INITIAL COMMENTS

Correction date 8/30/10

The following deficiencies relate to the facility’s annual health survey conducted 7/27-30/10. The survey included the investigation of incident #29698 (See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C.)

F 248 483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES

The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and staff and family interviews, the facility failed to provide activities designed to meet the individual interests and physical, mental and psychosocial needs for 1 of 21 residents reviewed (Resident #12). The facility reported a census of 151 residents.

Findings Include:

The July 2010 Physician Order Sheet identified Resident #12 with the following diagnoses: depressive disorder, urinary tract infection and late effect hemiplegia.

The MDS dated 7/20/10 documented the resident was totally dependent on staff for dressing, eating, toilet use, personal hygiene and bathing. It also documented the resident had an indwelling catheter and had no control of the bowels.
An interdisciplinary note dated 4/22/10 by the social worker identified the resident's speech to be non-verbal, and often slurred and mumbled on rare occasions when the resident spoke.

The care plan dated 5/10/10, documented a problem of little involvement in group activities and potential for low socialization due to confusion, fatigue and personal choice. The goal included: will respond to staff's interaction during cares and visits, will continue to state that he/she is satisfied with his/her choice to spend time in his/her room. The care plan directed staff to:

a) assist with television in room as needed
b) give calendar and newsletter each month
c) encourage spouse to continue to visit frequently and take the resident for rides in and out of the facility
d) assess any changes in interest and limitations

Review of the activity assessment documentation revealed the resident responsive to one to one programs and the resident had no ability to make needs known.

Review of the one to one sensory stimulation response checksheets dated 12/21/09 through present time, revealed one to one activities consisting of the following:

a) read a poem to the resident
b) talked about the resident going out
c) gave a pinwheel to the resident for the room
d) smelled peonies for ten minutes
e) gave a flag for bulletin board
f) gave a snowflake for bulletin board
g) visited about the Cubs and noted the resident smiled
h) outside for ten minutes on July 4th for flag
F 248 Continued From page 2

raising
  i) showed resident pictures of flags
  j) talked about hot weather and rain

During an interview on 7/27/10 at 4:10 p.m., a family member indicated the resident enjoyed the outdoors and rarely went outside now, and staff did not routinely offer or encourage the resident to attend group activities that would have offered socialization and sensory stimulation for the resident.

On 7/30/10, the facility could not provide a policy that directed the provision of one to one activities for residents with those needs.

F 252 483.15(h)(1)
SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT

The facility must provide a safe, clean, comfortable and home like environment, allowing the resident to use his or her personal belongings to the extent possible.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview the facility failed to maintain common areas in a clean and sanitary manner. The facility census was 151 residents.

Findings include:

The environmental tour on 07/27/10 at 9:32 a.m., with Staff A, the Maintenance Assistant and Staff B, Floor Maintenance, revealed the following:
  a. The tan wastebasket in the 2 B Hallway (toward the boiler room hallway) had multiple dark
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areas of debris all around the basket.

b. The coffee area at Station 3 revealed wood cabinets with multiple white spots all over the bottom cabinets. One lower cabinet had a handle missing, revealing a hole present. The bottom 8 to 10 inches of the lower cabinet revealed markings exposing beige marks through brown wood areas. A large tall grey wastebasket sitting on the side of the area had dry debris along the sides.

c. The tall beige wastebasket by the kitchen countertop in the Alzheimer's unit had dried dark debris and stains in various areas on the top and a few down the sides.

d. The brown wooden kitchen cabinets in the Alzheimer's unit had white spots/debris in various areas along the lower cabinets. The wallpaper on the far side above the countertop exposed separation in the seam.

e. The left side wall in the Alzheimer's unit dining room contained a large area of yellow discoloration on the white/grey wallpaper along the middle area of the wall across most of the wall, approximately 6 to 8 inches in width.

f. In the middle of the left wall, along the seam of the wallpaper, down toward the baseboard, held a piece of duct tape, approximately 4 to 5 inches in length. Staff A removed the duct tape and exposed a split in the seam that had started.

