STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355108	A. BUILDING _____ B. WING _____	C 11/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYHILL MANOR	110 HILLCREST DR ENDERLIN, ND 58027

(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 and complaint investigation, started on November 14, 2010 and completed on November 16, 2010, the sample included three (3) residents for comprehensive review, nine (9) residents for focused review, and one (1) closed record for review. The sample included one (1) additional resident to verify specific concerns during the survey.	F 000		
F 166 SS=D	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, verbal concerns voiced by residents to facility staff, resident concerns voiced during the group and individual resident interview, and staff interview, the facility failed to resolve a grievance pertaining to staff response time in answering call lights during 2 of 3 days of survey (November 15-16, 2010). Findings include: - Observation on 11/15/10 at 9:20 a.m. showed Resident A on the toilet in her bathroom. The resident turned on the call light in the bathroom and a staff member (#6) answered her call light after approximately five minutes. The staff member shut the call light off and told Resident A she would look for a second staff member to assist her with the transfer and would return. It	F 166	F-166: Maryhill Manor is committed to responding to resident care needs and requests in a prompt and timely manner. To that end, Maryhill Manor will do the following to enhance the speed in responding to call lights and care needs: 1. Staff members have been instructed to leave call lights on while they are looking for a second person to assist them with a resident. This will help make this need for assistance known to other staff members, thus speeding up the response time in finding that second person to assist. All staff members have been reminded that it is everyone's responsibility to respond to call lights. Department Coordinators have been instructed to remind staff on the spot if seen walking by a call light without responding and to proceed with formal discipline if it is noted to be a pattern of practice for a staff member. Continued on next page	12-20-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Tamlam — TITLE: CEO/Administrator — (X6) DATE: 12/13/10

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.

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

FORM APPROVED
OMB NO. 0938-0391

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F 166	Continued From page 1 took approximately 15 minutes for two staff members (#6 and #7) to return to Resident A's room to complete cares and transfer the resident from the bathroom. - During a resident interview on 11/15/10 at 10:15 a.m., Resident A stated it consistently takes an average of 15 minutes for staff to answer her call light and assist her. The longest time she recalled waiting for assistance was 45 minutes and stated on 11/12/10 she remained on the toilet from 1:45 p.m. - 2:15 p.m. when staff answered her call light and assisted her. She stated it is an every day occurrence where a staff member will answer her call light, shut it off, go find a second staff member to assist with the transfer, and return approximately 15 minutes later to finally assist her. Resident A stated she talked to a resident care coordinator (#8) about a month ago regarding her concerns with staff taking so long to assist her, but stated nothing has changed since voicing her grievance. Resident A explained it isn't just one specific shift that is consistently delayed in answering her call light, but it "just all depends on who is working." The facility identified this resident as interviewable. - The group resident interview occurred on 11/15/10 at 4:00 p.m. All six of the residents in attendance at the group interview stated staff are slow to answer the call lights and they consistently have to wait an average of 10-15 minutes for staff to assist them. During an interview on 11/16/10 at 11:00 a.m., an administrative staff member (#2) stated she is aware of the extended time it sometimes takes for staff to answer call lights and identified it as an ongoing problem. She stated they inform all staff	F 166	F166, continued 2. All residents have the potential to be affected by call light response time. 3. A new call light program is being installed that includes pagers that will be worn by staff members. Whenever a call light is turned on, the need for assistance will be heard over the pagers, so no matter where the staff member is in the building, they will know that the resident is in need of assistance. The pagers also will allow staff members to page each other, thus making it easier and quicker to locate someone to be the second person assist when needed. 4. A Quality Assurance check will be completed by a nurse under the direction of the Nursing Services Coordinator to monitor the response time to call lights on a weekly basis until the new call light system's report feature is fully functioning. When this report feature is functioning, it will create a report showing all call lights that were activated and their response times. The Administrator, Nursing Services Coordinator, and Resident Care Coordinator will review this report on a weekly basis for the first month, monthly for the next five months, and quarterly for a minimum of one year. Continued on next page	

