| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355057 | A. BUILDING _____ B. WING _____ | 11/21/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PEMBILIER NURSING CENTER | 500 DELANO AVE WALHALLA, ND 58282 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>For the standard Medicare/Medicaid recertification survey started on November 18, 2013 and completed on November 21, 2013 the sample included two (2) residents for complete review, seven (7) residents for focused review, and one (1) closed record for review. The sample included three (3) additional residents to verify specific concerns during the survey. | F 000 | | |
| F 310 SS=D | 483.25(a)(1) ADLS DO NOT DECLINE UNLESS UNAVOIDABLE<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, resident interview, and staff interview, the facility failed to ensure the ambulation abilities of 1 of 4 sampled residents (Resident #2) who required assistance to ambulate in the corridor did not diminish. Failure to establish a functional maintenance program (FMP) limited the resident's ability to maintain her lower extremity functional strength and may have contributed to her reduced ambulation ability.<br><br>Findings include: | F 310 | 1. Resident #2 received a PT/OT evaluation for a lower extremity exercise program on 11/27/13. Resident #2 is now on a lower extremity RT program in addition to her walking program.<br><br>2. The quality measures and current ADL sheets were reviewed to identify residents who may benefit from an RT program. Three additional residents were identified and screenings were ordered on 12/18/13.<br><br>3. The MDS Coordinator will identify residents on their quarterly assessments who do not have current RT programs, or residents who are triggering weekly on our Quality Measure reports for decline in ADL status. Those residents will be referred to PT/OT for further evaluation. All resident RT programs being discontinued will be reviewed by the DON for appropriateness before being discontinued.<br><br>4. A monthly QA study will be conducted for six months by the DON identifying all residents who are not on active RT programs, and whether they would benefit from a program. We will also monitor our QM reports monthly to capture residents who may be showing a decline in ADL function. Results of QA studies will be reported at our | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Debra Fraser | Administrator | 12/24/13 |

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 310 | Continued From page 1<br>During interview, on 11/19/13 at 9:20 a.m., Resident #2 reported she receives "therapy two-three times a week" and felt she could benefit from more therapy to increase her ambulation. The resident reported she felt her ambulation ability had declined.<br><br>Review of Resident #2's medical record occurred on November 18-21, 2013. The facility admitted the resident in September 2012. Current diagnoses included ataxia and spinal stenosis. The resident's annual Minimum Data Set (MDS), dated 09/18/13, identified intact cognition and limited assistance of one person for ambulation in the corridor.<br><br>Resident #2's Activities of Daily Living (ADL) Care Area Assessment (CAA), dated 09/19/13, stated ". . . need hands on assist with multiple ADLs, which also may lead to increased need of assist with performing ADLs. She is currently working with restorative therapy and is encouraged to participate as much as able with ADLs. Is at risk for decline . . ."<br><br>Resident #2's current care plan, dated 09/24/13, stated "Problem, ADL . . . Locomotion in Halls - Uses wheelchair per self with up to total assist. . . . limited assist with walker. . . ."<br><br>Resident #2's Physical Therapy Inpatient Plan of Treatment, dated 10/29/12, stated ". . . 13. . . . Summary . . . Res. [Resident] amb. [ambulates] [with] FWW [front wheeled walker] & [and] SBA 1 [standby assistance of one] up to 150 feet. . . . L/E [Lower extremity] FMP developed for standing & balance exer. [exercise] . . . Will D/C [discontinue] P.T. [physical therapy] & re-eval [re-evaluate] prn [as needed]." | F 310 | 4. (continued from page 1) quarterly QA meetings and also discussed in resident care plans as needed.<br><br>5. | 12/31/13 |

