

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

PRINTED: 04/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2012
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
(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 Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.	F 000			
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure residents were not allowed to self-administer updrafts without a review by an interdisciplinary team and a physician order for 1 (Resident #20) of 2 (Residents #4 and 20) case mix residents who had physician orders for updraft treatments. This failed practice had the potential to effect 20 residents who had a physician order for updraft treatments according to the listing received from the Assistant Director of Nurses on 4/20/12. The findings are: The facility policy titled "Nursing Equipment" documented, "... b. Nebulizers/Updrafts: ... 6)	F 176			
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 176	<p>Continued From page 1</p> <p>Under no circumstances should a resident be left unattended while using either the Nebulizer/Updraft. (This will be considered as the resident self-administering medication).</p> <p>The facility policy titled "Self-Administration of Medications by Residents" documented, "Policy: Each resident who desires to self-administer medication is permitted to do so if the facility's interdisciplinary team had determined that the practice would be safe for the resident... Procedures: 1. Each resident is offered the opportunity to self-administer his or her medications during the routine assessment by the facility's interdisciplinary team. The facility may prohibit self-administration until the interdisciplinary team has made a determination. ... 3. The interdisciplinary team determines the resident's ability to self-administer medications by means of a skill assessment conducted on a quarterly basis ... The resident is asked to demonstrate the removal of the medication for the package and, in case of nonsolid dosage forms such as an inhaler, to verbalize the steps involved in administration... 4. The results of the interdisciplinary team assessments are recorded on the Medication Self-Administration Assessment Form, which is placed in the resident's medical record..."</p> <p>Resident #20 had a diagnosis of Chronic Obstructive Pulmonary disease. The Admission Minimum Data Set with an Assessment Reference Date of 3/1/12 documented the resident scored a 10 (8 - 12 indicates moderately impaired) on the Brief Interview for Mental Status, was independent with supervision only with bed mobility, independent for transfers, eating and</p>	F 176			

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F 176	Continued From page 2 personal hygiene and received oxygen therapy. a. A physician order dated 2/20/12 documented, "Albuterol - Ipratropium inhalation solution 1 vial inhalation [four times a day]." b. The "Resident Plan of Care" dated 3/1/12 documented, "Resident has impaired cognitive skills ...". c. On 4/19/12 at 11:47 a.m., Licensed Practical Nurse (LPN) # 4 set up the updraft machine and placed 1 vial of Albuterol with Ipratropium in the medication chamber. At 11:50 a.m. LPN # 4 turned on the updraft machine and left the room while the resident self-administered the updraft. d. On 4/19/12 at 12:17 p.m. LPN # 4 went back to the resident's room. Resident #20 was not in the room, the updraft machine was off, and the updraft tubing and mouthpiece was on the over bed table. LPN #4 started to place the mouthpiece in a plastic bag. This surveyor requested that the medication chamber be opened to ensure the resident had completed the self-administered updraft. LPN #4 opened the medication chamber and there was a clear solution still present in the medication chamber. LPN #4 measured the solution at this surveyor's request. There was 0.2 milliliters of solution in the medication chamber. LPN #4 then rinsed and bagged the mouthpiece. LPN #4 was asked, "Do you routinely check the chamber to ensure [Resident #20] has completed the treatment?" LPN #4 stated, "No. This is the first time." LPN #4 was asked, "Do you routinely give the resident his updrafts?" LPN # 4 stated, "Yes, except when I'm off." LPN #4 was asked, "Can you show me	F 176			

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F 176	<p>Continued From page 3</p> <p>where it's okay for the resident to self-administer the updraft?" LPN # 4 opened the resident's chart and showed this surveyor a form titled, "Assessment for Self-Administration of Medications." The assessment criteria section was completed by LPN #4 on 3/1/12. The Interdisciplinary Team Evaluation was completed on 3/1/12. The resident was approved to self-administer; however, the Interdisciplinary Team signatures and title section contained only one signature, that of LPN #4. LPN #4 was asked, "Did the interdisciplinary team review his self-administration?" LPN #4 stated, "I don't know. I was just told to fill this out and let him self-administer." LPN #4 was asked, "Did you talk with any other nurses regarding the resident's ability to fully complete his updrafts?" LPN # 4 stated, "No."</p> <p>e. On 4/19/12 at 2:15 p.m., Resident #20 was asked, "Did you know you still had some medication in your updraft machine from your noon dose?" Resident #20 stated, "No, it was lunch time so I just stopped and went to eat."</p> <p>f. On 4/20/12 at 2:55 p.m. the Director of Nurse (DON) was asked, "What is the process for self-administration of medications?" The DON stated, "We have a nurse complete the form and we get a doctor's order and we care plan it." The DON was asked, "Who is the interdisciplinary team that your policy refers to?" The DON stated, "The nurse who did the assessment, the doctor and the resident." The DON was asked, "Can you find an order for self-administration for [Resident #20]?" The DON stated, "No." The DON was asked, "If a resident is not completing the updraft and there is no doctor order, should</p>	F 176			

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F 176	Continued From page 4	F 176			
F 246 SS=E	<p>the resident be self-administering updrafts?" The DON stated, "He should have a doctor order."</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a resident's Broda Chair was the appropriate height for positioning to prevent the resident's feet from dangling for 1 (Resident #3) of 3 (Resident #1, #3 and #11) case mix residents who used a Broda Chair. The failed practice had the potential to affect 6 residents who used a Broda Chair according to a list provided by the Director of Nursing (DON) on 4/20/12. The findings are:</p> <p>Resident #3 had diagnoses of Clostridium Difficile (C-diff.), Diarrhea, Urinary Tract Infection, Renal Failure and Retention of Urine. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 3/20/12 documented the resident had a score of 5 (0-7 indicates cognitively impaired) on a Brief Interview for Mental Status (BIMS) and required limited assistance with bed mobility and transfers.</p> <p>a. On 4/19/12 at 12:30 p.m. and 5:20 p.m. and</p>	F 246			

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F 246	Continued From page 5 4/20/12 at 8:30 p.m. and 12:40 p.m., the resident was sitting in a Broda chair. The pad for the leg rest part of the wheelchair and the foot rest were not on the chair. The resident's feet were dangling approximately 8 inches above the floor. The backs of the resident's legs, at the ankle area, were hitting the bottom bar of the wheelchair. b. On 4/20/12 at 12:30 p.m. the Assistant Director of Nurses (ADON) was shown the resident sitting up in the wheelchair. The resident's legs were dangling and the backs of his legs at the ankle area were hitting against the bottom bar of the Broda Chair. The ADON was asked to check the resident's positioning. The ADON stated she would have to check and see where the pad was and have the resident checked for proper positioning.	F 246			
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 observation, record review and interview, the facility failed to ensure thickener was obtained promptly to enable staff to follow the physician's plan of care to prevent potential aspiration for 1 of 1 (Resident #1) case mix who had an order for thickened liquids. The failed practice had the potential to affect 2 resident who received thickened liquids according to a list	F 282			

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F 282	Continued From page 6 provided by the Director of Nursing (DON) on 4/20/12. The findings are: Resident #2 had diagnoses of Dementia and Late Effects of Cerebral Vascular Accident, (CVA). The Quarterly MDS with an ARD of 2/10/12 documented the resident scored an 8 (8-13 indicates moderately impaired) on a BIMS, required extensive assistance with eating, did not have a weight loss and no swallowing problems. a. A physician order dated 9/6/11 documented, "Diet: Pureed thickened liquids." b. On 4/17/12 at 12:23 p.m. the resident had a glass of tea 240 cc (cubic centimeters) and 2 cranberry juices, 120 cc each. The resident received only 1 packet of thickener. One packet of thickener would thicken 8 ounces of fluid to nectar consistency as documented on the packaging. Certified Nursing Assistant (CNA) #8 called the dietary department for an additional packet of thickener. At 1:04 p.m., the resident had finished eating and the thickener had not arrived. The resident was not able to drink the tea due to no thickener being available. c. On 4/19/12 at 3:30 p.m. the Assistant Director of Nurses stated the thickener should be available in the dining room area and the dietary staff should have sent the thickener.	F 282			
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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.	F 312			

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F 312	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure stool was cleaned from all areas of the skin to maintain good hygiene and prevent odors for 2 (Residents #3 and 5) of 7 (Residents #1, 2, 3, 5, 7, 8, and 10) case mix residents who were incontinent of bowel or bladder and required assistance with toilet use. This failed practice was likely to affect 50 residents who were incontinent of bowel or bladder and required assistance with toilet use, according to a list received from the Director of Nurses on 4/20/12. The findings are: 1. The facility's policy titled "Perineal Care" documented, "...Procedure: ... 11. Position bath blanket so only the area between legs is exposed. ... Male perineal care: a. Wet washcloth with warm soapy water. b. Gently wash pubis and penis. If uncircumcised, pull back foreskin and wash. ... c. Ask resident to bend and separate knees. Help resident if required. Wash scrotum carefully. ... 12. Turn resident away from you. Use a new washcloth/wipe and wash anal area..." 2. Resident #5 had diagnoses of Chronic Obstructive Pulmonary Disease, Sleep Apnea, Congestive Heart Failure and Generalized Pain. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/6/12 documented the resident scored a 13 (13 - 15 indicates cognitively intact) on the Brief Interview for Mental Status, was totally dependent on staff for toilet use, had an indwelling catheter and was	F 312			

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F 312	Continued From page 8 continent of bowel. a. The "Resident Plan of Care" dated 4/9/12 documented, "Resident is experiencing incontinent episodes of bowel and/or bladder... Approaches: Toilet when they ask and check them for incontinence or ask if they need toileting at least [every] 2 hours. Provide prompt peri-care [as needed] for incontinent episodes between regularly scheduled toileting times..." b. On 4/18/12 at 9:25 a.m. Certified Nursing Assistant (CNA) #2 and 3 provided incontinent care following an episode of bowel and bladder incontinence. CNA #2 wiped the resident's left groin. After wiping there was a brown substance present on the peri wipe. CNA #2 used another wipe to wipe the right groin. CNA #2 used another peri wipe to wipe the penis and urinary meatus. The resident was turned to the left side. CNA #2 used an incontinent brief to remove the majority of large soft stool from the resident's buttocks. CNA #2 then used a peri wipe to wipe the rectal area. The resident was turned onto his back. CNA #3 wiped the resident's right groin with a peri wipe. There was stool present on the wipe. CNA #3 then wiped the left groin with a peri wipe and used another peri wipe to clean the urinary meatus. CNA #2 and 3 started to pull the resident's incontinent brief up. This surveyor asked the CNAs to have the resident bring his knees up so they could wipe the lower groins and scrotum. CNA #3 wiped the resident's left groin and there was a brown substance on the wipe. CNA #3 then wiped the right groin with another peri wipe and there was a brown substance on the wipe. CNA #3 used 10 more wipes before the resident was clean.	F 312			

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F 312	Continued From page 9 3. Resident #3 had diagnoses of Clostridium Difficile (C-diff.), Diarrhea, Urinary Tract Infection, Renal Failure, and Retention of Urine. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 3/20/12 documented the resident had a score of 5 (0-7 indicates cognitively impaired) on a Brief Interview for Mental Status (BIMS) required limited assistance with bed mobility, transfers, dressing, bathing and personal hygiene, had an indwelling catheter and was incontinent of bowel. On 4/17/12 at 12:08 p.m., CNA #2 and #9 were performing incontinent care. The resident was incontinent of bowel. The CNA cleaned the rectal area, but did not clean the front perineal area.	F 312		
F 314 SS=E	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 observation, record review, and interview the facility failed to ensure a resident at risk for pressure ulcers received an air mattress as ordered, had heels off loaded to prevent possible pressure ulcers and staff made effort to	F 314		

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F 314	<p>Continued From page 10</p> <p>reposition the resident without causing friction/shearing to the heels to prevent potential skin breakdown for 1 (Resident #5) of 6 (Residents #1, 2, 3, 4, 5, and 10) case mix residents who were at risk for pressure ulcers. These failed practices were likely to affect 27 residents who were at risk for pressure ulcers, according to the listing received from the Director of Nurses on 4/20/12. The findings are:</p> <p>1. The facility policy titled "Pressure Ulcer and Skin Conditions, Care and Prevention Of" documented, "...General Guidelines for assessment may include, but are not limited to: Skin at risk ... Hydration/fluid balance ... Mobility status, ... Use Braden Scale pressure ulcer risk assessment ... Procedure for Prevention of Skin Conditions: ... 5. Use pressure reducing devices to relieve pressure. 6. Turn the resident every two hours and position with pads or pillows to protect bony prominences... 9. Use elbow and heel protectors if needed..."</p> <p>2. The facility policy titled "Skin Integrity Program" documented, "...Procedure: ... 2. Risk factors are identified on admission ... These risk factors include: Impaired/decreased mobility ... Co-morbid conditions; Drugs such as steroids ... Resident refusal of some aspect of care and treatment; ... 3. Prevention strategies may include, but are not limited to: A repositioning plan or redistribution pressure; A plan for the prevention of friction or shearing; ... Providing appropriate, pressure-redistribution, support surfaces..."</p> <p>3. Resident #5 had diagnoses of Chronic Obstructive Pulmonary Disease, Sleep Apnea,</p>	F 314			

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F 314	<p>Continued From page 11</p> <p>Congestive Heart Failure and Generalized Pain. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/6/12 documented the resident scored a 13 (13 - 15 indicates cognitively intact) on the Brief Interview for Mental Status, was totally dependent on staff for bed mobility and toilet use, at risk for pressure ulcers and had no current pressure ulcers.</p> <p>a. The "Admission Evaluation and Interim Care Plan" dated 3/30/12 documented, "...Neurological: ... numbness BLE [bilateral lower extremities] ... Bed/chair bound ... Braden Scale score of 14 (moderate risk 13 - 14) ... Edema BLE."</p> <p>b. The "Nurse's Notes" dated 3/30/12 at 4:00 p.m. documented, "...Called [medical supply company]to order air mattress, spoke with [company representative] unable to deliver today, earliest delivery date will be Monday [4/2/12]."</p> <p>c. The "Resident Plan of Care" dated 4/5/12 documented, "Resident may develop a pressure ulcer of other skin issue ... Approaches: ... Assist PRN [as needed] to reposition/shift weight to relieve pressure. Provide pressure relieving or reduction device."</p> <p>d. The Care Area Assessment with Care Area Triggers dated 4/9/12 documented "...Pressure Ulcers: I am at risk for pressure ulcers ... I am totally dependent for bed mobility. This can result in infection, tissue loss and even death proceed to care plan."</p> <p>e. On 4/17/12 at 7:12 a.m., 8:05 a.m., 9:35 a.m., 11:15 a.m., 1:00 p.m. and 3:17 p.m. and 4/18/12 at 8:15 a.m. and 9:25 a.m., there was no air</p>	F 314			