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F 166	Continued From page 2 it is everyone's responsibility to answer call lights. - Observation on 11/16/10 showed Resident #14 activated (turned on) his call light at 8:31 a.m. to obtain assistance from a staff member. The surveyor stood in the hallway to observe the response time of staff in answering this call light. Observation showed three staff members (two different housekeepers and a medication aide) walk past this room while the call light sounded and illuminated in the hallway and each staff member failed to enter the room to assist this resident. At 8:41 a.m., 10 minutes after activating the call light to obtain assistance, an unidentified resident assistant entered Resident #14's room to assist him. During interview on 11/16/10 at 10:30 a.m., the surveyor informed an administrative nurse (#2) of the above response time of staff in answering Resident #14's call light. The administrative nurse (#2) stated she expected call lights to be answered by staff within three-five minutes and stated "ten minutes is way too long" for any resident to wait. - During an interview regarding the facility's quality assessment/assurance (QA) program, on 11/16/10 at 11:00 a.m., an administrative staff member (#1) stated call lights have not been monitored/audited in the past year through the QA program.	F 166	F-166, continued In addition, residents will be asked at the Resident Council meeting on a monthly basis for three months if they are satisfied with call light response time. Resident and family surveys will also include the question, "Do you feel your (or your family member's) call light is answered in a reasonable length of time?" Responses to this question will be monitored and tracked for patterns/trends. Any low rating (1 or 2) will be followed up with the individual.	
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being	F 248		

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F 248	Continued From page 3 of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, family interview, and staff interview, the facility failed to provide for an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being for 2 of 6 sampled residents with care plans which specify one to one interactions. Findings include: - During interview, on 11/14/10 at 10:45 a.m., family members of Resident B voiced concerns regarding activities. The family members stated staff often bring the resident to his room and put him in his bed instead of having him attend activities with other residents. The family members acknowledge that the resident is not always cognitively able to participate in activities, but feel he would still benefit from being out of his room more often in order to see and listen to other residents and staff. - Review of Resident #1's record, on November 14-16, 2010, identified medical diagnoses including dementia and aphasia. The most recent quarterly Minimum Data Set (MDS), dated 08/28/10, identified Resident #1 had moderate impairment in daily decision making and usually able to make self understood and understand others. The MDS identified Resident #1 required total assistance of two or more persons with transferring, and total assistance of one for locomotion on or off the unit.	F 248	F-248: Maryhill Manor is committed to providing activities of interest to meet the psychosocial needs of all residents. We believe that, though the activity and social services departments have a special emphasis on meeting these needs, all staff members play a part in meeting these needs whenever they are interacting with residents, whether that interaction is while assisting with care needs, cleaning a resident room, or delivering a meal tray. We also work to be mindful and intentional in balancing the physical needs of residents with their psychosocial needs, by arranging for their physical care needs (i.e. laying them down due to fatigue or skin integrity issues) around activity times of interest to the resident. To enhance the way the psychosocial and activity needs of residents are met, Maryhill will do the following: 1. The plan of care regarding the need for one-to-one activities for the two residents identified during the survey will be reviewed, checked for completeness, and clarified for who is responsible to carry out the programming for these individuals. Documentation of the one-to-one program will also be clarified and enhanced. 2. The Case Managers, Resident Care Coordinator, and Administrator will meet to review residents' activity needs and identify any other residents with a need for specific one-to-one programming to meet their psychosocial needs. Continued on next page	12-20-10

