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OMB NO. 0938-0391

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

FEB 10 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/27/2016
NAME OF PROVIDER OR SUPPLIER  BAILEY PARK CLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343	
(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 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) for the oldest date of a pressure ulcer for 1 of 19 (Resident #6) sampled residents of the 30 residents included in the stage 2 review.</p>	F 278	<p>F 278</p> <p>The facility will complete a MDS assessment that accurately reflects the resident's status.</p> <ol style="list-style-type: none"> <li>Resident #6 was discharged from the facility on 11/19/2015.</li> <li>All licensed nurses will be in serviced on how to assess and stage wounds.</li> <li>All resident's MDS assessments will be reviewed and updated for accuracy by 02/18/2016</li> <li>The Regional MDS Consultant in-serviced the facility MDS nurse regarding how to accurately code the MDS on 02/10/16.</li> <li>The Regional MDS Consultant will conduct two random audits monthly times three months or  Until compliance is met</li> <li>All findings will be reported to the QA Committee.</li> </ol>	

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

*acceptable POC 2/10/16 HP PHV*  
*Christy Johnson*

TITLE

*Administrator*

(X6) DATE

*2/9/16*

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 278	<p>Continued From page 1</p> <p>The findings included:</p> <p>Medical record review revealed Resident #6 was admitted to the facility on 8/3/15 with diagnoses of Acute Kidney Failure, Urinary Tract Infection, Chronic Kidney Disease Stage 3, Chronic Congestive Heart Failure, Cognitive Communication Deficit, Hypertension, Pneumonia, Muscle Wasting, Atrophy, Hypothyroidism, Depression, Anxiety, Lymphedema, Osteoporosis, Gout, Anemia, Metabolic Encephalopathy, Chronic Obstructive Pulmonary Disease, Hypercholesterolemia, Insomnia, Peripheral Vascular Disease, Atrial Fibrillation, and Non-Pressure Ulcer of the Foot.</p> <p>A "Skin/Wound Note" dated 8/24/15 documented, "...Upon assessment, Suspected deep tissue injury is present on right heel. It measures 4.5 x [by] 8 cm. [centimeters] Skin still intact, presents as fluid filled blister..."</p> <p>A physicians note dated 8/24/15 documented, "...Visitation Regarding the blister on the right heel... When I look at the bottom of the heel there is a blood filled blister that measures about 3 1/2 cm x 3 1/2 cm. It's a pretty good size. It almost occupies the entire bottom of the heel..."</p> <p>A physician's telephone order dated 8/24/15 documented, "...1. Apply sure prep to R [right] heel daily for SDTI [Suspected Deep Tissue Injury] treatment."</p> <p>Resident #6 was admitted to the hospital on 8/25/15 and returned to this facility on 8/28/15.</p> <p>An "Admit Readmit Screener" form dated 8/28/15 documented, "...C. Skin Integrity... Site... Right</p>	F 278		
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F 278	Continued From page 2 heel Type Blister Length 3cm Width 3cm... Stage II..."  A 5 day MDS assessment dated 9/4/15 revealed Resident #6 had a stage 2 pressure ulcer that was present on admission and the date of the oldest stage 2 pressure ulcer had dashes entered instead of the date.  Interview with the MDS Coordinator on 1/27/16 at 1:05 PM, in the Director of Nursing (DON) office, the MDS Coordinator was asked about the dashes documented on the 5 day MDS instead of the actual date of the oldest pressure ulcer identified. The MDS Coordinator stated, "The RAI [Resident Assessment Instrument] manual says if we don't know the date, we have to enter dashes." The MDS Coordinator was asked what documentation she reviews when completing the MDS assessments. The MDS Coordinator stated, "I look at the chart and the skilled nurses notes." The MDS Coordinator was asked to look in the chart for the original date of the pressure ulcer. The MDS Coordinator looked in the chart and stated, "I just missed it."	F 278		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observations, and interview, the facility failed to	F 282		