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NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
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F 314	<p>Continued From page 12</p> <p>mattress on the resident's bed and the resident's toes were rotated outward with bilateral outer heels resting directly on the mattress.</p> <p>f. On 4/18/12 at 9:35 a.m. Certified Nurse's Assistants (CNAs) #2 and 3 used an incontinent pad to lift the resident up in bed. The resident's heels were dragged across the surface of the mattress as he was pulled up in the bed.</p> <p>g. On 4/18/12 at 11:35 a.m. the Assistant Director of Nurses (ADON) was asked "What happened to [Resident #5's] air mattress that was documented as ordered on 3/30/12?" The ADON stated, "I'll find out." The ADON and Quality Assurance (QA) Nurse were asked "If a resident is at risk for pressure ulcers what interventions do you implement?" The QA Nurse stated, "Air mattress and cushion in wheelchair." The ADON and QA Nurse were asked, "Is there one on [Resident #5's] bed?" After looking at the resident's bed, the QA Nurse stated, "No, he doesn't have one." The ADON and QA Nurse were asked "What do you do for the resident's heels?" The QA Nurse stated, "Off load them or booties, best thing is to off load." The ADON and QA Nurse were asked, "Are there any interventions for his heels on the care plan." The QA Nurse stated, "No and none on the initial care plan either."</p> <p>h. On 4/18/12 at 12:30 p.m., the ADON stated, "On that air mattress, when they called and ordered it, we were told to use one they had delivered as an extra for [Resident #5]. They [the supplier] thought it was an extra, but it wasn't. We had ordered it for another resident whose mattress had sprung a leak. We never received</p>	F 314			

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F 314	Continued From page 13 a mattress for [Resident #5]." i. On 4/18/12 at 1:50 p.m. the QA Nurse stated, "I thought about what you asked with [Resident #5]. We don't normally off load heels just because a resident is at risk. We do body audits by nurses every week and the CNAs do them with baths three times a week. We'd wait until a problem was identified, then we'd offload the heels." The QA Nurse was asked, "Even with decreased mobility of the legs and edema?" The QA Nurse stated, "Yes". j. On 4/19/12 at 10:30 a.m. Resident # 5 was asked, "Can you move your feet and legs?" Resident #5 stated, "Not much, I have a lot of pain and can't do much with them."	F 314			
F 315 SS=E	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, record review, and interview the facility failed to ensure clean technique (use of clean, non-contaminated washcloths or peri-wipes in a front-to-back	F 315			

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F 315	<p>Continued From page 14</p> <p>direction) was followed during incontinent care to decrease the potential for urinary tract infections for 3 (Residents #3, 6, and 5) of 7 (Residents #1, 2, 3, 5, 7, 8, and 10) case mix residents who were incontinent of bowel or bladder and required assistance with toilet use. This failed practice was likely to affect 50 residents who were incontinent of bowel or bladder and required assistance with toilet use, according to the listing received from the Director of Nurses on 4/20/12. The findings are:</p> <p>1. The facility's policy titled "Perineal Care" documented, "... Procedure: ... 11. Position bath blanket so only the area between legs is exposed. ... Male perineal care: a. Wet washcloth with warm soapy water. b. Gently wash pubis and penis. If uncircumcised, pull back foreskin and wash. ... c. Ask resident to bend and separate knees. Help resident if required. Wash scrotum carefully. ... 12. Turn resident away from you. Use a new washcloth/wipe and wash anal area ...".</p> <p>2. Resident #6 had diagnoses of Alzheimer's Disease, Lumbago, and Muscle Weakness. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/22/12 documented the resident was moderately impaired in cognitive skills for daily decision making per a Staff Assessment of Mental Status, required extensive assistance with toilet use, personal hygiene, and bathing, and was occasionally incontinent of urine.</p> <p>a. On 4/18/12 at 9:55 a.m. Certified Nurse's Assistant (CNA) #5 provided a shower for Resident #6. CNA #5 used a wet soapy</p>	F 315			

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F 315	<p>Continued From page 15</p> <p>washcloth to wash the resident's head. CNA #5 hung the washcloth on the hand rail while rinsing the resident's hair. CNA #5 used the soapy washcloth from the hand rail, adding more soap, on the resident's back, arms, hands, chest, legs and feet. While washing the resident's feet the washcloth drug across the floor of the shower stall. CNA #5 hung the soapy washcloth on the hand rail, rinsed the resident and had the resident stand while holding onto the hand rails. CNA #5 used the same soapy contaminated wash cloth to wash the resident's groins, scrotum, urinary meatus, penis, buttocks and anal area.</p> <p>b. On 4/18/12 at 11:00 a.m. CNA # 5 was asked, "Did you know the washcloth drug on the floor when you were washing the resident's feet, then you used the same washcloth for perineal care?" CNA #5 stated "No". CNA #5 was asked, "Why didn't you use another washcloth to wash the perineal area?" CNA #5 stated, "I only brought two, one was for his face."</p> <p>3. Resident #5 had diagnoses of Chronic Obstructive Pulmonary Disease, Sleep Apnea, Congestive Heart Failure and Generalized Pain. The Admission MDS with an ARD of 4/6/12 documented the resident scored a 13 (13 - 15 indicates cognitively intact) on the Brief Interview for Mental Status, was totally dependent on staff for toilet use, had an indwelling catheter and was continent of bowel.</p> <p>a. The "Resident Plan of Care" dated 4/9/12 documented, "Resident is experiencing incontinent episodes of bowel and/or bladder" ... Approaches: "Toilet when they ask and check them for incontinence or as if they need toileting</p>	F 315			

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F 315	<p>Continued From page 16</p> <p>at least [every] 2 hours. Provide prompt peri-care [as needed] for incontinent episodes between regularly scheduled toileting times..."</p> <p>b. On 4/18/12 at 9:25 a.m., CNA #2 and 3 provided incontinent care following an episode of bowel and bladder incontinence. CNA #3 opened a plastic bag with a container of peri wipes inside the bag. CNA #3 opened the purple lid of the peri-wipes. Inside the container there was a bottle of Aloe Vesta laying on top of the peri wipes. CNA #3 propped the lid of the peri wipes against the foot of the bed. CNA #2 left the resident's room for more peri wipes. CNA # 2 re-entered the resident's room with a container of peri wipes that was still wrapped in plastic. CNA #3 removed the peri wipes from the first container of peri wipes while CNA #2 removed the plastic covering from the second container of peri wipes. CNA #2 put the peri wipes from the first container on the lid of the second container. CNA #2 used the contaminated wipes to wipe the resident's left groin. CNA #2 used another contaminated wipe to wipe the right groin. CNA #2 used another contaminated peri wipe to wipe the penis, then used the same wipe to clean the urinary meatus.</p> <p>4. Resident #3 had diagnoses of Clostridium Difficile (C-Difficile) (C-Diff.), Diarrhea, Urinary Tract Infection, Renal Failure, and Retention of Urine. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 3/20/12 documented the resident had a score of 5 (0-7 indicates cognitively impaired) on a Brief Interview for Mental Status (BIMS) required limited assistance with bed mobility, transfers, dressing, bathing and personal hygiene, had an indwelling catheter and was incontinent of bowel.</p>	F 315			

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F 315	Continued From page 17 a. The Laboratory Reports Culture Urine, collected 1/12/12, reported 1/16/12 documented, " Enterobacter Serogenous. " The resident Urinary Tract Infection was treated with Levaquin 250 mg daily for 5 days. b. The Laboratory Reports C-Difficile by lamp dated 2/9/12 and 2/26/12 documented C-Difficile by lamp -Positive and Out of Reference Range. c. On 4/17/12 at 12:08 p.m. CNA #2 and #9 performed incontinent care after the resident was incontinent of bowel. CNA #9 cleaned the rectal area in a back and forth motion with the same surface of the cloth. The CNA failed to clean the front peri area, the scrotum, the groin area and the penis.	F 315			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the environment was as free of accident hazards as possible on 1 (Hall 600) of 2 halls, as evidenced by failure to ensure metal hinges on a door frame were secured and not protruding outward to prevent potential skin tears,	F 323			

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F 323	<p>Continued From page 18</p> <p>a metal strip on the floor was secure to prevent a potential fall hazard and the plaster on the dining room wall was free of sharp, broken edges which could present a skin tear hazard. These failed practices had the potential to affect 29 residents on the 600 Hall who were independent for mobility, according to a list provided by the Administrator on 4/20/12. The findings are:</p> <ol style="list-style-type: none"> On 4/16/12 at 4:55 p.m., the 600 Hall entrance door had been removed. The metal door hinges remained in place on the door frame. The hinges on the lower half of the door frame, approximately 3 feet from the floor, were pointed outward on both sides of the frame. The metal hinges had sharp edges. On 4/18/12 at 9:20 a.m., the 600 Hall entrance door to the Day Room had 2 metal 1/2 inch strips, 4 inches apart, on the floor between the door frames. The 1/2 inch metal strip on the far right side was loose, causing a possible trip hazard. <p>On 4/19/12 at 1:20 p.m., when informed of the loose metal strip, the Maintenance Supervisor stated, "I have had to glue that down in the past. I am not sure when that has popped up."</p> <ol style="list-style-type: none"> On 4/18/12 at 10:00 a.m. on the 600 Hall, in the Dining Room, there was a large area approximately 24 inches long and 12 inches wide located under the window ledge that had broken, chipped and missing plaster with sharp pointed edges. There was a smaller area approximately 2 inches long and 1 inch wide that had the plaster missing and had sharp edges. <p>On 4/19/12 at 1:20 p.m. the Maintenance</p>	F 323			

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F 323	Continued From page 19 Supervisor stated, "I think some one has backed into the wall there and cracked the mud. That stuff is real brittle."	F 323			
F 328 SS=E	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure oxygen tubing was stored in a covered container or bag to prevent possible contamination for 1 (Resident # 7) of 5 (Residents #1, 2, 5, 7, and 10) case mix residents who had physician orders for oxygen. This failed practice was likely to affect 29 residents who had physician orders for oxygen, according to the list received from the Assistant Director of Nurses on 4/20/12. The findings are: 1. The facility's policy titled "Nursing Equipment" documented, "...3. Cleaning and Maintenance: a. Oxygen: ... 2) Tubing must be dated at all times. 3) Keep tubing and cannula in a Ziploc bag when not in use..."	F 328			

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F 328	<p>Continued From page 20</p> <p>2. Resident #7 had a diagnosis of Chronic Obstructive Pulmonary Disease. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/19/12 documented the resident scored 11 (8 - 12 indicates moderately impaired) on the Brief Interview for Mental Status and received oxygen therapy.</p> <p>a. A physician order dated 3/16/12 documented, "Oxygen: QS [Every shift] 2 [liters per minute] via NC [nasal cannula] continuous."</p> <p>b. On 4/17/12 at 7:05 a.m. the resident was out of the room. The concentrator was off and the nasal cannula tubing was draped over the concentrator. There was no date on the tubing and there was no storage bag to place the nasal cannula tubing in. A rolling walker was present with an "E" cylinder of oxygen. The nasal cannula tubing was dated 4/12/12. The nasal cannula tubing was draped over the walker. There was no storage bag present.</p> <p>c. On 4/17/12 at 11:35 a.m. Certified Nurse's Assistant (CNA) #3 assisted the resident to the wheelchair, then to the bathroom. CNA #3 assisted the resident to the toilet. There was an "E" cylinder with oxygen on the back of the wheelchair. The nasal cannula tubing was draped over the wheelchair with the prongs of the nasal cannula touching the metal frame on the left side of the back of the wheelchair. After the resident toileted, CNA #3 assisted the resident back into the wheelchair. CNA #3 applied a clip alarm to the resident's left shoulder. The clip alarm string and nasal cannula tubing were tangled together. While untangling the tubing and string, CNA #3 touched the nasal prongs on her uniform and the</p>	F 328			

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F 328	Continued From page 21 wheelchair handle. CNA #3 then applied the contaminated tubing to the resident's nares. d. On 4/17/12 at 3:15 p.m. Physical Therapist (PT) #1 entered the resident's room. PT #1 took the nasal cannula tubing out of the bag on the back of the wheelchair. The bag was dated 4/17/12. As PT #1 was untangling the nasal cannula tubing, the nasal cannula prongs touched the outside of the "E" cylinder sleeve. PT #1 placed the contaminated nasal prongs in the resident's nares. e. On 4/18/12 at 11:45 a.m. the Assistant Director of Nurses (ADON) was asked, "When oxygen tubing is not in use, where should it be stored?" The ADON stated, "In a plastic bag..." The ADON was asked, "If it's contaminated by the nasal prongs touching wheelchairs, et cetera, what should be done?" The ADON stated, "Tubing changed."	F 328			
F 334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse	F 334			

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F 334	<p>Continued From page 22</p> <p>immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p>	F 334			

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F 334	<p>Continued From page 23</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure the pneumococcal vaccine was offered/administered for 1 (Resident #7) of 2 (Residents #5 and 7) case mix residents admitted since 3/1/12. This failed practice was likely to affect 10 residents who had been admitted since 3/1/12 according to the listing received from the Administrator on 4/20/12. The findings are:</p> <ol style="list-style-type: none"> 1. The facility's "Resident Informational Handbook" documented, "...17. ...the pneumococcal vaccine is recommended for all people ages 65 or older..." 2. Resident #5 had diagnoses of Chronic Obstructive Pulmonary Disease, Sleep Apnea, and Congestive Heart Failure. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/6/12 documented the resident scored 13 (13 - 15 indicates cognitively intact) on the Brief Interview for Mental Status and had not been offered the influenza or pneumococcal vaccine. <ol style="list-style-type: none"> a. A physician order dated 3/30/12 documented, 	F 334			

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F 334	Continued From page 24 "Pneumovax upon admission." b. On 4/18/12 at 11:45 a.m. the Assistant Director of Nurses (ADON) was asked, "Has [Resident #5] had a pneumococcal vaccine?" The ADON looked through the resident's hospital records and the facility's medical records. The ADON stated, "I can't find a history of any of his immunizations and it's not been given here." The ADON was asked, "Has [Resident #5] been offered flu and pneumococcal vaccines?" The ADON stated, "Not that I can find." The ADON was asked, "When should the resident's immunization status be assessed?" The ADON stated, "We've been talking about changing that to admit."	F 334		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all gauges on the dish machine were functioning and maintained in good working order to ensure effective monitoring and sanitizing of dishes and failed to store the ice scoop under sanitary	F 371		

