

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

PRINTED: 03/18/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ APR 5 2010		(X3) DATE SURVEY COMPLETED 03/10/2010
NAME OF PROVIDER OR SUPPLIER MAPLE MANOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1116 9TH AVE LANGDON, ND 58249		
(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	F 000			
F 156 SS=B	For the standard Medicare/Medicaid recertification survey started on 03/07/10 and completed 03/10/10, the sample included 4 residents for complete review, 9 residents for focus review and 2 closed records for review. The sample included 5 additional residents to verify specific concerns during the survey. 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section. The facility must inform each resident before, or	F 156			

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

TITLE

(X6) DATE

Donna DeRansom *Admission Mgr* *04-01-10*

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

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F 156	Continued From page 1 at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must comply with the requirements specified in subpart I of part 489 of this chapter	F 156	1) Office Staff and Nursing Staff responsible for Medicare have been reeducated on the proper forms for Medicare and the need to have the form complete. 2) All Medicare denials and demand bills have been reviewed for potential omission. 3) Office personnel will review denials, demand bills, mandatory denial notices & the Notice of Medicare Provider Non-coverage when submitted by nursing staff. 4) QA will be done monthly for 3 months on all Medicare claims for proper notification, then quarterly through Dec. 2010. QA will continue on a random basis there after. 5) The first QA was completed on	03/12/10	03/12/10

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F 156	Continued From page 2 related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on Medicare record review and staff interview, the facility failed to provide required notices to 2 of 4 supplemental residents (Resident #17 and #18) whose Medicare coverage would be ending and failed to obtain acknowledgement from 2 of 4 supplemental residents (Resident #17 and #18) of refusal or acceptance of their right to request the facility submit their bill to Medicare (a demand bill). Failure to provide all required notices and failure to confirm the residents or legal representatives' decision regarding their rights to a demand bill and appeal is an infringement of the residents'	F 156			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MAPLE MANOR CARE CENTER

1116 9TH AVE

LANGDON, ND 58249

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F 156	Continued From page 3 rights. Findings include: - Review of Resident #17 and #18's Medicare billing records occurred on 03/09/10 at 4:45 p.m. Resident #17 no longer qualified for Medicare services as of 10/29/09 because the period of skilled Physical Therapy (PT) and Occupational Therapy (OT) had ended. Resident #18 no longer qualified for Medicare services as of 10/02/09 because the period of skilled therapy services ended. Both of these situations required issuing both a Mandatory Denial Notice and a Notice of Medicare Provider Non-coverage. The medical records for both residents lacked evidence the residents received a Notice of Medicare Provider Non-coverage. Review of the denial letters issued to Resident #17 and #18 included a section entitled "Request for Medicare Intermediary Review." This section is to be marked "yes" (indicating a request for a demand bill) or "no" (indicating no demand bill requested) by the resident or his/her legal representative. Both letters lacked indication of either a request for or a refusal of a demand bill. During an interview on 03/09/10 at 4:50 p.m., a staff member (#7) stated she was unaware that certain situations require both the Mandatory Denial Notice and a Notice of Medicare Provider Non-coverage to be given to residents, and also agreed the requests for Medicare Intermediary Review lacked the required documentation.	F 156		
F 312 SS=D	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	F 312		

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F 312	Continued From page 4 maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and facility policy review, the facility failed to provide oral cares for 3 of 7 sampled residents (Resident #1, #2, and #8) requiring staff assistance with personal hygiene. Failure to assist residents with oral cares has the potential to affect tooth and gum health, as well as contribute to halitosis. Findings include: Review of the facility policy entitled "Routine Care List" occurred on 03/09/10. This undated policy stated, "Maple Manor Care Center has adapted this policy for routine care for all residents. Each procedure following is part of the routine care provided by the Nursing Assistants, unless otherwise directed. . . . Morning Care (Daily) . . . Wash face, hands, underarm, wash and lotion back. Apply deodorant as resident desires. Pericare. Dress in appropriate day clothing. Comb, brush hair PRN. Oral care- Report loose or poor fitting dentures to nurse. . . ." - Review of Resident #8's medical record occurred on March 08-09, 2010. Diagnoses included depression, anxiety, osteoporosis, and fibromyalgia. Resident #8's current Minimum Data Set (MDS), dated 01/22/10, indicated she required extensive assistance of one person with personal hygiene. Her current care plan stated " . . . Goals: Staff to follow "Routine Care" per facility policy for resident . . ."	F 312	1) Resident #1, 2, 8 were assisted with oral cares after meals at their request. The Care plan has been updated to reflect the wishes of each of the above mentioned residents. 2) All facility resident care plans are being assessed to include specific wishes on routines for each resident's oral care if they do not wish to follow the facilities routine care policy. 3) Household CNA's will be part of the care plan meeting for the residents they care for, to reflect resident specific cares, needs and desires are in their care plan. 4) QA will be done before quarterly care plan by a designated nurse to assure specific needs are reflected and report findings to the unit coordinator. This will be done for 3 quarters and then become the duty of the unit manager.		

