STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355064	A. BUILDING _____ B. WING _____	07/10/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEDICTINE LIVING CENTER OF GARRISON	609 4TH AVE NE GARRISON, ND 58540

(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 For the standard Medicare/Medicaid recertification survey, started on 07/08/13 and completed on 07/10/13, the sample included 3 residents for complete review, 9 residents for focused review, and 1 closed record for review. The sample included 1 additional resident to verify specific concerns during the survey.	F 000		
F 203 SS=B	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.	F 203	F 203 Notice Requirements Before Transfer/Discharge 1) Notice of Transfers will not be completed at this time for neighbors #4 and #5 as it is after the fact. 2) All neighbors who are transferred to the hospital/discharged have the potential to be affected. 3) The current policy will be reviewed with nursing staff at meeting on August 6, 2013. All hospital transfer packets will include a Notice of Transfer for the charge nurse to fill out prior to transfer when notifying the family/guardian/ POA. This form will be uploaded into Matrix. 4) Date certain will be 8/14/13. 5) The DON will monitor to ensure that the Notice of Transfer forms are being completed. Starting August 1, 2013, the DON will audit all neighbor transfers for completion of form x4 months. If concerns are identified, immediate corrective action will be implemented. The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. (See attachment #1)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature], administrator		7/31/13

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 203	Continued From page 1 The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to notify the resident and/or the resident's family member/legal representative, in writing, of a transfer, including the destination and the reason for the transfer, and the resident's right to appeal the action, for 2 of 3 sampled residents (Resident #4 and #5) transferred to the hospital in the past eight months. Findings include: - Resident #4's electronic medical record, reviewed on all days of survey, showed the facility	F 203		

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F 203	Continued From page 2 transferred the resident to the hospital on 11/27/12 and 03/05/13. - Resident #5's electronic medical record, reviewed on all days of survey, showed the facility transferred the resident to the hospital on 05/15/13. Resident #4 and #5's records lacked evidence the facility provided the residents and/or their family member/legal representative written notice of the transfers, including the reason for the transfers, the effective date of the transfers, the location to which they transferred the residents, and the right to appeal the actions. Interviews occurred with an administrative nurse (#1) on 07/09/13 at 2:30 p.m. and 07/10/13 at 9:50 a.m. regarding the transfer notices. The staff member (#1) stated she could not locate hard copies of the above required notices and stated staff should scan the transfer notices into the residents' electronic medical records.	F 203		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of	F 278	F 278 Assessment accuracy 1) Section I of neighbor #2, #4, and #8's most recent MDS will be corrected by removing the coding for wound infection and UTIs respectively. Section P of neighbor #5's most recent MDS will be corrected to accurately reflect the use of her side rail. 2) All neighbors who have had recent infections or utilize bed assist rails have the potential to be affected.	

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F 278	Continued From page 3 that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 05/31/12. Based on observation, record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual (Version 3.0), and staff interview, the facility failed to ensure accurate coding of Minimum Data Sets (MDSs) for 3 of 12 sampled residents (Resident #2, #4, and #8) regarding Section I (Active Diagnosis) and for 1 of 12 sampled residents (Resident #5) regarding Section P (Restraints). Failure to accurately complete portions of the MDS does not allow each resident's assessment to reflect the resident's current status/needs. Findings include: The Long-Term Care Facility RAI Manual, May	F 278	3) MDS coordinator was in-serviced individually by the DON regarding incorrect sections identified. Sections I and P on all MDS's will be double checked by the MDS coordinator to ensure that each MDS is entered accurately. 4) Date certain will be 8/14/13. 5) The MDS coordinator will monitor Sections I and P to ensure the accuracy of the MDS for a minimum of 8 weeks. Starting August 1, 2013, an audit will be completed on 2 MDS's per week x4 weeks, then 1 MDS x 4 weeks. If any issues are discovered within the audit, the length of the time will be extended. The MDS coordinator will submit a report of the monitoring results to the QA committee at each scheduled meeting. (See attachment #2.)	

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F 278	Continued From page 4 2013, page I-8 stated, "Item I2300 Urinary Tract Infection (UTI): . . . Code only if all the following are met: 1. Physician . . . diagnosis of a UTI in last 30 days. 2. Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g. peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g. pyuria), 3. 'Significant laboratory findings' (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained) and 4. Current medication or treatment for a UTI in the last 30 days. . ." - Review of Resident #8's medical record occurred on all days of survey. A quarterly MDS, dated 06/05/13, identified Resident #8 as cognitively intact and a urinary tract infection coded at item I2300. A nursing progress note, dated 05/23/13 at 11:58 a.m., stated, "Neighbor seen by Dr. [name] . . . r/t [related to] complaint of increased constipation and difficulty with urination. Orders received for a UA [urinalysis] . . ." On May 23, the physician ordered Bactrim (an antibiotic) 800/160 milligrams (mg) twice daily for Resident #8. A urinalysis, dated 05/23/13, identified a trace of blood, protein, and leukocytes. A urine culture, dated 05/25/13, identified "No growth." On 05/27/13 at 4:39 p.m., the facility notified Resident #8's physician of "UA culture no growth," however; the physician continued to treat the resident with oral antibiotics.	F 278		