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F 248	Continued From page 4 Resident #1's care plan regarding activities identified the following: "Focus: Psychosocial/Activities [name of resident] like to simply sit and look at his surroundings and out of the window. He will look at tv [television] occasionally. . . . wife visits daily. . . . used to play instruments and sing in a band. . . . is only involved in group activities as invited. . . . Goals: . . . will read, watch mentally stimulating television and visit daily. He will respond to conversation re [regarding] family, friends and community daily. . . . will passively attned (sic) 1-2 group activities weekly. Interventions: Visit one on one, talk about his past, his family and where his home is. Offer mentally stimulating activities as reading, reminiscing and visiting. Assist with needs. Invite and escort [name of resident] to group activities. Invite family to attend with him. . . . enjoys music. He had his own radio et [and] is in a private room. . . ." - Observations on 11/14/10 from 2:50 p.m. until 5:30 p.m., and on 11/15/10 from 7:30 a.m. to 5:45 p.m. showed Resident #1 either in bed in his room or up in his wheelchair for meals. Facility staff placed resident at the care station for 1/2 hour after breakfast on 11/15/10, then brought him to his room and transferred him to bed. While at the care station, and when brought to his room, Resident #1 appeared alert and responded to staff with yes and no answers to questions. Resident #1's wife came to visit over the noon hour and fed her husband lunch. After Resident #1's wife left, two certified nursing assistants (CNA #4 and #7) brought the resident into his room and transferred him into his bed. Resident #1's was alert, with his eyes open and looking around. One of the CNA's (#4) commented on how alert the resident seemed, however stated he	F 248	F248, continued 3. a. The Case Managers and Resident Care Coordinator will keep an ongoing list of residents with one-to-one activity/psychosocial programming needs and will review this list every other month (December, February, April, etc) to ensure all residents needs are being met. b. A new system of documenting one-to-one programming will include a written plan in the activity attendance record and the development of a one-to-one progress note template to document the reaction by individual residents during their one-to-one visits. 4. The Resident Care Coordinator will do a monthly quality assurance check of the documentation of one-to-one programming on a monthly basis for three months and quarterly for the following three quarters.	

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F 248	Continued From page 5 needed to "lay down for an afternoon rest." Resident #1 remained in bed from 1:45 p.m. until 4:35 p.m. when staff members transferred him to the dining room for the evening meal. The staff members placed him alone at his table to wait for the 5:00 p.m. meal. Observation showed other residents watching television (tv) in the dining room/tv area prior to the meal. During interview with a family member of Resident B, the afternoon of 11/15/10, the family member stated she feels the resident is in his bed too much. Stated she feels that when he is in his room he is "out of sight and out of mind" to staff members, and feels he does not get as much interaction or mental stimulation. The family member stated she comes to visit every day at noon to feed him and then she wheels him around in the halls in his wheelchair which he seems to enjoy. During interview on 11/16/10, at 9:30 a.m., a case management staff member (#6) stated staff document resident activities with the following codes and explanations: 6 - greet in hallway Ex - exercise D - devotions L - lunch involves one to one conversations E - current events Review of Resident #1's activity logs, from April 2010 through September 2010, identified the following regarding activities: APRIL *17 out of 30 days (56.6% of the month) - the activities listed for Resident #1 were "wife here, feeds him" (15 times) or "out with family" (2 times). No activities by facility staff were listed on	F 248		

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F 248	Continued From page 6 these days. *2 out of 30 days - group activity listed *9 out of 30 days - activity listed as "6" or "6-L" MAY *14 out of 31 days (45% of the month) - the activities listed for Resident #1 were "wife here" (13 times) or "out with family" (1 time). No activities by facility staff were listed on these days. *4 out of 31 days - activity listed as "1-1" *5 out of 31 days - group activity listed *2 out of 31 days - no activity listed on the log *Activity Notes: "There has been no change in [name of resident] act level. His wife visits daily at noon. Family will take him out on weekends." JUNE *21 out of 30 days (70% of the month) - the activities listed for Resident #1 were "wife here" and "wife here - feeds him at noon" (19 times) and "went home with family (1 time) or company here (1 time). No activities by facility staff were listed on these days. *5 out of 30 days - activity listed as "6" or "6-L" or "L" *2 out of 30 days - group activity listed (devotions) *2 out of 30 days - no activity listed on the log *Activity Notes: "His activity level has not changed. He naps regularly, is up for meals. His family takes him out on weekends to his wife's home. His wife visits daily at noon mealtime." JULY *22 out of 31 days (70.9% of the month)- the activities listed for Resident #1 were "wife here" (21 times) and "out with family for the day" (1 time). No activities by facility staff were listed on	F 248		

