

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

PRINTED: 11/04/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER WHITEHALL HEALTHCARE CENTER OF ANN ARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3370 EAST MORGAN RD ANN ARBOR, MI 48108		
(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 COMPLAINT INVESTIGATION STATE FACILITY NUMBER: #814060 INVESTIGATION EVENT NUMBER: #MI00045908, #MI00046138, MI00046578, #MI00046682, MI00046689, MI00046733, MI00046988. SURVEY CENSUS: MEDICARE: 8 MEDICAID: 52 OTHER: 15 TOTAL: 75 SURVEYOR ID NUMBER: #22347	F 000			
F 224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: THIS CITATION PERTAINS TO INTAKE MI00046689. BASED ON OBSERVATION, INTERVIEW, AND RECORD REVIEW, THE FACILITY FAILED TO PROVIDE APPROPRIATE HYGIENE AND URINARY CATHETER CARE IN 1 (RESIDENT #207) OF 17 SAMPLED RESIDENTS FROM A	F 224			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	<p>Continued From page 1</p> <p>TOTAL SAMPLE OF 17, RESULTING IN POOR HYGIENE CARE, LACK OF CATHETER CARE AND MAGGOTS FOUND IN HER VAGINAL AREA AND ON HER URINARY CATHETER WITH A HIGH RISK OF INFECTION, ISOLATION, AND MENTAL ANGUISH.</p> <p>FINDINGS INCLUDE:</p> <p>REVIEW OF THE FACE SHEET, MINIMUM DATA SET (MDS, RESIDENT ASSESSMENT TOOL) DATED 7/11/11 AND 8/28/11, NURSES NOTES DATED 7/14/11 AT 1:00 P.M. THROUGH 8/28/11 AT 8:00 A.M., MENTAL HEALTH BEHAVIORAL RECORDS DATED 4/18/11 THROUGH 8/16/11, PHYSICIAN PROGRESS NOTES DATED 7/5/11 THROUGH 8/18/11, AND HOSPITAL RECORDS DATED 8/28/11 THROUGH 9/18/11, REVEALED RESIDENT #207 WAS ALERT, REQUIRED EXTENSIVE ASSISTANCE WITH BED MOBILITY, TRANSFERS, RE-POSITIONING, TOILETING AND ASSISTANCE WITH BATHING/SHOWERS. THE RESIDENT WAS RESISTIVE TO BEING SHOWERED AND TURNED DUE TO A HISTORY OF CHRONIC PAIN AND LEG ULCERS. THE RESIDENTS DIAGNOSES INCLUDED ANXIETY, DEPRESSION, OBESITY, CHRONIC URINARY TRACT INFECTIONS (UTI'S), HIGH BLOOD PRESSURE, HEART FAILURE AND SEVERE OSTEOARTHRITIS INVOLVING JOINTS OF BOTH UPPER AND LOWER EXTREMITIES RESULTING IN BEING BED BOUND. THE RESIDENT WAS HOSPITALIZED ON 8/28/11 AND DIAGNOSED WITH SEPTIC SHOCK SECONDARY TO A URINARY TRACT INFECTION, CHRONIC SKIN ULCERS AND</p>	F 224			

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F 224	<p>Continued From page 2 NEPHROLITHIASIS (KIDNEY STONES).</p> <p>REVIEW OF THE URINARY CATHETER (6/27/11), IMMOBILITY (6/30/11), SELF CARE DEFICIT/ADL CARE (6/11), ALTERATION IN THOUGHT PROCESS (6/22/11) AND NON-COMPLIANCE (6/27/11) CARE PLANS REVEALED THE RESIDENT REFUSED TO USE THE BEDPAN OR GET OUT OF BED TO USE THE TOILET AND SHE WAS INCONTINENT OF BOWEL, HOWEVER SHE WOULD ALERT THE STAFF WHEN SHE NEEDED TO BE CHANGED, STAFF WAS TO PROVIDE CATHETER CARE "EVERY SHIFT AND AS NEEDED", APPROACH IN A CALM, WARM AND POSITIVE MANOR, ANTICIPATE NEEDS, MONITOR AND OBSERVE MENTAL STATUS CHANGES, ASK WHAT CHANGES IN ROUTINES OR PROCEDURES MIGHT ENHANCE COMPLIANCE WITH CARE, INTERACT POSITIVELY AND GIVE PRAISE, ENCOURAGE DAILY DECISION MAKING REGARDING CARE, PROVIDE INCONTINENCE CARE AFTER EACH INCONTINENT EPISODE AND IF SHE REFUSES SHOWERS, GIVE BED BATHS.</p> <p>REVIEW OF THE FACILITY INCIDENT REPORT DATED 8/16/11 AND THE "OCCURRENCES RELATED TO EVENT" REPORT DATED 9/1/11, REVEALED ON 8/13/11, AT 5:59 A.M. A CERTIFIED NURSING ASSISTANT (CNA #8) OBSERVED "LARVAE (MAGGOTS)" IN RESIDENT #207'S GENITAL AREA. THE RESIDENT WAS OFFERED A SHOWER WHICH SHE REFUSED, SO SHE WAS "IMMEDIATELY" GIVEN A BED BATH BY STAFF. THE UNIT MANAGER #2 WAS</p>	F 224			

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F 224	<p>Continued From page 3</p> <p>DIRECTED TO "IMMEDIATELY" GO INTO THE FACILITY AND ADDRESS THE ISSUE. THE UNIT MANAGER #2 REPORTED TO THE DON #1 THAT THE RESIDENT WAS GIVEN "ANOTHER SHOWER IN THE SHOWER ROOM" AND "ONE" LARVA WAS SEEN ON THE RESIDENT. THIS REPORT WAS SIGNED BY THE DIRECTOR OF NURSING (DON).</p> <p>IN A PHONE INTERVIEW ON 8/30/11 AT 12:05 P.M., RN CHARGE NURSE #2 (ON 8/12/11, ASSIGNED ON THIRD SHIFT 11:00 P.M. TO 7:00 A.M., TO THE HALL THE RESIDENT WAS ON STATED "ON 8/13/11 AT 6:00 A.M. MY AIDE (CNA #8) CAME TO ME AND ASKED ME TO LOOK AT SOMETHING MOVING AROUND (ON THE RESIDENT #207), THERE WAS SMALL LARVA (MAGGOTS) IN HER PERI AREA. I GOT A SYRINGE WITH NORMAL SALINE AND CLEANED HER UP THE BEST I COULD. I CALLED MY UNIT MANAGER #2 AND REPORTED IT TO HER. I DID NOT DOCUMENT THE MAGGOTS, SHE (RN UNIT MANAGER #2) TOLD ME SHE WOULD CALL THE FAMILY. WE DIDN'T SHOWER HER AT THE TIME BECAUSE WE DIDN'T HAVE ENOUGH STAFF TO SHOWER HER. I WAS PASSING MEDS (MEDICATIONS) AND I HAD 1 CNA TO 25 RESIDENTS".</p> <p>PHONE INTERVIEW'S WERE DONE ON 8/30/11 (AT 2:13 P.M.) AND 8/31/11 (AT 9:40 A.M.), WITH CNA #8 (ON 8/12/11, ASSIGNED ON THIRD SHIFT TO THE HALL THE RESIDENT WAS ON). CNA #8 STATED "ON 8/13/11 AT ABOUT 6:00 A.M., I CAME IN TO CLEAN HER (RESIDENT #207) UP, (RN CHARGE NURSE #2) WAS PASSING PILLS. I</p>	F 224			

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F 224	Continued From page 4 GOT ALL HER SUPPLIES OUT AND PULLED THE BLUE PAD FROM ON TOP OF HER LEG, I SAW LITTLE MAGGOTS AROUND HER VAGINA AND AROUND HER CATHETER (URINARY CATHETER). THEY WERE MOVING, THEY WERE WHITE, ABOUT 20 OF THEM, SHE (RESIDENT #207) SAID IT ITCHED DOWN THERE. THEY WERE MOVING PRETTY FAST, I SAW MAGGOTS BEFORE. I WENT AND TOLD (RN CHARGE NURSE #2). HE SAID THEY LOOKED LIKE "FLY LARVA, THEY WERE MAGGOTS". HE GOT NORMAL SALINE AND RINSED THE AREA, NOT ALL OF THEM CAME OFF. HE (RN CHARGE NURSE #2) SAID IS THIS HOW YOU FOUND HER AND HE SAID HE HAD TO REPORT THIS TO HIS MANAGER (RN NURSE MANAGER #2). I DIDN'T GIVE HER A SHOWER AT THAT TIME BECAUSE I HAD APPROXIMATELY 25 RESIDENTS , I WOULD HAVE NEGLECTED MY OTHER RESIDENT'S. I SAW SEVERAL FLIES ON HER LEGS AND AROUND HER BED. I REPORTED IT TO MY NURSE AND HE CAME IN AND LOOKED AT IT, APPROXIMATELY 2 WEEKS EARLIER. I HAVE NEVER BEEN CHECKED-OFF (CNA YEARLY SKILLS COMPETENCY EVALUATION OF RESIDENT CARE) ON RESIDENT CARE AND I HAVE NOT BEEN IN-SERVICED ON THE RESIDENTS (RESIDENT #207) BEHAVIORS. I HAVE NEVER BEEN TOLD BY ANYONE HERE HOW TO CARE FOR (RESIDENT #207) OR HOW TO MANAGE HER BEHAVIORS. WE (CNA'S) WERE NEVER TOLD HOW TO DO THE BEHAVIOR SHEETS. THE CHARGE NURSES TOLD US TO JUST DOCUMENT SHE REFUSES CARE OR SHOWERS". REVIEW OF THE WRITTEN STATEMENT DONE BY CNA #8	F 224			

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F 224	<p>Continued From page 5</p> <p>DATED 8/31/11, REVEALED "ABOUT 2 WEEKS BEFORE THE MAGGOTS WERE FOUND THERE WERE LOTS OF FLIES, SMALL FRUIT FLIES AROUND (RESIDENT #207'S) WOUNDS ON HER LEGS, WHEN I PULLED THE SHEETS BACK, SOME OF THEM FLEW AWAY AND A FEW STAYED ON THE SHEETS. I REPORTED TO MY NURSE, HE SAW THE FRUIT FLIES".</p> <p>IN AN INTERVIEW ON 8/31/11, CNA #10 (ON 8/16/11, ASSIGNED ON FIRST SHIFT TO THE HALL THE RESIDENT WAS ON STATED "ON TUESDAY (8/16/11), I ASKED IF THEY WERE GOING TO SEND HER TO THE HOSPITAL. I WAS TOLD TO GIVE HER A SHOWER AND SHE REFUSED BUT (RN NURSE MANAGER #2) MADE ME GIVE HER A SHOWER. NO, WE DID NOT OFFER HER A BED BATH. I SAW MAGGOTS IN HER VAGINA. THE NURSE MANAGER WAS TAKING THE MAGGOTS OUT AND SMASHING THEM, I SAW ABOUT 4 OR 5". REVIEW OF CNA #10'S WRITTEN STATEMENT DATED 8/31/11, SAID "I (CNA #10) WENT INTO (RESIDENT #207'S) ROOM ON 8/16/11 TO GIVE HER A SHOWER AND WITNESSED NURSE MANAGER (RN NURSE MANAGER #2) PICKING THEM (MAGGOTS) OUT OF HER VAGINA, SHE WAS ROLLING THEM AROUND ON HER FINGERS".</p> <p>IN PHONE INTERVIEWS ON 8/30/11 (AT 1:10 P.M.) AND ON 9/1/11 (AT 10:00 A.M.), RN NURSE MANAGER #2 STATED "THE CLINICAL CORPORATE PERSON WANTED ME TO CALL IT DEBRIDEMENT (THE MAGGOTS FOUND ON THE RESIDENT), THEY WOULDN'T LET ME PUT MAGGOTS DOWN (ON THE INCIDENT REPORT). I WENT THERE (TO THE</p>	F 224			

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F 224	<p>Continued From page 6</p> <p>FACILITY) ON SATURDAY, 8/13/11 AROUND NOON (6 HOURS AFTER THE MAGGOTS WERE FIRST FOUND) TO SHOWER THE RESIDENT. THEY (THIRD SHIFT STAFF THAT FOUND THE MAGGOTS) DIDN'T GIVE HER A SHOWER BUT THEY COULD HAVE GIVEN HER A BED BATH, SHE SAID SHE WOULD TAKE A BED BATH. I TOLD HER THAT I SAW SHE HAD MAGGOTS. I GOT HER IN THE SHOWER, I ACTUALLY SAW ONE OR TWO MAGGOTS, BUT I THINK THERE WAS MORE, I SHOWED IT TO THE RESIDENT, IT WAS MOVING. I THINK THERE WAS FOOD IN THERE (IN THE RESIDENT'S VAGINA) IT WAS FLUSHED DOWN THE DRAIN; I SAW IT GO DOWN THE DRAIN. THE DON #1 SAID DON'T DO THE INCIDENT REPORT (ON 8/13/11) BECAUSE THEY (FACILITY MANAGEMENT) DIDN'T KNOW HOW TO WORD IT. I DIDN'T INTERVIEW ANY STAFF, THE DON DIDN'T TELL ME TO. I FOLLOWED-UP WITH HER (THE DON #1) ON MONDAY (8/15/11) AND ASKED HER IF SHE WROTE IT UP AND SHE SAID "NO", SHE "DIDN'T KNOW WHAT TO WRITE" (THE FACILITY INCIDENT REPORT WAS DATED 8/16/11)". THE SURVEYOR WAS UNABLE TO CONTACT THE CLINICAL CORPORATE PERSON; SHE NO LONGER WAS EMPLOYED BY THE CORPORATION, PER THE CURRENT DON.</p> <p>IN AN INTERVIEW ON 8/30/11 AT 12:40 P.M., CNA #7 (FULL TIME CNA ON THE HALL THE RESIDENT WAS ON) STATED "I TOLD THE UNIT MANAGER #2 AND THE DON #1 THAT SHE (RESIDENT #207) HAD FLIES IN HER WOUNDS (ON HER LEGS) AND SHE'S GONNA GET MAGGOTS, THEY (FACILITY</p>	F 224			

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F 224	<p>Continued From page 7</p> <p>MANAGEMENT AND CHARGE NURSE) TOLD ME TO DOCUMENT SHE REFUSED SHOWERS. THEY LET HER LAY THERE AND DIDN'T CHANGE HER WOUNDS (DRESSINGS) AND THEY SAID SHE REFUSED AND THEY DIDN'T WANT TO ARGUE WITH HER".</p> <p>IN AN INTERVIEW ON 8/31/11 AT 12:55 P.M., THE DIRECTOR OF SOCIAL SERVICES #1 STATED "I WAS NOT ASKED TO DO ANYTHING ABOUT THE MAGGOTS. I HAVE NOT EVER DONE AN IN-SERVICE FOR STAFF ON HER (RESIDENT #207) AND HOW TO DEAL WITH HER BEHAVIORS. NO I DON'T KNOW WHY, GOOD QUESTION, YES ESPECIALLY NOW I THINK WE NEEDED TO DO ONE. IF THERE'S NO DOCUMENTATION OF ANY INTERVENTIONS (ON THE RESIDENTS BEHAVIOR RECORDS), IT DIDN'T HAPPEN". WHEN ASKED BY THE SURVEYOR TO LOCATE DOCUMENTATION THAT THE RESIDENT RECEIVED CATHETER CARE OR REGULARLY SCHEDULED BED BATHS (PER THE RESIDENT'S CARE PLANS), THE DIRECTOR OF SOCIAL SERVICES WAS UNABLE TO FIND ANY. THE DIRECTOR OF SOCIAL SERVICES STATED "ON THE 15TH (8//15/11), (RN NURSE MANAGER #2) TOLD ME ABOUT THE MAGGOTS, I HAVEN'T DONE ANY IN-SERVICES ON RESIDENTS RIGHTS (REGARDING NEGLECT), WE HAVE HAD 4 OR 5 DON'S SINCE 1/11".</p> <p>IN AN INTERVIEW ON 9/1/11 AT 9:40 A.M., THE FACILITY MEDICAL DIRECTOR#1, WHO WAS RESIDENT #207'S PRIMARY PHYSICIAN, REVEALED SHE WAS UNAWARE THE RESIDENT WAS NOT OFFERED OR</p>	F 224			

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F 224	<p>Continued From page 8</p> <p>RECEIVED REGULARLY SCHEDULED BED BATHS IN PLACE OF SHOWERS. REVIEW OF THE PHYSICIAN PROGRESS NOTES DATED 8/18/11, STATED "SHE (RESIDENT #207) SAID "WHEN I SIT IN THE SHOWER CHAIR IT HURTS MY BACK AND I DON'T WANT TO SIT DOWN. I DON'T LIKE HILO (A HOYER LIFT) BECAUSE THAT CAUSES A PROBLEM OF PAIN IN MY HIP JOINT ALSO. I DON'T WANT TO HEAR ANYTHING, AND NO MATTER WHAT HAPPENS I WILL TAKE A SHOWER WHEN I WANT TO DO SO. YOU HAVE TO GIVE ME A SPONGE BATH (BED BATH)".</p> <p>REVIEW OF THE HOSPITAL HISTORY AND PHYSICAL DATED 9/12/11, STATED "THE PATIENT REPORTS THAT SHE HAS HAD PAIN IN HER RIGHT LOWER EXTREMITY FOR SEVERAL MONTHS. SHE DESCRIBES THE PAIN AS INVOLVING THE ENTIRE RIGHT LOWER EXTREMITY, WITH MAXIMAL INTENSITY AROUND HER RIGHT ANTERIOR THIGH AND HIP AREA. ANY MOVEMENT OF EITHER LOWER EXTREMITY ELICITS PAIN BECAUSE OF WHICH SHE HAS BEEN BED BOUND FOR THE PAST 1 YEAR AND IS NOT EVEN ABLE TO TRANSFER TO A WHEELCHAIR. LOWER EXTREMITY DOPPLER'S WERE PERFORMED WHICH SHOWED THE PRESENCE OF ACUTE LEFT FEMORAL DVT (A BLOOD CLOT). RANGE OF MOTION COULD NOT BE TESTED AT EITHER HIP OR KNEE JOINT DUE TO SIGNIFICANT PAIN. A MOIST, MACULAR RASH NOTED IN BOTH GROINS CONSISTENT WITH TINIER (FUNGUS)". REVIEW OF THE HOSPITAL NOTE DATED 9/15/11, STATED "CHIEF COMPLAINT: RIGHT HIP PAIN, A 66 YEAR</p>	F 224			