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F 312	Continued From page 5 Observation on 03/08/10 at 8:10 a.m. showed two Certified Nursing Assistants (CNAs) (#6 and #10) provided cares to Resident #8. The CNAs (#6 and #10) washed the resident's perineal area, placed a clean brief on the resident, and dressed her in a bathrobe. A CNA (#6) stated the resident would get a bath later that morning so she would just wear her robe to breakfast. A CNA (#10) put on the resident's glasses and brushed the resident's hair. The CNA (#10) then took the resident to breakfast in her wheelchair. The CNAs (#6 and #10) failed to assist the resident with oral cares or offer the opportunity for the resident to perform her own oral cares. At 9:25 a.m. the same morning, a CNA (#6) stated the resident (#8) refused a bath, but would like to be washed up with washcloths. The CNAs (#6 and #10) washed the resident's face, hands, underarms, and back; applied lotion to the resident's back; applied deodorant; provided perineal care; dressed the resident; brushed the resident's hair, and then left the resident's room. The CNAs failed to assist the resident to perform oral cares and failed to offer the opportunity for the resident to perform her own oral cares. Observation on 03/09/10 at 9:30 a.m. showed a CNA (#10) entered Resident #8's room to perform morning cares. The CNA washed the resident's perineal area and placed a clean brief on the resident. After changing the water in the wash basin, the CNA washed the resident's face, hands, back, and underarms; applied lotion to the resident's back; applied deodorant; and assisted the resident to dress. The CNA (#10), with the assistance of another CNA (#11), transferred the resident to her wheelchair. The CNA (#10) brushed the resident's hair, put on the resident's	F 312	4) cont. QA will then be done on a random schedule. 5) The first QA was completed on	03/12/10	

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F 312	Continued From page 6 glasses, and took the resident to the dining room for breakfast. The CNA (#10) failed to assist the resident to perform oral cares and failed to offer the opportunity for the resident to perform her own oral cares. - Review of Resident #1's medical record occurred on March 07-10, 2010. Diagnoses included depression, osteoarthritis, degenerative joint disease, peripheral neuropathy, and vertigo. Resident #1's MDS, dated 02/11/10, indicated he required extensive assistance of one person with personal hygiene. His current care plan stated "Problem: Self care deficit related to overall declining condition. . . Goals: Resident will be well groomed and maintain self esteem. . . . Approaches: Encourage res. [resident] and allow to do as much as possible for self. . . ." Observation on 03/09/10 at 8:00 a.m. showed a CNA (#5) assisted Resident #1 with morning cares. The CNA performed perineal care on the resident, and placed his underwear, pants, socks, and shoes on him. The CNA washed and dried the resident's back, applied his deodorant, and placed his shirt on him. The CNA transferred the resident into his wheelchair, handed the resident a comb and he combed his hair, and then the CNA wheeled the resident to the dining room for breakfast. The CNA failed to assist the resident to perform oral cares and failed to offer the opportunity for the resident to perform his own oral cares. - Review of Resident #2's medical record occurred on March 08-09, 2010. Diagnoses included arthropathy of the shoulder, depression, generalized weakness, anxiety, and congestive heart failure. Resident #2's current care plan	F 312			

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F 312	Continued From page 7 stated "... Goals: Staff to follow "Routine Care" per facility policy for resident ..."	F 312		
F 371 SS=E	Observation on 03/08/10 at 10:05 a.m. showed a CNA (#10) assisted Resident #2 with morning cares. The CNA handed the resident a washcloth and towel to wash and dry her face, hands, arms, and underarms. The CNA washed and dried the resident's back and applied lotion, and also applied deodorant for the resident. The CNA then provided perineal cares for the resident. The CNA helped the resident dress and brushed her hair before leaving the room. The CNA failed to assist the resident to perform oral cares and failed to offer the opportunity for the resident to perform her own oral cares. 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and procedure, professional literature review, and staff interview, the facility failed to store dietary equipment and food under sanitary conditions in 1 of 1 kitchen on 3 of 4 days of survey (March 7, 8, 10, 2010). These practices have the potential to increase the risk of foodborne illness and can	F 371	1) Dietary Staff have all been reminded of the importance of drying dishes before stacking. A mandatory in-service is planned on sanitation. Glasses and steam table pans are stored inverted on the dish washing racks. More racks have been ordered and will be used to store glasses in until use. Pans are now stored inverted individually on stainless steel racks until dry. 2) Glasses and steam table pans are being stored inverted until dry on racks as stated above.	