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F 278	Continued From page 5 The record lacked evidence Resident #8 exhibited symptoms of a UTI and showed the lab identified a negative urine culture specimen on 05/25/13.	F 278		
	During interview on the morning of 07/10/13, an administrative nurse (#3) stated she coded Resident #8's UTI as "active" based on the physician ordering an antibiotic. This nurse confirmed Resident #8's record lacked evidence of additional signs/symptoms of a UTI infection after May 23, and the physician continued to treat the resident with antibiotics even though the urine culture identified no specific organism. - Review of Resident #4's medical record occurred on all days of survey. A quarterly MDS, dated 06/06/13, identified Resident #4 as cognitively intact and a urinary tract infection coded at item I2300. Nursing progress noted identified the following: * 05/29/13 at 1:30 p.m.: "Neighbor sleepy today. She reports she is feeling fine, just tired . . . T [temperature] 98.2 . . . Will continue to monitor." * 05/29/13 at 3:45 p.m.: [Provider name] notified of neighbor being lethargic today, and not acting like herself. Order received: Cath [catheterize] her and get a UA and culture today." * 05/29/13 at 6:00 p.m. [Provider name] called neighbor has a UTI. Order received: Cipro [an antibiotic] 500 mg [milligrams] by mouth bid [twice a day] for 7 days." * 05/29/13 at 11:43 p.m.: "Denies pain or discomfort with UTI. Antibiotics ordered to start tomorrow morning." 05/30/13 at 8:40 a.m.: "No c/o [complaints of] UTI s/s [signs/symptoms] noted. . . ."			

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F 278	Continued From page 6 A UA, dated 05/29/13, identified white blood cells, an occasional red blood cell, and a moderate level of bacteria. A urine culture, dated 05/31/13, identified "probable Lactobacillus species . . . Results suggestive of vaginal contamination." The record lacked evidence Resident #4 experienced symptoms of a UTI and showed the lab identified the urine culture specimen as "contaminated" however; staff coded Resident #4's MDS as having a UTI in the past 30 days. - Resident #2's medical record, reviewed on all days of survey, identified the resident returned from the hospital on 06/22/12 following a below knee amputation of the left leg due to gangrene. A quarterly MDS, dated 07/05/13, identified a wound infection coded at item I2500. Nursing progress notes identified the following: * 06/30/13 at 6:01 a.m.: "Neighbor on lite [call light] much of noc [night]. Staff report urine is milky. May need to send u/a [urinalysis] in AM [morning] to check for UTI." * 06/30/13 at 7:58 a.m.: "Neighbor is alert and oriented . . . VS [vital signs] stable though temp [temperature] is 100.3 . . . Dressing changed to neighbor;s [sic] left stump. Drop of blood observed oozing from center right of incision. No redness or swelling observed; area surrounding incision is not warmer than the rest of neighbor's leg. 1 cm [centimeter] segment of incision is dark purple in color where it was folded and stitched. Will notify physician . . ." * 06/30/13 at 12:41 p.m.: "[Physician's name]	F 278		

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F 278	Continued From page 7 notified of neighbor's condition. Order received to start Augmentin [an antibiotic] 875 bid for 10 days. He said that will cover possible infection to left leg and urine." Staff rechecked the resident's temperature on 06/30/13 at 4:30 p.m. and obtained a reading of 99 degrees Fahrenheit and indicated the resident received the first dose of Augmentin with supper on 06/30/13 (no time documented on the record). * 07/01/13 at 8:33 a.m.: ". . . Dressing changed to left stump. Serosanguinous [containing serum and blood - not indicative of infection] drainage noted form [sic] middle of incision area. Some slight redness noted. . . . recent start of antibiotic r/t [related to] wound drainage. . . ." The record lacked evidence the physician examined the resident's surgical site or ordered a urinalysis and/or wound culture to confirm the diagnosis of "possible infection." The record showed Resident #2 had an appointment on 07/01/13 at 9:30 a.m. at an orthopedic clinic related to her recent amputation. A provider's progress note from that visit failed to identify a wound infection. During an interview, on 07/09/13 at 3:28 p.m., an administrative nurse (#1) stated the physician ordered the antibiotic by telephone based on the resident's symptoms and did not order a urinalysis or wound culture. The record lacked an active diagnosis of wound infection provided by the physician. The Long-Term Care Facility RAI User's Manual: version 3.0, May 2013, page P-5, stated, ". . . if the use of bed rails meet the definition of a	F 278		

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F 278	Continued From page 8 physical restraint even though they may improve the resident's mobility in bed, the nursing home must code their use as a restraint at P0100A. . . ." - Review of Resident #5's medical record occurred on all days of survey. Medical diagnoses included senile dementia, dementia unspecified with behavioral disturbance, chronic pain, and anxiety NOS (not otherwise specified). Resident #5's quarterly MDS, dated 06/12/13, identified the resident required extensive assistance with bed mobility and transfers. The MDS failed to the use of a side rail on the resident's bed. Observation on 07/08/13 at 10:46 a.m. showed two CNAs (Certified Nursing Assistants) (#4 and #5) assisted Resident #5 out of bed. A CNA (#4) failed to lower the 1/2 side rail and instead moved Resident #5 to the foot of the bed before assisting her out of bed. The resident did not use the rail to assist with standing. Observation on 07/08/13 at 2:45 p.m. showed two CNAs (#6 and #7) assisted Resident #5 into bed. The 1/2 side rail was in the upright position. The resident sat on the edge of the foot end of the bed. The resident did not use the side rail to assist with lying down. Resident #5's current "Care Plan/Individual Program Plan" stated, ". . . Nursing-Mobility: I do need assistance with mobility related to my unsteadiness. I will frequently transfer and attempt to ambulate on my own. . . . I have an assist rail on my bed that I use occasionally to help with mobility."	F 278		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	F 281		