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F 224	<p>Continued From page 9</p> <p>OLD WOMAN WHO HAS HAD SEVERE ARTHRITIS AFFECTING MULTIPLE JOINTS FOR MANY YEARS. RADIOGRAPHS (X-RAYS) OF THE PELVIS SHOW BILATERAL (BOTH SIDES) SEVERE OSTEOPENIA (DECREASED BONE DENSITY)". THE HOSPITAL REPORT SAID THE RESIDENT HAD A "NON-DISPLACED RIGHT INTERTROCHANTERIC FRACTURE" (A FRACTURE OF HER RIGHT HIP) AND IT WAS "LIKELY THE RESULT OF BONE INSUFFICIENCY". REVIEW OF THE HOSPITAL PROGRESS NOTE DATED 9/18/11, STATED "SHE DOES HAVE EXTENSIVE SKIN CHANGES DUE TO POOR HYGIENE AND REFUSING TO BE TURNED".</p> <p>OBSERVATION AND INTERVIEW OF RESIDENT #207 WAS DONE ON 9/1/11 AT 7:50 A.M., AT THE HOSPITAL. THE RESIDENT WAS ALERT, SITTING UP IN BED READING. THE RESIDENT WAS FOUND TO BE NEAT, CLEAN; WITH NO ODORS NOTED AND STATED SHE WAS PAIN FREE. RESIDENT #207 STATED "YES I REFUSED A SHOWER; IT HURT MY LEGS AND BACK TOO MUCH. THE HOYER (A MECHANICAL LIFT USED TO TRANSFER HER TO THE SHOWER CHAIR) HURTS ME WHEN I'M IN IT AND THE SHOWER CHAIR IS HARD AND IT HURTS MY BACK A LOT. THEY (FACILITY STAFF) KEPT SAYING I REFUSED A BED BATH, BUT IT'S THE ONLY WAY I COULD GET CLEAN. THEY (FACILITY STAFF) KEPT ASKING ME IF I WAS ON THE SHOWER LIST, I KEPT TELLING THEM I GET BED BATHS, BUT THEY DID NOT GIVE ME BED BATHS; I DIDN'T REFUSE A BED BATH. THEY JUST PUT CREAM ON MY LEGS</p>	F 224			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER WHITEHALL HEALTHCARE CENTER OF ANN ARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3370 EAST MORGAN RD ANN ARBOR, MI 48108		
(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 224	Continued From page 10 AND BOTTOM. THE (RN NURSE MANAGER #2) TOLD ME I HAD MAGGOTS AND I DIDN'T BELIEVE HER AT FIRST, I TOLD HER SHE WAS CRAZY. I DIDN'T TELL ANYONE, NOT EVEN HERE (AT THE HOSPITAL) BECAUSE IT WAS EMBARRASSING, I DIDN'T TELL ANYONE. I TOLD THEM (FACILITY STAFF) MY CATHETER NEEDED CLEANING. THEY WOULDN'T WASH MY CATHETER, THERE WERE TIMES IT WAS WEEKS BEFORE THEY CLEANED MY CATHETER AND THEN THEY WOULD GET MAD AT ME. EVERY TIME WE WOULD DISAGREE, THEY WOULD SEND THE PSYCH LADY IN TO SEE ME. I DID SEE FLIES IN THE FACILITY, NOT ONLY IN MY ROOM BUT ALSO IN THE HALLWAY. I TOLD THEM (FACILITY STAFF) ABOUT THE FLIES, NO ONE DID ANYTHING OR TALKED TO ME ABOUT IT. THIS (THE MAGGOTS FOUND ON HER) IS VERY UP-SETTING TO ME, IT'S EMBARRASSING TO ME, DON'T TELL ANYONE HERE (AT THE HOSPITAL), I DON'T WANT THEM TO KNOW". A SECOND INTERVIEW WITH RESIDENT #207 WAS DONE ON 9/20/11 AT 9:05 A.M.; SHE WAS AT THE FACILITY IN HER BED, ALERT, SITTING UP WITH THE TV ON. THE RESIDENTS ROOM AIR CONDITIONER WAS ON AND THE GAPS AROUND THE OUTSIDE OF IT WERE NOTED, NO ONE HAD CAULKED THESE AREAS, SO IT WAS POSSIBLE TO SEE OUTSIDE THROUGH THE GAPS. THIS WAS AN ENTRANCE FOR FLIES AND BUGS TO GET INTO THE RESIDENTS ROOM. THE RESIDENT STATED "THE DOCTORS (AT THE HOSPITAL) ASKED ME ABOUT THE MAGGOTS, THEY WANTED TO KNOW HOW IT HAPPENED. THEY ALSO FOUND A	F 224			

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F 224	<p>Continued From page 11</p> <p>FRACTURE (THE RESIDENTS HIP FRACTURE CAUSING PAIN WITH MOVEMENT)".</p> <p>IN AN INTERVIEW ON 9/6/11 AT 12:50 P.M., RESIDENT #207'S FAMILY MEMBER #1/DPOA STATED "WHEN THEY (FACILITY STAFF, UNABLE TO RECALL NAME) CALLED ME ABOUT THE MAGGOTS, IT WAS THE FIRST TIME THEY TOLD ME SHE REFUSED SHOWERS, THEY CALLED ME ALTOGETHER ABOUT 4 TIMES, 3 TIMES ABOUT HER NOT WANTING TO GO TO THE DOCTORS AND 1 TIME ABOUT THE MAGGOTS AND REFUSING SHOWERS. I KNOW SHE WAS EMBARRASSED BY THE MAGGOTS, SHE DIDN'T TELL ANYONE AT THE HOSPITAL. I WAS NOT AWARE THE FACILITY DIDN'T GIVE HER REGULAR BED BATHS OR CATHETER CARE, I AM OUT OF TOWN A LOT AND I DON'T WANT TO MAKE TROUBLE AND SHE GETS KICKED OUT".</p> <p>REVIEW OF THE FACILITY BOWEL INCONTINENCE EVALUATION DATED 7/13/11, REVEALED THE RESIDENT HAD A HISTORY OF INCONTINENCE, WAS ON MEDICATIONS THAT AFFECT BOWEL FUNCTION (PAIN MEDS AND LAXATIVE), HAD PAIN THAT IMPACTED HER ABILITY TO TOILET HERSELF, WAS VISUALLY IMPAIRED, REQUIRED THE ASSISTANCE OF 2 STAFF FOR TOILETING AND HAD CHRONIC ULCERS (ON HER LEGS AND COCCYX).</p> <p>REVIEW OF THE RESIDENT'S INFORMATION SHEET (UN-DATED, A GUIDE TO RESIDENT CARE), REVEALED SHE WAS INCONTINENT OF BOWEL AND BLADDER, HAD A URINARY</p>	F 224			

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F 224	<p>Continued From page 12</p> <p>CATHETER, WAS TO BE "CHECKED AND CHANGED", WAS NON-WEIGHT BEARING AND HER SHOWER (OR BED BATH) DAYS WERE TUESDAY AND FRIDAY.</p> <p>DURING AN INTERVIEW DONE ON 8/3/11 AT 1:37 P.M., THE DON STATED "CATHETER CARE SHOULD BE DONE EVERY SHIFT". REVIEW OF THE FACILITY INDWELLING CATHETER CARE POLICY DATED 8/04, STATED "DOCUMENT THE FOLLOWING: DATE AND TIME, CHANGES IN URINE COLOR SEDIMENT, AMOUNT OF URINE AS APPLICABLE, COMPLAINTS OF PAIN OR DISCOMFORT, RESIDENT RESPONSE TO PROCEDURE. COMPLETE CATHETER CARE AT LEAST DAILY". REVIEW OF RESIDENT #207'S NURSE'S NOTES DATED 7/14/11 THROUGH 8/13/11, REVEALED NO DOCUMENTATION OF URINARY CATHETER OR OF HER URINE (THE RESIDENT HAD A HISTORY OF CHRONIC UTI'S).</p> <p>REVIEW OF THE FACILITY "NURSES TASK LIST" (UN-DATED) REVEALED THE NURSING STAFF WERE TO, "MONITOR AND DIRECT CNA'S AND THE CARE OF THE RESIDENTS, SHAVES, SHOWERS. AUDIT ALL CNA DOCUMENTATION" AND "NOTIFY DIRECTOR OF NURSING OF ANY CHANGES IN RESIDENT CONDITION, ANY RESIDENT OR STAFF BEHAVIOR PROBLEMS". REVIEW OF THE FACILITY CENA (CERTIFIED NURSING ASSISTANT) ASSIGNMENT (UN-DATED) STATED "COMPLETE EVERY 2 HR TOILETING AND CHECK AND CHANGES PERFORMING PERI CARE AFTER EACH INCONTINENT EPISODE".</p>	F 224			

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F 224	Continued From page 13 REVIEW OF THE ALL FACILITY RESIDENT SHOWER SHEETS FOR 8/11, REVEALED A TOTAL OF 8 WITH DOCUMENTATION OF A SHOWER/BATH GIVEN, A TOTAL OF 8 WITH RESIDENT'S NAMES, ROOM NUMBERS AND DATES ON TOP OF THEM WITH NO DOCUMENTATION OF SHOWER/BATH, SKIN ASSESSMENT, ORAL ASSESSMENTS, A TOTAL OF 1 SHOWER SHEET WITH A RESIDENT "REFUSAL" OF A SHOWER/BATH AND ONLY 1 SHOWER SHEET DATED 8/16/11, HAD DOCUMENTATION RESIDENT #207 HAD RECEIVED A "SHOWER, HAIR WASHED, SHAVE". ON 9/1/11 BETWEEN 8:10 A.M. AND 8:30 A.M., THE SURVEYOR AND DON #1 WENT THROUGH ALL FACILITY SHOWER SHEETS DATED 7/11 AND 8/11, AND ONLY ONE SHOWER SHEET DATED 8/16/11, WAS FOUND FOR RESIDENT #207 BY THE DON. WHEN THE SURVEYOR REQUESTED COPIES OF ALL SHOWER SHEETS FOR 7/11 AND 8/11, DON #1 SAID "THEY WERE NOT PART OF THE RESIDENT'S RECORD" AND SHE COULD NOT GIVE THEM TO THE SURVEYOR. ON THE BOTTOM OF THE FACILITY SHOWER SHEETS IT STATED "BEFORE TURNING IN THIS FORM TO TREATMENT MANAGER, YOU MUST HAVE A BODY AUDIT DONE EVEN IF SHOWER IS REFUSED". REVIEW OF THE ACTIVITY OF DAILY LIVING RECORD DATED 8/1/11 THROUGH 8/28/11 (THE DAY SHE WAS SENT TO THE HOSPITAL), REVEALED ON 8/16/11 AND 8/23/11 (BOTH DATES WERE AFTER THE MAGGOTS WERE FOUND ON THE RESIDENT) WERE THE ONLY DAYS SHE RECEIVED A SHOWER AND THERE WAS NO DOCUMENTATION FOUND OF STAFF GIVING	F 224			

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F 224	<p>Continued From page 14</p> <p>THE RESIDENT A BED BATH IN THE MONTH OF AUGUST, 2011. IN AN INTERVIEW ON 9/1/11 AT 9:48 AM, THE DON STATED STAFF DOCUMENTED ALL SHOWERS AND BED BATHS ON THE ADL SHEETS AND SHE HIGH-LIGHTED WITH PINK MARKER THE ONLY 2 SHOWERS GIVEN FOR 8/11. DON #1 ALSO STATED, "YOU HAVE EVERYTHING (THE SURVEYOR HAD ALL DOCUMENTATION REGARDING THE RESIDENT'S CARE), IT (DAILY PERI CARE AND CATHETER CARE) WAS DONE BUT NOT DOCUMENTED".</p> <p>REVIEW OF THE FACILITY COMPLETE AND PARTIAL BED BATH POLICIES DATED 8/04, STATED THE PURPOSE WAS TO "CLEANSE AND COMFORT THE RESIDENT" AND STAFF WAS TO "REVIEW AND REVISE RESIDENT BATHING PLAN AS INDICATED". REVIEW OF THE SHOWER POLICY DATED 8/04, STATED "PROVIDE THE RESIDENT WITH THE OPPORTUNITY TO BATHE ACCORDING TO PREFERENCE".</p> <p>REVIEW OF THE RESIDENT'S BEHAVIOR SYMPTOM MONITORING AND REVIEW RECORDS DATED 8/23/10 THROUGH 8/22/11, REVEALED A TOTAL OF 96 ENTRIES OF RESIDENT #207 REFUSING TO BE REPOSITIONED OR TO RECEIVE CARE, WITH ONLY A TOTAL OF 5 DOCUMENTED ENTRIES OF "NON-PHARMACOLOGIC INTERVENTIONS DONE BY STAFF (ON 8/23/10, 9/24/10, 6/24/11 AND 8/3/11)". 35 OF THE 96 RESIDENT DOCUMENTED BEHAVIORS WERE REGARDING PERSONAL CARE. OF THE 35 BEHAVIORS NOTED, 11 OF THEM WERE THAT THE RESIDENT HAD REFUSED TO BE</p>	F 224			

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F 224	<p>Continued From page 15</p> <p>CHANGED IN THE MIDDLE OF THE NIGHT, HOWEVER SHE AGREED STAFF COULD CHANGE HER BETWEEN "4:00 A.M. AND 6:00 A.M.". REVIEW OF THE FACILITY BEHAVIOR MANAGEMENT PROGRAM OVERVIEW AND INTERVENTION POLICIES DATED 8/10, STATED "THE FACILITY STAFF PROVIDES INDIVIDUALIZED CARE AND SERVICES THAT PROMOTE THE HIGHEST PRACTICABLE LEVEL OF FUNCTION FOR EACH RESIDENT. IF A RESIDENT DEVELOPS AND/OR EXHIBITS BEHAVIOR(S) THAT ARE HARMFUL OR POTENTIALLY HARMFUL TO HIM SELF OR OTHERS, A BEHAVIOR MANAGEMENT PLAN WILL BE IMPLEMENTED. THE COMPONENTS OF THE BEHAVIOR MANAGEMENT PROGRAM INCLUDE: IDENTIFICATION AND IMPLEMENTATION OF APPROPRIATE INTERVENTIONS TO ADDRESS BEHAVIORS. COMMUNICATE TRIGGERS AND INTERVENTIONS TO THE CARE GIVING TEAM. MONITOR AND DOCUMENT RESIDENT RESPONSE TO INTERVENTIONS".</p> <p>REVIEW OF THE FACILITY "NURSES TASK LIST" (UN-DATED) REVEALED THE NURSING STAFF WERE TO, "MONITOR AND DIRECT CNA'S AND THE CARE OF THE RESIDENTS, SHAVES, SHOWERS. AUDIT ALL CNA DOCUMENTATION" AND "NOTIFY DIRECTOR OF NURSING OF ANY CHANGES IN RESIDENT CONDITION, ANY RESIDENT OR STAFF BEHAVIOR PROBLEMS". REVIEW OF THE FACILITY CENA (CERTIFIED NURSING ASSISTANT) ASSIGNMENT (UN-DATED) STATED "COMPLETE EVERY 2 HR (HOUR) TOILETING AND CHECK AND CHANGES PERFORMING PERI CARE AFTER EACH</p>	F 224			

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F 224	Continued From page 16 INCONTINENT EPISODE". REVIEW OF THE FACILITY ABUSE PREVENTION PROGRAM POLICY DATED 3/11; REVEALED THE FACILITY DEFINITION OF NEGLIGENCE WAS "FAILURE TO PROVIDE GOODS AND SERVICES NECESSARY TO AVOID PHYSICAL HARM, MENTAL ANGUISH, OR MENTAL ILLNESS". (22347)	F 224			
F 253 SS=F	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: THIS CITATION PERTAINS TO MI00045908, MI00046138, MI00046578, MI00046682, MI00046689, MI00046733 AND MI00046988. BASED ON OBSERVATIONS, INTERVIEWS, AND RECORDS REVIEW, THE FACILITY FAILED TO MAINTAIN A SANITARY ENVIRONMENT IN 20 (LARGE WING #102, #104, #106, #107, #110, #112, #113, #114, #117, #118, #119, #120, #124, #125, #129, EAST WING #210, #301, #304, #309 AND SOUTH WING #401) OF 56 RESIDENT ROOMS, 3 RESIDENT SHOWER'S (HALL'S 100, 300 AND 400), 1 PUBLIC RESTROOM, 1 FRONT LOBBY, 1 BREEZEWAY AND THE ACTIVITY/MAIN DINING ROOM, RESULTING IN THE POTENTIAL FOR RODENT INFESTATION AND THE SPREAD OF COMMUNICABLE DISEASE.	F 253			