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| F 310 | Continued From page 2<br><br>Observation on all days of survey showed Resident #2 ambulated approximately 50 feet behind a wheelchair in the hall and ambulated in her room. The resident used a wheelchair for all other out of room activities.<br><br>Observation on 11/19/13 at 2:10 p.m., showed Resident #2 received upper extremity restorative therapy exercise. During interview at this time, a certified nursing assistant (CNA) (#12) reported Resident #2 did not receive lower extremity or balance exercise and the CNA did not recall a lower extremity program.<br><br>During interview, on 11/21/13 at 9:00 a.m., a nursing management staff member (#1) confirmed the facility failed to develop a lower extremity FMP after discontinuation of Resident #25's physical therapy program on 10/29/12. Failure to develop the FMP may have contributed to increased weakness, loss of balance, a decline in ADLs, and a reduction in the resident's ambulation distance from 150 feet to approximately 50 feet. | F 310 | | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER<br><br>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. | F 315 | 1. Resident #8 will be placed on a toileting program. We have reviewed his pattern of bathroom use and will begin toileting him at scheduled intervals throughout the day. After consulting with the nursing and CNA staff, it has been found that the resident does continue to have periods throughout the day where he is not dry. The resident at times refuses to go to the bathroom, which we will continue to honor his requests.<br><br>2. All residents triggering for incontinence were reviewed. All care plans were reviewed and the | |

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| F 315 | Continued From page 3<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy and procedure, resident interview, and staff interview, the facility failed to ensure 1 of 2 sampled residents (Resident #8) with frequent incontinence and without a toileting schedule received the appropriate treatment and services to restore and maintain as much bladder continence as possible. Failure to provide Resident #8 with a regular toileting schedule resulted in frequent episodes of incontinence in public areas which reduced his participation in activities and may have reduced Resident #8's dignity and self-esteem.<br><br>Findings include:<br><br>Observation on 11/19/13 at 1:40 p.m. identified Resident #8 seated in a wheelchair at a resident group activity. An activities staff member (#3) selected Resident #8 to stand from his wheelchair to participate in an activity in front of the group of approximately ten residents. When standing with his back to the group of residents, observation identified the back of Resident #8's pants were wet from above the waist band to below the knees. The staff member (#3) assisted him to complete the activity (approximately one minute), took the resident to his room, and activated his call light for assistance to change his clothing.<br><br>During interview on 11/20/13 at 2:45 p.m., when asked about the activity on 11/19/13, Resident #8 stated "Wet my pants." The resident expressed disappointment that his incontinence limited his participation in the activity. | F 315 | 2. (continued from page 3) staff was interviewed, and no other residents were identified. The MDS Coordinator will continue to complete bladder/bowel assessments quarterly and as needed and will recommend residents to the care plan team who may benefit from a toileting program.<br><br>3. The MDS Coordinator will continue to complete bladder/bowel assessments quarterly and as needed and will recommend residents to the care plan team who may benefit from a toileting program.<br><br>4. A QA study will be completed quarterly for six months by the DON on all incontinent residents. Cognitive function, resident willingness, and staff recommendation will be utiilzed to individualize toileting fro all residents who are identified as possibly benefiting from individualized toileting care plans. Results will be reported at the quarterly QA meetings or as needed.<br><br>5. | 12/31/13 |

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| F 315 | Continued From page 4<br><br>Review of the facility policy and procedure, "Bowel & [and] Bladder Rehabilitation Policy And Procedure" occurred on 11/21/13. This undated document stated ". . . POLICY: Careful assessment and identification of the cause(s) of urinary incontinence are the essential first steps for appropriate and a successful program. Despite a resident's age, diagnoses, and length of time incontinent, all individuals who are incontinent could be considered for evaluation and a program. Treatment decisions should be based on a decision made after a reasonably thorough evaluation of their bowel and bladder habits. Individual physical and mental status, expectations, motivation, or barriers in the environment can lead to incontinence. . . .<br>STEP 3: PLAN/DETERMINE TYPE OF PROGRAM(S) TO INCLUDE RESIDENT, Information gathered from the nursing assessment and the incontinence record will help determine which, if any, program a resident is most appropriate for the individual [sic]. The program options are such as:<br>1. Habit Training/Schedule Toileting . . .<br>OBJECTIVE: To keep the resident dry and avoid incontinence, not to modify bladder function. . . ."<br><br>Review of Resident #8's medical record occurred on November 20-21, 2013. The facility admitted the resident in July 2009. Current diagnoses included constipation, renal failure, and benign prostatic hypertrophy (BPH). The resident's significant change Minimum Data Set (MDS), dated 10/29/13, identified severe cognitive impairment, limited assistance of one person to walk in room and corridor, extensive assistance of one person for toileting, no toileting program, and frequent urinary incontinence. | F 315 | | |