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F 281	Continued From page 9 The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, review of professional reference, policy and procedure review, and staff interview, the facility failed to evaluate the effectiveness of as needed (PRN) medications administered to 3 of 12 sampled residents (Resident #1, #2, and #5). Failure to document the effectiveness of PRN medications does not ensure residents received the desired effect of the PRN medication. Findings include: Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 9th Edition, 2012, Pearson, Boston, Massachusetts, page 864 stated, ". . . Ten 'Rights' of Medication Administration . . . Right Assessment . . . Some medications require specific assessments prior to administration . . . Right Evaluation . . . Conduct appropriate follow-up (e.g., was the desired effect achieved or not? Did the client experience any side effects or adverse reactions?) . . ." Review of the facility policy titled "Evaluating the Effectiveness of PRN Medications" occurred on 07/10/13. This undated policy stated, "The purposes of these guidelines are to ensure that any PRN medications that are administered were effective and that documentation is completed timely . . . 1. Approximately one hour after the administration of a PRN medication, the charge	F 281	F 281 Professional Standards 1) Effectiveness of PRN medications given during June and July for neighbors #1, #2, and #5 will not be retroactively charted as this would not be an accurate reflection as to their effectiveness this far after the fact. 2) Any neighbor given PRN medications would have the potential to be affected. 3) The current policy will be reviewed with nursing staff at meeting on August 6, 2013. All PRN medication given must be approved through the nurse and the nurse must follow-up 1 hour afterwards and document effectiveness on the MAR. A cheat sheet will be made up for the nurse to use to track PRNs given throughout their shift, should they choose to use this. (See attachment #3) 4) Date certain will be 8/14/13. 5) The Care Coordinator will monitor to ensure that the nurses are documenting the effectiveness of PRN medications given on the MAR. Starting August 1, 2013, an audit will be completed on 5 PRN meds per week x3 weeks, then 3 PRN meds per week x3 weeks, then 2 PRN meds per week x6 weeks. If any issues are discovered within the audit, the length of the time will be extended. If concerns are identified, the Care Coordinator will	

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F 281	Continued From page 10 nurse will evaluate the effectiveness of the medication given and document on the MAR [medication administration record] in the appropriate area and initial. 2. It is optional, but the nurse may also document any additional information in the progress notes regarding the effectiveness, or lack thereof, resulting from the administration of a PRN medication." - Resident #2's medical record, reviewed on all days of survey, identified the facility admitted the resident on 06/11/13 with a diagnosis of gangrene of the left foot. The record showed the resident hospitalized on 06/16/13 and returned to the facility on 06/22/13 following a left below knee amputation. Review of Resident #2's "PRN Medication Notes" for June and July 2013 identified the following: * June 2013 - staff failed to document the response/effectiveness for 32 of 41 doses of oxycodone (an opoid pain medication used to treat moderate-to-severe pain) administered and for 4 of 4 doses of hydromorphone (an opoid pain medication used to treat moderate-to-severe pain) administered. * July 2013 - staff failed to document the response/effectiveness for 11 of 18 doses of oxycodone administered and 5 of 5 doses of Tylenol (an over-the-counter mild pain medication) administered. - Resident #5's medical record, reviewed on all days of survey, showed the resident received PRN Ativan (an anti-anxiety medication) 0.25 mg, Olanzapine (an anti-psychotic medication) 2.5 mg, and Tylenol 325 mg.	F 281	report to the DON and corrective action will be implemented. The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. (See attachment #4)	

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F 281	Continued From page 11 Review of Resident #5's "PRN Medication Notes" for June and July 2013 identified the following: * June 2013 - staff failed to document the response/effectiveness for 4 of 4 doses of Ativan, 4 of 6 doses of Olanzapine, and 2 of 3 doses of Tylenol administered. * July 2013 - staff failed to document the response/effectiveness for 6 of 6 doses of Ativan, 3 of 3 doses of Olanzapine, and 3 of 3 doses of Tylenol administered. - Resident #1's medical record, reviewed on all days of survey, identified the resident fell on 06/24/13 and fractured her right hand. Review of Resident #1's "PRN Medication Notes" for June 2013 identified the following: * June 2013 - staff failed to document the response/effectiveness for 7 of 7 doses of Tylenol administered. During an interview on 07/10/13 at 9:50 a.m., an administrative nurse (#1) agreed nursing staff need to document the resident's response to PRN medications.	F 281		
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide assistance in the dining room for 1 of 3 sampled residents	F 311	F 311 Treatment/Services to Improve/Maintain ADLs 1) Neighbor #9 was moved to the assist table in the Dakota dining room so she would get more attention at meal times. 2) All neighbors who require cueing/supervision with meals would have the potential to be affected.	