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F 253	Continued From page 17 FINDINGS INCLUDE: ENVIRONMENTAL OBSERVATIONS MADE ON 9/6/11 (AT 8:20 A.M. TO 12:15 P.M.) ARE AS FOLLOW: ROOM 102: -THE RUNNING AIR CONDITIONERS FILTER HAD THICK DUST ON IT (ALL AIR CONDITIONERS WERE PORTABLE WINDOW UNITS), WITH SEVERAL GAPS AROUND THE UNIT ENABLING THE SURVEYOR TO SEE OUTSIDE AND FLIES/BUGS TO ENTER THE FACILITY. -SEVERAL ELECTRICAL CORDS ON THE FLOOR UNDER BED 2, TANGLED TOGETHER. -IN THE BATHROOM WAS A SOILED WET TOWEL ON THE FLOOR AROUND THE TOILET, A PINK PLASTIC WASH BASIN AND URINE HAT UN-LABELED AND NOT IN PLASTIC BAGS SITTING ON THE WINDOWSILL. -IN THE BATHROOM SITTING ON THE WINDOWSILL WAS AN UN-LABELED URINE C & S KIT (FOR A LAB TEST). -IN THE BATHROOM ONE OF THE LIGHT BULBS IN THE CEILING LIGHT WAS NOT WORKING. ROOM 104: -THE RUNNING AIR CONDITIONER HAD A	F 253			

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F 253	<p>Continued From page 18</p> <p>FILTER THICKLY COATED WITH GRAY DUST AND DIRT WITH SEVERAL GAPS AROUND THE UNIT ENABLING THE SURVEYOR TO SEE OUTSIDE AND FLIES/BUGS TO ENTER THE FACILITY. THE RESIDENT WAS IN THE ROOM AT THE TIME.</p> <p>ROOM 106:</p> <p>-THE RUNNING AIR CONDITIONER HAD GAPS (1/4 INCH) AROUND IT, WHERE THE OUTSIDE COULD BE SEEN AND FLIES/BUGS COULD GET IN). THE AIR CONDITIONER FILTER WAS COVERED WITH DIRT AND DUST. THE FLOOR HAD PAPERS AND DIRT IN THE CORNERS. DURING AN INTERVIEW ON 9/6/11 AT 8:25 A.M., THE SAMPLED RESIDENT (SITTING NEAR THE AIR CONDITIONER) STATED, " YES, I HAVE SEEN FLIES IN HERE A LOT " .</p> <p>-BED 2 HAD A PILE OF PLUGGED IN ELECTRICAL CORDS TANGLED TOGETHER UNDER THE HEAD AND SIDE OF HER BED; SHE WAS IN THE BED AT THE TIME.</p> <p>ROOM 107: -THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH DUST AND DIRT AND HAD SEVERAL GAPS AROUND THE UNIT THAT ENABLED THE SURVEYOR TO SEE OUTSIDE.</p> <p>ROOM 110: -THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH DIRT AND DUST, WITH A NON-SAMPLED RESIDENT IN THE ROOM. DURING AN INTERVIEW ON 9/6/11 AT 8:35 A.M., THE</p>	F 253			

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F 253	<p>Continued From page 19</p> <p>RESIDENT STATED, " I HAVE SEEN FLIES IN MY ROOM " .</p> <p>-SEVERAL EMPTY POP BOTTLES WERE ON THE FLOOR UN-BAGGED UNDER BED #1.</p> <p>ROOM 112:</p> <p>-A FLY WAS OBSERVED ON THE END OF THE RESIDENT'S BED. DURING AN INTERVIEW ON 9/6/11 AT 8:45 A.M., THE NON-SAMPLED RESIDENT STATED, " YES I HAVE SEEN FLIES IN HERE (THE RESIDENTS ROOM)".</p> <p>-URINE WAS NOTED SITTING IN A URINE HAT (USED TO COLLECT URINE FOR LABS) ON THE BACK OF THE TOILET, UN-LABELED AND UN-COVERED.</p> <p>-PART OF THE BATHROOM BLACK FLOOR MOLDING WAS MISSING.</p> <p>ROOM 113:</p> <p>-THE RESIDENT WAS NEWLY ADMITTED ON 9/5/11 (PER CHARGE NURSE), AND A SMALL VASE OF DEAD FLOWERS WAS SITTING IN YELLOW WATER WITH A STRONG ODOR ON THE WINDOWSILL. DURING AN INTERVIEW DONE ON 9/6/11 AT 8:50 A.M., THE NON-SAMPLED RESIDENT SAID THE FLOWERS WERE NOT HERS AND SHE WANTED THEM REMOVED FROM HER ROOM.</p> <p>ROOM 114:</p> <p>-IN THE CLOSET THE FLOOR MOLDING WAS</p>	F 253			

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F 253	<p>Continued From page 20</p> <p>OFF AND SEVERAL DEPENDS, 2 BROKEN HANGERS, SOILED CLOTHES AND A USED MEDICAL GLOVE WAS OBSERVED ON THE FLOOR. DURING AN INTERVIEW ON 9/6/11 AT 8:52 A.M., THE NON-SAMPLED RESIDENT STATED, " YES, THERE WERE FLIES IN HERE (HER ROOM) " .</p> <p>-THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH THICK GRAY DUST AND DIRT, WITH A RESIDENT SITTING NEAR IT.</p> <p>-A SECTION OF THE WINDOW VERTICAL BLINDS WERE SITTING ON THE WINDOWSILL, ENABLING THE SURVEYOR TO SEE OUTSIDE WITH THE BLINDS SHUT.</p> <p>-THE FLOOR UNDER BED 2 WAS DUSTY AND HAD PIECES OF USED KLEENEX ON IT.</p> <p>ROOM 117:</p> <p>-THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH DARK GRAY DUST AND DIRT WITH SEVERAL GAPS AROUND THE UNIT ENABLING THE SURVEYOR TO SEE OUTSIDE AND ENABLING FLIES/BUGS TO ENTER THE FACILITY. A RESIDENT WAS IN THE ROOM SITTING NEAR THE AIR CONDITIONER. DURING AN INTERVIEW ON 9/6/11 AT 8:55 A.M., THE NON-SAMPLED RESIDENT STATED, " I SAW FLIES BECAUSE THE AIR CONDITIONERS ARE NOT BLOCKED OFF (PROPERLY SEALED AROUND THE EDGES) AND I TOLD THEM (FACILITY STAFF) " .</p>	F 253			

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F 253	<p>Continued From page 21</p> <p>HALL 100'S RESIDENT SHOWER ROOM ACROSS FROM THE NURSING STATION:</p> <p>-A PLASTIC BOTTLE OF PARTLY USED DIE LOTION AND 2 PARTLY USED BOTTLES OF LIQUID SOAPS THAT WERE UN-LABELED AND SITTING ON TOP OF THE LOCKED WALL CABINET.</p> <p>-THE TOILET WAS UN-FLUSHED AND HAD BM IN IT (THE SHOWER ROOM DOOR WAS OPEN AND LIGHT TURNED OFF).</p> <p>-RUST WAS OBSERVED ON THE PIPES UNDER THE SINK.</p> <p>-STANDING WATER WAS ON THE FLOOR UNDER THE SINK AND IN FRONT OF THE TOILET, WITH NO WET FLOOR SIGN.</p> <p>-A CLEAR PLASTIC BAG OF SOILED WET TOWELS WAS SITTING ON THE FLOOR.</p> <p>-THE HEATER HAD RUST ON IT AND WAS COMING PARTLY OFF THE WALL; THERE WAS A GAP OF APPROXIMATELY 2 TO 2.5 INCHES FROM THE WALL.</p> <p>ROOM 118:</p> <p>-SEVERAL FLOOR TILES WERE MISSING IN AND AROUND THE CLOSET.</p> <p>-THE CLOSET DOOR WAS FREELY HANGING; IT WAS PARTLY OFF THE TRACK. DURING AN INTERVIEW ON 9/6/11 AT 9:00 A.M., THE NON-SAMPLED RESIDENT STATED, " IT'S BEEN BROKEN".</p>	F 253			

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F 253	Continued From page 22 ROOM 119: -THE NON-SAMPLED RESIDENT WAS SLEEPING NEXT TO THE RUNNING AIR CONDITIONER THAT HAD A FILTER COVERED WITH THICK DUST AND DIRT. THE OUTSIDE OF THE UNIT HAD DRIED DIRT AND DUST ON IT WITH GAPS AROUND THE EDGES ENABLING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. ROOM 120: -THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH DUST AND DIRT AND THE OUTSIDE OF THE UNIT WAS DIRTY, WITH GAPS AROUND THE EDGES ENABLING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. -THE FLOOR WAS VERY DIRTY WITH FOOD AND PAPERS ON IT. -THE RESIDENT PRIVACY CURTAIN HAD A LARGE RED DRIED AREA ON IT. -THE RIGHT CLOSET DOOR WAS MISSING AND THERE WERE EMPTY POP BOTTLES (UN-BAGGED) ON THE FLOOR. -A RESIDENT WATER CUP WAS ON THE FLOOR NEAR BED 1. -UNDER BED 1, THE FLOOR WAS VERY DIRTY NEAR THE WALL.	F 253			

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F 253	Continued From page 23 HALL 100'S ICE MACHINE WAS EMPTY WITH A FEW PAPERS IN IT. DURING AN INTERVIEW ON 9/6/11 AT 9:36 A.M., LPN CHARGE NURSE #1 STATED "IT'S BEEN BROKEN FOR ABOUT 4 MONTHS NOW". ROOM 124: -THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH THICK GRAY DUST; THE OUTSIDE OF IT WAS DIRTY, WITH GAPS AROUND THE EDGES ENABLING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. ROOM 125: -THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH THICK GRAY DUST AND THE OUTSIDE OF IT WAS DIRTY, WITH GAPS AROUND THE EDGES ENABLING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. ROOM 129: -THE RUNNING AIR CONDITIONER FILTER WAS COVERED WITH THICK DARK GRAY/BROWN DUST/DIRT WITH GAPS AROUND THE EDGES ENABLING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY.	F 253		

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F 253	<p>Continued From page 24</p> <p>IN THE RESIDENT ACTIVITY ROOM/MAIN DINING ROOM, OUTSIDE THE DIRECTOR OF NURSING'S OFFICE:</p> <p>-THE LARGE RUNNING AIR CONDITIONER FILTER WAS FULL OF THICK BROWN/GRAY THICK (THE FACILITY WAS ON A DIRT ROAD AND THIS ROOM WAS IN THE FRONT OF THE BUILDING). THERE WERE LARGE GAPS AROUND THE AIR CONDITIONER ALLOWING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. AT THIS TIME, 8 RESIDENT'S (WITH OXYGEN ON) WERE IN THE ROOM AND 4 WERE SITTING WITHIN 10 FEET OF THE AIR CONDITIONER. THE OUTSIDE OF THE AIR CONDITIONER HAD BLACK DUST/DIRT AND DRIED SPLATTERS OF AN UN-KNOWN SUBSTANCE ON IT.</p> <p>AT THE FACILITY ENTRANCE DOOR, THE FRONT CORRIDOR:</p> <p>-THE RUNNING AIR CONDITIONER NEXT TO THE ENTRANCE DOOR WAS DIRTY ON THE OUTSIDE AND THE FILTER WAS COATED WITH A VERY A THICK DARK GRAY LAYER OF DUST AND DIRT. THERE WERE LARGE GAPS AROUND THE AIR CONDITIONER ALLOWING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. THERE WERE 3 RESIDENTS IN THEIR WHEELCHAIRS WITHIN APPROXIMATELY 20 TO 50 FEET FROM THE AIR CONDITIONER AT THE TIME.</p> <p>IN THE RESIDENT BREEZEWAY (AREA BETWEEN 200, 300 AND 400 HALL'S):</p>	F 253			

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F 253	<p>Continued From page 25</p> <p>-THE RUNNING AIR CONDITIONER HAD A WET AND SOILED TOWEL TUCKED AROUND THE BOTTOM OF IT. THE FILTER WAS EXTREMELY DIRTY WITH DUST AND DIRT. THERE WERE LARGE GAPS AROUND THE AIR CONDITIONER ALLOWING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. THERE WERE 4 RESIDENT'S SITTING IN THEIR WHEELCHAIRS WITHIN 10 TO 20 FEET OF THE AIR CONDITIONER AT THE TIME.</p> <p>ROOM 210:</p> <p>-THE NON-SAMPLED RESIDENT WAS SLEEPING IN BED WITH HER FLOOR MATT LEANING AGAINST THE WALL. THE FLOOR MATT HAD SEVERAL AREAS OF DRIED FOOD AND DIRT ON IT. WHEN THE SURVEYOR ASKED STAFF (CNA) IF THE RESIDENT WAS A FALL RISK AND SHOULD THE MATT BE ON THE FLOOR NEXT TO HER BED, THEY STATED "YES".</p> <p>ON HALL 300, THE PUBLIC REST ROOM THAT WAS UN-LOCKED (THE SURVEYOR OBSERVED FAMILY MEMBERS AND STAFF USING THIS REST ROOM THROUGHOUT THE SURVEY):</p> <p>-PAINT CHIPPING OFF THE OUTSIDE OF THE DOOR.</p> <p>-BLACK MOLDING OFF THE WALL AND SITTING ON THE FLOOR.</p>	F 253			

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F 253	<p>Continued From page 26</p> <p>-TRASH COMING OUT OF THE PLASTIC TRASH BIN ONTO THE FLOOR.</p> <p>-DIRTY SINK, MIRROR, FLOOR AND BACK OF TOILET.</p> <p>ROOM 301:</p> <p>-THE RUNNING AIR CONDITIONER FILTER WAS EXTREMELY DIRTY AND THE OUTSIDE OF THE UNIT WAS ALSO DIRTY. THERE WERE LARGE GAPS AROUND THE AIR CONDITIONER ALLOWING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. THE RESIDENT WAS SITTING IN A CHAIR NEXT TO THE AIR CONDITIONER AT THE TIME.</p> <p>-A PIECE OF WOOD (2 BY 4) APPROXIMATELY 1 FOOT IN LENGTH WAS SITTING ON THE FLOOR IN THE CORNER OF THE ROOM. DURING AN INTERVIEW WITH THE DIRECTOR OF MAINTENANCE #1 AND THE MAINTENANCE TECH #1 ON 9/6/11 AT 12:10 P.M., THEY REVEALED STAFF "USED IT (THE WOOD) SO THE BED WOULD NOT HIT THE WALL".</p> <p>-THE BACK OF THE RESIDENTS DOOR WAS APPROXIMATELY 1/3 PAINTED WITH GRAY PAINT, THE REST HAD PAINT CHIPPING OFF OF IT. WHEN THE RESIDENTS DOOR WAS CLOSED SHE HAD TO LOOK AT THE PARTLY PAINTED DOOR AND SHE KEPT HER DOOR MOSTLY CLOSED ALL THE TIME. DURING AN INTERVIEW ON 9/6/11 AT 10:38 A.M., THE NON-SAMPLED RESIDENT STATED "IT'S BEEN THAT WAY FOR A LONG TIME, I DON'T</p>	F 253			

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F 253	Continued From page 27 LIKE IT HERE (AT THE FACILITY) IT'S DIRTY". ROOM 304: -RUNNING AIR CONDITIONER FILTER WAS COVERED WITH DIRT AND THICK DUST. THERE WERE LARGE GAPS AROUND THE AIR CONDITIONER ALLOWING THE SURVEYOR TO SEE OUTSIDE AND ALLOWING FLIES/BUGS TO ENTER THE FACILITY. THERE WERE 3 RESIDENT'S IN THE ROOM AT THE TIME. THE 300 HALL RESIDENT SHOWER/BATH ROOM: -THE FLOOR WAS DIRTY IN THE CORNERS, BEHIND THE TOILET AND UNDER THE SINK WITH MISSING FLOOR TILES. -THE SINK HAD RUST ON THE FAUCET AND THERE WAS NO STOPPER IN THE DRAIN. -THE RUNNING FAN WAS FULL OF DUST. ROOM 309: -THERE WERE MISSING SECTIONS OF THE WINDOW BLINDS ENABLING THE SURVEYOR TO EASILY SEE OUTSIDE WITH THE BLINDS SHUT AND THE RESIDENT WAS SLEEPING IN BED AT THE TIME, RIGHT UNDER THE WINDOW. -THERE WAS SOMETHING VERY STICKY ON THE FLOOR NEAR THE RESIDENTS BED (THIS WAS ON 9/6/11 AT 11:35 A.M.).	F 253		

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F 253	<p>Continued From page 28</p> <p>THE 400 HALL RESIDENT SHOWER/BATH ROOM:</p> <p>-RUST IN THE SINK.</p> <p>-FLOOR DIRTY UNDER THE SINK, BY DOOR AND BEHIND TOILET.</p> <p>-A FULL CLEAR PLASTIC BAG OF SOILED TOWELS WAS SITTING IN THE BATHTUB.</p> <p>-ON 9/6/11 AT 11:25 A.M., THE TOILET WAS FULL OF BM, THE LIGHT WAS OFF AND THE DOOR WAS OPEN. ON 9/6/11 AT 12:15 P.M., THE SURVEYOR RETURNED TO THIS SHOWER ROOM WITH THE DIRECTOR OF MAINTENANCE #1 AND THE MAINTENANCE TECH #1 AND THE BM WAS STILL IN THE TOILET.</p> <p>ROOM 401:</p> <p>-BED 1 HAD AN UN-COVERED AND UN-LABELED URINAL SITTING ON THE OVERHEAD TABLE NEXT TO THE RESIDENT'S BED THAT WAS APPROXIMATELY ¾ FULL OF URINE.</p> <p>AN INTERVIEW WAS DONE ON 6/9/11 AT 9:35 A.M., WITH THE MAINTENANCE TECH #1. THE MAINTENANCE TECH #1 STATED "THE ICE MACHINE HAS BEEN WORKING FOR 2 TO 3 MONTHS NOW; A COMPANY CAME IN TO LOOK AT IT IN APRIL". REVIEW OF THE PURCHASE AND WORK ORDER DATED "4/8/11", STATED, "EVAPORATOR NICKEL PLATING WORN, CONDENSER AIR COOLER WAS PLUGGED, COMPRESSOR</p>	F 253			