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| F 315 | Continued From page 5<br><br>Resident #8's Urinary Incontinence Care Area Assessment (CAA), dated 10/30/13, stated ". . . extensive assist with toileting and frequently incontinent. . . . Due to the SOB [shortness of breath], he is starting to slow down a bit more and needing more and more assist with his ADLs [activities of daily living], including toileting. . . . Will transfer and toilet self at times, but also needs up to extensive assist daily. . . . Wears a pullup for protection. Has a history of BPH . . ."<br><br>Resident #8's Bladder Assessment, dated 10/29/13, stated "Able to participate in Bladder Program: No. Memory Loss, Hx [History] BPH. Comments: Frequently incontinent of bladder. Wears a pull up. Toilets self [with] up to extensive assist. Not a good candidate for bladder retraining due to memory problems."<br><br>Resident #8's previous Bladder Assessment, dated 10/24/12, stated "Able to participate in Bladder Program: No. Memory Loss, Hx BPH. Comments: Frequently incontinent of bladder. Wears a pull up. Toilets self [with] up to extensive assist daily. Not a good candidate for bladder retraining due to memory loss et [and] BPH."<br><br>Resident #8's Bladder Assessment Quarterly Reviews, dated 01/28/13, 04/25/13, and 07/24/13 stated "No changes. Please see above note dated 10/24/12 for info [information]." (Referring to Bladder Assessment dated 10/24/12.)<br><br>Resident #8's current care plan, dated 11/05/13, stated "Problem, ADL . . . Approach . . . Toileting - Independent with up to extensive assist daily. . . . Assist prn [as needed]. Encourage and assist with toileting frequently. . . ." | F 315 | | |

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| F 315 | Continued From page 6<br><br>Resident #8's CNA (certified nursing assistant)/ADL Charting showed the resident's bladder incontinence on the day and evening shifts as follows:<br>*July 2013 - 31 days, 69 times<br>*August 2013 - 31 days, 75 times<br>*September 2013 - 30 days, 82 times<br>*October 2013 - 31 days, 78 times<br><br>Observation on all days of survey showed Resident #8 ambulating independently in the facility with a front wheeled walker or sitting in an armchair in a resident lounge.<br><br>During interview, on 11/21/13 at 9:00 a.m., a nursing management staff member (#1) confirmed the facility did not implement a toileting schedule for Resident #8. This staff member reported Resident #8 likes to sit in the lounge near the dining room and he is often too fatigued to ambulate to his room for toileting. It is unknown why the facility staff did not offer to toilet Resident #8 in one of the nearby community bathrooms.<br><br>Resident #8's bladder assessment remained unchanged for more than one year. He remains ambulatory throughout the facility and community bathrooms are available. Failure to implement a prompted toileting routine resulted in incontinence more than two times a day and limited his participation in daily activities. | F 315 | | |
| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives | F 323 | 1. Resident #3 was referred to PT/OT on 12/18/13 for a review of stand aide use.<br><br>2. All residents who use stand aides/ Hoyer lifts were referred to OT/PT for review on 12/18/13. | |

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| F 323 | Continued From page 7<br>adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, review of facility policy and procedure, and staff interview, the facility failed to ensure 1 of 2 sampled residents (Resident #3) requiring stand lift transfers received the necessary supervision and assistance to prevent accidents. Failure to transfer Resident #3 with the stand lift and with the assistance of two persons placed the resident and facility staff at risk of injury.<br><br>Finding include:<br><br>Review of the facility policy and procedure, "E-Z Stand Aide Policy," occurred on 11/21/13. This document, revised 12/21/09, stated "PURPOSE: To provide safe, comfortable transfers to residents. . . . The EZ Stand can also be used for transferring the patient from chair, wheelchair or bed. . . . EQUIPMENT: . . . The number of staff will be determined by the Care Plan Team. . . ."<br><br>Review of Resident #3's medical record occurred on November 18-21, 2013. The facility admitted the resident in January 2009. Current diagnoses included dementia, agitation, and joint pain. The resident's quarterly Minimum Data Set (MDS), dated 10/15/13, identified the resident rarely/never understood others or made himself understood, was severely impaired in daily decision making ability, demonstrated physical behaviors daily, rejected cares one to three days | F 323 | 3. All residents in the building who are care planned for stand aide or mechanical equipment will continue to be care planned as such with assist of two staff members. All nursing staff will be inserviced and updated after evaluations are complete on who will require assistance. Care plans will also be updated to reflect these recommendations.<br><br>4. A QA study will be completed monthly for six months by the DON on various shifts to monitor the compliance with proper use of stand aides, lifts, and transfers. The results will be presented at our quarterly QA meeting.<br><br>5. | 12/31/13 |