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F 371	<p>Continued From page 25</p> <p>conditions. This failed practice had the potential to affect 84 residents (total census 85) who received meals from the kitchen according to the Diet List dated 4/13/12. The findings are:</p> <p>1. On 4/18/12 at 10:00 a.m., there was no way to tell if the final rinse gauge on the conveyor drive unit dish machine worked. The gauge did not reach 180 degrees Fahrenheit as indicated on the dish machine. When the panels were removed, temperature of the water registered 167 degrees Fahrenheit with a thermometer. Thermostickers available for testing were for 160 degrees Fahrenheit, not 180 degrees Fahrenheit.</p> <p>a. On 4/18/12 at 10:30 a.m. the maintenance man had no gauge for replacement in stock. A gauge was put on order and would take at least 2 days to ship. When this Surveyor asked for manufacturer's guidelines on the dish machine, the dietary manager and the maintenance man stated that they had none and that the dish machine was probably part of the equipment installed originally when the hospital was built about 41 years ago.</p> <p>b. On 4/18/12 at 2:40 p.m., a food service company representative left temperature stickers for 180 degrees Fahrenheit. One of these stickers was run through the dish machine on a fork. Results showed a change from a blue color to an orange color on the strip, indicating acceptable for 180 degrees.</p> <p>2. On 4/18/12 at 10:50 a.m. the ice scoop insert in the ice scoop holder attached to the side of the ice machine had a collection of slimy water in the bottom with brown particles floating throughout</p>	F 371			

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F 371	Continued From page 26 the water. The tip of the ice scoop was submerged in the dirty water when stored in the ice scoop holder.	F 371			
F 441 SS=H	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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	F 441			

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F 441	<p>Continued From page 27</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure infection control procedures were put in place to prevent the recurrence of Clostridium Difficile (C-Diff) for 1 of 1 (Resident #3) case mix resident who had recurring episodes of C-Diff. The facility failed to have an infection control program for monitoring recurring infections to assist with development and implementation of care to prevent further infections. The facility failed to ensure staff were trained in contact isolation procedures for personal protection and disposal of soiled items; for cleaning, sanitizing and disinfecting floors, shower stalls, shower chairs, sinks, and personal care items; and for washing hands and changing gloves after contamination and before continuing personal care. The facility failed to develop and implement laundry procedures that were effective in destroying the C-Diff spores. These failed practices caused a pattern of actual harm to Resident #3 who had recurring episodes of C-Diff and only had the potential to affect this 1 resident according to a list of residents who presently had C-diff according to a list received from the Administrator on 4/20/12.</p> <p>The facility failed to ensure staff changed their gloves when soiled to prevent cross contamination during incontinent care for 5 (Resident #1, #2, #3, #4 and #5), handled incontinent care supplies in a manner to prevent</p>	F 441			

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F 441	<p>Continued From page 28</p> <p>cross contamination for 4 (Resident #1, #3 #4, #5) and handled soiled linens in a manner to prevent cross contamination for 2 (Resident #5 and #6) of 8 (Residents #1, 2, 3, 5, 6, 7, 8, and 10) case mix residents who were incontinent of bowel or bladder. These failed practice had the potential to affect 50 residents who were incontinent of urine and/or bowel according to the listing received from the Director of Nurses on 4/20/12.</p> <p>The facility failed to ensure resident handwashing after toileting for 2 (Resident #6 and 7) of 4 (Residents #3, 6, 7, and 8) case mix residents who required assistance with toileting and fed themselves. This failed practice had the potential to affect 26 residents who required assistance with toileting and fed themselves according to .</p> <p>The facility failed to ensure the floor was cleaned and disinfected after stool was on the resident room floor for 2 (Resident #3 and #) of (Resident #1, 2, 3, 7, 8, 10, 11, 12, 13, 14 and 18) case mix residents who were incontinent of bowel. This failed practice had the potential to affect 50 residents according to a list provided by the Director of Nursing on 4/20/12.</p> <p>The facility failed to ensure Altima 128 Disinfectant Cleaner was used in accordance with the manufacturer's instructions to prevent possible cross contamination from shower chairs/benches for 1 (Resident # 6) of 2 (Residents # 5, and 7) case mix residents who received showers on a shower chair or bench. These failed practices had the potential to affect 72 residents who used shower chairs/benches according to the listing provided by the</p>	F 441			

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F 441	<p>Continued From page 29 Administrator on 4/20/12;</p> <p>The facility failed to ensure wound care supplies were maintained in a manner to prevent possible contamination for 2 (Resident #3 and 4) of 3 (Residents #2, 3, and 4) case mix residents who received wound care. This failed practice had the potential to affect 19 residents who received wound care treatments according to the listing received from the Assistant Director of Nurses on 4/20/12.</p> <p>The facility failed to ensure Tuberculosis (TB) skin test or Purified Protein Derivative (PPD), were administered to 1 (Resident #7) of 2 (Residents #5 and 7) case mix residents admitted since 3/1/12. This failed practice had the potential to affect 10 residents who had been admitted since 3/1/12 according to the listing received from the Administrator on 4/20/12.</p> <p>The facility failed to ensure bathing water, washcloths, and towels were not cross contaminated by not changing gloves after picking up fall mats off the floor for 1 (Resident # 4) of 2 (Residents #4 and 5) case mix residents who had fall mats on the floors and received bed baths. This failed practice had the potential to affect 2 residents who had fall mats and received bed baths according to the listing received from the Director of Nurses on 4/20/12.</p> <p>The facility failed to ensure soiled linens and soiled peri wipes were not placed on the floor during incontinent care for 1 (Residents #5) of 7 (Residents #1, 2, 3, 5, 7, 8, and 10) case mix residents who were incontinent of urine and/or bowel and required assistance with toilet use.</p>	F 441			

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F 441	<p>Continued From page 30</p> <p>This failed practice had the potential to affect 50 residents who were incontinent of urine and/or bowel and required assistance with toilet use according to the listing received from the Director of Nurses on 4/20/12.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. The CDC (Centers for Disease and Control and Prevention) documented, that the "C-Difficile is an anaerobic, gram-positive bacterium. Normally fastidious in its vegetative state, it is capable of sporulation when environmental conditions no longer support its continued growth. The capacity to form spores enables the organism to persist in the environment (e.g., in soil and on dry surfaces) for extended periods of time. Environmental contamination by this microorganism is well known, especially in places where fecal contamination may occur. The environment (especially housekeeping surfaces) rarely serves as a direct source of infection for patients. However, direct exposure to contaminated patient-care items (e.g., rectal thermometers) and high-touch surfaces in patients' bathrooms (e.g., light switches) have been implicated as sources of infection. The C. difficile spores can survive in the environment, on floors, bed rails or around toilet seats in its spore form for up to six months. Transfer of the pathogen to the patient via the hands of health-care workers is thought to be the most likely mechanism of exposure. Standard isolation techniques intended to minimize enteric contamination of patients, health-care-workers, hands, patient-care items, and environmental surfaces have been published. Hand washing remains the most effective means of reducing 	F 441			

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F 441	<p>Continued From page 31</p> <p>hand contamination. Proper use of gloves is an ancillary measure that helps to further minimize transfer of these pathogens from one surface to another.</p> <p>The degree to which the environment becomes contaminated with C. Difficile spores is proportional to the number of patients with C. Difficile -associated diarrhea, although asymptomatic, colonized patients may also serve as a source of contamination...</p> <p>The recommended approach to environmental infection control with respect to the C. Difficile is meticulous cleaning followed by disinfection using hypochlorite-based germicides as appropriate. However, because no EPA-registered surface disinfectants with label claims for inactivation of the C. Difficile spores are available, the recommendation is based on the best available evidence from the scientific literature.</p> <p>The Detergent and water physically remove many microorganisms from the linen through dilution during the wash cycle. An effective way to destroy microorganisms in laundry items is through hot water washing at temperatures above 160°F [Fahrenheit] (71°C) for 25 minutes. Alternatively, low temperature washing at 71 to 77 degrees F (22-25 degrees C [centigrade] plus a 125-ppm [parts per million] chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.</p> <p>The linen is sent off to a professional laundry, the facility should obtain an initial agreement between the laundry service and facility that stipulates the laundry will be hygienically clean and handled to prevent recontamination from dust and dirt during loading and transport."</p>	F 441			

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F 441	<p>Continued From page 32</p> <p>2. The facility Policy and Procedure received from the Director of Nurses (DON)/Acting Administrator on 4/20/12 were as follows.</p> <p>a. The Policy and Procedure for Clostridium Difficile documented,</p> <p>1) "Purpose, The purpose of this procedure is to provide guidelines of the care of person with diarrhea associated with Clostridium Difficile [C-Diff] (Verified by culture or by evidence of positive cytotoxin assay) and to prevent transmission of Clostridium Difficile to others. Preparation: 1. Review the resident's care plan to assess for any special needs of the resident. 2. Assemble the equipment and supplies needed..."</p> <p>2) "General Guidelines: 1. The facility adopted Standard Precautions and all residents' blood, body fluids, excretions and secretions are considered potentially infectious. Resident with diarrhea associated with Clostridium Difficile (e.g. residents who are colonized and symptomatic) will be placed on Contact Precautions. Residents who are colonized with Clostridium Difficile but are asymptomatic do not require Contact Precautions... 6. Steps toward prevention and early intervention include. a. Increasing awareness of risk factors for residents. b. Considering Clostridium Difficile in differential diagnosis, especially in residents with high risk factors. c. Hand washing of staff and residents. d. Wearing gloves when handling feces or locally-contaminated articles. e. Increased attention and education regarding infection control techniques when providing tube feedings and: f. Disinfection of items with fecal soiling (e.g. bedpans, commode chairs, bedrails, etc.) 7.</p>	F 441			

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F 441	<p>Continued From page 33</p> <p>Appropriate surveillance information must be entered on Clostridium Difficile. Line Listing Report.</p> <p>The following equipment and supplies will be necessary when performing this procedure. 1. Disinfectant. 2. Personal protective. as equipment (e.g. gowns, gloves, mask, etc. as needed).</p> <p>b. The Policy and Procedure for Isolation for Communicable Diseases Standard/Universal Precautions Transmission Based Precautions documented,</p> <p>1) "Purpose, to ensure appropriate use of barriers by all employees. The first level of precautions (Standard/Universal) applies to all residents because signs and symptoms of infection are not always obvious and therefore may unknowingly pose a risk for susceptible person. The second level (Transmission Based) is intended for individuals who have a known or suspected infection with certain organisms."</p> <p>2) Policy Transmission Based Precautions Isolation. A. Isolation refers to the precautions that are taken in the facility to prevent the spread of an infectious agent from an infected or colonized resident to susceptible persons. B. Additional precautions will be used with Standard/Universal Precautions when required to reduce the risk of transmission of infectious agents. The precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some disease may require more than one isolation category.... 3. Contact Precautions prevent the spread of organisms from and infected resident through</p>	F 441			

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F 441	<p>Continued From page 34</p> <p>direct or indirect contact. Some examples are antibiotic resistant bacteria, hepatitis A, scabies, impetigo and lice. A private room may be needed in special circumstances, e.g. copious drainage not contained by a dressing or respiratory infection caused by MRSA [Methicillin-resistant Staphylococcus aureus]. Healthcare workers should wear gloves when entering the room and change gloves if they have touched the infected material. Prior to leaving the room, workers should remove their gloves and wash their hands. In addition workers may need to wear protective gowns if contact with the infected material is likely (diarrhea, wound drainage, etc.). Care items such as stethoscope should not be shared with other residents until properly cleaned and disinfected."</p> <p>c. The Policy and Procedure for Categories of Isolation Precautions documented:</p> <p>1) "Purpose: To prevent transmission of infections or colonized microorganisms."</p> <p>2) "Policy: Transmission based isolation precautions have been established in order to ensure that appropriate isolation techniques are implemented in this facility when necessary. Our facility currently uses the three types of transmission based isolation precautions (airborne, contact and droplet) recommended by CDC... Contact Precautions; will be implemented for resident known or suspected to be infected or colonized with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident environment. Examples of infections requiring Contact Precautions include, but are not limited to: a... 2.</p>	F 441			

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F 441	Continued From page 35 Clostridium Difficile (C-Difficile)... b. Room Arrangements. A private room may be needed in special circumstances, i.e. copious drainage not contained completely by a dressing. Confinement to the room will depend on the resident condition, personals hygiene and ability to comply with instructions. c. Gowns 1. Gowns are to be worn upon entering resident room. 2. Remove gown before leaving the room and dispose in the isolation container. d. Gloves and hand washing 1. Gloves are to be worn upon entering resident room 2. Remove gloves before leaving the room and wash hands immediately with antimicrobial agent or waterless antiseptic agent. (Note; only soap, water and friction are to be used with C-Diff (Clostridium Difficile). e. Trash and Linen Trash and linen will be placed in red bags and disposed of or dealt with per Bio-Hazardous waste standards. ...g. Resident Care Equipment: 1. When possible, use disposable care equipment. If not feasible, disinfect with approved cleaner after isolation is discontinued." d. The Policy and Procedure for Cleaning the Occupied Isolation Room documented, "The Facility will provide a sanitary, safe and comfortable environment in which residents reside to help prevent the development of disease and infection. Isolation rooms will be cleaned daily, and or as needed, to help prevent the spread of disease or infection. In the event a resident is isolated due to contagious or infectious organisms, the isolation room will be cleaned last and the following precautions will be followed for cleaning the occupied room. 1. The Housekeepers will put on clean, non-sterile gloves and any other protective equipment required for the type of isolation before entering	F 441			

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F 441	Continued From page 36 the room. 2. Do not sweep or use a dust/dry mop. Use of broom or dust/dry mop may push organisms into the air. Clean sinks, countertops, overbid tables, bedside table tops, and equipment within the room with a hospital-grade disinfectant. 4. The mop bucket will be placed in the door way of the room. USING A hospital-grade disinfectant wet mop the floor of the isolation room. The mop head used in the isolation room will be removed from the mop handle, double bagged and taken directly to the laundry (or the area where contaminated linen is stored) and laundered with other housekeeping supplies. No special laundry procedure is required for laundering mop handles used in cleaning isolation rooms. 5. All trash will be placed in the red bag lined step-on trash can in the isolation room and bag tie. Another person will stand outside the room with an open bag and the person inside the room will drop the tied trash bag into the open without contaminating the outside of the bag. The open bag will be tied and taken directly to the area designated for contaminated trash located in the dirty utility room. The person inside the isolation room will place a clean, red bag into the step-on trash can in the room. ...7. Contaminated gloves must be discarded in the trash can in the room and hands washed per facility policy. Mop bucket, mop handle and any other equipment used in cleaning the isolation room must be taken to a designated area, cleaned and disinfected immediately." 3. The facility policy titled "Dressing Change Technique" documented, "Aseptic technique will be observed for all dressing changes to minimize the spread of microorganisms. ... Preparation: 1. Clean a work site in the resident's room (such as an over bed table or bedside table top). ... 2.	F 441			