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F 253	<p>Continued From page 29</p> <p>NOISY-VALVES OR ROD, CONSIDER MACHINE REPLACEMENT". OVER 4 MONTHS HAD BEEN FROM THE DATED PURCHASE/WORK ORDER TO THE SURVEY (4/8/11 TO THE SURVEY ENTRANCE DATE OF 8/30/11).</p> <p>A WALK THROUGH OF THE FACILITY WAS DONE ON 9/6/11 AT 12:30 P.M., WITH THE DIRECTOR OF MAINTENANCE #1, THE MAINTENANCE TECH #1 AND THE DIRECTOR OF HOUSEKEEPING #1. THE ABOVE ISSUES WERE SHOWED TO THE DIRECTOR OF MAINTENANCE #1 AND THE DIRECTOR OF HOUSEKEEPING #1 BY THE SURVEYOR. THE DIRECTOR OF MAINTENANCE #1 REVEALED HE WAS NEW TO THE FACILITY AND AGREED THE FACILITY WAS IN POOR CONDITION, UN-SAFE FOR RESIDENT'S, FAMILIES AND VISITORS AND NEEDED REPAIR AND AGREED ALL THE FACILITY AIR CONDITIONER'S NEEDED TO BE CLEANED. DURING AN INTERVIEW ON 9/6/11 AT 9:35 A.M., WITH THE MAINTENANCE TECH #1, HE REVEALED HE PUT ALL OF THE AIR CONDITIONER'S IN AT THE BEGINNING OF THE SUMMER AND STATED "I KNOW I DIDN'T CAULK THEM RIGHT, THERE ARE BIG GAPS AROUND THEM, WE HAVE TO GO BACK AND RE-CAULK THEM". WHEN THE SURVEYOR REQUESTED WORK ORDERS, THE MAINTENANCE TECH REVEALED HE DIDN'T HAVE MANY, DIDN'T KNOW WHERE THEY WERE, AND STATED "I AM WORKING ON GETTING THEM (THE STAFF) TO WRITE THINGS DOWN".</p> <p>IN AN INTERVIEW ON 9/6/11 AT 12:10 PM,</p>	F 253			

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F 253	<p>Continued From page 30</p> <p>THE DIRECTOR OF HOUSEKEEPING #1 REVEALED THE FACILITY CONTRACTED AN OUTSIDE COMPANY TO DO HOUSEKEEPING AND LAUNDRY SERVICES, AND AGREED THE FACILITY WAS DIRTY, UN-SAFE FOR THE RESIDENT'S, FAMILIES AND VISITORS AND IN NEED OF CLEANING AND REPAIR. THE DIRECTOR OF HOUSEKEEPING #1 STATED, "WE ARE AWARE AND ARE WORKING ON IT".</p> <p>FOLLOW-UP ENVIRONMENTAL OBSERVATION'S MADE BY THE SURVEYOR ON 9/19/11 AND 9/20/11 IS AS FOLLOW:</p> <p>HALL 100 RESIDENT SHOWER/BATH ROOM:</p> <p>-ON 9/20/11 AT 9:00 A.M., THE SHOWER/BATH ROOM WAS OBSERVED TO HAVE STANDING WATER ON THE FLOOR UNDER THE SINK, BY THE TOILET AND IN FRONT OF THE SHOWER WITH NO WET FLOOR SIGN. THE SHOWER ROOM DOOR WAS OPEN AND THE LIGHT WAS TURNED OFF. ACROSS FROM THE SHOWER/BATH ROOM WAS THE NURSE'S STATION WHERE CHARGE NURSES AND THE FACILITY CONSULTANT WERE STANDING.</p> <p>AT THE FACILITY ENTRANCE DOOR, THE FRONT CORRIDOR:</p> <p>-ON 9/19/11 AT 12:30 P.M., THE SURVEYOR OBSERVED IN THE LOBBY AREA BY THE FRONT DOOR THAT THE RUNNING WINDOW AIR CONDITIONER FILTER WAS STILL CAKED WITH GRAY DUST AND DIRT AND 2 RESIDENT'S WERE SITTING IN THEIR WHEELCHAIRS WITHIN 20 FEET OF IT.</p>	F 253			

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F 253	<p>Continued From page 31</p> <p>DURING AN INTERVIEW ON 9/19/11 AT 12:35 P.M., THE DIRECTOR OF HOUSEKEEPING #1 STATED, "THEY DIDN'T CLEAN THE AIR UNITS (AIR CONDITIONERS); THEY ARE TAKING THEM OUT TODAY".</p> <p>-ON 9/20/11 AT 9:40 A.M., IN THE FRONT LOBBY AREA BY THE ENTRANCE DOOR, THE SURVEYOR OBSERVED THE RUNNING WINDOW AIR CONDITIONER FILTER WAS STILL CAKED WITH GRAY DUST AND DIRT AND 4 RESIDENT'S WERE SITTING IN THEIR WHEELCHAIRS WITHIN 10 TO 20 FEET OF IT. AN INTERVIEW WAS DONE ON 9/20/11 AT 9:50 A.M., WITH THE DIRECTOR OF MAINTENANCE #1 AND HE STATED, "WE WERE WORKING ON THEM LAST WEEK AND WE GOT PULLED TO DO WEEDS". THE DIRECTOR OF HOUSEKEEPING #1 WAS SHOWN BY THE SURVEYOR THE DIRTY AIR CONDITIONER FILTER FOR THE THIRD TIME (ON 9/20/11 AT 9:45 A.M.), AND HE STATED, "I WAS TOLD YESTERDAY THEY WOULD START TAKING THEM OUT OF EMPTY ROOMS". THE DIRECTOR OF HOUSEKEEPING #1 REMOVED THE AIR CONDITIONER FILTER AND RINSED IT OUT. THE DIRECTOR OF HOUSEKEEPING AND DIRECTOR OF MAINTENANCE #1 DENIED THE FACILITY HAD A POLICY FOR CLEANING AIR CONDITIONER FILTERS ON A REGULAR BASIS.</p> <p>DURING THE SURVEY, THE ADMINISTRATOR #1 GAVE THE SURVEYOR A COPY OF THE ENVIRONMENTAL "FACILITY TOUR SHEET" HE HAD FILLED IT OUT, SIGNED AND DATED IT 6/15/11. THE FACILITY TOUR SHEET</p>	F 253			

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F 253	Continued From page 32 DATED 8/6/11 STATED "OPEN WIRES AT BOTTOM OF STAIRWAY AT CENTRAL, OPEN HOLE IN WALL, SCRUB FLOOR, REPAIR SHOWER CHAIR", AND HAD A TOTAL OF "6" POINTS DOCUMENTED AT THE END. REVIEW OF THE FACILITY TOUR SHEET INSPECTION CODE ON PAGE 2, REVEALED THAT ON 6/15/11, THE FACILITY WAS RANKED AS "POOR" AND "CORRECT IMMEDIATELY". THE ADMINISTRATOR #1 REVEALED ON 9/6/11, HE WAS AWARE OF THE CONDITION OF THE FACILITY AND "WAS WORKING ON IT" REVIEW OF THE FACILITY ADMISSION/DISCHARGE, COMPLETE ROOM CLEANING, INSTRUCTION SHEETS (DATED 1/1/2000), AND THE 5-STEP DAILY PATIENT ROOM CLEANING AND 7-STEP DAILY WASHROOM CLEANING POLICIES (DATED 1/1/2000) REVEALED DETAILED INSTRUCTIONS ON HOW TO CLEAN ALL RESIDENT ROOMS AND BATHROOMS. REVIEW OF THE FEDERAL LONG TERM CARE FACILITY REGULATION F-253 STATES THE FACILITY MUST ENSURE "HOUSEKEEPING AND MAINTENANCE SERVICES NECESSARY TO MAINTAIN A SANITARY, ORDERLY, AND COMFORTABLE INTERIOR". (22347)	F 253			
F 281 SS=G	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced	F 281			

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F 281	<p>Continued From page 33 by: THIS CITATION PERTAINS TO MI00046988.</p> <p>BASED ON INTERVIEW, AND RECORDS REVIEW, THE FACILITY FAILED TO PROVIDE CARE AND SERVICES THAT MET PROFESSIONAL STANDARDS OF QUALITY BY NOT PROVIDING COMPLETE AND ACCURATE HYDRATION MONITORING AND ASSESSMENTS FOR 1 (RESIDENT #216) OF 17 SAMPLED RESIDENT'S OF A TOTAL OF 17, RESULTING IN DEHYDRATION AND HOSPITALIZATION.</p> <p>REVIEW OF THE CLOSED CLINICAL RECORD INCLUDING THE FACE SHEET, MINIMUM DATA SET (MDS, RESIDENT ASSESSMENT TOOL) DATED 8/9/11, THE RESIDENT TRANSFER SHEET DATED 8/22/11, NURSES NOTES DATED 8/3/11 THROUGH 8/22/11, PHYSICIAN ORDERS AND PROGRESS NOTES DATED 8/2/11 THROUGH 8/22/11 THE HISTORY AND PHYSICAL DATED 8/3/11 AND HOSPITAL RECORDS DATED 8/2/11, REVEALED RESIDENT #216 WAS ADMITTED TO THE FACILITY ON 8/2/11. THE RESIDENT WAS DEPENDENT ON STAFF FOR HIS ACTIVITIES OF DAILY LIVING (ADL'S) DUE TO EXTREMITY WEAKNESS AND HAVING A STROKE. THE RESIDENT HAD EXPRESSIVE APHASIA (IMPAIRED OR ABSENT ABILITY COMPREHENSION AND COMMUNICATION) AND SWALLOWING DIFFICULTIES REQUIRING HIM TO BE ON NECTAR THICKEN LIQUIDS. THE RESIDENTS DIAGNOSES INCLUDED DIABETES, HIGH BLOOD PRESSURE, CHRONIC KIDNEY DISEASE, ANEMIA (LOW IRON), LACK OF</p>	F 281			

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F 281	<p>Continued From page 34</p> <p>COORDINATION, STROKE WITH LEFT SIDED WEAKNESS, AND PRESSURE ULCER WITH GANGRENE (DEAD TISSUE). THE RESIDENT WAS TRANSFERRED TO THE HOSPITAL FOR EVALUATION ON 8/22/11, AND DID NOT RETURN TO THE FACILITY.</p> <p>RESIDENT #216 WAS NOT AT THE FACILITY AT THE TIME OF THE INVESTIGATION (8/30/11 THROUGH 9/20/11).</p> <p>REVIEW OF THE MDS DATED 8/9/11, REVEALED RESIDENT #216 WAS ASSESSED BY THE FACILITY TO BE AT RISK FOR DEHYDRATION, WAS ON A MECHANICALLY ALTERED DIET (PUREE WITH NECTAR THICKEN LIQUIDS) AND REQUIRED ASSISTANCE WITH ALL ADL'S AND FEEDING. REVIEW OF THE PHYSICIAN ORDER DATED 8/3/11, STATED "DIET-PUREE, NECTAR THICKEN LIQUIDS FOR MED PASS, 2.0 SUPPLEMENT POX (ORAL) TID (3 TIMES A DAY)".</p> <p>REVIEW OF THE CARDIOVASCULAR CARE PLAN DATED 8/12/11, STATED "MONITOR INTAKE AND OUTPUT RECORDS". REVIEW OF THE CONGESTIVE HEART FAILURE CARE PLAN DATED 8/12/11, STATED "ASSESS URINE OUTPUT, ASSESS INTAKE, ASSESS WEIGHT GAIN". REVIEW OF THE NUTRITION CARE PLAN DATED 8/11/11, STATED "MONITOR INTAKE RECORD".</p> <p>REVIEW OF THE FACILITY TRANSFER SHEET DATED 8/22/11, STATED "REASON FOR TRANSFER (RESIDENT TRANSFERRED TO THE HOSPITAL), WORSENING R (RIGHT)</p>	F 281			

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F 281	<p>Continued From page 35</p> <p>SIDED WEAKNESS R/O (RULE OUT) CVA (STROKE), ALSO C-DIFF COLITIS (EXCESSIVE DIARRHEA, CAUSING INCREASED FLUID LOSS)".</p> <p>REVIEW OF THE HOSPITAL CONSULTATION DATED 9/2/11, STATED "HE (RESIDENT #216) WAS ADMITTED ON 8/23/11 FOR INCREASING RIGHT SIDED WEAKNESS, PRESUMED SECONDARY TO EXTENSION OF HIS CVA. HE ALSO HAD C. DIFFICILE COLITIS AND DEHYDRATION ON ADMISSION". REVIEW OF THE HOSPITAL CONSULTATION DATED 8/26/11, STATED "HIS (THE RESIDENT) URINE OUTPUT ON ADMISSION UNTIL PRESENT HAS RANGED FROM 750 TO 150 (MEASURED IN CC'S). HIS URINALYSIS ON ADMISSION SHOWED SPECIFIC GRAVITY OF 1.012 (SPECIFIC GRAVITY LAB VALUE GREATER THAN 1.000 IS ASSOCIATED WITH DEHYDRATION)".</p> <p>IN AN INTERVIEW ON 9/19/11 AT 1:20 P.M., DIRECTOR OF NURSING (DON#1) STATED "THEY DID WEIGHTS (2 RESIDENT WEIGHTS WERE FOUND IN THE CLOSED CLINICAL RECORD), THEY DO 3 DAYS OF FOOD MONITORING AND THAT INCLUDES FLUIDS".</p> <p>IN AN INTERVIEW ON 9/19/11 AT 1:30 P.M., THE MDS COORDINATOR STATED "YES, IF THEY (FACILITY RESIDENTS) HAVE AN IV, THEY SHOULD HAVE AN I & O (INTAKE AND OUTPUT DONE)".</p> <p>IN AN INTERVIEW ON 9/19/11 AT 10:25 A.M., THE LPN NURSE MANAGER #1. STATED "PASSING WATER IS A HIT OR MISS,</p>	F 281			

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F 281	<p>Continued From page 36 SOMETIMES IT DOESN'T GET PASSED".</p> <p>REVIEW OF THE PHYSICIAN ADMISSION ORDERS DATED 8/3/11, REVEALED RESIDENT #216 WAS ON "LASIX 40 MG" DAILY (A MEDICATION USED TO PULL OUT EXCESS FLUID). "GENERALLY, INTAKE AND OUTPUT ARE ROUTINELY MEASURED FOR CLIENTS WHO ARE RECEIVING DIURETIC OR INTRAVENOUS THERAPY. THE NURSE NEITHER NEEDS NOR SHOULD WAIT FOR A PHYSICIAN'S ORDER TO BEGIN INTAKE AND OUTPUT MEASUREMENTS. CLIENTS WITH RENAL ILLNESSES AND THOSE WHOSE HEALTH STATUS HAS DECLINED ALSO RECEIVE SUCH MEASUREMENTS " . (MOSBY FUNDAMENTALS OF NURSING CONCEPTS, PROCESS AND PRACTICE, PATRICIA A. PORTER, ANNE G. PERRY)</p> <p>REVIEW OF THE NUTRITION DATA COLLECTION TOOL DATED 8/3/11, STATED THAT THE RESIDENT REQUIRED "2253 ML (CC)" OF FLUIDS PER DAY.</p> <p>REVIEW OF THE PHYSICIAN ORDER DATED 8/5/11, STATED " RES (THE RESIDENT) PUT IN ISOLATION CONTACT PRECAUTION FOR C-DIFF (CLOSTRIDIUM DIFFICILE)". RESIDENT #216 WAS DIAGNOSES WITH C-DIFF, WHICH INCREASES THE RISK OF DEHYDRATION DUE TO THE FLUID LOSS.</p> <p>REVIEW OF THE PHYSICIAN PROGRESS NOTES DATED 8/8/11, 8/10/11, 8/15/11, 8/17/11 AND 8/22/11; ADDRESSED THE RESIDENTS C-DIFF STATUS. REVIEW OF THE PHYSICIAN PROGRESS NOTES DATED 8/22/11, STATED</p>	F 281			

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F 281	<p>Continued From page 37</p> <p>"PERSISTENT DIARRHEA". REVIEW OF THE PHYSICIAN NOTES DATED 8/8/11, STATED "PT JUST FINISHED VOMITING". DIARRHEA AND VOMITING BOTH INCREASE THE RISK OF DEHYDRATION.</p> <p>REVIEW OF THE PHYSICIAN ORDER DATED 8/5/11, STATED "PUSH ORAL FLUIDS, NS (NORMAL SALINE) IV AT 100 ML (CC) HR X 2 L (LITERS)" REVIEW OF THE PHYSICIAN ORDER DATED 8/19/11, STATED "HOLD LASIX (DIURETIC) FOR TODAY". REVIEW OF THE IV MEDICATION SHEET DATED 8/6/11, STATED "NORMAL SALINE 0.99 IV HYDRATION AT 100 ML HR X 2 L".</p> <p>REVIEW OF THE MEDICATION ADMINISTRATION RECORD (MAR) DATED 8/11, REVEALED AN ORDER TO "PUSH ORAL FLUIDS EVERY SHIFT". REVIEW OF THE MAR REVEALED DOCUMENTATION OF NURSES SIGNATURE'S, HOWEVER NO MEASURING OF THE RESIDENT'S INTAKE WAS FOUND AND 2 SHIFTS HAD NO DOCUMENTATION OF PUSHING FLUIDS.</p> <p>REVIEW OF THE FOOD INTAKE RECORD DATED 8/3/11 THROUGH 8/16/11, REVEALED A TOTAL OF 7 DAYS OUT OF 14 THAT HAD DOCUMENTATION STATING "100 %" OF FLUIDS WERE TAKEN, AND 3 OF THE 7 DAYS DID NOT RECORD FLUID INTAKE ON ALL 3 SHIFTS. NO DOCUMENTATION OF CALCULATED FLUID INTAKE (RECORDED IN FLUID AMOUNT, ML/CC) WAS FOUND. REVIEW OF THE FOOD INTAKE RECORD (DATED 8/3/11-8/16/11) STATED IN BIG LETTERS ON THE SIDE OF THE PAPER</p>	F 281			