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F 282	<p>Continued From page 4 care every shift and prn..."</p> <p>Review of the November 2015 Treatment Administration Record documented, "...Change F/C BSD every 2 weeks on Monday [Monday, November 23, 2015 was not signed off]..."</p> <p>Interview with the Director of Nursing (DON) on 1/26/16 at 3:13 PM, in the conference room, the DON was asked if she could find documentation that Resident #2's Foley catheter tubing and bedside drainage bag was changed according to Resident #2's care plan and physician orders. The DON stated, "I cannot find that it was changed."</p> <p>3. Medical record review revealed Resident #20 was admitted into the facility on 11/30/06 with diagnoses of Vascular Dementia with Behavioral Disturbances, Insomnia, Hypothyroidism, Urinary Retention, Hypertention, Diabetes Mellitus, Cerebral Infarction, Convulsions, Anxiety, Iron Deficiency Anemia, History of Urinary Tract Infections, Aphasia, Joint Contractures, Adult Failure to Thrive, Dysphagia, Ventricular Tachycardia, and Schizophrenia.</p> <p>The care plan dated 9/22/15 documented, "...I [Resident #20] have a ABD [abdominal] binder in use to prevent me from pulling out my PEG [percutaneous endoscopy gastrostomy] tube..."</p> <p>Physician orders dated 9/18/15 documented, "...APPLY ABDOMINAL BINDER, CHECK Q 2 HR [hour] FOR SKIN BREAKDOWN AND RELEASE Q 24 HRS [hours] AND PRN/BATHING..."</p> <p>Observations in Resident #20's room, on 1/25/16 at 9:52 AM and 2:15 PM, and on 1/26/16 at 8:13</p>	F 282		

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F 282	<p>Continued From page 3</p> <p>follow interventions for a foley catheter and application of an abdominal binder for 2 of 19 (Residents #2 and 20) sampled residents of the 30 residents included in the stage 2 review.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. The facility's "Care Plans - Comprehensive" policy documented, "...The comprehensive care plan had been designed to: a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems... f. Prevent declines in the resident's functional status and/or functional levels..."</li> <li>2. Medical record review revealed Resident #2 was admitted into the facility on 1/13/14 with diagnoses of Acidosis, Anxiety, History of Urinary Tract Infections, Aphasia, Adult Failure to Thrive, Hypertension, Urinary Retention, Stage 4 Chronic Kidney Disease, Hydronephrosis, Anemia, Congestive Heart Failure, Vascular Dementia, Chronic Ischemic Heart Disease, Paranoid Schizophrenia, Alzheimer's Disease; Blindness, Depression, and Osteoporosis.</li> </ol> <p>The care plan dated 9/16/15 documented, "...I [Resident #2] have an indwelling catheter. I have urinary retention... Catheter: Foley catheter per MD [Medical Doctor] orders. Change prn [as needed] for leaking and change BSB [bedside bag] Q [every] 2 weeks on Monday..."</p> <p>Physician's orders dated 9/10/15 documented, "...Irrigate Foley cath prn... Change Foley cath prn occlusion/leaking... Change F/C [foley catheter] BSD [bedside drainage] every 2 weeks on Monday... 18 Fr [French] Foley catheter in place to BSDB [bedside drainage bag]... Foley cath</p>	F 282	<p><b>F282</b></p> <p>The Facility will provide a qualified person to deliver /follow each resident's individual care plan.</p> <ol style="list-style-type: none"> <li>1. Resident #2 care plan will be followed and have documentation of foley catheter tubing and bedside drainage bag changed every 2 weeks.</li> <li>2. Resident #20 care plan will be followed regarding the use of abdominal binder.</li> <li>3. All nursing staff was in-serviced on following all resident's care plans on 02/08/2016.</li> <li>4. The DON or designee will monitor for compliance three times a week four weeks, then monthly until compliance is met.</li> <li>5. All findings will be reported to the QA Committee.</li> </ol>	

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F 282	Continued From page 5 AM, revealed Resident #20 in bed with 1/2 bed rails up and pulling at the blankets and sheets. PEG feeding tube intact. There was no abdominal binder observed.  Observations in Resident #20's room, on 1/26/16 at 3:30 PM, revealed Resident #20 constantly pulling at the bed linen. An abdominal binder was observed laying next to Resident #20 but was around the resident and not fastened.  Interview with the Director of Nursing (DON) on 1/26/16 at 3:35 PM, in Resident #20's room, the DON was asked if the resident had an abdominal binder in place. The DON stated, "Obviously not. She pulls at it."	F 282			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  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.  This REQUIREMENT is not met as evidenced by: Based on review of product package instructions, medical record review, and interview, the facility failed to accurately document the origin of the pressure ulcer, and inappropriate treatment of a pressure ulcer for 1 of 3 (Resident #6) sampled residents reviewed of the 3 residents with a	F 314			