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F 248	Continued From page 7 these days. *7 out of 31 days - activity listed as "6" or "6-L" * 2 out of 31 days - no activity listed on the log *Activity Notes: "Wife visits daily at noon meals. Family will take him out for the day to his wife's home." AUGUST *27 out of 31 days (87% of the month) - the activities listed for Resident #1 were "wife here" or "wife here, feeds him at noon" (23 times), "wife and family here" (2 times) or "out with family (2 times). No activities by facility staff were listed on these days. *1 out of 31 days - group activity *3 out of 31 days - activity listed as "6" or "6-L" *Activity Notes: "Goes out [with] family on special occasions. Wife visits daily at noon meal time." SEPTEMBER *23 out of 30 days (74% of the month) - the activities listed for Resident #1 were "wife here" or "wife here, feeds him at noon" (21 times) or "family here/ out for the day with family" (2 times). No activities by facility staff were listed on these days. *5 out of 30 days - activity listed as "6" *2 out of 30 days - no activity listed on the log *Activity Notes: ". . . wife visits daily at noon and assists [name of resident] with his meal. . . . rests in the afternoon in his room. In the AM after brkfast [breakfast] he will sit near the care station. Family will take him out on weekends to his wife's home." The facility failed to implement the interventions developed on the plan of care such as attending group activities, watching tv, and one to one	F 248		

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F 248	Continued From page 8 visits. Failure to provide an ongoing activity program has the potential to affect the resident's mental and psychosocial well-being. - Observations on 11/14/10 at 4:10 p.m. and 11/15/10 at 9:00 a.m. of Resident #4 found her talkative and conversing with staff members while they completed her personnel cares. Review of Resident #4's record occurred on November 14-16, 2010. Resident #4's medical diagnoses include senile dementia. Review of Resident #4's Minimum Data Set, dated 08/24/10, identified short term memory impairment, moderately impaired in daily decision making, and able to make self understood and to understand others. Facility administrative staff identified Resident #4 spends 23 or more hours in her room per her choice. Resident #4's care plan regarding activities identified the following: "Focus: Psychosocial/Activities [name of resident] feelings regarding her self, feels she will not be around much longer and her social relationships are with a select few people. These include her nephews, and staff members. She prefers her room, rarely accepts an invitation to come out. Goals: . . . will discuss her values and her feelings about changes world (sic) in our 1-3 times weekly. Will enjoy one on one visiting daily. . . . Will make staff aware of new activity choices . . . will continue reading and enjoying her personal scrap book, bible, magazines, and catalogs daily. Interventions: Observe and report any changes in . . . activity choices. Offer new activity choices and ask her to participate. Offer activities of which resident has shown interest. She spends time in her room reading, goes through her self made	F 248		

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F 248	Continued From page 9 scrape [sic] books, which includes poems, scripture verses and readings she has often writen [sic] herself. She goes through catalogs looking for clothing but never orders, stating she won't be here when it comes. Reminisce regarding values, community and changes in cultural traditions significant to resident. Listen and offer support for her beliefs . . . listens to her radio-religous [sic] stations." Review of Resident #4's activity logs, from May through November 2010, identified the following regarding activities: May *1 out of 31 days - activity listed "prefers her room." *2 out of 31 days - activity listed as "received graduation announcement" or "Reading and listening to music." *2 out of 31 days - no activity listed on the log *3 out of 31 days - activity listed on the log as "6" [Stands for staff greeting the resident] *4 out of 31 days - activity listed "refuses activities" *7 out of 31 days - activity listed as "1-1" *13 out of 31 days - activity listed as "stays in room" or "in room" *Activity Notes - ". . . refuses daily act [activity] invite. Per her choice she stays in her room in bed. She listens to Christian music on the radio or goes thru [sic] personnal [sic] papers, photos, and cards. She is trayed in her room for all meals." June 2 out of 30 days - activity listed as "resting in room" 3 out of 30 days - activity listed as "refuses to come out of rm [room] 3 out of 30 days - activity listed as reading books	F 248		