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| F 323 | Continued From page 8<br>during the seven day assessment period, and required extensive assistance of two or more persons for transfers.<br><br>Resident #3's Care Area Assessments (CAA), dated 04/17/13, stated *Behavior, ". . . Resident can become very resistive to cares . . . Will daily grab at staff or grab and squeeze really hard. . . .;" and<br>*Falls, ". . . Resident is very unsteady and does require much assistance with transfers. . . . uses the stand aid with assist of ii [two] for transfers as tolerated. . . ."<br><br>Resident #3's current care plan, dated 10/22/13, stated "Problem, ADL [Activities of Daily Living] Functional/Rehabilitation Potential . . . Approach . . . Transfers - extensive assist of ii. Stand aid with ii assist. DO NOT use stand aid if resident is combative or is exhibiting other behaviors. Total assist of ii if not able to use stand aid. . . ."<br><br>Observations of facility staff transferring Resident #3 identified the following:<br>*11/19/13, 4:15 p.m. - Resident #3 was seated in an arm chair. A certified nursing assistant (CNA) (#8) approached the resident with a stand lift, placed his feet on the foot plate, attached the thoracic and calf straps, assisted the resident to a standing position, and transferred him to a wheelchair. During the transfer Resident #3 used his legs for support and reached for the thoracic strap attachment with his left hand.<br>*11/20/13, 9:55 a.m. - Resident #3 was in bed. Two CNAs (#9) and (#10) assisted the resident to sit at the edge of the bed. The CNAs applied a gait belt to the resident's waist, grasped the gait belt, assisted the resident to a standing position, pivoted, and assisted the resident to sit in a | F 323 | | |

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| F 323 | Continued From page 9<br>wheelchair. Resident #3 bore weight and assisted to stand during the transfer.<br><br>During interview, on 11/21/13 at 9:00 a.m., a nursing management staff member (#1) agreed facility staff should use two persons and a stand lift to transfer Resident #3. | F 323 | | |
| F 332 SS=D | 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE<br><br>The facility must ensure that it is free of medication error rates of five percent or greater.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, formulary review, professional reference, and staff interview, the facility failed to ensure a medication error rate of five percent or less for 3 of 5 residents (Resident #11, #12, and #13) observed during medication pass. Failure to administer the right medication (Resident #11 and #12) and at the right time (Resident #13), may adversely affect the desired benefits of the medications or cause unwanted side effects for the residents. Three errors occurred during staff administration of 28 medications, which resulted in a ten percent error rate.<br><br>Findings include:<br><br>Review of the facility document titled "PNC [Pembilier Nursing Center] Stock Supply Formulary Over the Counter Medications" occurred on 11/19/13. This undated formulary identified the following stock multivitamins, ". . . | F 332 | 1. Physician orders for Residents #11, #12, and #13 have been reviewed and updated to reflect proper administration time and proper vitamins are being administered. The over-the-counter drug list has been reviewed by our charge nurse and proper medications are available for administration.<br><br>2. All orders for all residents were reviewed for medication times. Times were adjusted to reflect the actual time residents are available for proper administration in the a.m. No orders exist in the facility for administration every twelve hours. All times when entering into the new software were personalized for each resident and are given in accordance with physician orders. Proper vitamins are available to meet the needs of all physican orders.<br><br>3. All nurses will be inserviced by 1/20/14. Documentation will be made available to them by the DON to review, and also to educate them on proper medication administration guidelines.<br><br>4. A QA study will be completed monthly for six months reviewing resident medication sheets to ensure compliance in medication administration, including dosages, times, proper medications administered, and EMAR signatures. These studies will be reported to the QA committee | |