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F 281	<p>Continued From page 38</p> <p>"MAKE SURE HE DRINKS THE FLUIDS".</p> <p>REVIEW OF THE RESIDENTS ADL RECORD DATED 8/11, REVEALED HE WAS DEPENDENT FOR EATING AND DRINKING AND 8 TIMES THERE WAS NO DOCUMENTATION FOUND FOR THE ENTIRE SHIFT.</p> <p>ACCURATE MEASURING OF INTAKE AND OUTPUT FOR RESIDENTS WITH DIARRHEA IS DONE "BECAUSE DEHYDRATION AND ELECTROLYTE IMBALANCE OCCUR RAPIDLY, DIARRHEA CAN BE LIFE-THREATENING. DILIGENTLY MONITOR ALL EPISODES OF DIARRHEA AND REPLACE FLUIDS IMMEDIATELY". (ASSESSMENT: A 2-IN-1 REFERENCE FOR NURSES, LIPPINCOTT WILLIAMS AND WILKINS).</p> <p>REVIEW OF THE NURSES NOTES ARE AS FOLLOWS:</p> <p>-DATED 8/2/11 AT 6:20 P.M., STATED "RESIDENT ARRIVED VIA CAR TRANSPORT, LOOSE BROWN STOOL ALL OVER W/C (WHEELCHAIR)".</p> <p>-DATED 8/3/11 AT 6:30 A.M., STATED "T (TEMP) 100.1".</p> <p>-DATED 8/4/11 AT 3:20 P.M., STATED "SENDING STOOL SPECIMEN FOR C-DIFF, LOOSE STOOLS, COMPLETE CHANGE X 3 (THE RESIDENT HAD 3 EPISODES OF LOOSE STOOLS REQUIRING HIM TO BE COMPLETELY CHANGED)" .</p>	F 281			

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F 281	<p>Continued From page 39</p> <p>-DATE 8/6/11 STATED "SLOW TO RESPOND" AND "PUSH PO (ORAL) FLUIDS".</p> <p>-DATED 8/7/11 STATED T="100.4".</p> <p>-DATED 8/15/11 AT 2:00 P.M. STATED "HYDRATION MAINTENANCE IS IMPORTANT RT (RELATED TO) C-DIFF".</p> <p>-DATED 8/18/11 AT 1:00 P.M., STATED "ENCOURAGED FLUIDS PO (ORAL), FLUIDS FOR MONITORING CLOSELY " . ON 8/18/11 AT 2:20 P.M., STATED "POOR PO INTAKE, FLUIDS ENCOURAGED".</p> <p>-DATED 8/20/11 STATED T= "99.8" AND T= "99.7".</p> <p>REVIEW OF THE CLOSED CLINICAL RECORD REVEALED NO DEHYDRATION/HYDRATION COMPLETE ASSESSMENTS AND NO ACCURATE AMOUNTS OF INTAKE/OUTPUT MONITORING (IN CC'S).</p> <p>ACCURATE MEASURING OF INTAKE AND OUTPUT FOR RESIDENTS WITH DIARRHEA IS DONE "BECAUSE DEHYDRATION AND ELECTROLYTE IMBALANCE OCCUR RAPIDLY, DIARRHEA CAN BE LIFE-THREATENING. DILIGENTLY MONITOR ALL EPISODES OF DIARRHEA AND REPLACE FLUIDS IMMEDIATELY". (ASSESSMENT A 2-IN-1 REFERENCE FOR NURSES, LIPPINCOTT WILLIAMS AND WILKINS)</p> <p>THE PROFESSIONAL STANDARD OF QUALITY FOR PERFORMING COMPLETE ASSESSMENTS FOR FLUID IMBALANCE IS TO</p>	F 281			

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F 281	<p>Continued From page 40</p> <p>ASSESS FOR "ACUTE OR POTENTIAL FLUID IMBALANCE. A NUMBER OF SIGNS AND SYMPTOMS CAN REVEAL DEHYDRATION: POOR SKIN TURGOR, FLUSHED DRY SKIN, DECREASED TEARING OR SALIVATION, COATED TONGUE, DECREASED URINE OUTPUT, CONFUSION, AND IRRITABILITY. A DIMINISHED ABILITY OF THE KIDNEYS TO FORM AND EXCRETE URINE IS FREQUENTLY CAUSED BY DEHYDRATION". (MOSBY FUNDAMENTALS OF NURSING CONCEPTS, PROCESS AND PRACTICE, PATRICIA A. PORTER, ANNE G. PERRY)</p> <p>REVIEW OF THE FACILITY HYDRATION STATUS POLICY DATED 8/10, STATED "POTENTIAL RISKS ASSOCIATED WITH DEHYDRATION, DIURETIC MEDICATION USE, DYSPHASIA, ELEVATED TEMPERATURE, IMPAIRED FEEDING ABILITY, INFECTIOUS PROCESS. ASSESS FOR CLINICAL SIGNS/SYMPTOMS OF INSUFFICIENT FLUID INCLUDING BUT NOT LIMITED TO (CLINICAL NURSING ASSESSMENT): CHANGE IN MENTAL STATUS, CHANGE IN MENTAL STATUS, CONSTIPATION, CRACKED LIPS, DARK URINE, DECREASED URINE OUTPUT, DETERIORATION IN COGNITIVE STATUS, DRY MUCOUS MEMBRANES, DRY SKIN, ELEVATED LABS, FAILURE TO EAT OR TAKE MEDICATIONS, FEVER, LETHARGY (DECREASED RESPONSE), POOR SKIN TURGOR (HYDRATION OF SKIN), THIRST".</p> <p>IN AN INTERVIEW ON 9/19/11 AT 11:55 A.M., THE DIRECTOR OF SOCIAL SERVICES #1 REVEALED SHE RECEIVED NO COMPLAINTS</p>	F 281			

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F 281	<p>Continued From page 41</p> <p>FROM RESIDENT #216. WHEN ASKED IF SHE HAD ANY INTERACTION WITH THE RESIDENT, THE DIRECTOR OF SOCIAL SERVICES STATED "NO, I JUST ASK MY GUARDIAN ANGEL PEOPLE". THE FACILITY HAD A PROGRAM FOR ALL RESIDENTS TO HAVE A STAFF MEMBER AS THEIR GUARDIAN ANGEL. THE STAFF MEMBER WOULD CHECK ON THE RESIDENT OFTEN TO SEE IF THEY HAD ANY COMPLAINTS, HOW THEIR CARE WAS GOING AND HOW THEY WERE DOING. WHEN THE SURVEYOR ASKED WHO WAS RESIDENT #216'S GUARDIAN ANGEL, THE DIRECTOR OF SOCIAL SERVICES STATED, "THE DON".</p> <p>REVIEW OF FACILITY RESIDENT GRIEVANCE/COMPLAINT'S DATED 3/7/11, 4/4/11 AND 5/12/11, ALL SAID THAT FRESH WATER WAS NOT BEING PROVIDED TO THE RESIDENT'S EACH SHIFT.</p> <p>REVIEW OF THE FACILITY HYDRATION INTAKE AND OUTPUT MONITORING POLICY DATED 8/10, STATED "FLUID INTAKE AND OUTPUT MONITORING MAY BE INITIATED BY THE INTERDISCIPLINARY TEAM AND/OR MD. INTAKE AND OUTPUT MAY BE MONITORED FOR RESIDENTS AT RISK FOR FLUID DEFICIT. CONDITIONS THAT MAY PLACE RESIDENT AT RISK, FEVER, VOMITING, DIARRHEA, NON-FEBRILE INFECTION. CONDITIONS THAT MAY REQUIRE INTAKE MONITORING AND DOCUMENTATION EVERY SHIFT INCLUDE, BUT ARE NOT LIMITED TO, FLUID MANAGEMENT, PARENTAL FLUIDS (IV), AS INDICATED BY CLINICAL CONDITION. PROCEDURE: RECORD ALL FLUIDS</p>	F 281			

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F 281	Continued From page 42 CONSUMED DURING THE 24 HOUR PERIOD FOR THE IDENTIFIED RESIDENTS/PATIENTS. WHEN ONLY INTAKE IS BEING RECORDED, CONSIDER RECORDING ON THE MEDICATION ADMINISTRATION RECORD. UTILIZE THE INTAKE & OUTPUT RECORD (FSE 2-9) WHEN RECORDING BOTH INTAKE AND OUTPUT".	F 281			
F 323 SS=G	(22347) 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: THIS CITATION PERTAINS TO INTAKES MI00045908, MI00046578 AND MI00046682. BASED ON OBSERVATION, INTERVIEW AND RECORD REVIEW, THE FACILITY FAILED TO SUPERVISE 2 (RESIDENTS #206 AND #203) OF 17 SAMPLED RESIDENTS OF A TOTAL OF 17 RESULTING IN: 1) RESIDENT #206 BEING LEFT UN-SUPERVISED IN HER ELECTRIC WHEELCHAIR AND RAN IT INTO A DOOR FRAME RESULTING IN A FRACTURE, PAIN AND HOSPITALIZATION. 2) RESIDENT #203 BEING TRANSFERRED IN A VAN WITH NO SEAT BELT IN PLACE AND FELL OUT OF HIS	F 323			

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F 323	<p>Continued From page 43</p> <p>WHEELCHAIR RESULTING IN AN ABRASION AND HOSPITALIZATION.</p> <p>FINDINGS INCLUDE:</p> <p>RESIDENT #206:</p> <p>REVIEW OF THE FACE SHEET, MDS DATED 6/24/11, BRADEN SCALE DATED 6/23/11, BOWEL AND BLADDER ASSESSMENTS DATED 3/30/11, HISTORY AND PHYSICAL DATED 7/4/11, LEVEL 1 MENTAL HEALTH SCREENING DATED 7/2/10, ACTIVITIES OF DAILY LIVING (ADL) RECORD DATED 6/11 AND THE NURSES NOTES DATED 6/11 THROUGH 7/11, REVEALED RESIDENT #206 WAS A 40 YEAR OLD FEMALE THAT WAS ADMITTED TO THE FACILITY ON 6/29/11, ALERT, DEPENDENT ON STAFF FOR EXTENSIVE ASSISTANCE WITH BED MOBILITY, TRANSFERS, ADL'S AND WHEELCHAIR LOCOMOTION, HAD VERY LIMITED ABILITY TO CHANGE HER POSITION AND HAD DECREASED UPPER AND LOWER EXTREMITY RANGE OF MOTION. THE RESIDENTS DIAGNOSES INCLUDED DIABETES, ANEMIA (LOW BLOOD IRON), END-STAGE RENAL DISEASE WITH HEMODIALYSIS, STROKE WITH LEFT SIDED WEAKNESS-HEMIPLEGIA (WEAKNESS AND DECREASED CONTROL OF THE LEFT SIDE), HIGH BLOOD PRESSURE, DEPRESSION, ANXIETY AND HAVING A HISTORY OF PATHOLOGICAL FRACTURES.</p> <p>REVIEW OF RESIDENT #206'S AT RISK FOR INJURY, SELF CARE DEFICIT AND VISION IMPAIRMENT CARE PLANS DATED 3/30/11,</p>	F 323			

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F 323	<p>Continued From page 44</p> <p>REVEALED SHE WAS AT RISK FOR "PATHOLOGICAL FRACTURES INCLUDING ANKLE", WAS A 2 PERSON TRANSFER USING A MECHANICAL LIFT, HAD "LIMITED ROM IN HER UPPER AND LOWER EXTREMITIES" AND HAD VISION IMPAIRMENT. STAFF WAS TO PROVIDE A SAFE ENVIRONMENT, EXTENSIVE ASSIST WITH BED MOBILITY, "MONITOR/ANTICIPATE/INTERVENE FOR FACTORS CAUSING PRIOR FALLS" AND PROVIDE "NEEDED DEVICES FOR LOCOMOTION" AND "WHEELCHAIR". REVIEW OF THE FALLS CARE PLAN DATED 6/23/11, REVEALED STAFF WERE TO "PROVIDE NEEDED DEVICES FOR LOCOMOTION, TRANSFER, WHEELCHAIR".</p> <p>REVIEW OF THE FACILITY INCIDENT REPORT DATED 7/6/11 AND INVESTIGATION DATED 7/12/11, SAID ON 7/4/11 AT 11:00 A.M., "RES (RESIDENT #206) IN AN ELECTRIC W/C (WHEELCHAIR) BEING CUED BY STAFF THROUGH DOORWAY OF ROOM WHEN RES BUMPED L (LEFT) ANKLE IN DOORWAY".</p> <p>REVIEW OF THE HOSPITAL EMERGENCY REPORT DATED 7/5/11, STATED "LEFT TIBIA AND FIBULA (LOWER LEG BONES) FRACTURE". REVIEW OF THE HOSPITAL X-RAY REPORT DATED 7/5/11, STATED "MILDLY DISPLACED SPIRAL FRACTURE OF THE DISTAL FRACTURE".</p> <p>REVIEW OF OCCUPATIONAL THERAPY (OT) NOTES DATED 6/6/11, STATED "MODIFIED JOYSTICK ON MOTORIZED WHEELCHAIR TO INCREASE GRASP AND IMPROVE CONTROL. TREATMENT EMPHASIS WAS ON SAFETY</p>	F 323			

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F 323	<p>Continued From page 45</p> <p>AWARENESS OF SELF AND OTHER RESIDENT'S, BODY POSITION IN REGARDS TO WALL AND DOOR FRAMES, RESIDENT REQUIRED VERBAL AND TACTILE CUES". REVIEW OF OCCUPATIONAL THERAPY (OT) NOTES DATED 6/17/11, STATED "PT REQUIRES VERBAL CUES TO USE JOYSTICK ON RIGHT SIDE OF CHAIR". REVIEW OF THE OT DISCHARGE SUMMARY DATED 6/1/11 THROUGH 6/23/11, STATED "PT (PATIENT) PROVIDED A POWER WHEELCHAIR THAT FITS HER WELL. SHE HAD NEVER USED POWER MOBILITY BEFORE SO COMPLETE TRAINING NEEDED. PT ONLY NEEDS VERBAL CUES TO NEGOTIATE DOORWAYS AND TIGHT AREAS".</p> <p>OBSERVATION AND INTERVIEW OF RESIDENT #206 WAS DONE ON 9/6/11 (AT 3:20 P.M.) AND ON 9/20/11 (AT 9:25 A.M.). THE RESIDENT WAS ALERT, SITTING IN HER BED AND SHE REVEALED ON 7/4/11; SHE WAS TRANSFERRED BY HOYER LIFT INTO THE ELECTRIC WHEELCHAIR THAT WAS LEFT IN HER ROOM. THE CNA (CNA #12, ON 7/4/11 ASSIGNED TO THE HALL THE RESIDENT WAS ON) LEFT HER ALONE IN THE CHAIR. THE RESIDENT DROVE THE ELECTRIC WHEELCHAIR ALONE IN THE FACILITY AND WHEN RETURNING TO HER ROOM, SHE WAS GOING THROUGH HER DOOR AND SHE RAN INTO THE FRAME. RESIDENT #206 STATED "SHE PUT ME IN THE ELECTRIC WHEELCHAIR AND LEFT ME ALONE, I RAN INTO THE DOORWAY OUT THERE (POINTING TO HER ROOM DOOR), IT HURT A LOT. I WAS COMING IN MY ROOM FROM THE HALL, I REMEMBER I HIT MY FOOT. I WAS ALONE</p>	F 323			

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F 323	<p>Continued From page 46</p> <p>IN MY CHAIR (ELECTRIC WHEELCHAIR) NO ONE WAS WITH ME, I WAS DRIVING IT ALONE. THEY TOOK IT (THE ELECTRIC WHEELCHAIR) AWAY FROM ME; THEY DIDN'T TELL ME I HAD TO HAVE STAFF WITH ME (WHILE USING THE WHEELCHAIR)".</p> <p>IN A PHONE INTERVIEW ON 9/6/11 AT 4:20 P.M., CNA #12 REVEALED SHE PUT RESIDENT #206 IN THE ELECTRIC WHEELCHAIR ON 7/4/11, AND STATED "NO I WASN'T WITH HER WHEN SHE WAS IN HER WHEELCHAIR AND I DIDN'T KNOW I HAD TO. NO ONE TOLD ME I HAD TO BE WITH HER". CNA #12 SAID THE ELECTRIC WHEELCHAIR WAS IN THE RESIDENT'S ROOM SO SHE THOUGHT IT WAS OK TO USE IT. THE RESIDENT TOLD CNA #12 SHE BUMPED HER LEFT FOOT DURING THE SHIFT (ON 7/4/11), AND SHE INFORMED THE CHARGE NURSE.</p> <p>IN AN INTERVIEW ON 9/6/11 AT 2:30 P.M., RN CHARGE NURSE #3 (ON 7/4/11, ASSIGNED TO THE HALL RESIDENT #206 WAS ON) REVEALED ON 7/4/11, CNA #12 HAD INFORMED HIM THE RESIDENT "HAD BUMPED HER LEFT FOOT AND SHE HAD BEEN DOING THAT". RN CHARGE NURSE #3 STATED "I ASSESSED HER ANKLE AND FOOT AND IT DIDN'T APPEAR TO BE FRACTURED". RN CHARGE NURSE #3 REVEALED THE INCIDENT HAPPENED ON 7/4/11, AND WHEN THE RESIDENT WENT TO HER DIALYSIS APPOINTMENT ON 7/6/11, THEY WERE THE ONES WHO TRANSFERRED THE RESIDENT TO THE HOSPITAL WHERE SHE WAS DIAGNOSED WITH A FRACTURE. RN CHARGE NURSE #3 SAID HE WAS CALLED BY</p>	F 323			