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F 314	<p>Continued From page 6 pressure ulcer.</p> <p>The findings included:</p> <p>Review of the product package instructions for "Sureprep Skin Protectant" documented, "...Use on intact skin..."</p> <p>Medical record review revealed Resident #6 was admitted to the facility on 8/3/15 with diagnoses of Acute Kidney Failure, Urinary Tract Infection, Chronic Kidney Disease Stage 3, Metabolic Encephalopathy, Chronic Congestive Heart Failure, Cognitive Communication Deficit, Anxiety, Hypertension, Pneumonia, Muscle Wasting and Atrophy, Hypothyroidism, Gout, Depression, Lymphedema, Anemia, Osteoporosis, Hypercholesterolemia, Insomnia, Chronic Obstructive Pulmonary Disease, Peripheral Vascular Disease, Atrial Fibrillation, and Non-Pressure Ulcer of the Foot.</p> <p>A "Skin/Wound Note" dated 8/24/15 documented, "...Upon assessment, Suspected deep tissue injury is present on right heel. It measures 4.5 x [by] 8 cm. [centimeters] Skin still intact, presents as fluid filled blister..."</p> <p>A physicians note dated 8/24/15 documented, "...Visitation Regarding the blister on the right heel... When I look at the bottom of the heel there is a blood filled blister that measures about 3 1/2 cm x 3 1/2 cm. It's a pretty good size. It almost occupies the entire bottom of the heel..."</p> <p>Resident #6 was admitted to the hospital on 8/25/15 and returned to this facility on 8/28/15.</p> <p>A "WEEKLY PRESSURE ULCER RECORD"</p>	F 314 <b>F314</b>	<p>The facility will ensure that all residents that enter the facility without pressure sores do not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable, and the resident having a pressure sore receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <ol style="list-style-type: none"> <li>1. Resident #6 was discharged from the facility on 11/19/15.</li> <li>2. The facility staff /AMT Wound Care Nurse/Designee assessed all residents with pressure sores for necessary treatment to promote healing and prevent infection. new sores from developing on 2/11/16.</li> <li>3 The facility's AMT/Wound Care Nurse/Designee in-serviced all licensed nurses regarding necessary treatment of residents with pressure sores to promote healing, prevention of infection/ prevention of new sore from developing on 2/11/16.</li> <li>4. The DON/Designee will assess all wounds weekly or prn for necessary treatment to promote healing, prevention of infection/prevention of new sores from developing.</li> </ol>	
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F 314	<p>Continued From page 7</p> <p>dated 9/4/15 documented, "...DATE OF ONSET: 8/28/15... SITE/LOCATION: R [Right] heel... STAGE II... SIZE IN CM (LENGTH X WIDTH) 3 X 3... DEPTH (cm) 0.1... EXUDATE... small serosanguinous..."</p> <p>A physician's telephone order dated 8/29/15 documented, "Apply skin prep to (R) heel and cover c [with] protective foam dsg [dressing] daily for SDTI [Suspected Deep Tissue Injury] treatment."</p> <p>A "PAR [Patient At Risk] Tracking Form" documented, "...9/2/15, resident readmitted on 8/28/15 c SDTI to R heel... 9/11/15, residents blister had bursted and is now a stage II admit with..."</p> <p>A physician's telephone order dated 9/10/15 documented, "please apply a heel protector RT. [right] heel bec. [because] of Pressure sore stage 2 ruptured blister."</p> <p>A "PAR Tracking Form" documented, "...9/23/15, residents wound measures 3 x 6 x 0.1, tx [treatment] using skin prep and foam continues..."</p> <p>Treatment records revealed the following:</p> <p>a. September 2015 - Skinprep was applied to the right heel and covered with protective foam dressing daily from 9/1/15 through 9/20/15.</p> <p>b. September 2015 - a heel protector was applied to the right heel because of a stage 2 ruptured blister daily from 9/10/15 through 9/20/15.</p> <p>According to the Treatment record for September, 2015, Skinprep was applied to a ruptured blister from 9/10/15 through 9/20/15.</p>	F 314		
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F 314	<p>Continued From page 8</p> <p>Interview with the Director of Nursing (DON) on 1/27/16 at 1:05 PM, in the DON office, the DON was asked if it was appropriate to apply skin prep to an open blister. The DON stated, "No, it's not." The DON was also asked if this pressure ulcer was an admitted or a facility acquired wound. The DON stated, "It was an admitted wound. If it is bigger when they come back we call it admitted in this facility."</p> <p>Telephone interview with Wound Consultant #1 on 1/27/15 at 1:20 PM, in the DON office, Wound Consultant #1 was asked when would a facility acquired pressure ulcer on a resident going out to the hospital be classified as an admitted wound upon the residents return to the facility. Wound Consultant #1 stated, "It has to decline in stage for it to be considered a hospital acquired wound for example, stage 2 to a stage 3 or 4." The wound consultant was asked if the wound would be considered a hospital acquired if it was the same stage upon return but larger in size. The wound consultant stated, "No, the size of the wound is not considered."</p> <p>Interview with the DON on 1/27/15 at 1:32 PM, in the DON office, the DON stated, "I was told by [named Wound Consultant #2] that if the wound is larger when it comes back, if it is larger, it would be an admitted wound." The DON was asked to verify the size of the wound before the resident went out to the hospital and the size of the wound when she returned to the facility. The DON confirmed the wound was not larger when the resident returned to the facility.</p>	F 314		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315		