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| F 332 | Continued From page 10<br>Multivitamin with Minerals . . . Multi-Vitamin . . . Multi-Vitamins One-Daily . . ."<br><br>Kozier and Erb's, Fundamentals of Nursing, Concepts, Process, and Practice 9th ed., Pearson, 2012, pg 864, stated: "Ten "Rights" of Medication Administration . . . Right Medication. The medication given was the medication ordered. . . . Right Time. Give the medication at the right time frequency and at the time ordered according to agency policy. . . ."<br><br>- On 11/19/13 at 7:55 a.m., observation showed a nurse (#2) administered a multivitamin with minerals to Resident #11. The physician's order stated, "Multi-vit" (multivitamin) one tablet daily.<br><br>- On 11/19/13 at 8:01 a.m., observation showed a nurse (#2) administered a multivitamin with minerals to Resident #12. The physician's order stated, "Multivitamin" one tablet daily.<br><br>- On 11/19/13 at 10:25 a.m., observation showed a nurse (#2) administered an Advair inhalation to Resident #13. The computerized medication administration record (MAR) identified the Advair administration time as 8:00 a.m. and 8:00 p.m.<br><br>During an interview on 11/20/13 at 2:40 p.m., an administrative nurse (#1) stated the facility has vitamins without minerals available, and the doctor may order vitamins without minerals. This same nurse (#1) identified medications should be given one hour before or after the time identified on the MAR. The nurse (#2) administered the Advair approximately one and a half hours late.<br><br>Review of the medication cart on 11/21/13 at 9:50 a.m., with a licensed nurse (#4) showed the cart | F 332 | 4. (continued from page 10) quarterly and as necessary.<br><br>5. | 12/31/13 |

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| | 355057 | A. BUILDING _____ B. WING _____ | 11/21/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PEMBILIER NURSING CENTER | 500 DELANO AVE WALHALLA, ND 58282 |

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| F 332 | Continued From page 11<br>contained both "One-Daily Multi-Vitamins" and "One-Daily Multi-Vitamins with Minerals." The nurse (#4) confirmed these medications are available on the cart at all times. | F 332 | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>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.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(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.<br>(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.<br><br>(c) Linens | F 441 | 1. The Bath Aide was notified regarding the proper disinfecting of the tub system and chair. The policy which is hanging in the room, was reviewed and the Bath Aide voiced understanding. A stop watch was purchased to use an as aid for maintaining compliance.<br><br>2. No other tubs are used within the facility. All CNAs were notifed on 11/21/13 and updated on the current disinfection practices related to our tub bath policy.<br><br>3. A QA study will be conducted monthly by the DON for six months on proper disinfecting of the tub bath. Results will be communicated at our quarterly QA meeting.<br><br>4. Annual training will be provided to our Bath Aide to ensure proper cleaning techniques continue to be used when cleaning the tub bath.<br><br>5. | 12/31/13 |

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| F 441 | Continued From page 12<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of facility policy and procedure, review of whirlpool tub cleaner literature, and staff interview, the facility failed to provide a sanitary environment for facility residents in 1 of 1 tub room during 1 of 1 tub cleaning observation (11/19/13). Failure to allow adequate contact time of the tub cleaning product limited the facility's ability to prevent the spread of infection between residents and placed all residents who used the tub at risk of infection.<br><br>Findings include:<br><br>Review of the Mastercare Disinfectant Cleaner label "Directions For Use" occurred on 11/21/13. The undated "Directions For Use," provided by a nursing management staff member (#1), stated "FOR CLEANING FIBERGLASS BATH AND THERAPY EQUIPMENT: To remove body oils, dead tissue, hard water, and other buildups of organic matter on inanimate objects after using the whirlpool unit . . . Wash down the unit sides, seat of the chairlift, and any/all related equipment with a clean swab or sponge. . . . Product to surface contact time must be at least 10 minutes for proper disinfection. . . ."<br><br>Review of the facility policy and procedure, "Whirlpool Bathing System," occurred on 11/21/13. This undated document stated ". . . V. SYSTEM CLEANING (After Bath), A. Between | F 441 | | |