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F 323	<p>Continued From page 47</p> <p>THE PREVIOUS DON 2 DAYS LATER (7/6/11) TO COME IN AND DO A "LATE NURSES NOTE ENTRY" REGARDING THE INCIDENT. REVIEW OF THE NURSES NOTES DATED 7/6/11 AT 1:00 P.M., STATED "LATE ENTRY FOR 7/4/11 AT 1:30 P.M., AT APPROX 1300 (1:00 P.M.) CNA (CNA #12) STATED TO WRITER THAT RESIDENT HAD BUMPED HER FOOT. ASSESSMENT INDICATED NO EDEMA (SWELLING) AT SITE L (LEFT) FOOT ANKLE. REVIEW OF ALL THE RESIDENTS CARE PLANS IN HER CLINICAL RECORD DONE BY RN NURSE #3 AND THE SURVEYOR, REVEALED NO DOCUMENTATION OF THE RESIDENT USING, HAVING OR BEING TRAINED TO USE AN ELECTRIC WHEELCHAIR.</p> <p>IN AN INTERVIEW ON 9/6/11 AT 2:20 P.M., THE DIRECTOR OF NURSING (DON #1 STATED "SHE (RESIDENT #206) WAS D/C'D (TAKEN OFF) THERAPY ON 6/23/11. CNA #12 ALLOWED HER TO USE THE ELECTRIC WHEELCHAIR AND SHE GOT HURT".</p> <p>REVIEW OF THE NURSES NOTES ARE AS FOLLOW:</p> <p>-DATE: 7/5/11 AT 2:00 P.M., "RESIDENT C/O (COMPLAINED) PAIN L LE (LEFT LOWER EXTREMITY) JUST ABOVE THE ANKLE. RESIDENT STATES THAT HER LEG IS VERY PAINFUL AND WANTS AN X-RAY. DR (PRIMARY PHYSICIAN) NOTIFIED. RESIDENT ALSO STATES SHE BUMPED HER L LEG ON 7/4/11 AT 11:00 A.M. WHILE RIDING IN HER ELECTRIC W/C (WHEELCHAIR) AND STATES SHE HEARD A POPPING SOUND. RESIDENT</p>	F 323			

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F 323	<p>Continued From page 48</p> <p>SAYS SHE TOLD THE DAY SHIFT NURSE ABOUT THIS ON 7/4/11, HOWEVER THERE IS NO DOCUMENTATION NOTING THIS".</p> <p>-DATE: 7/5/11 AT 3:00 P.M., "DR CALL BACK, X-RAY ORDERED, IN-HOUSE (X-RAY COMPANY) CALL". REVIEW OF THE PHYSICIAN ORDER DATED 7/5/11 STATED "X-RAY TIBIA/FIBIA".</p> <p>-DATE: 7/6/11 AT 2:00 A.M., "THIS WRITER RECEIVED A PHONE CALL FROM U OF M (UNIVERSITY OF MICHIGAN HOSPITAL) ED (EMERGENCY DEPARTMENT) AT APPROXIMATELY 0140 (1:40 A.M.) STATING RES IS/HAS BEEN SEEN-TX (TREATMENT) FOR C/O PAIN TO LLE (LOWER LEFT EXTREMITY) AT DIALYSIS. THIS WRITER INFORMED THAT RES HAS A FX (FRACTURE) TIB. FIB. SPLINT TO LLE, RES WILL BE TRANSPORTED BACK TO FACILITY.</p> <p>-DATE: 7/6/11 AT 5:00 A.M., "DR CONTACTED VIA PHONE, INFORMED OF RES STATUS, DR WILL BE IN THIS A.M. TO SEE RES".</p> <p>-DATE: 7/6/11 AT 7:45 A.M., "RES WILL NEED F/U (FOLLOW-UP) ORTHO TO CONSULT". REVIEW OF THE PHYSICIAN ORDER DATED 7/11/11, STATED "DO NOT REMOVE SPLINT TO LEFT LEG PER ORTHOPEDIC SURGERY, F/U APPT. WITH ORTHOPEDIC SURGERY".</p> <p>REVIEW OF THE PHYSICIAN PROGRESS NOTES DATED 7/6/11, REVEALED THE RESIDENT WAS EVALUATED BY HIM, AND SHE HAD A FRACTURE OF THE TIBIA. REVIEW OF THE PHYSICIAN ORDER DATED</p>	F 323			

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F 323	<p>Continued From page 49 7/6/11, STATED "ORTHO F/U FOR LLE FX TIB.FIB".</p> <p>IN AN INTERVIEW ON 9/20/11 AT 8:50 A.M., OTR #1 (OCCUPATIONAL THERAPY) STATED "IT WAS ME WHO THOUGHT SHE (RESIDENT #206) COULD USE IT (THE ELECTRIC WHEELCHAIR). IT SHOULD HAVE BEEN STORED IN THERAPY (NOT IN THE RESIDENTS ROOM WHEN NOT IN USE WITH THERAPY)". OBSERVATION OF THE ELECTRIC WHEELCHAIR WAS DONE ON 9/20/11 AT 9:00 A.M.; IN THE THERAPY ROOM.</p> <p>IN AN INTERVIEW ON 9/6/11 AT 1:25 P.M., THE DIRECTOR OF THERAPY #1. REVEALED WHEN THE RESIDENT WAS DISCHARGED FROM THERAPY (6/23/11), "NURSING SHOULD HAVE REMOVED THE ELECTRIC WHEELCHAIR FROM HER ROOM". THE DIRECTOR OF THERAPY SAID SHE HAD PUT THE RESIDENT INFORMATION REGARDING HER THERAPY ON RESIDENT INFORMATION SHEET (RIS, A CARE GUIDE FOR THE NURSING ASSISTANTS). WHEN ASKED IF THE FACILITY HAD A POLICY/PROCEDURE REGARDING EQUIPMENT AND RESIDENT SAFETY OR REMOVING EQUIPMENT FROM RESIDENTS ROOMS WHEN NOT IN USE OR UPON DISCHARGED FROM THERAPY, THE DIRECTOR OF THERAPY STATED "NO".</p> <p>REVIEW OF RESIDENT #206'S RESIDENT INFORMATION SHEET (RIS) FOUND IN HER CLOSED CHART (UN-DATED), REVEALED SHE WAS NON-WEIGHT BEARING, REQUIRED THE ASSISTANCE OF 2 FOR TRANSFERS USING A MECHANICAL LIFT,</p>	F 323			

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F 323	<p>Continued From page 50</p> <p>INCONTINENT, NOT TO BE POSITIONED ON HER RIGHT SIDE, NEEDED ASSISTANCE WITH HER ADL'S AND REPOSITIONING, AND THAT SHE HAD A "HX (HISTORY) OF FRACTURES". NO DOCUMENTATION WAS FOUND ON THE RIS, INCLUDING UNDER THE "NEED TO KNOW" OR "RESTORATIVE" SECTION REGARDING THE RESIDENT USING AN ELECTRIC WHEELCHAIR, OR THAT THE RESIDENT REQUIRED CUEING FOR DOORWAYS AND TIGHT AREAS WHILE IN THE WHEELCHAIR. REVIEW OF RESIDENT #206'S RIS SENT TO THE STATE AGENCY BY THE FACILITY HAD NO DOCUMENTATION UNDER THE "RESTORATIVE" OR "NEED TO KNOW" SECTIONS, AND NO DOCUMENTATION WAS FOUND OF THE RESIDENT HAVING A HISTORY OF FRACTURES.</p> <p>REVIEW OF THE FACILITY FALL RISK REDUCTION AND MANAGEMENT POLICY DATED 8/10, STATED "THE FACILITY STRIVES TO PREVENT RESIDENT/PATIENT FALLS AND INJURY". PROCEDURE #9 STATED "REVISE THE CARE PLAN TO INDICATE CHANGES IN INTERVENTIONS AS "INDICATED" AND #11 WAS "COMMUNICATE CHANGES TO CARE GIVING TEAM". (22347)</p> <p>RESIDENT #203:</p> <p>REVIEW OF THE FACE SHEET, MINIMUM DATA SET (MDS, RESIDENT ASSESSMENT TOOL) DATED 7/27/11, PHYSICAL AND OCCUPATIONAL THERAPY NOTES DATED 5/23/11, 6/24/11 AND 7/13/11, PHYSICIAN</p>	F 323			

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F 323	<p>Continued From page 51</p> <p>PROGRESS NOTES DATED 7/12/11 AND 7/17/11 AND THE NURSES NOTES DATED 7/14/11 THROUGH 8/5/11, REVEALED RESIDENT #203 WAS ADMITTED TO THE FACILITY ON 7/12/11, AFTER A LEFT LEG AMPUTATION DUE TO DECREASED CIRCULATION. THE RESIDENT WAS ADMITTED TO THE FACILITY WITH ACTIVITY INTOLERANCE, MUSCLE WEAKNESS, POOR TRUNK CONTROL THAT REQUIRED STAFF ASSISTANCE WITH POSITIONING, DECREASED RANGE OF MOTION (ROM, OF HIS RIGHT LEG), REQUIRED ASSISTANCE WITH TRANSFERS USING A MECHANICAL LIFT AND HE HAD A RIGHT HEEL ULCER WITH ESCHAR (DEAD TISSUE). THE RESIDENTS' DIAGNOSES INCLUDED MULTIPLE SCLEROSIS (MS), LACK OF COORDINATION, DIFFICULTY IN WALKING, PERIPHERAL VASCULAR DISEASE (DECREASED CIRCULATION), ARTHRITIS AND DIABETES.</p> <p>REVIEW OF THE FACILITY PHYSICAL THERAPY (PT) PLAN OF TREATMENT DATED 6/24/11, STATED "HIS (RESIDENT #203) R (RIGHT) LE (LOWER EXTREMITY) HAS FLEXED AT KNEE WITH DECREASED ACTIVE ROM, (RANGE OF MOTION) ANKLE, HIP AND KNEE JOINTS SECONDARY TO MS. THE PATIENT DEMONSTRATED SITTING BALANCE OF P STATIC (HE WAS UNABLE TO MAINTAIN BALANCE WITHOUT SUPPORT)". REVIEW OF THE OCCUPATIONAL THERAPY (OT) PROGRESS NOTES DATED 7/13/11, STATED "PT'S (PATIENTS) LIMITING FACTORS ARE: POOR ACTIVITY TOLERANCE, POOR TRUNK CONTROL,</p>	F 323			

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F 323	<p>Continued From page 52</p> <p>DECREASED STRENGTH IN UE (UPPER EXTREMITIES)".</p> <p>REVIEW OF THE RESIDENTS CARE PLAN FOR WEAKNESS (DATED 6/2/11) AND AT RISK FOR FALLS/INJURY (DATED 6/2/11), REVEALED HE HAD UPPER AND LOWER EXTREMITY WEAKNESS, LIMITED ROM AND STAFF WAS TO PROVIDE 2 PERSON ASSIST USING A MECHANICAL LIFT AND ANY NEEDED DEVICES FOR WHEELCHAIR (SUPPORTIVE DEVICES). REVIEW OF THE PRESSURE ULCER CARE PLAN DATED 7/21/11, REVEALED THE RESIDENT HAD "DEEP TISSUE INJURY" TO HIS RIGHT FOOT AND IT HAD OPENED. STAFF WAS TO "MAINTAIN (THE RESIDENTS) HEAD OF BED AT ANGLE LESS THAN 30 DEGREES". THE RESIDENT WAS TO BE PLACED IN A RECLINING POSITION.</p> <p>REVIEW OF THE FACILITY INCIDENT REPORT DATED 8/5/11, STATED ON 8/3/11, "RESIDENT (RESIDENT #203) WAS TRANSPORTED BY (THE FACILITY CONTRACTED TRANSPORT COMPANY) TO (BACK TO THE FACILITY) FROM (THE PHYSICIANS OFFICE). THIS DRIVER WAS EMPLOYED BY (THE TRANSPORT COMPANY), DID LOCK THE WHEELCHAIR WHEELS INTO THE VAN (THE FLOOR TIE DOWNS WERE STRAPPED TO THE WHEELCHAIR WHEELS) BUT DID NOT PLACE A SEATBELT ON THE RESIDENT. THE WHEELCHAIR WAS SECURE, BUT THE RESIDENT WAS NOT SECURED IN THE WHEELCHAIR. THE RESIDENT SLID OUT OF THE WHEELCHAIR, RECEIVING AN</p>	F 323			

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F 323	<p>Continued From page 53</p> <p>ABRASION TO R (RIGHT) SM (SMALL) TOE, WAS SENT TO ER (EMERGENCY ROOM) FOR EVAL". REVIEW OF THE FACILITY INVESTIGATION DATED 8/5/11, STATED "WILL NOT USE (TRANSPORT COMPANY) FOR TRANSPORT, OUR STAFF TO CONTINUE TO ACCOMPANY RESIDENT'S WHEN TRANSFERRED TO OUTSIDE FACILITY, STAFF IN SERVICED ON TRANSPORT AND SEAT BELTS".</p> <p>REVIEW OF THE HOSPITAL ER REPORT DATED 8/3/11; REVEALED RESIDENT #202 RECEIVED AN ABRASION WHEN HE SLID OUT OF HIS WHEELCHAIR WHILE IN TRANSPORT ON 8/3/11.</p> <p>OBSERVATION AND INTERVIEW OF RESIDENT #203 WAS DONE ON 9/6/11 AT 9:40 A.M. THE RESIDENT WAS ALERT, SITTING UP WITH THE HEAD OF THE BED ELEVATED APPROXIMATELY 30 TO 35 DEGREES AND HE WAS LEANING TO THE RIGHT. THE RESIDENT WAS UNABLE TO SUPPORT HIS TRUNK WITHOUT SUPPORT DEVICES. WHEN ASKED IF HE RECALLED HOW HE FELL OUT OF THE WHEELCHAIR ON 8/3/11, THE RESIDENT STATED "THEY (VAN DRIVER #1) DIDN'T TIE ME IN (PUT THE SEAT BELT ON THE RESIDENT) THEY SHOULD HAVE, AND I FELL OUT ON THE FLOOR". THE RESIDENT IDENTIFIED THE WHEELCHAIR HE WAS IN ON 8/3/11, IT WAS A HIGH-BACK AND WAS KEPT IN AN EMPTY RESIDENT'S ROOM ACROSS FROM HIS ROOM ON HALL 100. THE RESIDENT STATED "THEY (STAFF) PUT THE HEAD OF IT (THE BACK OF THE WHEELCHAIR) DOWN WHEN I AM IN IT". THE</p>	F 323			

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F 323	<p>Continued From page 54</p> <p>RESIDENT CONFIRMED THE BACK OF THE WHEELCHAIR WAS IN A DOWN POSITION ON 8/3/11. THE RESIDENT ALSO SAID HE USES A CUSHION WHILE IN THE WHEELCHAIR AND THE CUSHION WAS SLIPPING OUT OF THE WHEELCHAIR WHEN HE FELL.</p> <p>REVIEW OF CERTIFIED NURSING ASSISTANT (CNA) #11'S (ACCOMPIED RESIDENT #203 ON 8/3/11 TO AND FROM HIS DR APPOINTMENT), WRITTEN STATEMENT DATED 8/3/11, STATED "THE DON (DIRECTOR OF NURSING) TOLD ME TO TELL YOU JUST BEFORE I CAME IN TO SEE YOU, IT WAS UP TO THE DRIVER TO MAKE SURE THE RESIDENT WAS SAFE AND ALL RESIDENT'S WHO GO OUT NEED A CNA TO GO WITH THEM. HE (RESIDENT #203) DID NOT HAVE A SEAT BELT ON SO HE STARTED TO SLIDE TO THE FLOOR. BEFORE HE FELL HE TOLD ME HE WAS SLIDING I TOLD THE DRIVER AND HE STATED "YOU SUPPOSE TO BE WATCHING". I SAID I'M IN A SEAT BELT, WHAT AM I SUPPOSE TO DO. AT THE TIME OF US TALKING (THE RESIDENT) SLID TO THE FLOOR. I ASKED HIM WAS HE HURT, I SEEN THAT HIS R (RIGHT) TOE WAS BLEEDING THEN I PROCEEDED TO HELP (THE DRIVER) PUT HIM IN THE CHAIR (THE WHEELCHAIR). THEN (RESIDENT #203) STARTED SLIDING AGAIN AND THE DRIVER SAID "NO HE IS OK, YOU HOLD HIM AND I WILL DRIVE". I TOOK HIS KNEES AND PUSHED THEM BACK WITH BOTH HANDS TILL WE PULLED UP (TO THE FACILITY)". CNA #11'S WRITTEN STATEMENT DATED 9/1/11 STATED "THIS WAS MY FIRST APPOINTMENT I EVER WENT ON AT THIS FACILITY; I WAS NEVER</p>	F 323			