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F 441	<p>Continued From page 37</p> <p>Assemble all equipment on the work surface. Take only the supplies that you need into the resident's room. Unused supplies cannot be returned to the cart or storage area. ... Remove the Old Dressing: ... 3. Wash hands ... put on clean gloves. 4. Loosen the soiled dressing ... 5. Slowly remove the soiled dressing ... 6. Discard the dressing and the gloves ... Care for the Wound: 1. Wash your hands or use a waterless antiseptic agent. ... 3. Put on clean gloves ..."</p> <p>4. Resident #3 had diagnoses of Clostridium Difficile (C-Difficile) (C-Diff.), Diarrhea, Urinary Tract Infection, Renal Failure, Retention of Urine. The Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) 3/20/12 documented the resident scored a 5 (0-7 indicates severely impaired) on a Brief Interview for Mental Status (BIMS), required limited assistance with bed mobility, transfers, dressing, bathing and personal hygiene, had an indwelling catheter, was incontinent of bowel, and had a weight loss in the past 3 - 6 months.</p> <p>a. Laboratory Reports documented the following:</p> <p>1) "Collected 10/18/11 Reported 10/19/11 Stool type-Semi-solid C-Difficile by Lamp- Positive. Positive- Sample contains toxigenic C difficile strain with the pathogen. Treatment, Flagyl 250 mg [milligrams] PO [by mouth]. TID [three times daily] x 14 days."</p> <p>2) Collected 11/6/11 Reported 11/8/11 Stool type formed. C- Difficile by lamp Positive A."</p> <p>3) Collected 11/22/11 Reported 11/25/11 Stool type semi-solid C-Difficile by lamp Positive."</p>	F 441			

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F 441	<p>Continued From page 38</p> <p>Documented on the laboratory slip was "Flagyl 250 mg TID x [times] 14 day Vanc [Vancomycin] 250 g po QID [four times daily] x 14 days."</p> <p>4) "Collected 12/19/11 Reported 12/21/11 Stool Type- Semi-solid C-Difficile by lamp Positive"</p> <p>5) "Collected 12/21/11 Reported 12/22/11 Stool type Liquid C-Difficile by Lamp Positive Out of Reference range." Documented on the laboratory slip was "Vancomycin 250 mg 1 po qid x 14 days."</p> <p>6) "Collected 2/9/12 Reported 2/10/12 Stool type -Liquid C-Difficile Positive Out of Reference Range." Documented on the Laboratory slip was "2/10/12 Flagyl 500 mg 1 po TID [three times daily] x 2 weeks."</p> <p>7) Collected 2/26/12 Reported 2/26/12 Stool type Semi-solid C-Difficile Positive Out of Reference Range." Documented on the laboratory slip and signed by the Advanced Practice Nurse (APN) was, "Wait until Thur [Thursday] 3/1. Report to [Physician] if symptomatic or not [no] action @ [at] this time."</p> <p>b. The Physician Orders dated 3/23/12 documented, "Florester 1 po [by mouth] q [every] day (250 mg tab [tablets]) x 1 mo [month] [diagnosis of Clostridium difficile intestinal infection]. Then send stool for C-Diff. Continue isolation precautions. Start Florester when it arrives at facility."</p> <p>c. The Resident Plan of Care updated on 3/15/12 did not document any isolation precautions.</p>	F 441			

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F 441	<p>Continued From page 39</p> <p>d. The facility weights for the past 7 months were reviewed by the survey team. The weights from the Monthly Weight record were as follows:</p> <p>October 2011 - 136.5 pounds November 2011 - 136 pounds December 2011 - 127.8 pounds January 2012 - 128 pounds February 2012 - 132.8 pounds March 2012 - 130.5 pounds April 2012 - 124.5 pounds</p> <p>The resident had a 6 pound weight loss in one month, which resulted in a 4.5% weight loss and an 8.3 pound weight loss in 2 months resulting in a 6.25% weight loss.</p> <p>e. On 4/16/12 at 2:35 p.m., Licensed Practical Nurse (LPN) #6 stated during initials that there resident was on isolation due to C -Diff.</p> <p>f. On 4/17/12 at 11:44 a.m., Housekeeper #1 entered Resident #3's room that was on contact isolation. The Housekeeper entered the resident's room wearing a mask and gloves. The Housekeeper removed a bottle of Clean Power Blue Glass and Surface Cleaner. The Housekeeper sprayed the sink and wiped it off with paper towels. Then the Housekeeper replaced the Clean Power Blue Glass and Surface Cleaner back on the housekeeping cart. At 11:45 a.m., Licensed Practical Nurse (LPN) #6 came by the room and told the Housekeeper she needed to wear a gown. The Housekeeper stated, "Oh you have to wear a gown." The Housekeeper then put on the blue isolation gown. The Housekeeper removed the broom and dust pan and entered the resident's room. The</p>	F 441			

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F 441	<p>Continued From page 40</p> <p>Housekeeper swept the resident's floor and emptied the dust pan in the housekeeping cart and replaced the broom and dustpan on the housekeeping cart. The Housekeeper then removed the mop from the mop bucket and mopped the resident's room. The Housekeeper then replaced the mop in the mop bucket. The Housekeeper then left the resident's room. The Housekeeper did not clean any other surfaces in the resident's room. The Housekeeper then took the housekeeping cart to the utility room removed the mop head and placed in a plastic bag and emptied the mop bucket of the water. Then the housekeeper rinsed the mop bucket. The Housekeeper was asked what type of cleaner was used to mop the isolation room. The Housekeeper stated Neutral Floor Cleanser. The Housekeeper was asked what she used to clean out the mop bucket. The Housekeeper stated, Neutral Floor Cleanser. The Housekeeper was asked what she used to clean the sink. The Housekeeper pointed to a bottle on the shelf of Clean Power Blue Glass and Surface Cleaner. The Housekeeper was asked what she cleaned in the resident's room. The Housekeeper stated, "I just cleaned the sink, sweep and mopped the floor."</p> <p>g. On 4/17/12 at 12:08 p.m. Certified Nursing Assistant (CNA) #2 entered the room do perform incontinent care. The CNA washed her hands put the paper towel in the trash can with a foot pedal, then touched the top of the white trash can with her bare hand and proceeded to apply gloves and an isolation gown.</p> <p>At 12:11 p.m., CNA #9 and #10 were performing incontinent care. The resident was incontinent of</p>	F 441			

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F 441	<p>Continued From page 41</p> <p>bowel. CNA #9 got stool on the right glove while providing incontinent care. The CNA wiped off the stool with a peri-wipe and proceeded with the incontinent care with the contaminated glove. The CNA picked up the peri-wipe bottle with his contaminated gloves and sprayed the peri-wash on the wipes and provided incontinent care. The CNA picked up the container of wipes with the lid off; sit the box of peri-wipes and the peri-wash on top of the floor mat with the lid sitting top up on the floor mat. The CNA #9 picked up the clean incontinent brief and placed the clean incontinent brief on the resident. CNA #9 picked up the box of peri-wipes and peri-wash off the floor and placed them in the resident's bedside table, then touched the Foley catheter bag, bed covers, the resident's pant, the resident's hat by the bill, the gait belt and the resident's jacket.</p> <p>At 12:21 p.m., CNA #2 assisted with incontinent care, then washed her hands placed the paper towels in the white trash can with a foot pedal. Touched the top of the trash can and did not rewash her hands and left the resident's room. The resident was then taken to the dining room for lunch.</p> <p>h. On 4/17/12 at 6:14 p.m., the resident was taken to the shower room on the 5th floor by CNA #11. The resident was incontinent of semi-formed stool on 2 areas of the shower floor. The CNA cleaned the rectal area, did not change gloves then proceeded with the shower. The CNA touched the cabinet, removed a can of shaving cream and applied the shaving cream to the resident's face with the contaminated gloves. The CNA touched the cabinet again getting a razor out of the cabinet. The CNA proceeded to shave</p>	F 441			

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F 441	Continued From page 42 the resident with the contaminated gloves. Then the CNA picked up the clean towels with the contaminated gloves and dried the resident's body including the face. The CNA picked up the bath blanket and placed the blanket around the resident and a towel around the resident head. The CNA sat the resident's feet on the contaminated floor of the shower. The CNA replaced the shaving cream in the cabinet with the contaminated gloves. The CNA picked up the bottle of cleanser that was sitting on top of the cabinet and sprayed the shower with Heavy Duty Oxygen Enhanced Cleaner, then rinsed off the cleanser. The resident was taken to his room in the shower chair. The resident was incontinent of semi-loose stool in 2 areas of his room. One by the doorway and one by the resident's bed. The CNA changed his gown, gloves and washed hands before entering the resident's room. After the resident was dressed and put in the bed. The dressing on the resident's coccyx was loose. The CNA removed the dressing and placed the dressing in the trash can. The CNA did not change gloves and proceeded with incontinent care. The CNA then cleaned the stool off the floor with peri-wipes and placed them in the trash can. With the same contaminated gloves, the CNA picked up the container of peri-wipes and the peri-wash and placed them in the bedside table. With the contaminated gloves, the CNA touched the bed control, the call light when the CNA placed the call light on the resident's bed. The CNA picked up the gait belt and placed the gait belt on the window sill. The CNA picked up the bedside mat and placed the bedside mat on the contaminated floor. The CNA then returned to the shower room. The CNA picked up the soiled linens. Wearing the same gloves, the CNA picked	F 441			

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F 441	<p>Continued From page 43</p> <p>up the Heavy Duty Oxygen Enhanced Cleaner and sprayed the shower floor, then immediately rinsed the shower floor. The CNA got a wash cloth out of the cabinet and wiped the shower floor spraying the floor with the Heavy Duty Enhanced Cleanser and rinsed the shower floor. The CNA, with the same gloves on, reached into the cabinet, got a washcloth out of the cabinet, sprayed the Heavy Duty Enhanced Cleanser, wiped the shower chair and then rinsed the shower chair. The CNA sprayed the shower stall and chair and left the cleaner on the shower and shower chair. The CNA removed the isolation gown and gloves. The CNA went to the resident's room with a red bag of soiled linens and 1 red bag with trash and sat the bags on the floor. The CNA washed his hands and applied an isolation gown and gloves and took the 2 plastic red bags in the containers in the resident's bathroom. The CNA did not change gloves before he picked up the Foley catheter leg strap and placed it in the resident's drawer.</p> <p>i. On 4/17/12 at 7:22 p.m., LPN #3 set up the supplies on the care then removed the dressing off the treatment cart. The LPN placed the wound cleanser bottle under the left arm. and carried loose unsterile 4 x 4 gauze; loose 2 x 2 gauze, 2 packages of Q-Tips, one Island dressing and a tube of Santyl. The LPN sat the dressing supplies on the isolation cart sitting outside the resident's room that contained the isolation supplies. The LPN entered the room, washed her hands, and applied the gown and gloves. The LPN picked up the dressing supplies and placed then directly on top of the bedside table with the loose 4 x 4 dressing touching the top of the bedside table. The LPN loosened the resident's incontinent brief</p>	F 441			

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F 441	<p>Continued From page 44</p> <p>and stated, "I will have to get the CNA to clean him up before I can do the dressing." The LPN left the dressing supplies uncovered on the bedside table.</p> <p>At 7:30 p.m., CNA #10 performed incontinent care. The resident was incontinent of stool. The resident had semi-formed stool. The CNA removed the soiled incontinent brief and placed the incontinent brief on top of the white trash can that was by the resident's bedside table. The CNA performed incontinent with the same contaminated gloves and applied the clean incontinent brief with the contaminated gloves.</p> <p>At 7:35 p.m., LPN #3 changed the dressing to the pressure ulcer on the coccyx area. The dressing supplies had remained on the bedside table during the incontinent care. The LPN picked up the loose 2 x 2s and sprayed them with the wound cleanser bottle that she had placed under her left arm. With the same gloves, the LPN then picked up the 4 x 4 gauze that was touching the bedside table and dried the pressure ulcer. The LPN with the same gloves opened the Q-tips and placed Santyl on the end of the Q-tips and applied the Santyl on the bed of the pressure ulcer. The LPN reached her left hand under the isolation gown reaching into her pocket and removing a pen and wrote the date on back of the island dressing with the same contaminated gloves used to apply the dressing to the pressure ulcer on the resident's coccyx area.</p> <p>j. On 4/19/12 at 8:15 a.m., Laundry Personnel #1 was asked who was responsible for doing the resident's laundry. The Laundry Personnel stated, "The 5th and 6th floor had 1 washer and 1 dryer.</p>	F 441			

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F 441	<p>Continued From page 45</p> <p>We only wash the personal clothing. The bed linens, towels, washcloths were sent to the VA [Veteran's Administration hospital] Laundry to be cleaned. The Isolation Linen was sent in the red bags to indicate that it was isolation laundry. The resident isolation clothing is washed separately. They wash it on sanitation cycle in the washing machine, which is a 2 ½ hour cycle. The Laundry Personnel was asked how hot the water was for the sanitation cycle. The Laundry Personal stated, "I'm not for sure." The Laundry Personal was asked if they used bleach. The Laundry Personal stated, "Yes only on whites."</p> <p>1) On 4/20/12 at 11:30 p.m., the Literature for Using the Controls on the washing machine was received from the Maintenance Man/Housekeeping Supervisor documented, "Sanitary (select models)-for heavily soiled, colorfast garments. This cycle heats the water to a 150 degree F to eliminate bacteria. "</p> <p>2) On 4/20/12 at 1:30 p.m., the Maintenance Man/Housekeeping Supervisor stated, The Clear Power Blue Glass and Surface Cleaner and the Heavy Duty Oxygen Enhanced Cleaner is not a disinfectant. This cleaner is not effective for cleaning isolation rooms or shower rooms for C-Difficile. I don't know why that cleaner was in the 5th floor shower room. I can't say why the housekeeper used the glass cleanser to clean the sink." The Maintenance Man/Housekeeping Supervisor was asked what surfaces should be cleansed in an isolation room during general cleaning and he stated, "They should clean all non-porous surfaces, the bedside table, side rails, window sills, over bed tables, and of course the bathroom. The Neutral Floor Cleaner contains</p>	F 441			