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F 311	Continued From page 12 (Resident #9) who required supervision and one-person physical assistance with eating. Failure to provide assistance during meals did not allow Resident #9 the ability to achieve and maintain her highest practicable level of physical, mental, and psychosocial well-being. Findings include: Review of Resident #9's medical record occurred on 07/10/13. The facility admitted Resident in 2011 with diagnoses of Alzheimer's disease and dementia with senile delusions. Resident #9's quarterly Minimum Data Set, dated 06/09/13, identified the resident required supervision and setup with eating. Resident #9's current "Culinary" care plan, stated, "I need some help at meals . . ." with approaches of "Bring my meals to the table for me. Set up my meal. Encourage me to eat. Offer cuing and supervision . . ." Observation of Resident #9 in the Dakotah Dining Room on 07/09/13 at 8:25 a.m. showed the resident seated in a wheelchair, a cloth napkin placed around the resident's neck, and an overbed table positioned across the front of the wheelchair with a plate of food and a bowl of oatmeal on it. Observation showed Resident #9 used a spoon to scrap oatmeal off her cloth napkin and place the oatmeal into her mouth. At 8:40 a.m., observation showed Resident #9 moved her omelette off her plate, placed it on the overbed table, picked up a knife, put the knife in her oatmeal bowl, obtained some oatmeal on the knife blade, and placed the knife blade in her mouth. At 8:50 a.m., observation showed	F 311	3) Neighbors who need cueing/supervision will be sat with and amongst the assist neighbors in the dining rooms so staff is readily available to assist them as needed. All staff who is CNA certified will be reeducated at meeting on August 6, 2013 as to their responsibility to assist residents who require cueing/supervision as needed when they are in the dining rooms. 4) Date certain will be 8/14/13. 5) The Care Coordinator will monitor to ensure that neighbors who require cueing/supervision during mealtimes are receiving it. Starting August 1, 2013, an audit will be completed on 2 residents per week x3 weeks, then 1 resident per week x6 weeks. If any issues are discovered within the audit, the length of the time will be extended. If concerns are identified, the Care Coordinator will report to the DON and corrective action will be implemented. The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. (See attachment #5)	

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F 311	Continued From page 13 Resident #9 using her fingers to pick up a piece of omelette and put it in her mouth. Observation showed no facility staff member(s) provided oversight, cueing, or encouragement to Resident #9 during the above breakfast meal.	F 311		
F 323 SS=D	During an interview on 07/10/13 at 12:45 p.m., the surveyor informed the administrative nurse (#1) of the dining room observations on involving Resident #9. This administrative nurse stated she expected staff members who are in the dining room to provide supervision and cuing to all residents. 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, record review, and staff interview, the facility failed to ensure the resident environment remained free of accidents for 1 of 1 sampled resident (Resident #9) identified with an injury attributed to a bed side rail. Failure to implement approach(es) to reduce or eliminate the hazard associated with a bed side rail may result in additional injury to Resident #9. Findings include:	F 323	F 323 Free of Accident Hazards 1) A side rail assessment will be completed for neighbor #9. If deemed that the neighbor requires the assist rail for bed mobility, it will be care planned and padded to prevent neighbor from sustaining further injury. If it is deemed that the neighbor does not utilize the assist rail, it will be removed from the bed or care planned to be kept in the down position or the bed changed out completely. 2) Any neighbor who has a bed assist rail would have the potential to be affected. 3) A new policy for side rails is being developed (See attachment #6) and staff will be in-serviced at meeting on August 6, 2013. All residents will have a side rail assessment completed by nursing prior to implementation of a bed assist rail. Bed assist rails will be care planned for each resident based on individual need and function.	

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F 323	Continued From page 14 Review of Resident #9's medical record occurred on 07/10/13. The facility admitted the resident in 2011 with diagnoses of Alzheimer's disease and dementia with senile delusions. Resident #9's quarterly Minimum Data Set (MDS), dated 06/09/13, identified the resident required extensive two-person physical assistance with bed mobility and transfers and no bed rail usage. Review of Resident #9's current plan of care failed to include any approach identifying the use of side rails. Review of a Progress Note, dated 02/05/13 at 6:08 a.m., stated, "CNA [certified nurse aide] reported a bruise to neighbor's left cheek. It measures 2 cm [centimeters] x 2.5 cm. Neighbor denies pain. Bruise consistent with placement of side rails on her bed, where neighbor lays her head sometimes." Observation on the morning of 07/10/13 showed two one-half side rails attached to Resident #9 bed in the upright (elevated) position. During an interview on 07/10/13 at 12:30 p.m., an administrative nurse (#1) stated Resident #9 utilizes side rails to assist staff during bed mobility and repositioning. This nurse stated the facility documents each resident's use of side rails on the care plan. When asked to provide Resident #9's side rail assessment and evidence of the investigation and corrective action implemented following the injury on 02/05/13, this nurse provided no additional information for review.	F 323	4) Date certain is 8/14/13. 5) RN designee will monitor to ensure side rail assessments are being completed and bed rails are care planned appropriately. Starting August 1, 2013, RN designee will audit 2 neighbors weekly for 8 weeks, then 1 neighbor monthly x3 months to ensure system is in place. If any issues are discovered within the audit, the length of the time will be extended. The RN designee will submit a report of the monitoring results to the QA Committee at each scheduled meeting. (See attachment #7)	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329	F 329 Unnecessary Drugs 1) Neighbor #2's PRN Ativan and Flexeril were discontinued on 7/11/13.	