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F 371	Continued From page 8 affect all residents who eat food prepared and stored in the facility. Findings include: The 2005 FDA (Food and Drug Administration) Food Code, Public Health Reasons, page 373-374 states, "With regard to the storage of raw animal foods. . . it is the intent of this Code to require separation based on anticipated microbial load and raw animal food type [species]. Raw animal foods shall be separated based on a succession of cooking temperatures since cooking temperatures. . . are based on thermal destruction data and anticipated microbial load. . ." The 2005 FDA Food Code, Public Health Reasons, page 374 states, "Raw or undercooked eggs. . . are particularly hazardous because the virulent organism Salmonella Enteritidis may be present in raw shell eggs. . ." The 2005 FDA Food Code, Public Health Reasons, Page 61 states, "Food shall be protected from cross contamination by: [1] Separating raw animal FOODS during storage, preparation, holding, and display from: [a] Raw READY-TO-EAT FOOD. . ." The 2005 FDA Food Code, Public Health Reasons, page 437 states, "Cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces. . ."	F 371	3) Racks have been ordered and will be used to store glasses in until dry. Pans are now stored inverted individually on stainless steel racks until dry and then moved to an appropriate location in the kitchen. 4) QA will be done on all glasses and pans when racks for glasses have been received. Monthly QA will be done in this area for 3 months the quarterly though 12/31/10 5) The first QA will be completed by	04/10/10

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F 371	Continued From page 8 affect all residents who eat food prepared and stored in the facility. Findings include: The 2005 FDA (Food and Drug Administration) Food Code, Public Health Reasons, page 373-374 states, "With regard to the storage of raw animal foods. . . it is the intent of this Code to require separation based on anticipated microbial load and raw animal food type [species]. Raw animal foods shall be separated based on a succession of cooking temperatures since cooking temperatures. . . are based on thermal destruction data and anticipated microbial load. . ." The 2005 FDA Food Code, Public Health Reasons, page 374 states, "Raw or undercooked eggs. . . are particularly hazardous because the virulent organism Salmonella Enteritidis may be present in raw shell eggs. . ." The 2005 FDA Food Code, Public Health Reasons, Page 61 states, "Food shall be protected from cross contamination by: [1] Separating raw animal FOODS during storage, preparation, holding, and display from: [a] Raw READY-TO-EAT FOOD. . ." The 2005 FDA Food Code, Public Health Reasons, page 437 states, "Cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces. . ."	F 371	1) All eggs are now stored on the bottom shelf of the cooler and in the original container. Dietary staff were in serviced on the proper storage of raw animal foods. 2) Education on the storage of raw animal foods will be available to all Dietary staff by placing information in their paychecks yearly. They will acknowledge their understanding by signing, indicating receipt of the information. 3) Educational in services to include separating raw animal foods during storage, preparation, holding and display (raw ready to eat food) are now mandatory. 4) QA on the storage of eggs has been included in our ongoing QA of separating raw animal foods. This QA is done two times a year and randomly during our quarterly facility walk through. The dietary manager will be responsible for education and QA. 5) The first QA to be completed on	04/09/10	

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F 371	Continued From page 9 The facility's policy titled "Dishwashing," undated, stated, "Purpose: To reinforce government regulations regarding prevention of food-borne illness. . . . Procedure: . . . 10. Dishes are to air dry. . . ." The initial dietary tour of the kitchen occurred on 03/07/10 at 1:15 p.m. with a dietary staff member (#4). Observation of the kitchen showed the following: * Dust build-up on two fans in a walk-in cooler * Three stacked cardboard trays of non-pasteurized eggs (a raw food product), stored on the top shelf of a walk-in cooler * Five steam table pans stacked and stored while wet * Twenty juice/milk glasses stacked and stored while wet * Two of six cutting boards (a green and brown board) with multiple scratches/score marks The main dietary tour of the kitchen occurred on 03/08/10 at 3:00 p.m. with an administrative dietary staff member (#3). Observation of the kitchen showed the following: * Dust build-up remained on two fans in a walk-in cooler * Three stacked cardboard trays of non-pasteurized eggs (a raw food product) remained on the top shelf of a walk-in cooler, and above glasses of juice (a ready-to-eat food) covered with plastic wrap * Two steam table pans stacked and stored while wet * Twenty juice/milk glasses stacked and stored while wet * The scratched/scored green and brown cutting boards remained	F 371	1) The fan in the walk-in cooler was cleaned by the maintenance department. 2) The fan in the walk-in cooler is on a monthly cleaning schedule. It had been cleaned on 2-12-10. It has now been placed on a two times per month cleaning schedule to be accomplished by the maintenance department. 3) Cleaning of cooler fan to will be done two times a month instead of once. 4) QA is done on all cooler fans in the facility on a semiannual basis. QA will be done monthly for 3 months to assure the new schedule is addressing the possible accumulation of particles that may adhere to the fan. 5) The first QA will be done on	03/08/10 04/01/10