g. 5 of 20 green dining room chairs had white, tan and yellow debris splattered along the arms, backside and on the seat cushions.

h. 1 green dining room chair had the seat cushion split open approximately 6 to 8 inches exposing the yellow foam from inside. Staff A removed the chair from the dining room.

i. The beauty shop located between station 3 and 4 had a beige baseboard that ran along the entire room with dark discoloration, yellow, tan and dark
F 252 Continued From page 4

marks, dents, dried old wax-like markings along the entire baseboard. Staff A agreed with the observations and commented the baseboard was old.

Staff A noted housekeeping cleaned the beauty shop. Staff A was unaware if there were logs documenting the cleaning schedule.

F 253

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:

Based on observation and staff interview the facility failed to maintain residential areas in a clean and sanitary manner. The facility census was 151 residents.

Findings include:

The environmental tour on 07/27/10 at 9:32 a.m., with Staff A, the Maintenance Assistant and Staff B, the Floor Maintenance, revealed the following:

a. The shower room in the Alzheimer's Unit contained a beige large wastebasket that had dried brown residue on the top and spilling down the side in a small streak. A black toilet plunger sat uncovered in the corner of the room on top of a black plastic bag with multiple areas of white residue around the rubber suction area. Along the bath room's far wall, behind the toilet and waste basket, dust, dark pieces of debris and paper were present.

b. In the shower room in 3C Hall, the toilet bowel contained a large discoloration of shades of
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| F 253 |  |  | F 253 |  |  | Continued From page 5 brown stained around the entire portion of the bowl which held the water. The white toilet seat and back of the white toilet tank had dried brown stains present. The white sink had a pink stained area above the opened drain area. The entire whirlpool room’s beige baseboard was scuffed, marked up with dark yellow, tan, and light brown in color and dented in various areas. Staff A noted the baseboard as quite old. Approximately 3 feet from the floor, the white wall had multiple, long, dark scratch-like markings extending more than half of the wall length on the right and left sides. The shower stall corner wall had approximately 3 inches in length of the plaster or metal missing around the bottom area. Staff C, Certified Nursing Assistant, stated the bathroom area in the whirlpool room wasn’t used by the residents.
| c.  |  |  |  |  |  | The bath room in 3A Hall contained a black toilet plunger sitting in the corner of the room on top of a black plastic bag (uncovered) with multiple white residue around the rubber suction area. Staff A commented the toilet plunger was supposed to be covered. Along the bath room’s entire baseboard corners had dust and black debris present. The inside of the brown bath door had multiple scratches and gouges, and marks exposing the light tan wood underneath, across most of the door. Staff B had agreed with the observations. |
| F 312 |  |  | F 312 |  |  | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. |
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This **REQUIREMENT** is not met as evidenced by:

Based on observation, record review and staff interview, the facility failed to provide proper perineal care for 4 of 8 residents reviewed for incontinence care. ([Residents #2, #6, #9 and #12](#)). The facility reported a census of 151 residents.

Findings include:

1. The July 2010 Medication Administration Record identified Resident #2 with the following diagnoses: secondary Parkinsonism, asthma and insomnia.

The Minimum Data Set (MDS) assessment tool dated 5/12/10 identified the resident with modified independence in decision-making (some difficulty in new situations only), required the assistance of 2 or more staff members for transferring, dressing, hygiene, bathing, toileting, and unable to stand or sit without physical help.

The care plan dated as last reviewed 5/24/10 identified the problem of alteration in elimination and directed staff to provide assist with perineal cares routinely, after incontinent episodes and as needed - apply moisture barrier if indicated/ordered.

During an observation on 7/28/10 at 7:23 a.m. when Staff D, certified nursing assistant (CNA), and Staff E, CNA assisted the resident to turn to right side, the linens underneath the resident were saturated with urine from upper thighs to mid back. Staff D, CNA used the washcloth sprayed with perineal wash and washed the resident from the rectum up toward the perineal...
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(peri) area without changing surfaces of the cloth with each swipe. Then Staff D, CNA, turned on the water faucet at the sink without removing the soiled glove. Staff D, CNA, did not change gloves before he/she picked up the bottle of perineal wash to spray the new washcloth.