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F 441	<p>Continued From page 46</p> <p>Altima 128." The Maintenance Man/Housekeeper Supervisor was asked if the Altima 128 was effective against C-Diff. The Maintenance Man/Housekeeping Supervisor stated it was not listed as an effective agent. The Maintenance Man/Housekeeping Supervisor was asked the procedure for mopping an isolation room. The Maintenance Man/Housekeeping Supervisor stated they can mop the room and place the mop head in a plastic bag or replace the mop in the mop bucket, empty the water and then clean the mop bucket. They are using a Neutral Floor cleaner that contains Altima 128. The Maintenance Man/Housekeeping Supervisor was asked if the Altima 128 was effective against C-Diff. The Maintenance Man/Housekeeping Supervisor stated, "It's not listed as an effective agent." The Maintenance Man/Housekeeping Supervisor stated that the housekeepers use Steriphene II, brand Disinfectant Deodorant. "It is used to clean the hand rails and door knobs at night. It was in a spray can." The product information sheet documented, "Steriphene II Brand Disinfectant Deodorant is a versatile, ready to use aerosol disinfectant deodorant. It is ideal for convenient disinfection after spot clean up. The special instruction for cleaning and decontamination against HBV and HIV-1 on surfaces or objects soiled with blood and body fluids. The Contact time, Leave surfaces wet for 10 minutes. "</p> <p>3) The Altima 128 Disinfectant manufacturer's instructions documented, "Altima 128 Disinfectant. One-Step Disinfectant, Germicidal. Detergent, and Deodorant ... Directions for Use: ... Disinfection/Cleaning/Deodorizing Directions: Remove heavy solid deposits from surface, then</p>	F 441			

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F 441	<p>Continued From page 47</p> <p>thoroughly wet surface with a use-solution of 1 [ounce] of the concentrate per gallon of water. The use-solution can be applied with a cloth, mop, sponge, or coarse spray, or by soaking. Let solution remain on surface for a minimum of 10 minutes. Rinse or allow to air dry ... Effective against the following organisms: ..." Clostridium Difficile was not listed.</p> <p>k. On 4/19/12 at 2:40 p.m., CNA #9 was asked about the incontinent care that was provided for Resident #3 that was on isolation. The CNA was asked if he knew what the resident was on isolation for. The CNA stated, "Yes, C-Diff." The CNA was asked if he recalled performing incontinent care on 4/17/12. The CNA stated, "Yes, I do, I kind of messed up. I knew not to sit the wipes in the floor. I was nervous and I couldn't sit them on the bed side table by his water. So I just set them on the floor." The CNA was asked if he recalled getting stool on his glove. The CNA stated, "Yes, I should have changed my gloves." The CNA was asked the direction he should wipe during incontinent care. The CNA stated, "Front to back, I know I wiped one area several times to get it clean and you don't wipe but once and change surface of the wipe or change the wipe." The CNA was asked how did he know if a resident was on isolation and why the resident was on isolation. The CNA stated, "The Charge Nurse will tell you or the previous shift during report." The CNA was asked what he should do when entering an isolation room. The CNA stated, "You always wash your hands, apply gown and gloves. You change your gloves as needed and remove the gown and gloves before leaving the room and wash your hands." The CNA was asked when the trash was emptied.</p>	F 441			

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F 441	<p>Continued From page 48</p> <p>The CNA stated, "When it gets full." The CNA was asked, if there was stool on the floor what should he do. The CNA stated, "You would get up the excess and call housekeeping to mop the floor."</p> <p>l. On 4/20/12 at 8:45 a.m., LPN #7 was asked to explain the isolation procedure. The LPN stated, "If a resident is on isolation, a cart is set up with gloves, gowns, red bags and if necessary masks are available. Incontinent briefs are used if the resident is incontinent. A sign is placed on the resident's door to check with Nursing before entering the resident's room." The LPN was asked if during incontinent care, a CNA gets stool on their glove what should they do. The LPN stated, "Remove the gloves, wash hands and apply clean gloves." The LPN was asked if stool gets on the resident's floor what should the staff do. The LPN stated, "Clean the area of stool, and call housekeeping to clean the floor." The LPN was asked if it is after hours what should the staff do. The LPN stated, "There is always a cart available for staff and a Laundry worker is always here and available if necessary." The LPN was asked if a bed side table was a clean surface. The LPN stated, "No." The LPN was asked when performing a dressing what should she do. The LPN stated, "You gather your supplies and place in the foam container on the treatment cart. You carry a red bag to place all the trash in and a towel to set up your clean field." The LPN was asked what type of wound Resident #3 had and the LPN stated a pressure ulcer.</p> <p>m. On 4/20/11 at 3:00 p.m., Housekeeper #2 was asked if she had been instructed on how to clean an isolation room. The Housekeeper stated, "I</p>	F 441			

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F 441	<p>Continued From page 49</p> <p>have never cleaned the isolation room." The Housekeeper stated, "Sort of. You change the mop head, when you leave the room. Clean all surfaces, just like any other room." The Housekeeper was asked what precautions would she take for an isolation room. The Housekeeper stated, "After today I know you wear a gown and gloves to clean the room."</p> <p>n. On 4/20/12 at 3:50 p.m., the Assistant Director of Nursing (ADON)/Acting Director of Nursing (DON) was asked the procedure for isolation. The ADON stated, "Place a cart with supplies, gown and gloves and mask if needed. Barrels with the red bags are placed in the rooms and are emptied at the end of each shift." The ADON was asked if the resident had an accident and stool was on the floor what the staff should do. The ADON stated that they should clean up the area and let housekeeping know so they could clean the floor. The ADON was asked what if it was after hours. The ADON stated, "Laundry personal is always available and a housekeeping cart is available to Nursing if needed." The ADON was asked if the bedside table was a clean surface. The ADON stated, "No."</p> <p>5. On 4/20/12 at 5:50 p.m., the Director of Nursing (DON)/Acting Administrator was asked who was responsible for the infection control program. The Administrator stated, "The Medical Records keeps up with the record of infections and the Infection Control Log." The DON was asked if the only thing the Medical Record person did was the paper work for the infection control Log. The DON stated, "Yes she only oversees to ensure that the Infection Control Log is maintained." The DON was asked who was</p>	F 441			

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F 441	<p>Continued From page 50</p> <p>responsible for overseeing the infection control program. The DON stated, "[RN#1] was responsible for overseeing the LPNs to ensure that infection control practices are being followed. The LPNs are responsible for overseeing the CNAs to ensure that infection control measures are followed." The DON was asked who was ultimately responsible for ensuring that infection control measures were followed. The DON stated, "Me."</p> <p>6. Resident #2 had diagnoses of Dementia and Late Effects of Cerebral Vascular Accident, (CVA). The Quarterly Minimum Data Set with Assessment Reference Date (ARD) 2/10/12 documented the resident scored 8 (8-13 indicates cognitive moderately impaired) on a Brief Interview for Mental Status (BIMS), required extensive assistance with personal hygiene and was incontinent of bowel and bladder.</p> <p>On 4/17/12 at 9:41 a.m., CNA #8 and CNA #11 performed incontinent care after the resident was incontinent of urine. CNA #8 performed the incontinent care. The CNA did not change gloves after completing the incontinent care, the CNA touched the clean incontinent brief and applied the clean incontinent brief.</p> <p>7. Resident #1 had diagnoses of Hemiplegia, Dementia and Urinary Retention. The Quarterly Minimum Data Set with Assessment Reference Date (3/19/12) documented the resident was severely impaired in cognitive skills for daily decision making per the Staff Assessment for Mental Status, totally dependent on 2 people for personal hygiene, was incontinent of bowel and had an indwelling catheter.</p>	F 441			

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F 441	<p>Continued From page 51</p> <p>On 4/19/12 at 10:30 a.m., CNA #4 and #7 provided incontinent care. CNA #7 removed the container of peri-wipes from the resident's beside table. The CNA sat the container of peri-wipes on the resident's bedside table, the CNA removed the wipes from the container and laid the wipes on the top of the bedside table. The CNA then sprayed the wipes with the peri-wash. The CNA picked up the wipes off the top of the bedside table, placed the contaminated peri-wipes inside the peri-wash container, then laid the peri-wash bottle on top of the peri-wipes. The CNA walked around the opposite side of the bed carrying the peri-wash container with the contaminated peri-wipes and peri-wash. The CNA performed incontinent care with the contaminated peri-wash. The CNA was performing incontinent care and the CNA got stool on the left glove. The CNA removed the left glove. With the contaminated right glove, the CNA reached into the peri-wipe container and touched the inside edges. After the CNA completed the incontinent care, the CNA replaced the contaminated peri-wipes in the resident's bedside table.</p> <p>8. On 4/18/12 from 8:40 a.m. - 9:30 a.m., 3 CNAs and 2 LPNs were asked, "When should you wash your hands?" They stated, "Before and after resident care." They were asked, "When should you change gloves?" They stated, "When soiled, when you go from dirty to clean." They were asked, "How do you find out if a resident is on isolation?" They stated, "Isolation set up, sign on the door and care plan."</p> <p>9. Resident # 6 had diagnoses of Alzheimer's Disease, Lumbago, and Muscle Weakness. The</p>	F 441			

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F 441	<p>Continued From page 52</p> <p>Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/22/12 documented the resident was moderately impaired in cognitive skills for daily decision making per a Staff Assessment of Mental Status, required extensive assistance with toilet use, personal hygiene, and bathing, and was occasionally incontinent of urine.</p> <p>a. On 4/17/12 at 11:02 a.m. Certified Nurse's Assistant (CNA) #4 was present in the bathroom with Resident #6 who was seated on the toilet. CNA #4 stated, "[Resident #6] had his pants and incontinent brief down and he was trying to pee in the sink before I helped him to the toilet." When the resident stated, "I'm done." CNA # 4 assisted Resident #6 to stand, pulled up the resident's incontinent brief and pants and assisted the resident out of the bathroom. CNA #4 did not offer or suggest that the resident wash his hands.</p> <p>b. On 4/17/12 at 12:37 p.m., Resident #6 ambulated into the dining room and was given water and coffee. Resident #6 was not given an opportunity to wash his hands, nor was a washcloth offered.</p> <p>At 12:44 p.m., Resident #6 was served lunch and the resident started feeding himself. Resident #6 was not given an opportunity to wash his hands, nor was a washcloth offered.</p> <p>c. On 4/18/12 at 9:55 a.m., CNA #5 provided a shower to Resident #6. During the shower CNA #5 dropped a soapy washcloth on the floor of the shower stall when she was finished washing the resident and placed used towels on the floor of</p>	F 441			

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F 441	<p>Continued From page 53 the shower stall.</p> <p>At 10:43 a.m., CNA #5 sprayed the top of the seat of the shower bench/chair and shower floor with Altima 128. CNA #5 rinsed the shower bench/chair with the hand held shower sprayer at 10:47 a.m. There were no directions for use on the Altima 128 spray bottle. CNA #5 was asked, "How long is the disinfectant supposed to stay on?" CNA # 5 stated, "Five to 10 minutes at the most."</p> <p>10. Resident #4 had diagnoses of Benign Prostate Hypertrophy with Urinary Obstruction, Diabetes Mellitus Type 2, Chronic Renal Failure, and Cervical Myelopathy. The Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/15/12 documented the resident scored a 10 (8 - 12 indicates moderately impaired) on the Brief Interview for Mental Status, was totally dependent on staff for toilet use, personal hygiene, and bathing, and had an indwelling catheter.</p> <p>a. A physician order dated 3/2/12 documented, "Treatment: 7:00 a.m. - 3:00 p.m. Cleanse Supra-pubic site with wound cleanser and pat dry then apply TAO [Triple Antibiotic Ointment] and cover daily."</p> <p>b. The Care Assessment Area Report with Care Area Triggers dated 3/15/12 documented, "I have a Foley catheter and colostomy that require care ... This makes me totally dependent on others for taking care of the appliance and increases my risk for developing an infection ..."</p> <p>c. The "Resident Plan of Care" dated 8/7/10 and</p>	F 441			

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F 441	<p>Continued From page 54</p> <p>reviewed on 3/29/12 documented, "Resident has a urinary catheter ... Approaches: Pericare and catheter care [every] shift ..."</p> <p>d. On 4/18/12 at 2:05 p.m., Certified Nursing Assistants (CNAs) #5 and 6 prepared to give Resident #4 a bed bath. CNA #6 filled a bath basin with water, applied shaving cream, changed gloves and then shaved the resident. After shaving the resident, CNA #6 picked up the floor mat from the right side of the bed. The floor mat had dirt and particles on both sides of the floor mat. CNA #6 placed the floor mat against the wall. While CNA #6 was picking up the floor mat, CNA #5 rinsed the bath basin and filled it with water. CNA #5 placed this bath basin on the over bed table along with another bath basin. Both bath basins contained water. CNA #5 added Aloe Vera cleanser to one basin of water. CNA #5 then wet a washcloth with Aloe Vera cleanser and passed it to CNA #6. CNA #6, without changing soiled gloves, washed the resident's right arm and hand, then passed the soiled washcloth to CNA #5. CNA #5 put the washcloth in rinse water basin, then in the bath basin with Aloe Vera cleaner, and handed the washcloth back to CNA #6. The soiled washcloth had contaminated the water in both bath basins. Both CNAs continued with the resident's bath using the contaminated water and washcloths, including cleaning of the urinary meatus. After the bath was completed, CNA #5 emptied the bath basins and put them up. Neither CNA cleaned the over bed table.</p> <p>e. On 4/18/12 at 3:12 p.m., Licensed Practical Nurse (LPN) #1 put a towel in a plastic bag from the linen closet then went to the treatment cart.</p>	F 441			

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F 441	<p>Continued From page 55</p> <p>LPN #1 removed a tracheostomy dressing sponge, a packet of Q-tips, a single use packet of TAO, a spray bottle of wound cleanser, and an opened packet of 2 by 2s that was approximately 6 inches long. LPN #1 placed these supplies inside a plastic bag, then entered the resident's room. LPN #1 removed the towel from the plastic bag and placed it on the over bed table that had still not been cleaned following the resident's bath. LPN #1 removed the supplies from the other plastic bag and placed them on top of the towel. LPN #1 provided the treatment as ordered, then bagged the trash. LPN #1 removed the bottle of wound cleanser and the opened packet of 2 by 2's from the towel and sat them on the over bed table, then bagged the towel. LPN #1 removed her gloves, picked up the bags of trash and linen, the bottle of wound cleanser and the opened package of 2 by 2's. LPN #3 placed the bottle of wound cleanser and the package of 2 x 2's in the drawers of the treatment cart.</p> <p>f. On 4/20/12 at 11:35 a.m., LPN # 1 was asked, "When you did the dressing change for [Resident # 4], what did you take into the room?" LPN #1 stated, "A towel in a bag and his supplies." LPN #1 was asked, "What supplies?" LPN #1 stated, "A bottle of wound cleanser, package of 2 by 2s, drain sponge and gloves." LPN #1 was asked, "When you finished his treatment, what did you do?" LPN #1 stated, "I picked up the towel and supplies." LPN #1 was asked, "Where did you put the bottle of wound cleanser and package of 2 x 2's when you picked up the towel which was your clean field?" LPN #1 stated, "On the over bed table. Oh, I contaminated them." LPN #1 was asked, "What did you do then with the contaminated bottle of wound cleanser and the</p>	F 441			

