said the card would have included adding butter and peanut butter to every tray for R18. E2 said they no longer use dietary cards so the nursing staff is not aware of what extra items to give the residents. E2 said if interventions are in the care</p>	F 325			

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F 325	Continued From page 15 plan, the interventions should be implemented. 2. The facility face sheet shows R43 has diagnoses to include Dementia with Behaviors, Non Psychotic Brain Syndrome, Heart Disease, and Depression. The Minimum Data Set (MDS) shows R43 is dependent on staff for eating and requires staff assistance with transfers, and hygiene. R43 's "Dietary" care plan through 5/5/15 shows "Dietary interventions: Double portion of super cereal, 2% milk three times/day, extra margarine with meals, high calorie, pudding at bedtime, and breeze drinks [supplemental drink] three times a day with meals. Super mashed potatoes along with noon meal". On 3/18/15 at 12:30 PM, R43 was in the dining receiving assistance from E16 (CNA) with her lunch. R43 did not have any super mashed potatoes. E16 said "no, she does not have super potatoes today". On 3/18/15 at 12:40 PM, E15 (Cook) said she did not have any fortified foods available for the lunch meal. E15 said she did not make the super mashed potatoes. On 3/18/15 at 1:00 PM, E3 provided a copy of the list hanging in the kitchen with the resident names that received super mashed potatoes. The list included R38, R39, R41, R7, R18, and R43. E3 said no super potatoes were prepared for the lunch meal and none of the residents listed received super potatoes. The 3/9/12 Weight Monitoring policy states "Registered Dietician and Dietary Supervisor will add supplements or calorie dense foods i.e.: whole milk, margarine, extra portions, and/or supplements on an individualized basis".	F 325			
F 368 SS=F	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME	F 368			

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F 368	<p>Continued From page 16</p> <p>Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure residents received a bedtime snack. This applies to all 45 residents residing in the facility. The findings include: The facility federal form 672 (Resident Census and Condition) dated 3/17/15, shows the facility has 45 residents residing in the facility. On 3/18/15 at 1:15 PM, during a group interview, R17, R15, R12, R14, R44 and R20 each stated they do not receive a bedtime snack. R12 stated activities used to hand out snacks at night, but they have stopped passing the snacks since moving into the new building. R12 and R44 stated they have requested snacks at night and the nurse would give out packages of cookies.</p>	F 368			

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F 368	<p>Continued From page 17</p> <p>R12 stated she would have to save them and make them last. R37 stated she has not been offered a bedtime snack, even when the residents lived in the " old " building. R22 stated he is new to the facility and has not been offered any snack after supper but it would be nice to have a snack before bedtime.</p> <p>On 3/18/15 at 2:40 PM, E3 (Dietary Manager) stated the snack cart is stocked with 100 calorie snacks and on Sunday nights there is cheese and crackers. E3 stated the pureed residents could have pudding and gelatin. E3 stated the night employees set up the snack cart and the activities passes the snacks at 7:30 PM. E3 stated the staff is supposed to document whether the resident accepted or refused the snack on the snack log sheet. E3 stated she will review the sheets but there is no way to know if residents requiring special snacks had refused or taken anything. E3 stated the kitchen does not send out any specific snacks with resident names such as the diabetics or residents with weight loss.</p> <p>On 3/18/15 at 4:30 PM, E5 (Certified Nursing Assistant-CNA) stated she offers yogurt, cookies, ice cream, crackers. E5 stated she had never seen the form listing each resident and whether they had refused or accepted.</p> <p>On 3/19/15 at 9:05 AM, E4 (Activity Director) stated when activities used to be responsible for passing the snacks at night, but now it up to nursing. E4 stated the residents do not get out of the dining room until after 7:00 PM, and the activity department leaves at 8:00 PM. E4 stated it was too early to hand out the snacks because it was back to back timing.</p> <p>On 3/18/15 at 4:25 PM, E7 (Licensed Practical Nurse- LPN) stated the activities department takes the snack cart around the hallway at night and offers the residents snacks. E7 stated she</p>	F 368			