In an interview on 7/28/10 at 9:18 a.m., Staff D, CNA, verified he/she did wash from rectal area to peri area, did not change surfaces of the washcloth, did not remove dirty glove when he/she turned on the faucet. Staff D was able to relate the steps required to perform proper peri care. Staff D also stated the facility performed peri care audits and had mandatory education provided every six months on peri care.

In an interview on 7/19/10 at 3:15 p.m., Staff M, Assistant Director of Nursing (ADON), said peri care audits were completed periodically throughout the year with education on peri care provided to staff when annual evaluations were due.

Review of the undated facility form titled, "Peri Care Audits" directed staff to:

- a) gather equipment
- b) wash gloves
- c) apply gloves
- d) if resident had bowel movement, remove with toilet paper. If soiled area cleaned first, remove gloves and wash hands before proceeding with peri care.
- e) wash all soiled skin areas front to back using clean parts of wash cloth
- f) dispose of dirty linen properly
- g) remove soiled gloves
- h) cover resident for privacy
- i) wash hands
F 312 Continued From page 8

j) apply gloves
k) apply protective skin barrier
l) inspect skin and report to charge nurse prn
m) remove gloves, cover resident for privacy, wash hands
n) assure resident is comfortable and has call light in reach

The above form acknowledges certified nurse’s aides (CNA) present during performance with signature space for CNA and nurse to sign.

2. A History and Physical dated 4/12/10, revealed Resident #6 had diagnoses including Lewy body dementia, Parkinson’s disease, insomnia, diabetes, and anxiety.

The Minimum Data Set (MDS) assessment tool, with the reference date 5/15/10, revealed Resident #6 had short and long term memory loss and moderately impaired cognitive skills for daily decision-making. According to the MDS the resident required extensive assist of two staff for transfers, toilet use, and total dependence of two staff for personal hygiene and dressing. The MDS indicated the resident had a urinary tract infection in the last thirty days and an antibiotic resistant infection.

The residents Care Plan dated 4/27/10 identified a problem of alteration in elimination. The Care Plan goal indicated the resident would have no skin breakdown or urinary tract infection. The Care Plan directed staff to provide perineal care routinely and after each incontinency episode.

Observation on 7/27/10 at 4:37 p.m., revealed the resident assisted to the toilet by Staff F, CNA, and Staff G, CNA. The resident’s clothing and incontinent brief were saturated with urine. The resident’s pants were saturated to just above the
F 312 Continued From page 9

knee area. Staff G cleansed the residents inguinal area, then Staff F and Staff G assisted the resident to the standing position. Staff G then cleansed the residents rectal area. Staff F and Staff G did not clean the residents inner thighs, male genitalia, gluteal area or hips during incontinence care. Staff F and Staff G then assisted the resident with dressing, and transferred the resident to the wheelchair.

3. The July 2010 Physician Order Sheet identified Resident #12 with the following diagnoses: depressive disorder, urinary tract infection and late effect hemiplegia.

The Minimum Data Set (MDS) assessment tool dated 7/20/10 identified the resident as totally dependent on staff for dressing, eating, toilet use, personal hygiene and bathing. It also documented the resident had an indwelling catheter and had no control of the bowel.

The care plan dated 5/10/10, documented a problem of altered elimination related to the use of an indwelling Foley (to drain urine) catheter and total bowel movement incontinence. It directed staff to provide catheter/perineal cares routinely and as needed.