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F 329	Continued From page 15 Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record review, review of facility policy and professional reference, and staff interview, the facility failed to ensure a medication regimen free from unnecessary medications for 1 of 6 sampled residents (Resident #2) receiving an as needed (PRN) antianxiety medication. Failure to adequately assess the resident and attempt non-pharmacological interventions prior to administering an antianxiety medication placed Resident #2 at risk of receiving an unnecessary	F 329	2) All neighbors who receive PRN medications have the potential to be affected. 3) The current policy for administering PRN medications will be reviewed and revised. Nursing staff will be in-serviced at meeting on August 6, 2013. When receiving an order for PRN medications, staff will request an indication or reason for giving and include this in the order. A form will be developed for staff to use to document non-pharmacologic interventions used prior to giving a PRN medication. Nurses will also be in-serviced on policy for documenting the effectiveness of PRN use (see F281 tag). 4) Date certain will be 8/14/13. 5) The Care Coordinator will monitor to ensure that non-pharmacologic interventions are being attempted prior to PRN use, that indications for PRN use are present and appropriate and that that the nurses are documenting the effectiveness of PRN medications given on the MAR. Starting August 1, 2013, an audit will be completed on 5 PRN meds per week x3 weeks, then 3 PRN meds per week x3 weeks, then 2 PRN meds per week x6 weeks. If any issues are discovered within the audit, the length of the time will be extended. If concerns are identified, the Care Coordinator will report to the DON and corrective action will be implemented.	

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F 329	Continued From page 16 medication and experiencing adverse consequences related to its use. Findings include: Kozier & Erb's "Fundamentals of Nursing, Concepts, Process and Practice," 9th Edition, 2012, Pearson, Boston, Massachusetts, page 864, stated, ". . . Ten 'Rights' of Medication Administration . . . Right Assessment . . . Some medications require specific assessments prior to administration . . . Medication orders may include specific parameters for administration . . . Right Evaluation . . . Conduct appropriate follow-up (e.g., was the desired effect achieved or not? Did the client experience any side effects or adverse reactions?). . . ." Review of the facility policy "Evaluating the Effectiveness of PRN medications" occurred on 07/10/13. The undated policy stated, "Purpose: The purposes of these guidelines are to ensure that any PRN medications that are administered were effective and that documentation is completed timely. . . . General Guidelines: 1. Approximately one hour after the administration of a PRN medication, the charge nurse will evaluate the effectiveness of the medication given and document on the MAR in the appropriate area and initial. 2. It is optional, but the nurse may also document any additional information in the progress notes regarding the effectiveness, or lack thereof, resulting from the administration of a PRN medication." The "Nursing 2013 Drug Handbook," Lippincott, Williams, and Wilkins, Philadelphia, Pennsylvania, pages 355-356, stated, "Flexeril . .	F 329	The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. (See attachment #4)	

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F 329	Continued From page 17 . Indications . . . to relieve muscle spasm from acute, painful musculoskeletal conditions. . . . Use cautiously in elderly or debilitated patients . . ." Page 843 stated, "Ativan . . . Indications . . . : Anxiety . . . Use cautiously in elderly, acutely ill, or debilitated patients. . . ." - Resident #2's medical record, reviewed on all days of survey, identified the facility admitted the resident on 06/11/13 with diagnoses including diabetes mellitus, peripheral vascular disease, and gangrene of the left foot. The resident entered the hospital on 06/16/13 and returned to the facility on 06/22/13 following a left below knee amputation. The record identified a physician's order, dated 06/22/13, for lorazepam (Ativan) 0.5 to 1 milligram (mg) orally every six hours as needed for anxiety. Review of Resident #2's PRN Medication Notes for June and July 2013 identified staff administered Ativan as follows: * 06/22/13 at 6:30 p.m.: 1 mg for "[increased] restlessness & [and] Anxiety" with results of "asleep" at 8:30 p.m. *06/24/13 at 4:30 p.m.: 0.5 mg for "agitation [increased]" with no response documented. *06/27/13 at at 5:00 p.m. and 7:30 p.m.: 0.5 mg for "Restless" with no response documented for either dose. * 07/01/13 at 9:00 p.m.: 1 mg for "[increased] anxiety [increased] agitation" with results of "asleep" at 10:30 p.m. * 07/02/12 at 4:00 a.m.: 1 mg for [increased] Anxiety & agitation" with results of "asleep" at 5:30 a.m. * 07/02/13 at 7:30 p.m.: 0.5 mg for "Restless/anxiety" with "Little relief" documented	F 329		

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F 329	Continued From page 18 at 9:00 p.m. The record showed staff also administered Flexeril for "leg pain" at 7:30 p.m. as well. * 07/03/13 at 11:15 a.m.: 0.5 mg for "[increased] anxiety" with no response documented. * 07/06/13 at 1:00 p.m.: 0.5 mg for "[increased] anxiety" with no response documented. * 07/08/13 at 1:30 a.m.: 1 mg for "[increased] anxiety/restless" with results of "asleep" at 3:30 a.m. * Staff failed to document a response for 4 of the 9 doses of Ativan listed above. * A nursing progress note, dated 07/05/13 at 7:06 p.m. stated, "Ativan given and effective." The note lacked an indication for the Ativan. Staff failed to document this dose on the PRN Medication Notes. Resident #2's current care plan identified the problem, "I have displayed the following behavioral symptoms: verbal behaviors and rejection of cares." Approaches to the problem included: "Approach me from the front using friendly, calm, low voice. Attempt to redicrect [sic] behavior to something positive. Encourage me to participate in cares. Introduce yourself and explain what you will be doing before and throughout cares as needed. Please give me medications as ordered and monitor for effectiveness and side effects . . . Offer activities/redirection prn. . . ." The record lacked evidence staff assessed Resident #4 to determine the possible cause of her anxiety and restlessness or implemented the care plan approaches or other nonpharmacological interventions to address the anxiety prior to administering the PRN Ativan	F 329		