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F 323	<p>Continued From page 55</p> <p>TRAINED TO LOCK A PT (PATIENT) IN OR SECURE THEM IN A VAN. ON THE WAY BACK (FROM THE DR APPOINTMENT) (THE RESIDENT) STARTED TO SLIDE OUT OF THE CHAIR AND I TOLD THE DRIVER, HE REPLIED "HELP HIM". AT THE SAME TIME I WAS TALKING, HE (THE RESIDENT) SLID ALL THE WAY TO THE FLOOR. I CLIMBED OVER THE SEAT, THE DRIVER THEN PULLED OVER TO HELP ME. I WAS ON MY KNEES HOLDING HIM BACK WITH MY HAND".</p> <p>REVIEW OF THE NURSE'S NOTES DATED 8/3/11, STATED "REPORTED RESIDENT HAD SLID OUT OF CHAIR CAUSING SKIN TEAR TO SM (SMALL) TOE WHILE IN TRANSPORT BACK TO FACILITY". REVIEW OF THE PHYSICIAN ORDERS DATED 8/5/11, STATED "R (RIGHT) SM (SMALL) TOE ABRASION, NS (NORMAL SALINE) WASH, PAT DRY, APPLY A & D (SKIN TREATMENT) COVER WITH 2 X 2 GAUZE WITH KERLIX". RESIDENT #203 ALREADY HAD DECREASED CIRCULATION AND AN ULCER ON HIS RIGHT FOOT, WHICH INCREASED THE CHANCE OF INFECTION AND LENGTHENED HEALING TIME. REVIEW OF THE PHYSICIAN PROGRESS NOTE DATED 7/12/11, STATED "HE DOES HAVE A RIGHT HEEL ULCER WITH ESCHAR (DEAD TISSUE)".</p> <p>IN AN INTERVIEW ON 9/6/11 AT 1:28 P.M., THE FACILITY CONTRACTED TRANSPORT VAN DRIVER WHO TRANSPORTED RESIDENT #203 ON 8/3/11 (VAN DRIVER #1) REVEALED ON 8/3/11 HE TRANSPORTED RESIDENT #203 TO HIS DOCTORS APPOINTMENT AND BACK TO THE FACILITY. DURING THE TRANSPORT BACK TO THE</p>	F 323			

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F 323	Continued From page 56 FACILITY THE RESIDENT FELL OUT OF HIS WHEELCHAIR ONTO THE VAN FLOOR AND RECEIVED A SKIN TEAR/ABRASION TO HIS TOE. USING THE RESIDENTS SAME WHEELCHAIR THAT WAS USED ON 8/3/11, THE DRIVER DEMONSTRATED TO THE SURVEYOR HOW HE SECURED THE RESIDENTS WHEELCHAIR IN THE VAN. THE VAN HAD A TOTAL OF 8 FLOOR "TIE DOWNS" TO SECURE TO THE WHEELCHAIR WHEELS, AND A TOTAL OF 4 SIDE SEAT BELTS. VAN DRIVER #1 SAID HE SECURED THE RESIDENTS WHEELCHAIR WITH ALL THE TIE DOWNS, BUT DID NOT PUT A SEAT BELT ON THE RESIDENT BECAUSE THE BELT WOULD HAVE FASTENED OVER HIS UPPER CHEST AREA AND COULD HAVE "CHOCKED HIM". THE DRIVER REVEALED THE RESIDENTS WHEELCHAIR BACK WAS IN A DOWN POSITION, HIS RIGHT LEG WAS NOT ON THE FOOT PEDDLE AND HE WAS SITTING ON A THICK CUSHION (APPROXIMATELY 3 INCHES THICK). THE DRIVER SAID THE RESIDENT COULD NOT PUT HIS RIGHT LEG UP ON THE FOOT PEDDLE AND WHEN HE ASKED IF HE COULD SIT HIM IN AN UP-RIGHT POSITION, CNA #11 SAID NO. THE DRIVER SAID HE HAD NEVER TRANSPORTED A PATIENT PRIOR TO 8/3/11, THAT WAS IN A LAYING POSITION OR THE WHEELCHAIR WAS RECLINED IN THE VAN, AND THE VAN WAS SET-UP TO TRANSPORT PATIENTS ABLE TO SIT UP-RIGHT IN A SEAT OR IN A WHEELCHAIR. REVIEW OF VAN DRIVER #1'S WRITTEN STATEMENT DATED 8/4/11, STATED "BEFORE WE LEFT (TO RETURN TO THE FACILITY), I SECURED (RESIDENT #203) WHEELCHAIR WITH THE PROPER RESTRAINTS. I DID NOT	F 323			

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F 323	<p>Continued From page 57</p> <p>FASTEN THE SEATBELT AROUND (THE RESIDENT) BECAUSE HE WAS IN A LAYING POSITION; I THOUGHT IF I WOULD HAVE FASTENED THE SEAT BELT, IT WOULD HAVE COME ACROSS HIS THROAT BECAUSE HE WAS NOT IN SETTING POSITION. (THE RESIDENT #203) WAS ALSO LYING ON A CUSHION THAT I THOUGHT WAS SECURED TO THE WHEELCHAIR BY (FACILITY) STAFF. ALL THE SUDDEN I HEARD (THE RESIDENT #203) SAYING "I AM SLIDING" AND WITHIN FRACTION OF A SECOND HE ACTUALLY SLID DOWN". REVIEW OF THE CONTRACT BETWEEN THE FACILITY AND THE TRANSPORTATION COMPANY DATED 4/30/03, HAD NO DOCUMENTATION OF ANY MEDICAL REQUIREMENTS, LIMITATIONS, OR STIPULATIONS REGARDING FACILITY RESIDENTS BEING TRANSPORTED IN AN UP-RIGHT WHEELCHAIR, RECLINED WHEELCHAIR OR LAYING ON A GURNEY. THE VAN WAS NOT EQUIPPED TO SAFELY TRANSPORT A RESIDENT THAT WAS NOT IN A SITTING POSITION.</p> <p>REVIEW OF THE FACILITY OT DAILY NOTES DATED 7/13/11 THROUGH 8/22/11, STATED "PT REQUIRES POSITIONING IN BED TO KEEP HEAD AT MIDLINE AS HE WILL LEAN TO HIS LEFT SIDE". REVIEW OF THE BRADEN SCALE (ASSESSMENT FOR PRESSURE ULCERS) DATED 7/20/11, REVEALED THE RESIDENT HAD "VERY LIMITED" MOBILITY. REVIEW OF THE FACILITY PRESSURE ULCER CARE PLAN DATED 7/21/11, STATED "MAINTAIN (RESIDENT #203'S) HEAD OF BED AT ANGLE LESS THAN 30 DEGREES".</p>	F 323			

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F 323	Continued From page 58 IN AN INTERVIEW ON 9/6/11 AT 3:00 P.M., FACILITY DIRECTOR OF THERAPY #1 REVEALED SHE RECALLED GIVING PUTTING DYSEN (A THIN GRIPPER PAD) ON THE RESIDENTS WHEELCHAIR CUSHION, SHE STATED "I PUT A DYSEN ON HIS WHEELCHAIR ABOUT 1 MONTH AGO, HE WAS SLIDING DOWN, IT WAS A THICKER CUSHION ABOUT 3 INCHES". IN AN INTERVIEW ON 9/6/11 AT 1:15 P.M., THE ADMINISTRATOR #1 STATED "I HAVE NO LIABILITY AT ALL, THAT COMPANY HAS THE LIABILITY. WE CONTRACTED THEM TO TRANSFER HIM ON 8/3/11, AND WE HAVE NOT TRANSFERRED HIM SINCE. I DON'T FEEL WE DID ANYTHING WRONG. OUR AIDE GOES WITH THE PATIENT TO THE DOCTOR APPOINTMENT, THEY'RE JUST A PASSENGER FOR THE RIDE IN THE VAN. THE AIDE IS NOT TRAINED TO STRAP THE PATIENT DOWN". IN AN INTERVIEW ON 9/6/11 AT 2:05 P.M., THE FACILITY VAN DRIVER (VAN DRIVER #2) STATED "I TRANSPORTED HIM (RESIDENT #203) ON FRIDAY 8/5/11 TO (A DOCTOR APPOINTMENT) IN MY VAN (THE FACILITY VAN) AND HIS (FAMILY MEMBER) CAME WITH US. HE STARTED TO FALL AGAIN SO I PULLED OVER AND LIFTED HIM BACK IN HIS WHEELCHAIR. HIS WHEELCHAIR BACK WAS APPROXIMATELY 100 DEGREES DOWN (THE BACK OF THE WHEELCHAIR WAS ALL THE WAY DOWN, IN A FLAT POSITION), HIS RIGHT FOOT WAS DOWN, NOT UP IN THE FOOT PEDDLE BECAUSE HIS LEG IS	F 323			

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F 323	<p>Continued From page 59</p> <p>CONTRACTED AND HE WAS ON A CUSHION TOO, WHICH MADE IT EASIER TO SLIDE OUT OF HIS WHEELCHAIR". VAN DRIVER #2 SAID HE DID NOT PUT A SEAT BELT ON THE RESIDENT BECAUSE HE WAS LYING DOWN IN HIS WHEELCHAIR AND IT WOULD OF GONE ACROSS HIS UPPER CHEST AREA.</p> <p>IN A PHONE INTERVIEW ON 9/12/11 AT 10:45 A.M., RESIDENT #203'S FAMILY MEMBER (FAMILY MEMBER #2) REVEALED ON 8/5/11, THE RESIDENT WAS TRANSPORTED TO HIS VASCULAR SURGEON'S OFFICE AND SHE WENT WITH HIM IN THE FACILITY VAN. FAMILY MEMBER #2 STATED "HE (THE RESIDENT) STARTED TO SLIP OUT OF HIS WHEELCHAIR. HE HAS LIMITED CONTROL OF HIS UPPER BODY, THEY (THE FACILITY) PUT HIM BACK (RECLINED THE BACK OF THE WHEELCHAIR), AND HIS RIGHT LEG IS CONTRACTED SO HE CAN'T PUT IT UP (ON THE FOOT PEDDLE). I WAS SITTING IN THE MIDDLE SEAT, HE STARTED SLIPPING AGAIN AND HE SAID "I'M SLIPPING AGAIN", HE WAS AFRAID. I JUMPED OVER THE SEAT AND TRIED TO HELP HIM UNTIL THE DRIVER COULD PULL OVER. AT THE SURGEONS OFFICE THE SURGEON HOISTED HIM UP AND WE KEPT THE BACK OF THE WHEELCHAIR UP". THE FAMILY MEMBER ALSO REVEALED THE RESIDENT DID NOT HAVE A SEAT BELT ON DURING THE RIDE. THE FAMILY MEMBER STATED "THE ADMINISTRATOR WAS AWARE HE STARTED SLIPPING OUT OF HIS WHEELCHAIR AGAIN (ON 8/5/11); I CALLED AND LEFT A MESSAGE FOR HIM TO CALL ME ON THE SAME DAY (8/5/11). HE (THE ADMINISTRATOR #1)</p>	F 323			

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F 323	Continued From page 60 CALLED ME BACK THAT DAY OR THE NEXT DAY. I WAS ON SPEAKER PHONE AND A NURSE TALKED ABOUT PUTTING SOMETHING STICKY (DYCEM) IN HIS WHEELCHAIR SO HIS CUSHION WOULD NOT SLIP". (22347)	F 323			
F 490 SS=F	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: THIS CITATION PERTAINS TO MI00045908, MI00046578, MI00046682, MI00046689, AND MI00046988. A). BASED ON OBSERVATION, INTERVIEW, AND RECORD REVIEW, THE FACILITY FAILED TO PROVIDE RESIDENT INFORMATION REQUESTED BY THE SURVEYOR RESULTING IN A DELAY IN COMPLETING AN INVESTIGATION B). BASED ON OBSERVATIONS, INTERVIEWS, AND RECORD REVIEW, THE FACILITY FAILED TO MAINTAIN COMPLETE STAFF PERSONNEL FILES ACCORDING TO REGULATORY GUIDELINES AND COMPLETE REQUIRED CERTIFICATION, LICENSE, AND BACKGROUND CHECKS RESULTING IN AN INCREASED POTENTIAL FOR RESIDENT	F 490			

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F 490	<p>Continued From page 61 ABUSE.</p> <p>C). BASED ON OBSERVATIONS, INTERVIEWS, AND RECORD REVIEW, THE FACILITY FAILED TO MAINTAIN AN ICE MACHINE IN WORKING CONDITION RESULTING IN AN INCREASED RISK OF DEHYDRATION DUE TO LACK OF ICE COLD WATER.</p> <p>D). BASED ON OBSERVATIONS, INTERVIEWS, AND RECORD REVIEW, THE FACILITY FAILED TO MAINTAIN A CLEAN, SANITARY AND SAFE ENVIRONMENT RESULTING IN AN INCREASED RISK FOR INFECTIONS AND RODENT INFESTATION.</p> <p>FINDINGS INCLUDE:</p> <p>A). REFUSAL OF REQUESTED RESIDENT INFORMATION:</p> <p>AN INTERVIEW WAS DONE ON 9/8/11 AT 9:30 A.M., WITH THE DIRECTOR OF NURSING (DON #1). THE SURVEYOR REQUESTED 17 SAMPLED RESIDENT'S INFORMATION SHEETS (RIS, RESIDENT CARE INFORMATION FOR THE NURSING ASSISTANTS) AND DON #1 STATED "CORPORATE SAID IT'S A TOOL, NOT A PART OF THE MEDICAL RECORD, IT'S NOT TO BE PUT IN ANY MEDICAL RECORD". DON #1 STATED THE RIS'S COULD NOT BE RELEASED TO THE SURVEYOR. REVIEW OF SAMPLED RESIDENT'S #203, #206, #207, #210 AND #211'S CLINICAL RECORD REVEALED THE RIS SHEETS WERE FOUND IN THE RECORDS.</p>	F 490			

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F 490	<p>Continued From page 62</p> <p>IN AN INTERVIEW ON 9/19/11 AT 2:37 P.M., THE MEDICAL RECORDS STAFF MEMBER #1 STATED "I PUT THE RIS'S IN ALL CHARTS AND ALL CLOSED RECORDS. WHEN I FIRST CAME HERE THE PREVIOUS DON SAID 'YOU HAVE TO PUT THE RIS IN ALL THE CHARTS'. NO ONE HAS EVER SAID DON'T PUT IT IN THERE; THE COMPANY WANTS IT IN THERE. I PUT IT UNDER THE CLINICAL DATA COLLECTION/ASSESSMENT PART. IT IS PART OF THE CHART, I READ THE MANUAL AND IT GOES UNDER THE ASSESSMENTS, IN THE CARE PLAN SECTION. I WAS NEVER TOLD TO REMOVE IT FROM THE CLOSED RECORDS".</p> <p>ON 8/31/11 THE SURVEYOR REQUESTED A COPY OF ALL SHOWER SHEETS FOR 7/11 AND 8/11. THE DON AGREED TO SUPPLY THE SURVEYOR WITH A COPY OF THE SHOWER SHEETS. THE SURVEYOR REQUESTED THE COPIES OF THE SHOWER SHEETS AGAIN ON 9/1/11 AT 10:15 A.M.. ON 9/1/11 AT 12:00 P.M., THE DON STATED "CORPORATE IS NOT LETTING US RELEASE THE SHOWER SHEETS TO YOU BECAUSE THEY ARE NOT PART OF THE RECORD".</p> <p>ON 9/8/11 AT 8:10 A.M., THE SURVEYOR REQUESTED THE PREVIOUS DIRECTOR OF NURSING'S PERSONNEL FILE FROM THE DON AND ADMINISTRATOR. ADMINISTRATOR #1 SAID HE DID NOT HAVE IT (AT THE FACILITY); HE WAS TRYING TO GET IT. THE SURVEYOR ASKED FOR A COPY OF THE PREVIOUS DON'S ORIENTATION INFORMATION, APPLICATION FOR EMPLOYMENT, DATES OF EMPLOYMENT,</p>	F 490			

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F 490	<p>Continued From page 63</p> <p>AND PROOF THAT A TB (TUBERCULOSIS) TEST WAS GIVEN. ADMINISTRATOR #1 SAID THE PREVIOUS DON WAS AN "INTERIM DON" AND HE WOULD TRY TO GET A COPY FROM THE COMPANY SHE WORKED FOR. THE SURVEYOR NEVER RECEIVED THE REQUESTED DOCUMENTATION. THE SURVEYOR ALSO REQUESTED THE PREVIOUS ADMINISTRATOR'S PERSONNEL FILE FROM THE ADMINISTRATOR #1 AND ONLY RECEIVED A COPY OF THE BACKGROUND CHECK.</p> <p>B). PERSONNEL FILES DOCUMENTATION INCOMPLETE:</p> <p>AN INTERVIEW AND RECORD REVIEW WAS DONE ON 8/30/11 AT 2:15 P.M., WITH THE DIRECTOR OF HUMAN RESOURCES #1 OF 7 RANDOM CURRENT STAFF'S PERSONNEL RECORDS (4 CERTIFIED NURSING ASSISTANT'S (CNA'S) AND 3 LICENSED NURSES). 2 OUT OF 4 CNA'S FILES DID NOT HAVE A NURSE AIDE REGISTRY DOCUMENT (CNA CERTIFICATION) IN THEIR FILES, AND 1 OF THE 4 CNA'S NURSE AIDE REGISTRY DOCUMENTS HAD AN EXPIRATION DATE OF "12/21/09". 4 OUT OF 4 CNA'S FILES DID NOT HAVE YEARLY SKILLS COMPETENCIES EVALUATIONS. ALL 4 CNA'S WERE EMPLOYED AT THE FACILITY FOR NO LESS THEN A YEAR FROM THEIR HIRE DATE. 1 OUT OF 3 LICENSED NURSES FILES HAD NO PROOF OF A NURSING LICENSE. 1 OUT OF 3 NURSE'S FILES HAD NO PROOF OF A BACKGROUND CHECK (AN RN CHARGE NURSE). 1 OUT OF 3 NURSES FILES HAD NO PROOF OF ANY ORIENTATION OR</p>	F 490			