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| F 441 | Continued From page 13<br>resident use, the tub should be serviced as follows: . . .<br>2. Spray entire tub and chair and chair insert with spray bottle of approved germicidal/ disinfectant.<br>3. Let whirlpool disinfectant stand for 10 (10) minutes. . . ."<br><br>Observation on 11/19/13 at 9:00 a.m., identified two certified nursing assistants (CNA) (#11) and (#12) assisted Resident #5 to sit at the edge of her bed in preparation for her tub bath. CNA (#11) wiped stool from the resident's groin area while the resident sat the edge of the bed. The CNAs (#110 and (#12) assisted her to transfer from the bed to the tub chair and no further stool was observed. CNA (#12) transported the resident from her room to the tub room. The resident was incontinent of stool and the CNA (#12) (with a gloved hand) wiped the stool from the resident's groin and the tub chair. The CNA (#12) did not remove the resident from the chair for perineal cleansing. The CNA (#12) filled the tub with water and continued with Resident #5's bath.<br><br>Following Resident #5's bath, the CNA (#12) returned the resident to her room using the tub transport chair. The CNAs (#11) and (#12) assisted Resident #5 to her bed. Stool was visibly present on the tub transport chair and the incontinent pad on the bed. The CNA (#11) provided perineal cares and removed the pad from the bed.<br><br>The CNA (#12) took the tub chair back to the tub room. The CNA (#12) scrubbed the tub and chair with a scrub brush, gloves, and "disinfectant;" rinsed the tub; and, reported she would fill the tub | F 441 | | |

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| F 441 | Continued From page 14<br>for the next bath. The total "disinfectant" contact time was approximately three minutes. When asked, the CNA (#12) reported she would drain, clean, and refill the tub if a resident had a bowel movement while in the tub. It is unknown why the CNA (#12) failed to do so following Resident #5's bowel movement. At this time, the surveyor requested the CNA (#12) repeat the tub cleaning.<br><br>During interview, on the morning of 11/20/13, the CNA (#12) reported "disinfectant" contact time is "five minutes."<br><br>During interview, on 11/21/13 at 10:00 a.m., a nursing management staff member (#1) confirmed the tub cleaning solution should have a ten minute contact time before rinsing. Failure to ensure removal of the fecal material before Resident #5's bath did not provide a sanitary environment for the resident's bath. Failure to properly sanitize the tub did not provide a sanitary environment for residents who bathed after Resident #5. | F 441 | | |
| F 465 SS=E | 483.70(h)<br>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON<br><br>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to ensure the bathroom walls and/or floors, toilet rooms, or walls near the sinks had cleanable surfaces in 2 of 2 care units (Long Hall | F 465 | 1. All resident bathrooms cited in the report will be repaired. A local construction company has been hired and will complete the work. All bathrooms will be painted, new wainscoting will be applied, and flooring repairs will be made during this time. The supplies were ordered on 12/18/13 from Walhalla Building Center and were quoted to ship in 3-4 weeks.<br><br>2. All bathrooms in the facility were checked for needed repairs. No areas were identified, however, additional materials were purchased to replace wall coverings in bathrooms when needed. | |

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| F 465 | Continued From page 15<br>and Short Hall). Failure to maintain a sanitary environment can potentially affect the health of residents, staff, and visitors.<br><br>Findings include:<br><br>Observation of resident bathrooms during the initial tour on 11/18/2013, at 1:55 p.m. showed a gray/black substance on the bathroom walls in the shared bathrooms of rooms 32-33, 39-40, 41-42, and 43-44.<br><br>Observations made throughout the day on 11/19/13, showed the following bathrooms had peeling wall covering and one or more unsealed holes in the walls and/or floors: shared rooms 28-29, 30-31, 32-33, 34-35, 39-40, 41-42, 43-44, and private rooms 36, 37, and 38.<br><br>During the environmental tour on 11/20/13 at 11:30 a.m., the maintenance supervisor (#5) identified they do not have a plan in place to address the conditions of the bathrooms. This staff person (#5) identified he does needed repairs of the rooms between admissions.<br><br>Observation of the toilet rooms and sinks occurred on 11/20/13 at 1:40 p.m., showed the following: Room 45 and 46 had holes in walls of the toilet rooms. Room 49 had peeling wall covering around the sink area. Room 50 had holes in both a wall and the floor of the bathroom. | F 465 | 3. A quarterly walk-through will be conducted of all resident rooms.and bathrooms to ensure needed repairs are identified and completed. These walk-throughs will be completed by the floor staff, department heads, and the housekeeping staff.<br><br>4. The quarterly walk-throughs will be completed and turned in to the department head meetings for review. At this time, a plan will be created to fix needed repairs and reported to the maintenance department.<br><br>5. | 1/20/14 |