Review of urine culture reports revealed the resident had urinary tract infections on the following dates:

a) 5/24/10 with greater than 100,000 organisms per milliliter with proteus mirabilis
b) 6/7/10 with greater than 50,000 organisms per milliliter with Escherichia coli (bacteria commonly found in human feces)

Observations on 7/28/10 at 9:20 a.m. revealed...
F 312 Continued From page 10

Staff N, CNA, did not change surfaces of the wash cloth when urinary and bowel incontinence and catheter care provided. During the same observation, Staff C, a CNA, did not change gloves or sanitize hand surfaces when he/she cleansed fecal matter from the resident's rectal area, and picked up the spray bottle of skin cleanser and sprayed another wash cloth on three separate times and used the same hand that he/she used to remove the fecal matter during the care. Neither Staff C nor Staff N sanitized the spray bottle upon the completion of incontinence care.

4. Resident #9 had diagnoses listed on the 6/28/10 MDS consisting of congestive heart failure, arthritis, and dementia other than Alzheimer's disease. The MDS documented the resident dependant on staff for transfers, dressing, toilet use, personal hygiene, and bathing. The MDS documented the resident incontinent of bowel and bladder, did not use the toilet and with pads/briefs used.

A goal for the resident on the 7/1/10 plan of care consisted of staff anticipating the resident's needs and to keep the resident clean, well groomed and odor-free. An approach directed staff to provide assist with perineal cares routinely, after incontinent episodes, and as needed.

Observation on 7/27/10 at 1:55 p.m. revealed Staff F, CNA and Staff G, CNA transfer the resident from the wheelchair to the bed. Staff F completed incontinency care for the resident with 4 swipes of the perineal area with a washcloth, 2 swipes of each groin area and 3 swipes of the left...
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<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>F 312</td>
<td>Continued From page 11 and right inner buttocks. Observation revealed the resident's trousers wet posteriorly up through the waist band. Interview with Staff F, CNA, confirmed the resident as wet with urine partway up their back. No cleansing of the left or right hips took place or the resident's lower back took place. Observation on 7/28/10 at 8:50 a.m. with Staff I, CNA, and Staff J, CNA, revealed the resident transferred from the chair to the bed. The left upper outer trouser pant leg revealed soiling with urinary incontinence. Staff I washed the resident's left and right buttock and applied protective cream. Staff J then removed the soiled brief. Staff I proceeded to apply a fresh incontinency brief without cleansing the resident's perineal or groin areas.</td>
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<td>F 441</td>
<td>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection</td>
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(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.

(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interviews the facility failed to store linens as to prevent the spread of infection with 4 of 6 linen closets containing clothing articles on the floor, and failed to sanitize wheelchair seat surfaces when resident's had saturated the surfaces with urinary incontinence (Resident #6 and Resident #9). The facility identified a census of 151 residents.

Findings include:

1. The environmental tour on 07/27/10 at 9:32 a.m., with Staff A, the Maintenance Assistant and Staff B, the Floor Maintenance, revealed the following:
   a. The linen closet on 1 B Hall had a white cloth lying on the floor.
**F 441** Continued From page 13

b. The linen closet in 2 B Hall had 2 sheepskin booties, 2 blankets and an air mattress lying on the floor. The closet was very full, with the items, spilling off the lower shelf onto the floor.

c. The linen closet in 3 B Hall had a pair of blue slippers and a box of gloves lying on the floor.

d. The linen closet in the Alzheimer's Unit had 2 gowns, a pair of gripper socks and a white towel lying on the floor. The closet was cluttered with items falling off the (pallet) shelf. Staff B agreed they appeared to be overflowing.

3. A History and Physical dated 4/12/10, revealed Resident #6 had diagnoses including Lewy body dementia, Parkinson's disease, insomnia, diabetes, and anxiety.

Observation on 7/27/10 at 4:37 p.m., revealed the resident assisted to the toilet by Staff F CNA (Certified Nurse Aide) and Staff G. The resident's clothing and incontinent brief were saturated with urine. The resident's pants were saturated to just above the knee area. Staff F and Staff G did not sanitize the resident's wheelchair before transferring the resident back into the wheelchair.

2. Observation on 7/27/10 @ 1:55 p.m. revealed Staff F, CNA and Staff G, CNA transfer Resident #9 from the wheelchair to the bed. Observation revealed the resident's trousers wet posteriorly up through the waist band with the transfer.