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F 441	<p>Continued From page 56</p> <p>package of 2 x 2's?" LPN #1 stated, "Put them back in the treatment cart. I shouldn't have done that."</p> <p>11. Resident #7 had diagnoses of Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, and Generalized Pain. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/19/12 documented the resident scored an 11 (8 - 12 indicates moderately impaired) on the Brief Interview for Mental Status, required extensive assistance for toilet use and personal hygiene, and was always continent of urine and bowel.</p> <p>a. On 4/17/12 at 11:35 a.m. CNA #3 assisted the resident to the toilet. CNA #3 removed an incontinent brief that was soiled with stool and urine. Resident #7 attempted to wipe himself. Resident #7 reached under the toilet seat extension touching the seat with his right hand. CNA #3 had the resident stand by holding onto the grab bars and provided incontinent care. On completion of incontinent care, CNA #3 assisted the resident into the wheelchair and backed the wheelchair up to the sink area. CNA #3 washed her hands but did not offer or suggest to the resident to wash his hands. CNA #3 took the resident out into the hall and stated, "will leave [Resident #7] there until someone is in the dining room."</p> <p>b. On 4/17/12 at 12:02 p.m., CNA #3 took the resident from the hallway to the dining room, and transferred the resident from a wheelchair into a dining room chair. Resident #7 was not given an opportunity to wash his hands, nor was a washcloth offered.</p>	F 441			

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F 441	<p>Continued From page 57</p> <p>c. On 4/17/12 at 12:30 p.m. Resident #7 was served lunch. Resident #7 was not given an opportunity to wash his hands, nor was a washcloth offered. Resident #7 fed himself lunch.</p> <p>d. On 4/18/12 at 11:35 a.m. LPN # 4 and Registered Nurse (RN) #1 were asked, "Where do you chart TB [tuberculosis] skin test, flu and pneumonia vaccines?" LPN #4 stated, "We don't know, ask [name], our Assistant Director of Nurses."</p> <p>e. On 4/18/12 at 11:45 a.m., the Assistant Director of Nurses (ADON) was asked, "Is the resident's TB skin test current/done?" The ADON stated, "Medical Records has our list of TBs, so I'll have to go get his records from her." The ADON left, then returned and stated "We don't have a record that he's had a TB skin test." The ADON was asked, "Should he have been given a TB skin test on admit?" The ADON stated, "Yes, I will get the TB done today."</p> <p>f. The facility presented the "Tuberculosis Control Guidelines for Nursing Home" from the Tuberculosis Program of the Arkansas Department of Health, dated 8/1986, which documented, "... V. ... A. New Admissions ... 3. All Others. a. A PPD [Purified Protein Derivative] is required (within 2 weeks of admission)..."</p> <p>12. Resident #5 had diagnoses of Chronic Obstructive Pulmonary Disease, Sleep Apnea, Congestive Heart Failure and Generalized Pain. The Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/6/12</p>	F 441			

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F 441	<p>Continued From page 58</p> <p>documented the resident scored a 13 (13 - 15 indicates cognitively intact) on the Brief Interview for Mental Status, was totally dependent on staff for toilet use, had an indwelling catheter and was continent of bowel.</p> <p>a. The "Resident Plan of Care" dated 4/9/12 documented, "Resident is experiencing incontinent episodes of bowel and/or bladder ... Approaches: Toilet when they ask and check them for incontinence or as if they need toileting at least [every] 2 hours. Provide prompt peri-care [as needed] for incontinent episodes between regularly scheduled toileting times..."</p> <p>b. On 4/18/12 at 9:25 a.m., CNA #2 and 3 provided incontinent care following an episode of bowel and bladder incontinence. CNA #2 left the resident's room for more linens prior to starting incontinent care. CNA #2 did not wash her hands when exiting the room. CNA #2 returned with clean linens and without washing her hands put gloves on. CNA #3 opened a plastic bag with a container of peri wipes inside the bag. CNA #3 opened the purple lid of the peri-wipes. Inside the container there was a bottle of Aloe Vesta laying on top of the peri wipes. CNA #3 propped the lid of the peri wipes against the foot of the bed. CNA #2 left the resident's room for more peri wipes. CNA #2 did not wash her hands when exiting the room. CNA #3 opened an incontinent brief and placed it over the foot board with the inside of the incontinent brief touching the outer and inner side of the foot board. CNA #2 re-entered the resident's room with a container of peri wipes that were still wrapped in plastic. CNA #2 put on gloves without washing her hands. CNA #3 removed the peri wipes from the first container of</p>	F 441			

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F 441	Continued From page 59 peri wipes while CNA #2 removed the plastic covering from the second container of peri wipes. CNA #2 put the peri wipes from the first container on the lid of the second container. CNA #2 used the contaminated wipes to wipe the resident's left groin. After wiping there was a brown substance present on the peri wipe. CNA #2 used another wipe to wipe the right groin. CNA #2 used another peri wipe to wipe the penis, then used the same wipe to clean the urinary meatus. Resident #5 was turned to the left side. CNA #2 used an incontinent brief to remove the majority of large soft stool from the resident's buttocks. CNA #2 then used a peri wipe to wipe the rectal area. CNA #2 got stool on the glove on her right hand. CNA #2 used a peri wipe to wipe the stool from her glove, instead of changing gloves. CNA #2 continued to clean the resident's buttocks and rectal area with the soiled glove on. CNA #2 placed a clean incontinent pad under the resident, then placed the opened incontinent brief that was on the foot board under the resident. The resident was turned to the right side, the soiled incontinent pad was removed and the clean pad and incontinent brief were pulled through. Resident #5 was turned onto his back. CNA #3 wiped the resident's right groin with a peri wipe. There was stool present on the wipe. CNA #3 then wiped the left groin with a peri wipe and used another peri wipe to clean the urinary meatus. CNA #2 and 3 started to pull the resident's incontinent brief up. This surveyor asked the CNAs to have the resident bring his knees up and then wipe his groins and scrotum. CNA #3 wiped the resident's left groin and there was a brown substance on the wipe. CNA #3 then wiped the right groin with another peri wipe and there was a brown substance on the wipe.	F 441			

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F 441	Continued From page 60 CNA #3 reached over the resident's bed and tried to put the soiled wipe into the trash can on the other side of the bed. The wipe missed the trash can and landed on the floor. CNA #3 used 10 wipes before the resident was clean. c. On 4/20/12 at 2:35 p.m. CNA #2 was asked, "When you turned [Resident #5] over and cleaned stool off, what did you do when you got stool on your glove?" CNA #2 stated "That happens a lot, I just wiped it off." CNA #2 was asked, "What should you have done?" CNA #2 stated, "Changed gloves." CNA #2 was asked, "Did you disinfect the floor or call a housekeeper to disinfect the floor where the soiled peri wipe fell on the floor?" CNA #2 stated, "No, I wasn't thinking about that. I just wanted to get done, so I just picked up the wipe and put it in the trash." 13. On 4/20/12 at 2:20 p.m. CNA #9 was asked, "Do you give showers?" CNA # 9 stated "Yes". CNA # 9 was asked "How do you use the disinfectant?" CNA #9 stated, "Spray it on, wipe down and rinse off." CNA #9 was asked, "Do you leave it on for any amount of time?" CNA #9 stated, "No." 14. On 4/20/12 at 2:25 p.m., CNA #12 was asked, "Do you give showers?" CNA #12 stated, "Yes." CNA #12 was asked, "How do you use the disinfectant?" CNA #12 stated "Spray it on chairs and floor after I finish with the shower." CNA #12 was asked, "Do you leave it on for any amount of time?" CNA #12 stated, "Yes, five to 15 minutes. To be honest, I'm not sure how long it should stay on."	F 441			
F 490 SS=H	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING	F 490			

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F 490	Continued From page 61 A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the Nursing Administration failed to ensure effective infection control procedures were put in place to prevent the recurrence of Clostridium Difficile (C-Diff) for 1 of 1 (Resident #3) case mix resident who had recurring episodes of C-Diff. Nursing Administration failed to have an infection control program for monitoring recurring infections to assist with development and implementation of care to prevent further infections. Nursing Administration failed to ensure staff were trained in contact isolation procedures for personal protection and disposal of soiled items; for cleaning, sanitizing and disinfecting floors, shower stalls, shower chairs, sinks, and personal care items; and for washing hands and changing gloves after contamination and before continuing personal care. Nursing Administration failed to develop and implement laundry procedures that were effective in destroying the C-Diff spores. These failed practices caused a pattern of actual harm to Resident #3 who had recurring episodes of C-Diff and only had the potential to affect this 1 resident according to a list of residents who presently had C-diff according to a list received from the Administrator on 4/20/12. The findings are:	F 490			

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F 490	Continued From page 62 1. The Facility Job Duties and Responsibility - Director of Nursing documented, "Summary of Duties: The Director of Nursing is a Registered Nurse who is currently licensed by the state, and has, in writing, administrative authority, responsibility, and accountability for the function, activities, and training of the nursing services staff and is responsible for nursing services twenty-four hours a day, seven days a week. " 1. Nursing Administration-Provides guidance and direction to the nursing staff to ensure the health needs of the veterans are met. Develops, implements and evaluates departmental policies and procedures that are in accordance with accepted standards of care and that are evidenced-based. Conducts interviews and makes recommendations for hiring, and disciplining nursing personnel, conducts and guides performance appraisals. Supervises the ordering and distribution of supplies and equipment, initiates purchase order requisitions to ensure adequate inventory levels, and demonstrates fiscal responsibility. Uses interpersonal skills to delegate effectively and follows up with results and feedback leadership. Leadership skills to delegate effectively and follows up with results and feedback... ..3. Staff development-Develops and coordinates annual in-service calendar for employees and provides adequate training opportunity to staff to comply with continuing education requirements. Develop and coordinates the orientation program for nursing personnel and provides adequate training to assist new employees to become familiar with departmental policies and procedures and work assignments. Actively	F 490			

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F 490	<p>Continued From page 63</p> <p>participates in staff retention activities and focuses on minimizing turnover and creating a safe and supportive work place.</p> <p>2. The Facility Job Description for the Registered Nurse Coordinator received from the Director of Nursing/Acting Administrates on 4/20/12 documented, "...Monitors evaluates and revises the program or delivery of the program as needed. Provides administrative and clinical assistance for program and coordinates the provision of program services with other health care disciplines. Coordinates nursing services by monitoring and evaluating nursing and patient care, activities, staff levels, reports, case histories and quality control activities. Determines work priorities and assigns personal ...Determines and monitors nursing contracts. Identifies in-services training needs, locates training resources and monitors training budget. "</p> <p>3. The CDC (Centers for Disease and Control and Prevention) documented, that the "C-Difficile is an anaerobic, gram-positive bacterium. Normally fastidious in its vegetative state, it is capable of sporulation when environmental conditions no longer support its continued growth. The capacity to form spores enables the organism to persist in the environment (e.g., in soil and on dry surfaces) for extended periods of time. Environmental contamination by this microorganism is well known, especially in places where fecal contamination may occur. The environment (especially housekeeping surfaces) rarely serves as a direct source of infection for patients. However, direct exposure to contaminated patient-care items (e.g., rectal thermometers) and high-touch surfaces in</p>	F 490			

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F 490	Continued From page 64 patients 'bathrooms (e.g., light switches)' have been implicated as sources of infection. The C. difficile spores can survive in the environment, on floors, bed rails or around toilet seats in its spore form for up to six months. Transfer of the pathogen to the patient via the hands of health-care workers is thought to be the most likely mechanism of exposure. Standard isolation techniques intended to minimize enteric contamination of patients, health-care-workers, hands, patient-care items, and environmental surfaces have been published. Hand washing remains the most effective means of reducing hand contamination. Proper use of gloves is an ancillary measure that helps to further minimize transfer of these pathogens from one surface to another. The degree to which the environment becomes contaminated with C. Difficile spores is proportional to the number of patients with C. Difficile -associated diarrhea, although asymptomatic, colonized patients may also serve as a source of contamination... The recommended approach to environmental infection control with respect to the C. Difficile is meticulous cleaning followed by disinfection using hypochlorite-based germicides as appropriate. However, because no EPA-registered surface disinfectants with label claims for inactivation of the C. Difficile spores are available, the recommendation is based on the best available evidence from the scientific literature. The Detergent and water physically remove many microorganisms from the linen through dilution during the wash cycle. An effective way to destroy microorganisms in laundry items is through hot water washing at temperatures above 160°F [Fahrenheit] (71°C) for 25 minutes.	F 490			

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F 490	<p>Continued From page 65</p> <p>Alternatively, low temperature washing at 71 to 77 degrees F (22-25 degrees C [centigrade] plus a 125-ppm [parts per million] chlorine bleach rinse has been found to be effective and comparable to high temperature wash cycles.</p> <p>The linen is sent off to a professional laundry, the facility should obtain an initial agreement between the laundry service and facility that stipulates the laundry will be hygienically clean and handled to prevent recontamination from dust and dirt during loading and transport."</p> <p>4. The facility Policy and Procedure received from the Director of Nurses (DON)/Acting Administrator on 4/20/12 were as follows.</p> <p>a. The Policy and Procedure for Clostridium Difficile documented,</p> <p>1) "Purpose, The purpose of this procedure is to provide guidelines of the care of person with diarrhea associated with Clostridium Difficile [C-Diff] (Verified by culture or by evidence of positive cytotoxin assay) and to prevent transmission of Clostridium Difficile to others. Preparation: 1. Review the resident's care plan to assess for any special needs of the resident. 2. Assemble the equipment and supplies needed..."</p> <p>2) "General Guidelines: 1. The facility adopted Standard Precautions and all residents' blood, body fluids, excretions and secretions are considered potentially infectious. Resident with diarrhea associated with Clostridium Difficile (e.g. residents who are colonized and symptomatic) will be placed on Contact Precautions. Residents who are colonized with Clostridium Difficile but</p>	F 490			