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F 329	Continued From page 19 doses listed above. Failure to consistently monitor the effect of the medication limited staff's ability to determine if the Ativan was effective in relieving Resident #2's anxiety symptoms. Failure to assess the resident and attempt alternative interventions placed the resident at risk of receiving an unnecessary medication. Administering the Ativan at the same time as the muscle relaxant on 07/02/13 placed the resident at risk for oversedation and limited staff's ability to determine if either medication resulted in the desired effect.	F 329		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked,	F 431	F 431 Drug Storage 1) In-use Insulin pens for the 6 of 6 neighbors identified were removed from the fridge and are now stored in the med room at room temperature. 2) All neighbors who are insulin dependent diabetics have the potential to be affected. 3) The current policy will be reviewed and revised. Nursing staff will be in-serviced at meeting on August 6, 2013. All unopened insulin (vials or pens) must be stored in the refrigerator. Once opened (in-use), insulin pens and vials will be stored in the med room at room temperature in designated container which is according to manufacturer recommendations. 4) Date certain will be 8/14/13.	

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F 431	Continued From page 20 permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's guidelines, and staff interview, the facility failed to store in-use insulin pens as directed by the manufacturer for 6 of 6 residents' in-use insulin pens observed stored in the medication refrigerator. Failure to properly store opened in-use insulin pens has the potential to affect the potency and efficacy of the medication. Findings include: The manufacturer's insert for NovoLog insulin stated, "NovoLog in use: . . . NovoLog FlexPen, Keep at room temperature below 86 [degrees] F [Fahrenheit] for up to 28 days. Do not store a . . . NovoLog FlexPen that you are using in the refrigerator. . . ." The manufacturer's guidance for Lantus SoloStar insulin pen stated, ". . . Once SoloStar is opened (in-use), Solostar should NOT be refrigerated but should be kept at room temperature (below 86 [degrees] F. . .) away from direct heat and light. . . ."	F 431	5) The DON will monitor to ensure that in-use insulin pens are not stored in the fridge. Starting August 1, 2013, the DON will audit storage of the insulin pens 2 times weekly x4 weeks, then monthly x3 months. If any issues are discovered within the audit, the length of the time will be extended. If concerns are identified, immediate corrective action will be implemented. The DON will submit a report of the monitoring results to the QA Committee at each scheduled meeting. (See attachment #8)	

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F 431	Continued From page 21 Observation of the medication refrigerator in the Prairie Rose medication room occurred on 07/10/13 at 1:42 p.m. with a licensed nurse (#2) and identified three in-use NovoLog FlexPens and three in-use Lantus SoloStar insulin pens stored in the refrigerator. The licensed nurse stated the facility was not aware of the manufacturer's guidelines regarding storage of in-use insulin pens.	F 431		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must 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.	F 441	F 441 (a) Infection Control Program 1) Neighbor #2, #4, #8, #10 and #11 have had no negative consequences related to the potential over-use of antibiotics. 2) All neighbors who have been recently tested for infection or had recent infections diagnosed/antibiotics started have the potential to be affected. 3) The current policy will be reviewed and revised and nursing staff will be in-serviced at meeting on August 6, 2013. The infection control log will be updated to include additional information regarding culture results. (See attachment #9) The infection control nurse and DON will educate the charge nurses on how to analyze this information and to follow-up with the physician and document accordingly. Staff will be educated on procedure to collect clean catch urine samples. New policy/form will be developed on criteria for staff to use prior to collecting UA when UTI symptoms are present. (See attachments #10 and #11)	

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F 441	Continued From page 22 (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, review of the facility's Quality Measure (QM) Report, review of infection control logs, policy and procedure review, record review, and staff interview, the facility failed to investigate and analyze infections for 5 of 8 sampled residents (Resident #2, #4, #8, #10, and #11) treated for an urinary tract infections (UTIs), 1 of 1 sampled resident (Resident #2) treated for a wound infection, and failed to ensure hot water available at 1 of 1 activity room handwashing sink. Failure to analyze infection control data (including final culture report findings), and ensure staff collect and submit clean-catch urine and aseptic catheter samples to the laboratory, may have resulted in over-use of antibiotics for Resident #2, #4, #8, #10 and #11. Failure to ensure the availability of hot water for handwashing has the potential to spread of infections within the facility. Findings include: The facility's QM Report (resident Minimum Data Set (MDS) data, routinely collected and	F 441	4) Date certain will be 8/14/13. 5) The Infection Control Nurse will complete the infection logs timely, will monitor to ensure that staff is using proper technique in collecting urine samples and ensure the new policy is being followed regarding criteria to collect and treat UTI's. Starting August 1, 2013, the Infection Control Nurse will audit 4 collections of urine samples per month x2 months, then 2 monthly x3 months. (See attachment #12) Also, Starting August 1, 2013, the infection control nurse will also audit all neighbors who had UAs collected x2 months, then 2 neighbors monthly x3 months to ensure new policy is followed and antibiotics are not being overprescribed. (See attachment #13) If any issues are discovered within the audit, the length of the time will be extended. If concerns are identified, immediate corrective action will be implemented. The Infection Control Nurse will submit a report of the monitoring results to the QA Committee at each scheduled meeting.	