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F 490	<p>Continued From page 64</p> <p>COMPETENCY CHECKS/TESTS (A LPN NURSE MANAGER). THE SURVEYOR GAVE THE DIRECTOR OF HUMAN RESOURCES 45 MINUTES TO LOCATE THE MISSING DOCUMENTATION AND SHE WAS UNABLE TO DO SO. THE DIRECTOR OF HUMAN RESOURCES STATED "I'M NEW HERE. THE PERSON WHO HAD THIS JOB GOT OVERWHELMED. YES, THE CERTIFICATIONS, LICENSE, COMPETENCIES AND BACKGROUND CHECKS SHOULD BE IN THEIR FILES, I DON'T KNOW WHERE THEY ARE " .</p> <p>REVIEW OF THE FACILITY EDUCATION RESOURCE MANUAL DATED 2/10 STATED "THE FACILITY ADMINISTRATOR IS RESPONSIBLE FOR VERIFYING THAT APPROPRIATE STAFF ARE ASSIGNED TO COMPLETE THE EDUCATIONAL TRAINING, DOCUMENTATION AND FILE MAINTENANCE REQUIREMENTS".</p> <p>C). ICE MACHINE NOT IN WORKING CONDITION:</p> <p>OBSERVATIONS MADE ON 9/6/11 FROM 9:10 A.M. - 11:10 A.M., REVEALED A TOTAL OF 20 RESIDENT ROOM'S THAT HAD ROOM TEMPERATURE WATER WITHOUT ICE IN IT (ROOM'S 101, 104, 107, 110, 112, 114, 117, 120, 205, 208, 210, 301, 304, 306, 308, 309, 401, 402, 405 AND 407).</p> <p>OBSERVATIONS DONE ON 9/6/11 AT 10:30 A.M., REVEALED THE FACILITY'S RESIDENT ICE MACHINE ON HALL 100 WAS NOT IN WORKING ORDER.</p>	F 490			

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F 490	Continued From page 65 IN AN INTERVIEW ON 9/6/11 AT 10:30 A.M., LPN NURSE #2 STATED "WE HAVEN'T HAD AN ICE MACHINE FOR AWHILE NOW; THEY (STAFF) GET THE ICE FROM THE COOLERS IN THE HALLWAYS (THE KITCHEN PUTS ICE IN THE COOLERS)". ON 9/6/11 AT 11:50 A.M., THE SURVEYOR CHECKED THE COOLER IN THE BREEZEWAY (RESIDENT AREA BETWEEN THE 200, 300 AND 400 HALLS); THE COOLER WAS HALF FILLED WITH WATER AND A FEW PIECES OF ICE FLOATING IN THE WATER. OBSERVATION DONE ON 9/7/11 AT 9:45 A.M., REVEALED ON HALL 100 WAS ANOTHER COOLER THAT WAS APPROXIMATELY 1/3 FULL OF WATER WITH A FEW PIECES OF ICE FLOATING IN THE WATER. IN AN INTERVIEW ON 9/6/11 AT 10:33 A.M., CNA #15 STATED "I HAVE NEVER EVEN BEEN IN THE ICE MACHINE BEFORE (CNA #15'S HIRE DATE WAS 9/05), THERE'S NO ICE, IT'S BROKEN. THE KITCHEN SUPPLIES THE ICE, THEY'RE OPEN FROM 5:00 A.M. TO 8:00 P.M. AND THEN IT'S LOCKED AND THEY (THE RESIDENT'S) DON'T GET ANY ICE, THEY DON'T LIKE TO DRINK ROOM TEMPERATURE WATER". IN AN INTERVIEW ON 9/7/11 AT 9:45 A.M., CNA #16 STATED "THERE IS NO ICE MACHINE WHEN THE KITCHEN CLOSES; IT'S THE ONLY ONE (IN WORKING CONDITION AT THE FACILITY). THE RESIDENT'S DON'T GET ICE AND YES THEY COMPLAIN, THEY DON'T DRINK THEIR WATER MUCH. IT'S BEEN	F 490			

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F 490	<p>Continued From page 66 DOWN (THE ICE MACHINE) FOR MONTHS NOW".</p> <p>IN AN INTERVIEW ON 9/6/11 AT 10:00 A.M., WITH AN ALERT NON-SAMPLED RESIDENT IN ROOM 210, THE RESIDENT STATED "THERE IS NO ICE, THEY DON'T HAVE ANY, AND I DON'T LIKE WARM WATER". THE RESIDENT SAID SHE WOULD NOT DRINK HER WATER IF THERE WAS NO ICE IN IT.</p> <p>IN AN INTERVIEW ON 9/6/11 AT 10:25 A.M., AN ALERT SAMPLED RESIDENT IN ROOM 101 STATED "WE GET ICE ONCE A DAY HERE, IN THE AFTERNOON ONLY".</p> <p>AN INTERVIEW WAS DONE ON 9/6/11 AT 10:10 A.M., WITH AN ALERT NON-SAMPLED RESIDENT IN ROOM 104. THE RESIDENT STATED "THERE IS NO ICE, THEY DON'T BRING ME ICE, I AM DEHYDRATING AND I DON'T LIKE JUST WATER. THEY USE TO GIVE US ICE BEFORE, BUT NOT NOW, I AM CAPABLE OF GETTING MY OWN BUT IT'S NOT RIGHT, WE PAY FOR THAT".</p> <p>IN AN INTERVIEW, IN THE MAIN DINING ROOM ON 9/6/11 AT 9:00 A.M., FAMILY MEMBER #1 STATED "IT'S BEEN BROKEN FOR MONTHS NOW (THE ICE MACHINE) AND NOTHING IS BEING DONE ABOUT IT".</p> <p>IN AN INTERVIEW ON 9/7/11 AT 9:00 A.M., DON #1 STATED "THE KITCHEN SUPPLIES ICE 3 TIMES A DAY, THERE HAS NOT BEEN ANY COMPLAINTS FROM THE RESIDENT'S".</p> <p>IN AN INTERVIEW ON 9/19/11 AT 11:55 A.M.,</p>	F 490			

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F 490	<p>Continued From page 67</p> <p>THE DIRECTOR OF SOCIAL SERVICES #1 REVEALED SHE WAS AWARE THE RESIDENT'S WERE NOT RECEIVING ICE IN THEIR WATER ON A REGULAR BASIS AND THE ICE MACHINE ON HALL 100 WAS NOT IN WORKING ORDER AND SHE STATED "NO, I DIDN'T DO ANYTHING ABOUT IT".</p> <p>REVIEW OF FACILITY RESIDENT GRIEVANCE REPORTS DATED 3/7/11, 4/4/11 AND 5/2/11, REVEALED 3 COMPLAINTS' SAYING THAT FRESH WATER WAS NOT BEING PASSED TO THE RESIDENT'S.</p> <p>IN AN INTERVIEW ON 6/9/11 AT 9:35 A.M., THE MAINTENANCE TECH #1 STATED "THE ICE MACHINE HAS NOT BEEN WORKING FOR 2 TO 3 MONTHS NOW; A COMPANY CAME IN TO LOOK AT IT IN APRIL".</p> <p>REVIEW OF THE PURCHASE/WORK ORDER DATED "4/8/11" INDICATED "EVAPORATOR NICKEL PLATING WORN, CONDENSER AIR COOLER WAS PLUGGED, COMPRESSOR NOISY-VALVES OR ROD, CONSIDER MACHINE REPLACEMENT". OVER 4 MONTHS HAD PAST FROM THE DATE OF THE WORK ORDER TO THE SURVEY.</p> <p>D). ENVIRONMENT:</p> <p>ON 9/6/11 FROM 8:20 A.M. - 12:15 P.M., THE SURVEYOR DID AN ENVIRONMENTAL WALK-THROUGH OF THE FACILITY. A TOTAL OF 20 RESIDENT ROOMS ON ALL HALLS WERE OBSERVED. IN THE RESIDENT'S ROOM'S THE SURVEYOR OBSERVED THAT THE AIR CONDITIONER FILTERS WERE VERY</p>	F 490			

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F 490	<p>Continued From page 68</p> <p>DIRTY WITH A THICK COATING OF DARK GRAY DUST/DIRT, AND THEY HAD GAPS AROUND THE OUTSIDE OF THE UNITS, ENABLING THE SURVEYOR TO SEE OUTSIDE. THE FLOORS WERE DIRTY WITH EMPTY POP BOTTLES, USED KLEENEX AND PIECES OF PAPER ON THEM, ELECTRICAL CORDS WERE TANGLED TOGETHER AND PLUGGED INTO OUT-LET'S WITHIN REACH OF RESIDENT'S, HEATERS HAD RUST WITH BROKEN METAL PIECES COMING OFF, PAINT WAS CHIPPING OFF WALLS, DOORS AND CLOSETS, CLOSET DOORS WERE BROKEN AND ONE WAS MISSING AND THE BACK OF ROOM 301'S DOOR WAS ONLY PARTLY PAINTED WITH GRAY PAINT. RESIDENT BATHROOMS WERE DIRTY WITH UN-LABELED AND UN-BAGGED PERSONAL ITEMS SITTING OUT ON WINDOW SILLS. FLOOR MOLDING AND FLOOR TILES WAS DAMAGED WITH SOME MISSING, AND RUST WAS FOUND IN SINKS, AND ON PIPES.</p> <p>OBSERVATION OF 3 RESIDENT SHOWER/BATH ROOM'S ON 9/6/11 REVEALED THE SHOWER ROOM'S HAD BAGS OF SOILED LINEN ON THE FLOOR AND IN THE BATHTUB, PAINT WAS CHIPPING OFF THE DOORS, HEATERS AND WALLS, TRASH WAS COMING OUT OF THE TRASH BINS, FLOOR MOLDING WAS COMING OFF, AND BOWEL MOVEMENT WAS FOUND IN 2 OF THE TOILETS. ALL 3 SHOWER ROOMS WERE NOT IN USE AT THE TIME OF OBSERVATION, WITH THE LIGHTS TURNED OFF AND THE DOOR'S OPEN.</p> <p>OBSERVATION OF THE PUBLIC/STAFF</p>	F 490			

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F 490	<p>Continued From page 69</p> <p>BATHROOM ON 9/6/11 DURING THE TOUR. THE FLOOR MOLDING WAS OFF AND SITTING ON THE FLOOR, THE SINK AND TOILET WERE DIRTY, TRASH WAS COMING OUT OF THE TRASH BIN; PAPER TOWELS WERE SITTING ABOVE THE SINK UN-COVERED AND NOT IN A CONTAINER, AND THE WALLS AND DOOR WERE DIRTY WITH PAINT CHIPPING OFF OF THEM. THE BATHROOM DOOR WAS UN-LOCKED WITH NO SIGN INDICATING THE ROOM WAS NOT IN USE AND THE SURVEYOR WAS TOLD BY STAFF IT WAS THE PUBLIC AND STAFF BATHROOM.</p> <p>OBSERVATIONS ON 9/6/11 DURING THE TOUR OF THE ACTIVITY ROOM/MAIN DINING ROOM, THE BREEZEWAY (BETWEEN 200, 300 AND 400 HALL) AND OF THE FRONT LOBBY AREA AT THE ENTRANCE DOOR (ALL RESIDENT AREAS). THE AIR CONDITIONERS IN THESE AREA'S WERE FOUND TO BE DIRTY ON THE OUTSIDE AND ALL THE FILTERS HAD A LAYER OF THICK DUST/DIRT ON THEM WITH GAPS AROUND THE OUTSIDE OF THE UNITS ENABLING THE SURVEYOR TO SEE OUTSIDE.</p> <p>AN INTERVIEW WAS DONE ON 9/19/11 AT 11:05 A.M., WITH THE DIRECTOR OF HOUSEKEEPING #1. WHEN THE DIRECTOR OF HOUSEKEEPING #1 WAS ASKED IF HE HAD RECIEVED COMPLAINTS FROM RESIDENT'S REGARDING THE FACILITY BEING DIRTY AND IN NEED OF REPAIR HE STATED "I GET COMPLAINTS FROM RESIDENTS, I DO WALK-THROUGH'S DAILY OF THE ENVIRONMENT".</p>	F 490			

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F 490	Continued From page 70 A WALK THROUGH OF THE FACILITY WAS DONE ON 9/6/11 AT 12:30 P.M., WITH THE DIRECTOR OF MAINTENANCE #1, THE MAINTENANCE TECH #1, AND THE DIRECTOR OF HOUSEKEEPING #1. THE ABOVE ISSUES WERE SHOWED TO THE DIRECTOR OF MAINTENANCE #1 AND THE DIRECTOR OF HOUSEKEEPING #1 BY THE SURVEYOR. THE DIRECTOR OF MAINTENANCE #1 REVEALED HE WAS NEW TO THE FACILITY AND AGREED THE FACILITY WAS IN POOR CONDITION, UN-SAFE FOR RESIDENTS, FAMILIES AND VISITORS, NEEDED REPAIR, AND AGREED ALL THE FACILITY AIR CONDITIONER'S NEEDED TO BE CLEANED. IN AN INTERVIEW ON 9/6/11 AT 9:35 A.M., THE MAINTENANCE TECH #1 REVEALED HE PUT ALL OF THE FACILITY AIR CONDITIONER'S IN AT THE BEGINNING OF THE SUMMER AND STATED "I KNOW I DIDN'T CAULK THEM RIGHT, THERE ARE BIG GAPS AROUND THEM, WE HAVE TO GO BACK AND RE-CAULK THEM". WHEN THE SURVEYOR REQUESTED ALL MAINTENANCE WORK ORDERS FOR THE PAST 3 MONTHS, THE MAINTENANCE TECH #1 REVEALED HE DIDN'T HAVE MANY, AND DIDN'T KNOW WHERE THEY WERE". IN AN INTERVIEW ON 9/6/11 AT 12:10 P.M., THE DIRECTOR OF HOUSEKEEPING #1 REVEALED THE FACILITY CONTRACTED AN OUTSIDE COMPANY TO DO HOUSEKEEPING AND LAUNDRY SERVICES, AND AGREED THE FACILITY WAS DIRTY, UN-SAFE FOR THE	F 490			

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F 490	<p>Continued From page 71</p> <p>RESIDENTS, FAMILIES AND VISITORS AND IN NEED OF CLEANING AND REPAIR. THE DIRECTOR OF HOUSEKEEPING #1 STATED "WE ARE AWARE AND ARE WORKING ON IT".</p> <p>IN AN INTERVIEW ON 9/6/11 AT 9:30 A.M., THE PRESIDENT OF THE RESIDENT COUNCIL SAID SHE RECEIVES COMPLAINTS FROM RESIDENT'S REGARDING THE FACILITY NOT BEING CLEAN AND STATED "I SEE FLIES IN HERE, I ALSO SEE ANTS. THE PLACE (THE FACILITY) LOOKS OLD; IT WOULD BE NICE IF IT WERE CLEAN".</p> <p>ON 9/19/11 AT 12:30 P.M., THE SURVEYOR AGAIN OBSERVED IN THE LOBBY AREA BY THE FRONT DOOR AND THE RUNNING WINDOW AIR CONDITIONER FILTER WAS STILL CAKED WITH GRAY DUST AND DIRT AND 2 RESIDENT'S WERE SITTING IN THEIR WHEELCHAIRS WITHIN 20 FEET OF IT. DURING AN INTERVIEW ON 9/19/11 AT 12:35 P.M., THE DIRECTOR OF HOUSEKEEPING #1 STATED "THEY DIDN'T CLEAN THE AIR UNITS (AIR CONDITIONERS); THEY ARE TAKING THEM OUT TODAY (9/19/11)".</p> <p>ON 9/20/11 AT 9:40 A.M., IN THE FRONT LOBBY AREA BY THE ENTRANCE DOOR, THE SURVEYOR OBSERVED THAT THE RUNNING WINDOW AIR CONDITIONER FILTER WAS STILL CAKED WITH GRAY DUST AND DIRT AND 4 RESIDENT'S WERE SITTING IN THEIR WHEELCHAIRS WITHIN 10 TO 20 FEET OF IT.</p> <p>IN AN INTERVIEW ON 9/20/11 AT 9:50 A.M., THE DIRECTOR OF MAINTENANCE #1 STATED "WE WERE WORKING ON THEM</p>	F 490			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER WHITEHALL HEALTHCARE CENTER OF ANN ARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3370 EAST MORGAN RD ANN ARBOR, MI 48108		
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F 490	<p>Continued From page 72</p> <p>LAST WEEK AND WE GOT PULLED TO DO WEEDS". THE DIRECTOR OF HOUSEKEEPING #1 WAS SHOWN BY THE SURVEYOR THE DIRTY AIR CONDITIONER FILTER, AND HE STATED "I WAS TOLD YESTERDAY THEY WOULD START TAKING THEM OUT OF EMPTY ROOMS". THE DIRECTOR OF HOUSEKEEPING #1 AND DIRECTOR OF MAINTENANCE #1 SAID THE FACILITY DID NOT HAVE A POLICY FOR CLEANING AIR CONDITIONER FILTERS.</p> <p>DURING THE SURVEY, THE ADMINISTRATOR #1 GAVE THE SURVEYOR A COPY OF THE ENVIRONMENTAL "FACILITY TOUR SHEET" HE HAD FILLED OUT AND SIGNED, DATED 6/15/11. THE FACILITY TOUR SHEET STATED "OPEN WIRES AT BOTTOM OF STAIRWAY AT CENTRAL, OPEN HOLE IN WALL, SCRUB FLOOR, REPAIR SHOWER CHAIR", AND HAD A TOTAL OF "16" POINTS DOCUMENTED. REVIEW OF THE FACILITY TOUR SHEET INSPECTION CODE ON PAGE 2, REVEALED A NUMBER 16 MEANT ON THE DAY OF THE TOUR (ON 6/15/11) THE FACILITY WAS RANKED AS "POOR" AND "CORRECT IMMEDIATELY". THE ADMINISTRATOR #1 SAID ON 9/7/11, HE WAS AWARE OF THE CONDITION OF THE FACILITY AND "WAS WORKING ON IT". (22347)</p>	F 490			