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F 490	<p>Continued From page 66</p> <p>are asymptomatic do not require Contact Precautions... 6. Steps toward prevention and early intervention include. a. Increasing awareness of risk factors for residents. b. Considering Clostridium Difficile in differential diagnosis, especially in residents with high risk factors. c. Hand washing of staff and residents. d. Wearing gloves when handling feces or locally-contaminated articles. e. Increased attention and education regarding infection control techniques when providing tube feedings and: f. Disinfection of items with fecal soiling (e.g. bedpans, commode chairs, bedrails, etc.) 7. Appropriate surveillance information must be entered on Clostridium Difficile. Line Listing Report.</p> <p>The following equipment and supplies will be necessary when performing this procedure. 1. Disinfectant. 2. Personal protective. as equipment (e.g. gowns, gloves, mask, etc. as needed).</p> <p>b. The Policy and Procedure for Isolation for Communicable Diseases Standard/Universal Precautions Transmission Based Precautions documented,</p> <p>1) "Purpose, to ensure appropriate use of barriers by all employees. The first level of precautions (Standard/Universal) applies to all residents because signs and symptoms of infection are not always obvious and therefore may unknowingly pose a risk for susceptible person. The second level (Transmission Based) is intended for individuals who have a known or suspected infection with certain organisms."</p> <p>2) Policy Transmission Based Precautions</p>	F 490			

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F 490	Continued From page 67 Isolation. A. Isolation refers to the precautions that are taken in the facility to prevent the spread of an infectious agent from an infected or colonized resident to susceptible persons. B. Additional precautions will be used with Standard/Universal Precautions when required to reduce the risk of transmission of infectious agents. The precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some disease may require more than one isolation category.... 3. Contact Precautions prevent the spread of organisms from and infected resident through direct or indirect contact. Some examples are antibiotic resistant bacteria, hepatitis A, scabies, impetigo and lice. A private room may be needed in special circumstances, e.g. copious drainage not contained by a dressing or respiratory infection caused by MRSA [Methicillin-resistant Staphylococcus aureus]. Healthcare workers should wear gloves when entering the room and change gloves if they have touched the infected material. Prior to leaving the room, workers should remove their gloves and wash their hands. In addition workers may need to wear protective gowns if contact with the infected material is likely (diarrhea, wound drainage, etc.). Care items such as stethoscope should not be shared with other residents until properly cleaned and disinfected." c. The Policy and Procedure for Categories of Isolation Precautions documented: 1) "Purpose: To prevent transmission of infections or colonized microorganisms." 2) "Policy: Transmission based isolation precautions have been established in order to	F 490			

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F 490	Continued From page 68 ensure that appropriate isolation techniques are implemented in this facility when necessary. Our facility currently uses the three types of transmission based isolation precautions (airborne, contact and droplet) recommended by CDC... Contact Precautions; will be implemented for resident known or suspected to be infected or colonized with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident environment. Examples of infections requiring Contact Precautions include, but are not limited to: a... 2. Clostridium Difficile (C-Difficile)... b. Room Arrangements. A private room may be needed in special circumstances, ie copious drainage not contained completely by a dressing. Confinement to the room will depend on the resident condition, personals hygiene and ability to comply with instructions. c. Gowns 1. Gowns are to be worn upon entering resident room. 2. Remove gown before leaving the room and dispose in the isolation container. d. Gloves and hand washing 1. Gloves are to be worn upon entering resident room 2. Remove gloves before leaving the room and wash hands immediately with antimicrobial agent or waterless antiseptic agent. (Note; only soap, water and friction are to be used with C-Diff (Clostridium Difficile). e. Trash and Linen Trash and linen will be placed in red bags and disposed of or dealt with per Bio-Hazardous waste standards. ...g. Resident Care Equipment: 1. When possible, use disposable care equipment. If not feasible, disinfect with approved cleaner after isolation is discontinued." d. The Policy and Procedure for Cleaning the Occupied Isolation Room documented, "The	F 490			

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F 490	Continued From page 69 Facility will provide a sanitary, safe and comfortable environment in which residents reside to help prevent the development of disease and infection. Isolation rooms will be cleaned daily, and or as needed, to help prevent the spread of disease or infection. In the event a resident is isolated due to contagious or infectious organisms, the isolation room will be cleaned last and the following precautions will be followed for cleaning the occupied room. 1. The Housekeepers will put on clean, non-sterile gloves and any other protective equipment required for the type of isolation before entering the room. 2. Do not sweep or use a dust/dry mop. Use of broom or dust/dry mop may push organisms into the air. Clean sinks, countertops, overbid tables, bedside table tops, and equipment within the room with a hospital-grade disinfectant. 4. The mop bucket will be placed in the door way of the room. USING A hospital-grade disinfectant wet mop the floor of the isolation room. The mop head used in the isolation room will be removed from the mop handle, double bagged and taken directly to the laundry (or the area where contaminated linen is stored) and laundered with other housekeeping supplies. No special laundry procedure is required for laundering mop handles used in cleaning isolation rooms. 5. All trash will be placed in the red bag lined step-on trash can in the isolation room and bag tie. Another person will stand outside the room with an open bag and the person inside the room will drop the tied trash bag into the open without contaminating the outside of the bag. The open bag will be tied and taken directly to the area designated for contaminated trash located in the dirty utility room. The person inside the isolation room will place a clean, red bag into the step-on trash can	F 490			

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F 490	<p>Continued From page 70</p> <p>in the room. ...7. Contaminated gloves must be discarded in the trash can in the room and hands washed per facility policy. Mop bucket, mop handle and any other equipment used in cleaning the isolation room must be taken to a designated area, cleaned and disinfected immediately."</p> <p>5. The facility policy titled "Dressing Change Technique" documented, "Aseptic technique will be observed for all dressing changes to minimize the spread of microorganisms. ... Preparation: 1. Clean a work site in the resident's room (such as an over bed table or bedside table top). ... 2. Assemble all equipment on the work surface. Take only the supplies that you need into the resident's room. Unused supplies cannot be returned to the cart or storage area. ... Remove the Old Dressing: ... 3. Wash hands ... put on clean gloves. 4. Loosen the soiled dressing ... 5. Slowly remove the soiled dressing ... 6. Discard the dressing and the gloves ... Care for the Wound: 1. Wash your hands or use a waterless antiseptic agent. ... 3. Put on clean gloves ..."</p> <p>6. Resident #3 had diagnoses of Clostridium Difficile (C-Difficile) (C-Diff.), Diarrhea, Urinary Tract Infection, Renal Failure, Retention of Urine. The Quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) 3/20/12 documented the resident scored a 5 (0-7 indicates severely impaired) on a Brief Interview for Mental Status (BIMS), required limited assistance with bed mobility, transfers, dressing, bathing and personal hygiene, had an indwelling catheter, was incontinent of bowel, and had a weight loss in the past 3 - 6 months.</p> <p>a. Laboratory Reports documented the following:</p>	F 490			

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F 490	Continued From page 71 1) "Collected 10/18/11 Reported 10/19/11 Stool type-Semi-solid C-Difficile by Lamp- Positive. Positive- Sample contains toxigenic C difficile strain with the pathogen. Treatment, Flagyl 250 mg [milligrams] PO [by mouth]. TID [three times daily] x 14 days." 2) Collected 11/6/11 Reported 11/8/11 Stool type formed. C- Difficile by lamp Positive A." 3) Collected 11/22/11 Reported 11/25/11 Stool type semi-solid C-Difficile by lamp Positive." Documented on the laboratory slip was "Flagyl 250 mg TID x [times] 14 day Vanc [Vancomycin] 250 g po QID [four times daily] x 14 days." 4) "Collected 12/19/11 Reported 12/21/11 Stool Type- Semi-solid C-Difficile by lamp Positive" 5) "Collected 12/21/11 Reported 12/22/11 Stool type Liquid C-Difficile by Lamp Positive Out of Reference range." Documented on the laboratory slip was "Vancomycin 250 mg 1 po qid x 14 days." 6) "Collected 2/9/12 Reported 2/10/12 Stool type -Liquid C-Difficile Positive Out of Reference Range." Documented on the Laboratory slip was "2/10/12 Flagyl 500 mg 1 po TID [three times daily] x 2 weeks." 7) Collected 2/26/12 Reported 2/26/12 Stool type Semi-solid C-Difficile Positive Out of Reference Range." Documented on the laboratory slip and signed by the Advanced Practice Nurse (APN) was, "Wait until Thur [Thursday] 3/1. Report to [Physician] if symptomatic or not [no] action @	F 490			

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F 490	<p>Continued From page 72 [at] this time."</p> <p>b. The Physician Orders dated 3/23/12 documented, "Florester 1 po [by mouth] q [every] day (250 mg tab [tablets]) x 1 mo [month] [diagnosis of Clostridium difficile intestinal infection]. Then send stool for C-Diff. Continue isolation precautions. Start Florester when it arrives at facility."</p> <p>c. The Resident Plan of Care updated on 3/15/12 did not document any isolation precautions.</p> <p>d. The facility weights for the past 7 months were reviewed by the survey team. The weights from the Monthly Weight record were as follows:</p> <p>October 2011 - 136.5 pounds November 2011 - 136 pounds December 2011 - 127.8 pounds January 2012 - 128 pounds February 2012 - 132.8 pounds March 2012 - 130.5 pounds April 2012 - 124.5 pounds</p> <p>The resident had a 6 pound weight loss in one month, which resulted in a 4.5% weight loss and an 8.3 pound weight loss in 2 months resulting in a 6.25% weight loss.</p> <p>e. On 4/16/12 at 2:35 p.m., Licensed Practical Nurse (LPN) #6 stated during initials that there resident was on isolation due to C -Diff.</p> <p>f. On 4/17/12 at 11:44 a.m., Housekeeper #1 entered Resident #3's room that was on contact isolation. The Housekeeper entered the resident's room wearing a mask and gloves. The</p>	F 490			

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F 490	Continued From page 73 Housekeeper removed a bottle of Clean Power Blue Glass and Surface Cleaner. The Housekeeper sprayed the sink and wiped it off with paper towels. Then the Housekeeper replaced the Clean Power Blue Glass and Surface Cleaner back on the housekeeping cart. At 11:45 a.m., Licensed Practical Nurse (LPN) #6 came by the room and told the Housekeeper she needed to wear a gown. The Housekeeper stated, "Oh you have to wear a gown." The Housekeeper then put on the blue isolation gown. The Housekeeper removed the broom and dust pan and entered the resident's room. The Housekeeper swept the resident's floor and emptied the dust pan in the housekeeping cart and replaced the broom and dustpan on the housekeeping cart. The Housekeeper then removed the mop from the mop bucket and mopped the resident's room. The Housekeeper then replaced the mop in the mop bucket. The Housekeeper then left the resident's room. The Housekeeper did not clean any other surfaces in the resident's room. The Housekeeper then took the housekeeping cart to the utility room removed the mop head and placed in a plastic bag and emptied the mop bucket of the water. Then the housekeeper rinsed the mop bucket. The Housekeeper was asked what type of cleaner was used to mop the isolation room. The Housekeeper stated Neutral Floor Cleanser. The Housekeeper was asked what she used to clean out the mop bucket. The Housekeeper stated, Neutral Floor Cleanser. The Housekeeper was asked what she used to clean the sink. The Housekeeper pointed to a bottle on the shelf of Clean Power Blue Glass and Surface Cleaner. The Housekeeper was asked what she cleaned in the resident's room. The Housekeeper stated,	F 490			

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F 490	<p>Continued From page 74</p> <p>"I just cleaned the sink, sweep and mopped the floor."</p> <p>g. On 4/17/12 at 12:08 p.m. Certified Nursing Assistant (CNA) #2 entered the room do perform incontinent care. The CNA washed her hands put the paper towel in the trash can with a foot pedal, then touched the top of the white trash can with her bare hand and proceeded to apply gloves and an isolation gown.</p> <p>At 12:11 p.m., CNA #9 and #10 were performing incontinent care. The resident was incontinent of bowel. CNA #9 got stool on the right glove while providing incontinent care. The CNA wiped off the stool with a peri-wipe and proceeded with the incontinent care with the contaminated glove. The CNA picked up the peri-wipe bottle with his contaminated gloves and sprayed the peri-wash on the wipes and provided incontinent care. The CNA picked up the container of wipes with the lid off; sit the box of peri-wipes and the peri-wash on top of the floor mat with the lid sitting top up on the floor mat. The CNA #9 picked up the clean incontinent brief and placed the clean incontinent brief on the resident. CNA #9 picked up the box of peri-wipes and peri-wash off the floor and placed them in the resident's bedside table, then touched the Foley catheter bag, bed covers, the resident's pant, the resident's hat by the bill, the gait belt and the resident's jacket.</p> <p>At 12:21 p.m., CNA #2 assisted with incontinent care, then washed her hands placed the paper towels in the white trash can with a foot pedal. Touched the top of the trash can and did not rewash her hands and left the resident's room. The resident was then taken to the dining room</p>	F 490			

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F 490	Continued From page 75 for lunch. h. On 4/17/12 at 6:14 p.m., the resident was taken to the shower room on the 5th floor by CNA #11. The resident was incontinent of semi-formed stool on 2 areas of the shower floor. The CNA cleaned the rectal area, did not change gloves then proceeded with the shower. The CNA touched the cabinet, removed a can of shaving cream and applied the shaving cream to the resident's face with the contaminated gloves. The CNA touched the cabinet again getting a razor out of the cabinet. The CNA proceeded to shave the resident with the contaminated gloves. Then the CNA picked up the clean towels with the contaminated gloves and dried the resident's body including the face. The CNA picked up the bath blanket and placed the blanket around the resident and a towel around the resident head. The CNA sat the resident's feet on the contaminated floor of the shower. The CNA replaced the shaving cream in the cabinet with the contaminated gloves. The CNA picked up the bottle of cleanser that was sitting on top of the cabinet and sprayed the shower with Heavy Duty Oxygen Enhanced Cleaner, then rinsed off the cleanser. The resident was taken to his room in the shower chair. The resident was incontinent of semi-loose stool in 2 areas of his room. One by the doorway and one by the resident's bed. The CNA changed his gown, gloves and washed hands before entering the resident's room. After the resident was dressed and put in the bed. The dressing on the resident's coccyx was loose. The CNA removed the dressing and placed the dressing in the trash can. The CNA did not change gloves and proceeded with incontinent care. The CNA then cleaned the stool off the floor	F 490			