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F 248	Continued From page 10 or poems 3 out of 30 days - activity listed on the log as "6" 7 out of 30 days - activity listed as "1-1" 8 out of 30 days - activity listed as "stays in rm." 4 out of 30 days - no activity listed on the log Activity Notes- ". . . refuses invitation to activities. She prefers her room. She listens to her radio, reads newspaper, magazines, and her personal bible, pictures and writings. She pages through catalogs never orders. She likes one on one visits with staff. Her nephew is DPOA [Durable Power of Attorney]. He visits and tends to her wants and needs." July 2 out of 31 days - activity listed as "Refuses activity" 5 out of 31 days - activity listed as "6" 6 out of 31 days - activity listed as "music" or "reading" or "listening to radio" 7 out of 31 days - activity listed as "1-1" 11 out of 31 days - activity listed as "in her room resting in bed" or "stays in her room" August 1 out of 31 days - activity listed as "company" 1 out of 31 days - activity listed as "not feeling good" 7 out of 31 days - activity listed as "stays in room" 15 out of 31 days - activity listed as "refuses daily invite to act [activity]" 6 out of 31 days - activity listed as "1-1" Activity Notes- ". . . Continues to spend all of her day in her room, lying in bed per her choice. She refuses daily act invites but does enjoy 1-1 visits from staff [and] her nephew." September 2 out of 30 days - activity listed as "1-1's sad	F 248		

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F 248	Continued From page 11 news her DPOA passed away" and "out to funeral" 3 out of 30 days - activity listed as "6" 3 out of 30 days - activity listed as "refuses activities" 3 out of 30 days - no activity listed 8 out of 30 days - activity listed as "1-1" 12 out of 30 days - activity listed as "stays in room" October 3 out of 31 days - no activity listed 5 out of 31 days - activity listed as "6" 10 out of 31 days - activity listed as "1-1" 13 out of 31 days - activity listed as "refuses activities" or "stays in room" November 3 out of 16 days - activity listed as "reads" or "listens to music 8 out of 16 days - activity listed as "in room - refuses to come out" 5 out of 16 days - activity listed as "1-1" During interview on 11/15/10 at 1:45 p.m., case management staff members (#5 and #6) stated Resident #4 refuses daily invitations to participate in the activities within the facility, but staff continue to inform and invite her to attend anyway. These staff members stated they complete daily one to one's when they deliver Resident #4 her meal trays as she refuses to come to the dining room. These staff members stated Resident #4's monthly activity logs failed to show evidence of conducting or completing daily one to one visits with the resident. Facility staff failed to design an individualized ongoing activity program to meet Resident #4's	F 248		

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	355108	A. BUILDING _____ B. WING _____	C 11/16/2010

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F 248	Continued From page 12 needs related to her choice to isolate or stay in her room and failed to conduct and document daily one to one visits as per the resident's plan of care.	F 248		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program 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	F-441 Maryhill Manor is committed to providing a safe and sanitary environment to prevent the spread of infections to our residents. To that end, Maryhill staff members will do the following to enhance the facility infection program: 1. The facility's infection control policy regarding urinary infections will be reviewed with the nurses and C.N.A.'s at their December meeting. In addition, the process for obtaining a clean catch midstream urine sample or a sterile catheterization sample will be reviewed at this meeting. 2. All residents have the potential to be affected by infection control policies and procedures. 3. A letter will be sent to all physicians/clinicians outlining our policy for urine cultures prior to the prescription of antibiotics to treat infections. Continued on next page	12-20-10