Interview with Staff F, CNA confirmed the resident as wet with urine partway up their back.

No cleansing of the wheelchair seat or back of the wheelchair took place before Staff F, CNA and Staff G, CNA left the room.
Heritage Nursing and Rehab Center

Plan of Correction for Annual Survey

F 248

This is my credible allegation of compliance to F 248. This allegation does not constitute guilt but that the facility is in compliance with F 248.

Resident #12 is receiving appropriate activities to meet their interests and needs.

All residents will continue to receive appropriate activities in order to meet their interests and needs.

Staff were re-educated on August 25, 2010, on the importance of providing appropriate activities for all residents to meet their needs and interests. Residents will be reviewed to ensure all residents receive activities to meet their needs. 1:1 activities will be performed for those residents who are unable to attend scheduled group activities. Residents level of ADL status and cognitive status will be reviewed to ensure appropriate activities are arranged for all residents.

The facility’s QA team will ensure activity needs are present on their current plans of care. Activity will monitor activity attendance to ensure activity needs are being met for the residents.

The facility’s QA team will audit activity attendance to ensure appropriate activities are being offered to the facility’s residents.

Completion Date: August 30, 2010

F 252

This is my credible allegation of compliance to F 252. This allegation does not constitute guilt but that the facility is in compliance with F 252.

The facility has deep cleaned all common areas throughout the facility. All identified areas of concern were addressed and are now clean.

Housekeeping staff were educated on August 5, 2010, on proper cleaning practices for common areas throughout the facility. The facility’s housekeeping/environmental supervisor will audit common areas for cleanliness. Areas of concern will be corrected as they are identified.

The facility’s QA team will audit common areas frequently to ensure areas remain clean and home like. Areas of concern will be brought up to housekeeping for immediate attention. Follow up will take place to ensure concerns were taken care of.

Completion Date: August 30, 2010
This is my credible allegation of compliance to F 253. This allegation does not constitute guilt but that the facility is in compliance with F 253.

The facility has deep cleaned all residential areas. Identified concerns have been cleaned and remain in good repair.

The housekeeping staff was re-educated on August 5, 2010, on proper cleaning procedures. Housekeepers will be audited on proper cleaning techniques and the cleanliness of their assigned duties. Problems with cleaning will be corrected as they are observed.

The facility’s QA team will audit residential areas frequently to ensure areas remain clean and in good repair. Areas of concern will be brought up to housekeeping for immediate attention. Follow up will take place to ensure concerns were addressed in a timely manner.

Completion Date: August 30, 2010

This is my credible allegation of compliance to F 312. This allegation does not constitute guilt but that the facility is in compliance with F 312.

Resident #2, #6, #9, and #12 are receiving proper perineal care.

All residents who require perineal care are receiving proper care to meet their needs.

Staff was educated on the proper procedure for providing residents perineal care on August 12, 2010. Staff will be audited for proper performance of perineal care. Problems will be corrected as they are identified during the audits until satisfactory completion has been obtained.

The facility’s QA team will monitor that the audits take place and that staff has been able to show proper perineal cares during audits.

Completion Date: August 30, 2010
This is my credible allegation of compliance to F 441. This allegation does not constitute guilt but that the facility is in compliance with F 441.

Resident #6 and #9 had their wheelchair cushion properly sanitized. Closets were cleaned so that there was no clothing present on the floors.

Wheelchairs will be reviewed and cushions will be sanitized as problems were identified. Staff were re-educated on the proper process and when to sanitize wheelchair cushions on August 12, 2010. Staff were re-educated on the importance of keeping resident clothing/articles off the closet/room floors. Staff will be audited to ensure proper sanitation techniques are present when sanitizing of areas needs to be occurred.

The facility’s QA team will audit wheelchairs for proper sanitary conditions of their cushions. The facility’s QA will audit closets/rooms to ensure resident articles are not on the floor.

Completion Date: August 30, 2010