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F 368	Continued From page 18 does not have any specific evening snacks for diabetics or residents with weight loss. E7 stated the snacks are available if any resident asks for them, but there are no snacks brought by dietary labeled for specific residents. E7 stated the supper meal does not get done until after 7:00 PM and there is no need for any special snacks at bedtime. E9 (LPN) stated she does not know of any resident who receives a bedtime snack and is not aware of anywhere a snack would be documented. On 3/18/15 at 5:00 PM, E6 (CNA) stated sometimes she cannot locate the snack cart to offer bedtime snacks. E6 stated the only thing on the cart would be snack bags of cookies and crackers and sometimes it does not have any snacks at all. E6 said if the cart is empty, she has to go to the kitchen and have them refill it, and the kitchen staff will give her a hard time when she is asks. E6 stated some residents do get ice cream and pudding, but there is no juice. E6 stated there is no thickener available for residents who require thickened liquids, so even the water cannot be thickened. E6 stated dietary does not provide specific snacks for any residents at night, not even the diabetics. On 3/19/15 at 9:30 AM, E2 (Director of Nursing) stated it used to be the responsibility of the activity department to pass out the bedtime snacks, but I changed it to be nursing. E2 stated she wanted the nursing staff to be more aware of residents who are diabetic, and those with weight loss issues. E2 stated the diabetics should be getting snacks with their name on them, and the nurses documenting whether they have eaten it or not. E2 stated for the residents with weight loss, they should be getting specific snacks and supplements from the kitchen. E2 stated this change is bedtime snacks were started when the	F 368			

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F 368	Continued From page 19 residents were moved from the old building, into the new addition. E2 stated the facility does not have a good system in place to ensure everyone gets a snack and the documentation of the acceptance or refusal. E2 stated she was not familiar with the log sheet provided by the dietary manager. The facility ' s 1/10 policy for bedtime snacks documents bedtime snacks of nourishing quality will be provided for all residents and planned to meet special dietary modification. 3. Dietary staff prepares bed time snacks and stores them in a designated area. Snacks for residents on modified diets are labeled with name and time. 4. Calorie controlled and diabetic diets must receive the snack as it is calculated as part of the calorie level.	F 368			
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, 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	F 441			

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F 441	<p>Continued From page 20</p> <p>determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a resident received hand hygiene after using the toilet; the facility failed to ensure staff handled soiled linen in a manner to prevent cross contamination. This applies to 2 residents (R17, R7) in a the sample of 12 reviewed for infection control. The findings include: 1. On 3/18/15 at 9:10 AM, E22 and E11 (Certified Nursing Assistants - CNA) transported R17 to the toilet using a mechanical stand lift in the resident 's room. R17 was given privacy in the bathroom. When R17 was finished E22 and E11 connected R17 to the mechanical stand lift sling and transported him back to the wheelchair. R17 was taken out of the room to attend a group activity. R17 was not offered hand hygiene after using the toilet.</p>	F 441			

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F 441	<p>Continued From page 21</p> <p>E11 (CNA) stated, " Residents should receive hand washing after using the toilet. I guess I just forgot " .</p> <p>The care plan for R17 dated 1/6/15 states he requires assistance with toileting and hygiene cares as needed.</p> <p>2. On 3/18/15 at 1:40 PM, E11 and E20 (CNA) provided incontinence care for R7 using washable washcloths and towel. When finished the soiled linen was removed off the resident ' s bed onto the bedside table. E11 removed the soiled linen from the bedside table and placed it onto the wheelchair seat. During clean up of the resident room, E11 picked up the soiled linen without using gloves. E11 transported the (un-bagged) linen down the hall to the shower room and placed them in the soiled linen container. The soiled linen was not contained in a plastic bag. E11 left the shower room without washing her hands and proceeded down the hall to enter another resident room. The resident bedside table and wheelchair seat were not cleaned after contaminated with soiled linen. E11 stated soiled linen should be transported in plastic bags. E11 stated she should have washed her hands after handling the soiled linen.</p> <p>The facility policy for Linen Handling dated 9/1/2009 states, " Nursing staff are to handle all soiled linen as potentially contaminated using standard precautions ... Wash hands after handling soiled linens " .</p>	F 441			