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F 315	<p>Continued From page 9</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, and interview, the facility failed to change catheter tubing and a drainage bag according to the physician's orders for 1 of 2 (Resident #2) sampled residents reviewed of the 2 residents with urinary catheters.</p> <p>The findings included:</p> <p>Review of the facility's "Inservice Urinary Catheter Care" policy documented, "...Providing catheter care is necessary to prevent infections..."</p> <p>Medical record review revealed Resident #2 was admitted into the facility on 1/13/14 with diagnoses of Acidosis, Chronic Ischemic Heart Disease, Anxiety, Anemia, Aphasia, Stage 4 Chronic Kidney Disease, History of Urinary Tract Infections, Adult Failure to Thrive, Hypertension, Urinary Retention, Hydronephrosis, Congestive Heart Failure, Paranoid Schizophrenia, Vascular Dementia, Alzheimer's Disease, Blindness, Depression, and Osteoporosis.</p> <p>Physician's orders dated 9/10/15 documented,</p>	F 315 F-315	<p>The facility will ensure that all residents who enter 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</p> <ol style="list-style-type: none"> <li>1. Resident #2 catheter tubing and drainage bag was changed on 02/01/2016 as ordered.</li> <li>2. All residents with catheters tubing and drainage bags will be changed as ordered on</li> <li>3. The facility in-serviced all licensed nurses on changing the catheter tubing and drainage bag as ordered on 02/08/2016.</li> <li>4. The DON/Designee will monitor for compliance weekly times four weeks then monthly until compliance is met.</li> <li>5. The findings will be reported to the QA committee.</li> </ol>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/27/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAILEY PARK CLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 MITCHELL STREET HUMBOLDT, TN 38343</b>		
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F 315	<p>Continued From page 10</p> <p>"...Irrigate Foley cath [catheter] prn [as needed]... Change Foley cath prn occlusion/leaking... Change F/C [foley catheter] BSD [bedside drainage] every 2 weeks on Monday... 18 Fr [French] Foley catheter in place to BSDB [bedside drainage bag]... Foley cath care every shift and prn..."</p> <p>Review of the November 2015 Treatment Administration Record documented, "...Change F/C BSD every 2 weeks on Monday..." The tubing and drainage bag change was not signed off on Monday, November 23, 2015.</p> <p>Interview with the Director of Nursing (DON) on 1/26/16 at 3:13 PM, in the conference room, the DON was asked if she could find documentation that Resident #2's Foley catheter tubing and bedside drainage bag was changed according to Resident #2's care plan and physician orders. The DON stated, "I cannot find that it was changed."</p>	F 315		
F 322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that --</p> <p>(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</p> <p>(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,</p>	F 322		

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F 322	<p>Continued From page 11</p> <p>metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure physician's orders were followed for an abdominal binder for 1 of 1 (Resident #20) sampled residents reviewed of the 1 resident with percutaneous gastrostomy tubes.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #20 was admitted into the facility on 11/30/06 with diagnoses of Vascular Dementia with Behavioral Disturbances, Insomnia, Hypothyroidism, Urinary Retention, Hypertension, Diabetes Mellitus, Cerebral Infarction, Convulsions, Anxiety, Adult Failure to Thrive, Iron Deficiency Anemia, History of Urinary Tract Infections, Aphasia, Joint Contractures, Dysphagia, Ventricular Tachycardia, and Schizophrenia.</p> <p>Physician orders dated 9/18/15 documented, "...APPLY ABDOMINAL BINDER, CHECK Q [every] 2 HR [hours] FOR SKIN BREAKDOWN AND RELEASE Q 24 HRS AND PRN [as needed] /BATHING..."</p> <p>Observations in Resident #20's room, on 1/25/16 at 9:52 AM and 2:15 PM and 1/26/16 at 8:13 AM,</p>	F 322  <b>F-322</b>	<p>The facility will ensure residents who are fed by a naso-gastric or gastrostomy tube receive 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.</p> <ol style="list-style-type: none"> <li>1. Resident #20 will have abdominal binder on as ordered.</li> <li>2. All residents with abdominal binder orders were assessed and provided as ordered on 02/08/2016.</li> <li>3. The DON/Designee will monitor three times a week times four weeks, then weekly times four weeks or until compliance is met.</li> <li>4. The findings will be reported to the QA committee.</li> </ol>