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F 441	Continued From page 13 transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on review of the facility's infection control program, review of facility policy, professional literature, and staff interview, the facility failed to maintain an infection control program designed to prevent over usage of antibiotics in the treatment of urinary tract infections (UTIs) for 2 of 3 sampled residents (Resident #7 and Resident #8) with recurrent UTIs. Failure of the facility to maintain an infection control program that included complete information about culture results, the causative agents, the actions taken by the facility to prevent the spread of infections, and data review to monitor the appropriate use of antibiotics has the potential to affect the health and safety of all facility residents. Findings include: The Centers for Medicare and Medicaid Services (CMS) has outlined the standards of practice regarding infection control which includes implementing and maintaining an Infection Prevention and Control Program in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility. The program will perform surveillance and investigation to prevent the onset and the spread of infection, and use records of infection incidents to improve its infection control processes and outcomes by taking corrective actions. An effective infection prevention and control program incorporates process and	F 441	F441, continued 4. Two quality assurance checks regarding infection control will be will be completed under the Director of Nurses direction on a monthly basis for three months and quarterly thereafter for a minimum of one year. The checks will be done on the following: a. To ensure that the required indicators were present at the time of the request to the physician for a culture and that the urine samples were gathered using the clean catch midstream method or a sterile catheterization. b. To ensure that proper peri-cares were given to residents who have had frequent UTI's. The two residents identified in this survey will be included in this QA.	

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F 441	Continued From page 14 outcome surveillance, monitoring, data analysis, documentation, and antibiotic review, including reviewing data to monitor the appropriate use of antibiotics in the resident population. Determining the origin of infections helps the facility identify the number of residents who developed infections within the nursing home. Comparing current infection control surveillance data to past data enables detection of unusual or unexpected outcomes, trends, effective practices, and performance issues. The facility can then evaluate whether it needs to change processes or practices to enhance infection prevention and minimize the potential for transmission of infections. Review of the use of antibiotics is a vital aspect of the infection prevention and control program. As part of the medication regimen review, the consultant pharmacist can assist with the oversight by identifying antibiotics prescribed for resistant organisms or for situations with questionable indications, and reporting such findings to the director of nursing and the attending physician. Review of the facility's infection control policies occurred on November 15-16, 2010. The policy, titled "Infection Prevention and Control Program" dated 09/10, stated: "PURPOSE: To provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection . . . PROCEDURE: 1. To investigate, control, and prevent infections in the facility . . . 6. The Director of Nursing and the designated Infection Control Nurse will collect and analyze infection data and report to nursing staff and health care practitioners . . . 7. The infection report log will be used for identifying, documenting and	F 441		

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F 441	Continued From page 15 investigating nosocomial/facility acquired infections . . . ." The policy titled "Infection Control Documentation" dated 09/10, stated" "PURPOSE: 1. To assure that the facility is identifying, recording, and analyzing infections. 2. To assign accountabilities and routing responsibilities for infection reporting forms, care planning and infection log data . . . PROCEDURE: The nurse who identifies the first signs of a possible infection will: A. Document the infection type and the date of onset in the electronic record using the infection template . . . B. Document in the Maryhill Manor Infection Log the resident name, date of onset of symptoms, . . . the infection type, . . . the antibiotic/treatment, if a culture was done (date/organism cultured), and whether or not the infection was acquired in the facility. C. Make a care plan entry regarding monitoring of the symptoms of infection. 2. All nurses will: A. Enter additional symptoms on the infection report form as they arise. Document culture results on the log and in the electronic record as they are received. B. Assure that the residents exhibits 3 signs/symptoms of infection prior to contacting a physician for a culture. C. Cultures should be obtained whenever possible prior to the start of antibiotic therapy to assure that the infection is treated with the proper antibiotic. Review of the Infection Control Log for the past five months (June-October) occurred on 11/15/10 and showed the following: June - three UTI infections with one culture obtained and organism identified as "gram positive" (bacteria). July - five UTI infections with one culture obtained and no organisms identified.	F 441		