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	355064	A. BUILDING _____ B. WING _____	07/10/2013

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F 441	Continued From page 23 submitted by the facility at specified intervals) and reviewed prior to the survey, from December 2012-June 2013, showed the facility scored high (92%) in the number of residents identified with UTIs. Review of the facility's Infection Control Logs from February-June 2013 occurred on July 09-10, 2013. The logs identified the name and room number of the resident, type of infection, onset of symptoms, whether the provider ordered a culture, type of precautions implemented, type of treatment (antibiotic) ordered by the provider, and whether or not the infection was a "nosocomial" (facility-acquired) infection. The log failed to identify the specific organism identified on the culture reports. The logs identified residents treated for UTIs included five residents in February, six residents in March, three residents in April, seven residents in May, and six residents in June. - Review of Resident #8's medical record occurred on all days of survey. A nursing progress note, dated 05/23/13 at 11:58 a.m., stated, "Neighbor seen by Dr. [name] . . . r/t [related to] complaint of increased constipation and difficulty with urination. Orders received for a UA [urinalysis] . . ." On May 23, the physician ordered Bactrim (an antibiotic) for Resident #8. A urinalysis, dated 05/23/13, identified a trace of blood, protein, and leukocytes. A urine culture, dated 05/25/13, identified "No growth." On 05/27/13 at 4:39 p.m., the facility notified Resident #8's physician of "UA culture no growth," however; the physician continued to treat	F 441	F 441 (b) Infection Control – Preventing Spread of Infection 1) No one was adversely affected by the sink in the activity room not having hot water. 2) Anyone who would potentially use the sink in the activity room has the potential to be affected. 3) New faucet with hot and cold running water was installed on 7/30/2013. 4) Date certain will be 8/14/13. 5) The ES director will monitor that the hot water continues to work in the activity sink.	

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F 441	Continued From page 24 the resident with oral antibiotics. The record lacked evidence Resident #8 exhibited symptoms of a UTI and showed the laboratory identified a negative urine culture specimen on 05/25/13. Resident #8's physician continued to treat this infection even though the resident failed to exhibit any signs/symptoms of an infection and in the absence of positive laboratory results. During an interview on 07/10/13 at 9:35 a.m., an administrative nurse (#2) stated her awareness of the facility's high number of UTIs and the continued use of antibiotics after receiving negative culture reports. Review of the facility procedure "Routine Urine Specimen" occurred on 07/10/13. The procedure, revised October 2010, stated, "Purpose: The purpose of this procedure is to provide guidelines for the collection of a urine specimen for urinalysis. . . . Steps in the Procedure: . . . 3. If the resident is able, allow him or her to collect the specimen. Assist the resident as necessary. 4. Instruct the resident to urinate into the bedpan or urinal. . . ." The procedure failed to identify staff should instruct or assist the resident to cleanse the perineal area prior to obtaining the specimen. - Resident #2's medical record, reviewed on all days of survey, identified the resident returned from the hospital on 06/22/12 following a below knee amputation of the left leg due to gangrene. A quarterly MDS, dated 07/05/13, identified a wound infection. Nursing progress notes identified the following:	F 441		

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F 441	Continued From page 25 * 06/30/13 at 6:01 a.m.: "Neighbor on lite [call light] much of noc [night]. Staff report urine is milky. May need to send u/a [urinalysis] in AM [morning] to check for UTI." * 06/30/13 at 7:58 a.m.: "Neighbor is alert and oriented . . . VS [vital signs] stable though temp [temperature] is 100.3 . . . Dressing changed to neighbor;s [sic] left stump. Drop of blood observed oozing from center right of incision. No redness or swelling observed; area surrounding incision is not warmer than the rest of neighbor's leg. 1 cm [centimeter] segment of incision is dark purple in color where it was folded and stitched. Will notify physician . . ." * 06/30/13 at 12:41 p.m.: "[Physician's name] notified of neighbor's condition. Order received to start Augmentin [an antibiotic] 875 bid [twice a day] for 10 days. He said that will cover possible infection to left leg and urine." Staff rechecked the resident's temperature on 06/30/13 at 4:30 p.m. and obtained a reading of 99 degrees Fahrenheit and indicated the resident received the first dose of Augmentin with supper on 06/30/13 (no time documented on the record). * 07/01/13 at 8:33 a.m.: ". . . Dressing changed to left stump. Serosanguinous [containing serum and blood - not indicative of infection] drainage noted form [sic] middle of incision area. Some slight redness noted. . . . recent start of antibiotic r/t [related to] wound drainage. . . ." The record lacked evidence the physician examined the resident's surgical site or ordered a urinalysis and/or wound culture to confirm the diagnosis of "possible infection." The record showed Resident #2 had an appointment on 07/01/13 at 9:30 a.m. at an	F 441		

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F 441	Continued From page 26 orthopedic clinic related to her recent amputation. A provider's progress note from that visit failed to identify a wound infection. Review of the facility's infection control log occurred on July 09-10, 2013. On 06/30/13, the log identified Resident #2 had "Drainage at incision site" and showed no culture obtained. The log failed to identify a UTI for Resident #2. During an interview, on 07/09/13 at 3:28 p.m., an administrative nurse (#1) stated the physician ordered the antibiotic by telephone based on the resident's symptoms and did not order a urinalysis or wound culture. - Review of Resident #10's medical record occurred on 07/10/13. An admission MDS, dated 05/13/13 identified the resident as cognitively intact. Nursing progress notes identified the following: * 06/12/13 at 7:10 p.m.: "c/o [complained of] burning and frequency. Nitrofurantoin completed 6/1 from prior UTI. Ua collected; came back positive . . . Cipro [an antibiotic] x [times] 7 days for UTI." A urinalysis, dated 06/12/13, showed clumps of white blood cells and budding yeast present. A urine culture, dated 06/14/13, showed "Multiple species present - probable contamination . . ." The record showed Resident #10 remained on the Cipro following the urine culture results. The record identified Resident #10 developed another UTI on 06/27/13 and the physician ordered Cipro 500 mg twice a day for 10 days. A urine culture, dated 06/30/13, identified	F 441		