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F 322	Continued From page 12 revealed Resident #20 in bed with 1/2 bed rails up and pulling at the blankets and sheets. PEG [Percutaneous Endoscopy Gastrostomy] feeding tube intact. There was no abdominal binder observed in use as ordered.  Observations in Resident #20's room, on 1/26/16 at 3:30 PM, revealed Resident #20 constantly pulling at the bed linen. An abdominal binder was observed laying next to Resident #20 but was around the resident and not fastened.  Interview with the Director of Nursing (DON) on 1/26/16 at 3:35 PM, in Resident #20's room, the DON was asked if the resident had an abdominal binder in place. The DON stated, "Obviously not. She pulls at it."	F 322			
F 441 SS=D	<b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b>  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  F441	The facility will 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.  1. The facility conducted an all staff in-service on hand hygiene and how to use hand rub, contact precaution and how to care for residents in contact precautions.		

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F 441	<p>Continued From page 13</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 policy review, observation and interview, the facility failed to ensure 1 of 3 staff nurses (Licensed Practical Nurse (LPN) #1) failed to prevent the potential spread of infection during medication administration and 1 of 1 (Physical Therapy Assistant (PTA) #1) therapists failed to prevent the potential spread of infection during equipment cleaning for a resident in isolation.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. The facility's "HAND HYGIENE" policy documented, "...Hand hygiene is performed to reduce the risk of transmission of infection by appropriate hand hygiene..."</li> <li>2. The facility's "SPECIFIC PROCEDURES FOR ALL MEDICATIONS" policy documented, "...H.</li> </ol>	F 441	<ol style="list-style-type: none"> <li>2. LPN #1 will be in-service on prevention of potential spread of infection during medication administration with a return demonstration on 02/12/2016.</li> <li>3. PTA #1 was in-serviced on hand hygiene, contact precaution and hot to care for residents in contact precaution on 02/02/2016.</li> <li>4. The DON/Pharmacy Consultant will conduct Med Administration audits on all license nurses by 02/18/2016.</li> <li>5. The DON/Designee will monitor three times a week for four weeks, then monthly until compliance is met.</li> <li>6. The findings will be reported to the QA committee.</li> </ol>	
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F 441	<p>Continued From page 14</p> <p>Cleanse hands before handling medication and before and after contact with resident..."</p> <p>3. Observations in Resident #22's room on 1/27/16 at 8:55 AM, LPN #1 placed medications on the back of the commode with no barrier. No barrier was placed on the bed side table in the resident's room, and LPN #1 did not wash her hands or don gloves between administering the inhaler, the nose spray or the eye drops.</p> <p>Interview with the Director of Nursing (DON) on 1/27/16 at 2:03 PM, in the DON office, the DON stated, "Medications should not be taken into the bathroom. A barrier should be placed on the overbed table and meds [medications] kept in view. A barrier should always be used. Gloves should be worn when administering medications, changed between each route and hands should be washed between each route."</p> <p>4. The facility's "CONTACT PRECAUTIONS" policy documented, "...RESIDENT CARE EQUIPMENT... B. If use of common equipment or items is unavoidable, the items should be adequately cleaned and/or disinfected before use for another resident..."</p> <p>Observations in the 100 hallway on 1/25/16 at 11:34 AM, PTA #1 was observed coming out of isolation room 110. While PTA #1 was preparing to clean equipment, he donned gloves and dropped one on the floor, picked it up, donned it and used it while cleaning the equipment. PTA #1 then dropped one of the bleach wipes on the floor, picked it up and continued to clean the equipment with the same wipe.</p> <p>Interview with PTA #1 on 1/27/16 at 2:30 PM, in</p>	F 441		

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F 441	<p>Continued From page 15</p> <p>the DON office, PTA #1 was asked if he should have continued to use the glove and the bleach wipe he dropped on the floor to clean the equipment. PTA #1 stated, "No, not the glove but I thought the wipes would be ok since they should have cleaned anything they touched."</p> <p>Interview with the DON on 1/27/16 2:40 PM, in the DON office, the DON stated, "If gloves or wipes were dropped on the floor they should be discarded and a new one obtained."</p>	F 441		
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