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F 441	Continued From page 16 August - four UTI infections with four cultures obtained and organism identified of Escherichia coli (E. Coli, a type of gram negative bacteria found in a person's intestinal tract). September - five UTI infections with three cultures obtained and organisms identified of E. coli twice, and "normal flora with moderate yeast cells" October - three UTI infections with three cultures obtained and organisms identified of E. coli twice and "yeast" - Review of Resident 8's record occurred on November 14-16, 2010. Medical diagnoses for Resident #8 include rheumatoid arthritis, urinary frequency, overactive bladder, and recurrent UTIs. Resident #8's Minimum Data Set, dated 10/15/10, identified the resident required extensive two-person assistance with toilet use and continent of both bowel and bladder. Medications taken by Resident #8 for the treatment of UTIs included: *Rocephin (an antibiotic medication used in the treatment of UTIs) 1 gram (gr) intramuscular (IM) daily on July 19-21, 2010 and on 09/14/10. *Hiprex (a medication used in the prophylaxis treatment of recurrent UTIs) 1 gr twice daily beginning on 09/14/10 to present *Tetracycline (an antibiotic used to treat infections caused by susceptible gram-negative and gram-positive organisms) 500 mg daily from September 16-21, 2010 Review of Resident #8's Progress Notes showed the resident experienced the following: *07/13/10 - complained of urinary frequency at night, physician assistant notified, and orders received for an urology consult and urine sample	F 441		

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F 441	Continued From page 17 testing. *07/15/10 - complained of urinary frequency and foul smelling urine, physician contacted and antibiotics ordered. Resident #8 refused treatment with antibiotics at this time related to the need to attend a wedding and "doesn't want any adverse side effects from it. Made the comment that she feels this PA [physician assistant] likes to order too many unnecessary medication . . . ." *07/18/10 - Resident requested an antibiotic for complaints of burning with urination, physician assistant contacted, and orders received to administer IM Rocephin. Resident #8's record showed the consulting urologist ordered a urine culture and sensitivity on 08/11/10, and the facility obtained the urine sample on 08/13/10. On 09/14/10, record review identified Resident #8's primary physician ordered Hiprex and Rocephin for "E. Coli - UTI." Resident #8's record identified one urine culture and sensitivity report, dated 08/13/10, which identified the organism of E. Coli. Resident #8 received treatment of antibiotics two additional times (in July and September), even though the facility failed to obtain a urine culture as specified within their infection control polices. - Review of Resident #7's record occurred on November 14-16, 2010. Review of Resident #7's Progress Notes showed the resident experienced the following UTIs: *07/29/10 - complained of (c/o) frequent voiding and low back pain, urinalysis (dip) positive for leukocytes and nitrites, physician notified and	F 441		

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F 441	Continued From page 18 ordered Cipro 500 milligrams (mg) twice a day for seven days, no urine culture and sensitivity ordered *09/02/10 - c/o foul odor, frequency, stomach ache, and lower abdominal pain, resident went to the clinic per her request, urinalysis (dip) done at clinic, positive for nitrites, trace amount of protein, and small number of leukocytes, placed on Cipro 500 mg twice a day for seven days, no urine culture and sensitivity ordered Review of the Pharmacy Review log showed, during the July 2010 review, the consulting pharmacist noted out of five UTIs, only one was sent for a culture and sensitivity while the other four were urinalysis dips only. The pharmacist also identified little documentation to support the signs and symptoms present resulting in urinalysis dips. During an interview on 11/15/10 at 12:50 p.m., an administrative nursing staff member (#2) stated she and the consulting pharmacist educated the nursing staff regarding the importance of obtaining an order for urine culture and sensitivity testing and having at least three symptoms of a UTI before doing a urinalysis dip. She stated they also educated the physicians/physician assistants on the importance of ordering culture and sensitivity testing to ensure appropriate antibiotic usage. During an interview on 11/16/10 at 12:20 p.m., when asked what measures the facility takes during the surveillance aspect of their infection control program to prevent the spread of infections, and what corrective actions they use when they identify a concern, an infection control nurse (#3) stated the facility does not re-educate	F 441		

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F 441	Continued From page 19 staff on pericares if they identify an increase in E. Coli bacteria cultured in resident's urine, and also stated they do not perform audits/observations of staff performing pericares to ensure they are doing it correctly.	F 441		
F9999	FINAL OBSERVATIONS Based on observation, record review, staff interview, and resident and family interview, the complaint issues investigated in conjunction with the standard Medicare/Medicaid survey were not substantiated.	F9999		