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F 441	Continued From page 27 enterococcus resistant to Cipro. The physician then changed the antibiotic. Continuing the Cipro on 06/14/13 following a negative culture may have contributed to the resident developing an antibiotic resistant infection. Review of the facility's infection control log showed UTIs for Resident #10 on 06/03/13, 06/12/13, and 06/27/13. The log failed to identify the contaminated culture specimen on 06/14/13. An interview with an infection control nurse (#2) occurred on 07/10/13. The nurse stated the infection control committee did not investigate to determine the possible cause of the above urine contaminated specimen. Review of the facility procedure "Catheterization of Urinary Bladder with Straight Catheter" occurred on 07/10/13. The undated procedure stated, "Policy: Catheterization of the bladder will be performed upon written physician order by nursing personnel who are trained in the correct technique of aseptic (germ free) insertion. . . . 5. Wash hands thoroughly before procedure. . . . 8. Don gloves; maintain aseptic technique. . . . 11. For female: . . . using the sterile swabsticks provided, carefully and gently cleanse each area of the meatus . . ." Review of Resident #4's medical record occurred on all days of survey. A quarterly MDS, dated 06/06/13, identified Resident #4 as cognitively intact and showed a urinary tract infection. Nursing progress noted identified the following: * 05/29/13 at 1:30 p.m.: "Neighbor sleepy today. She reports she is feeling fine, just tired . . . T [temperature] 98.2 . . . Will continue to monitor."	F 441		

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F 441	Continued From page 28 * 05/29/13 at 3:45 p.m.: [Provider name] notified of neighbor being lethargic today, and not acting like herself. Order received: Cath [catheterize] her and get a UA and culture today." * 05/29/13 at 6:00 p.m. [Provider name] called neighbor has a UTI. Order received: Cipro [an antibiotic] 500 mg [milligrams] by mouth bid [twice a day] for 7 days." * 05/29/13 at 11:43 p.m.: "Denies pain or discomfort with UTI. Antibiotics ordered to start tomorrow morning." 05/30/13 at 8:40 a.m.: "No c/o [complaints of] UTI s/s [signs/symptoms] noted. . . ." A UA, dated 05/29/13, identified white blood cells, an occasional red blood cell, and a moderate level of bacteria. A urine culture, dated 05/31/13, identified "probable Lactobacillus species . . . Results suggestive of vaginal contamination." The record lacked evidence Resident #4 experienced symptoms of a UTI and showed the lab identified the urine culture specimen as "contaminated" however; Resident #4 continued to receive the antibiotic. Review of the facility's infection control log identified a urinary tract infection on 05/29/13 for Resident #4. The log failed to identify the culture results suggestive of contamination or any follow-up regarding the contaminated specimen. An interview with an infection control nurse (#2) occurred on 07/10/13. The nurse stated the infection control committee did not investigate or make observations to ensure staff utilized proper	F 441		

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F 441	Continued From page 29 technique when catheterizing residents for urine samples. - Review of Resident #11's medical record occurred on 07/10/13. Diagnoses included senile dementia with delusions and history of recurrent UTIs. The physician ordered Cipro 250 mg BID for ten days on 11/16/12. Resident #11's urine culture, dated 11/18/12, showed "Multiple species present - probable contamination, mixed gram positive isolates." The record lacked evidence staff contacted the physician with the urine culture results. Resident #11's urine culture, dated 12/06/12, showed "Multiple species present - probable contamination, mixed gram positive isolates." On 12/11/12, The physician ordered Cipro 250 mg BID for seven days, after the culture showed "possible contamination." A nursing progress note dated 12/11/12, stated, "No S/S (signs or symptoms) UTI noted." Resident #11's UA (urine analysis), dated 01/27/13, showed a packed field of white blood cells and many bacteria. The report stated, "Quantity not sufficient for culture." The physician ordered Cipro 250 mg BID (twice a day) for ten days on 01/27/13. The record lacked evidence of an attempt by the facility staff to obtain a second sample for a urine culture. Kozier & Erb's Fundamentals of Nursing, Concepts, Process and Practice, 9th Edition, 2012, Pearson, Boston, Massachusetts, page 685-689 stated, "Hand Hygiene: Hand hygiene is	F 441		

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F 441	Continued From page 30 important in every setting . . . It is considered one of the most effective infection control measures. . . . health care workers should cleanse their hands before and after giving care of any kind. . . . Performing Hand Hygiene . . . 2. Turn the water on and adjust the flow. . . . Adjust the flow so that the water is warm . . ." - On the afternoon of 07/08/13, surveyors attempted to wash their hands at the activity room handwashing sink. Observation showed the handle which controlled the hot water could not be turned on even with much effort. A tour of the environment occurred on 07/09/13 at 1:00 p.m. with environmental staff. During the tour, an environmental supervisor (#8) attempted to turn on the hot water and agreed the faucet handle needed to "be replaced."	F 441		