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F 490	<p>Continued From page 76</p> <p>with peri-wipes and placed them in the trash can. With the same contaminated gloves, the CNA picked up the container of peri-wipes and the peri-wash and placed them in the bedside table. With the contaminated gloves, the CNA touched the bed control, the call light when the CNA placed the call light on the resident's bed. The CNA picked up the gait belt and placed the gait belt on the window sill. The CNA picked up the bedside mat and placed the bedside mat on the contaminated floor. The CNA then returned to the shower room. The CNA picked up the soiled linens. Wearing the same gloves, the CNA picked up the Heavy Duty Oxygen Enhanced Cleaner and sprayed the shower floor, then immediately rinsed the shower floor. The CNA got a wash cloth out of the cabinet and wiped the shower floor spraying the floor with the Heavy Duty Enhanced Cleanser and rinsed the shower floor. The CNA, with the same gloves on, reached into the cabinet, got a washcloth out of the cabinet, sprayed the Heavy Duty Enhanced Cleanser, wiped the shower chair and then rinsed the shower chair. The CNA sprayed the shower stall and chair and left the cleaner on the shower and shower chair. The CNA removed the isolation gown and gloves. The CNA went to the resident's room with a red bag of soiled linens and 1 red bag with trash and sat the bags on the floor. The CNA washed his hands and applied an isolation gown and gloves and took the 2 plastic red bags in the containers in the resident's bathroom. The CNA did not change gloves before he picked up the Foley catheter leg strap and placed it in the resident's drawer.</p> <p>i. On 4/17/12 at 7:22 p.m., LPN #3 set up the supplies on the care then removed the dressing</p>	F 490			

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F 490	<p>Continued From page 77</p> <p>off the treatment cart. The LPN placed the wound cleanser bottle under the left arm. and carried loose unsterile 4 x 4 gauze; loose 2 x 2 gauze, 2 packages of Q-Tips, one Island dressing and a tube of Santyl. The LPN sat the dressing supplies on the isolation cart sitting outside the resident's room that contained the isolation supplies. The LPN entered the room, washed her hands, and applied the gown and gloves. The LPN picked up the dressing supplies and placed them directly on top of the bedside table with the loose 4 x 4 dressing touching the top of the bedside table. The LPN loosened the resident's incontinent brief and stated, "I will have to get the CNA to clean him up before I can do the dressing." The LPN left the dressing supplies uncovered on the bedside table.</p> <p>At 7:30 p.m., CNA #10 performed incontinent care. The resident was incontinent of stool. The resident had semi-formed stool. The CNA removed the soiled incontinent brief and placed the incontinent brief on top of the white trash can that was by the resident's bedside table. The CNA performed incontinent with the same contaminated gloves and applied the clean incontinent brief with the contaminated gloves.</p> <p>At 7:35 p.m., LPN #3 changed the dressing to the pressure ulcer on the coccyx area. The dressing supplies had remained on the bedside table during the incontinent care. The LPN picked up the loose 2 x 2s and sprayed them with the wound cleanser bottle that she had placed under her left arm. With the same gloves, the LPN then picked up the 4 x 4 gauze that was touching the bedside table and dried the pressure ulcer. The LPN with the same gloves opened the Q-tips and</p>	F 490			

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F 490	<p>Continued From page 78</p> <p>placed Santyl on the end of the Q-tips and applied the Santyl on the bed of the pressure ulcer. The LPN reached her left hand under the isolation gown reaching into her pocket and removing a pen and wrote the date on back of the island dressing with the same contaminated gloves used to apply the dressing to the pressure ulcer on the resident's coccyx area.</p> <p>j. On 4/19/12 at 8:15 a.m., Laundry Personnel #1 was asked who was responsible for doing the resident's laundry. The Laundry Personnel stated, "The 5th and 6th floor had 1 washer and 1 dryer. We only wash the personal clothing. The bed linens, towels, washcloths were sent to the VA [Veteran's Administration hospital] Laundry to be cleaned. The Isolation Linen was sent in the red bags to indicate that it was isolation laundry. The resident isolation clothing is washed separately. They wash it on sanitation cycle in the washing machine, which is a 2 ½ hour cycle. The Laundry Personnel was asked how hot the water was for the sanitation cycle. The Laundry Personal stated, "I'm not for sure." The Laundry Personal was asked if they used bleach. The Laundry Personal stated, "Yes only on whites."</p> <p>1) On 4/20/12 at 11:30 p.m., the Literature for Using the Controls on the washing machine was received from the Maintenance Man/Housekeeping Supervisor documented, "Sanitary (select models)-for heavily soiled, colorfast garments. This cycle heats the water to a 150 degree F to eliminate bacteria. "</p> <p>2) On 4/20/12 at 1:30 p.m., the Maintenance Man/Housekeeping Supervisor stated, The Clear Power Blue Glass and Surface Cleaner and the</p>	F 490			

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F 490	Continued From page 79 Heavy Duty Oxygen Enhanced Cleaner is not a disinfectant. This cleaner is not effective for cleaning isolation rooms or shower rooms for C-Difficile. I don't know why that cleaner was in the 5th floor shower room. I can't say why the housekeeper used the glass cleanser to clean the sink." The Maintenance Man/Housekeeping Supervisor was asked what surfaces should be cleansed in an isolation room during general cleaning and he stated, "They should clean all non-porous surfaces, the bedside table, side rails, window sills, over bed tables, and of course the bathroom. The Neutral Floor Cleaner contains Altima 128." The Maintenance Man/Housekeeper Supervisor was asked if the Altima 128 was effective against C-Diff. The Maintenance Man/Housekeeping Supervisor stated it was not listed as an effective agent. The Maintenance Man/Housekeeping Supervisor was asked the procedure for mopping an isolation room. The Maintenance Man/Housekeeping Supervisor stated they can mop the room and place the mop head in a plastic bag or replace the mop in the mop bucket, empty the water and then clean the mop bucket. They are using a Neutral Floor cleaner that contains Altima 128. The Maintenance Man/Housekeeping Supervisor was asked if the Altima 128 was effective against C-Diff. The Maintenance Man/Housekeeping Supervisor stated, "It's not listed as an effective agent." The Maintenance Man/Housekeeping Supervisor stated that the housekeepers use Steriphene II, brand Disinfectant Deodorant. "It is used to clean the hand rails and door knobs at night. It was in a spray can." The product information sheet documented, "Steriphene II Brand Disinfectant Deodorant is a versatile, ready to use aerosol disinfectant deodorant. It is ideal	F 490			

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F 490	<p>Continued From page 80</p> <p>for convenient disinfection after spot clean up. The special instruction for cleaning and decontamination against HBV and HIV-1 on surfaces or objects soiled with blood and body fluids. The Contact time, Leave surfaces wet for 10 minutes. "</p> <p>3) The Altima 128 Disinfectant manufacturer's instructions documented, "Altima 128 Disinfectant. One-Step Disinfectant, Germicidal. Detergent, and Deodorant ... Directions for Use: ... Disinfection/Cleaning/Deodorizing Directions: Remove heavy solid deposits from surface, then thoroughly wet surface with a use-solution of 1 [ounce] of the concentrate per gallon of water. The use-solution can be applied with a cloth, mop, sponge, or coarse spray, or by soaking. Let solution remain on surface for a minimum of 10 minutes. Rinse or allow to air dry ... Effective against the following organisms: ..." Clostridium Difficile was not listed.</p> <p>k. On 4/19/12 at 2:40 p.m., CNA #9 was asked about the incontinent care that was provided for Resident #3 that was on isolation. The CNA was asked if he knew what the resident was on isolation for. The CNA stated, "Yes, C-Diff." The CNA was asked if he recalled performing incontinent care on 4/17/12. The CNA stated, "Yes, I do, I kind of messed up. I knew not to sit the wipes in the floor. I was nervous and I couldn't sit them on the bed side table by his water. So I just set them on the floor." The CNA was asked if he recalled getting stool on his glove. The CNA stated, "Yes, I should have changed my gloves." The CNA was asked the direction he should wipe during incontinent care. The CNA stated, "Front to back, I know I wiped one area several times to</p>	F 490			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2012
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1125 NORTH COLLEGE FAYETTEVILLE, AR 72703		
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F 490	<p>Continued From page 81</p> <p>get it clean and you don't wipe but once and change surface of the wipe or change the wipe." The CNA was asked how did he know if a resident was on isolation and why the resident was on isolation. The CNA stated, "The Charge Nurse will tell you or the previous shift during report." The CNA was asked what he should do when entering an isolation room. The CNA stated, "You always wash your hands, apply gown and gloves. You change your gloves as needed and remove the gown and gloves before leaving the room and wash your hands." The CNA was asked when the trash was emptied. The CNA stated, "When it gets full." The CNA was asked, if there was stool on the floor what should he do. The CNA stated, "You would get up the excess and call housekeeping to mop the floor."</p> <p>I. On 4/20/12 at 8:45 a.m., LPN #7 was asked to explain the isolation procedure. The LPN stated, "If a resident is on isolation, a cart is set up with gloves, gowns, red bags and if necessary masks are available. Incontinent briefs are used if the resident is incontinent. A sign is placed on the resident's door to check with Nursing before entering the resident's room." The LPN was asked if during incontinent care, a CNA gets stool on their glove what should they do. The LPN stated, "Remove the gloves, wash hands and apply clean gloves." The LPN was asked if stool gets on the resident's floor what should the staff do. The LPN stated, "Clean the area of stool, and call housekeeping to clean the floor." The LPN was asked if it is after hours what should the staff do. The LPN stated, "There is always a cart available for staff and a Laundry worker is always here and available if necessary." The LPN was</p>	F 490			

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F 490	<p>Continued From page 82</p> <p>asked if a bed side table was a clean surface. The LPN stated, "No." The LPN was asked when performing a dressing what should she do. The LPN stated, "You gather your supplies and place in the foam container on the treatment cart. You carry a red bag to place all the trash in and a towel to set up your clean field." The LPN was asked what type of wound Resident #3 had and the LPN stated a pressure ulcer.</p> <p>m. On 4/20/11 at 3:00 p.m., Housekeeper #2 was asked if she had been instructed on how to clean an isolation room. The Housekeeper stated, "I have never cleaned the isolation room." The Housekeeper stated, "Sort of. You change the mop head, when you leave the room. Clean all surfaces, just like any other room." The Housekeeper was asked what precautions would she take for an isolation room. The Housekeeper stated, "After today I know you wear a gown and gloves to clean the room."</p> <p>n. On 4/20/12 at 3:50 p.m., the Assistant Director of Nursing (ADON)/Acting Director of Nursing (DON) was asked the procedure for isolation. The ADON stated, "Place a cart with supplies, gown and gloves and mask if needed. Barrels with the red bags are placed in the rooms and are emptied at the end of each shift." The ADON was asked if the resident had an accident and stool was on the floor what the staff should do. The ADON stated that they should clean up the area and let housekeeping know so they could clean the floor. The ADON was asked what if it was after hours. The ADON stated, "Laundry personal is always available and a housekeeping cart is available to Nursing if needed." The ADON was asked if the bedside table was a clean</p>	F 490			

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F 490	Continued From page 83 surface. The ADON stated, "No." 5. On 4/20/12 at 5:50 p.m., the Director of Nursing (DON)/Acting Administrator was asked who was responsible for the infection control program. The Administrator stated, "The Medical Records keeps up with the record of infections and the Infection Control Log." The DON was asked if the only thing the Medical Record person did was the paper work for the infection control Log. The DON stated, "Yes she only oversees to ensure that the Infection Control Log is maintained." The DON was asked who was responsible for overseeing the infection control program. The DON stated, "[RN#1] was responsible for overseeing the LPNs to ensure that infection control practices are being followed. The LPNs are responsible for overseeing the CNAs to ensure that infection control measures are followed." The DON was asked who was ultimately responsible for ensuring that infection control measures were followed. The DON stated, "Me."	F 490			
F 502 SS=F	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure laboratory tests were conducted as ordered by the physician to enable the physician to promptly identify and address any potential abnormalities for 1 (Resident #6) of 2	F 502			

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F 502	Continued From page 84 (Residents #5 and 7) case mix residents who had physician orders for Digoxin levels; 1 (Resident #5) of 2 (Residents #4 and 5) case mix residents who had physician orders for glycosylated hemoglobin (HgA1c) levels; 1 (Resident #12) of 4 (Residents # 2, 9, 12 and 13) case mix residents who had physician orders for lipid levels and 1 (Resident #5) of 10 (Residents #1 through 10) case mix residents who had physician orders for Vitamin D levels. The failed practice was likely to affect 9 residents who had physician orders for Digoxin levels, according to the listing received from the Assistant Director of Nurses on 4/20/12; 26 residents who had physician orders for HgA1c levels, according to the listing received from the Administrator on 4/20/12; 25 residents who had physician orders for Lipid levels, according to the listing received from the Director of Nurses on 4/20/12 and all 85 residents who had physician orders for Vitamin D levels, according to the listing received from the Administrator on 4/20/12. The findings are: 1. Resident #5 had diagnoses of Chronic Obstructive Pulmonary Disease and Diabetes Mellitus Type II. a. Physician orders dated 3/30/12 documented, "...Vitamin D level yearly ... HgA1c [every] 3 months..." b. On 4/18/12 at 1:45 a.m. the Assistant Director of Nurses (ADON) was asked "Can you find the Vitamin D level or HgA1c that were ordered on admit?" The ADON looked through the resident's chart and could not find the lab reports for these tests. The ADON then went to the lab book and stated "Lab writes down for each resident what	F 502			

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F 502	<p>Continued From page 85</p> <p>lab test they have drawn and when." After reviewing the lab book, the ADON stated, "Not in lab book as drawn." The ADON reviewed the lab request forms. The ADON stated, "I do not find a lab request for the Vitamin D or HgA1c. We'll get those done today."</p> <p>2. Resident #6 had diagnoses of Coronary Artery Anomaly.</p> <p>a. Physician orders dated 9/9/11 documented, "Digoxin 125 [micrograms] ... oral tablet 1 [per mouth] [hour of sleep] ... Diagnosis: Coronary Artery Anomaly. ... Lab: ... Digoxin level [every] 6 months."</p> <p>b. On 4/20/12 at 8:35 a.m. the ADON was asked, "When was the digoxin level last drawn?" The ADON stated "Dig level is due every 6 months. It was last drawn in September 2011. I have ordered a stat Dig today. It wasn't requested."</p> <p>3. Resident #12 had diagnosis of Hyperlipidemia and Coronary Artery Disease. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of (ARD) of 1/23/12 documented the resident had modified independence in cognitive skills for daily decision making per a Staff Assessment for Mental Status and required extensive assistance for transfers and personal hygiene.</p> <p>a. The Physician Order dated 10/12/2011 documented, "CBC [complete blood count], CMP [complete metabolic panel] Q [every] 6 months Lipid Panel."</p>	F 502			

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F 502	Continued From page 86 b. The lab report dated 3/8/11 documented, "Lipid Panel." As of 4/20/12 there was was no other lab reports found in the clinical record for lipid panels. c. On 4/20/12 at 2:30 p.m. Licensed Practical Nurse (LPN) #5 stated, "He should have had a lipid panel drawn 4/12/12 and it was not drawn. The lab was notified on 10/12/11 to draw the lipids in 6 months. I called the lab and they said it was not drawn. The last one that was drawn was on 3/8/11."	F 502			