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F 371	Continued From page 10 A final dietary tour of the kitchen occurred on 03/10/10 at 7:45 a.m. with an administrative dietary staff member (#3). Observation showed the following: * Fourteen juice/milk glasses stacked and stored while wet During the main dietary tour on 03/08/10, the administrative dietary staff member (#3) stated the scratched/scored cutting boards should be replaced. During the final dietary tour on 03/10/10, this staff member confirmed she expected the juice/milk glasses not to be stacked while wet.	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441	1) CNA's that cared for residents #1, 2, 3 were talked to on 3/10/10 by our DON. All staff were in serviced on 2/24/10 with a video through the CMS website. Our facility policy was reviewed and personally delivered to each staff member for their review on that same date. 2) Hand washing policy was reviewed again at the CNA, nurses and staff meeting on 03/31/2010. 3) All policies on infection control are and have been under review after education on new guidelines presented as Bruce Pritschet and Joan Coleman on 02/03/2010. All policies related to personal care tasks were reviewed with CNA's by the DON and the Infection Control Nurse on 03/31/2010.		

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F 441	Continued From page 11 (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, review of facility policy and procedure, review of professional literature, and staff interview, the facility failed to implement appropriate infection control practices for 3 of 11 sampled residents (Resident #1, #2, and #3) observed receiving personal hygiene cares, and failed to properly sanitize equipment per facility policy. Failure to practice proper infection control guidelines has the potential to transmit diseases and infections to, and between residents. Findings include: The Centers for Medicare and Medicaid Services (CMS) has outlined the standards of practice regarding situations which require hand washing after direct resident contact. The interpretive guidelines state hand washing is required before and after assisting a resident with toileting, and indicates consistent use by staff of proper hygienic practices and techniques are critical to	F 441	4) Infection control nurse and or DON will QA CNA's on a random pick monthly for 3 months. CNA's will be required to attend yearly infection control meetings to maintain employment. 5) First QA will be done on	04/06/10

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F 441	Continued From page 12 preventing the spread of infections. Review of the facility policy entitled "Cleaning of PT [Physical Therapy] Equipment" occurred on 03/08/10. This undated policy stated "Purpose: To make sure PT equipment is clean for each resident's usage. Procedure: 1. Restorative Therapist will wipe off any equipment used by resident during therapy after resident is done using equipment with sani-wipe or Super HDQ Neutral. . . ." - On 03/09/10 at 8:30 a.m., a certified nursing assistant (CNA) (#5) assisted Resident #3 with morning cares. The CNA washed her hands and donned gloves before proceeding with cares. While the resident remained in bed, the CNA removed his brief, heavily soiled from a soft bowel movement (BM), and performed pericare. After completion of pericare, the CNA removed her gloves and used hand sanitizer. Without washing her hands with soap and water, she placed a new brief under the resident, touched her pager to call for a nurse to perform a treatment, moved his bedside table, cleaned out his wash basin and placed it and a bottle of perineal wash in a drawer, retrieved new gloves from a box, and then washed her hands before donning gloves. When the CNA rolled the resident onto his side, she found the resident had expelled a small amount of soft BM. She wiped the resident's periaura with toilet paper and removed her gloves. Without washing her hands, she turned on the water faucet, opened a drawer in the bathroom and retrieved a wash cloth, wet the washcloth with water and perineal wash, turned the water faucet off, donned new gloves, wiped BM from the resident's periaura, and removed her gloves. Without washing her hands with soap and	F 441			

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F 441	Continued From page 13 water, she placed a new brief under the resident, donned new gloves, wiped more BM from the resident's perianal area, and removed her gloves. Without washing her hands, she placed the brief on the resident, re-attached his catheter/leg bag, and put his pants, socks and shoes on. The CNA then used her pager to call for more assistance, changed the garbage, retrieved his walker and wheelchair, helped the resident sit up in bed, and placed a gait belt on him. A NA (nurse aide) (#11) entered the room, washed her hands, and helped transfer the resident into his wheelchair. During the transfer, the resident held onto his walker for support. The CNA (#5) then removed the gait belt, wheeled the resident into the bathroom, filled a glass of water for him so he could brush his teeth, opened the blinds in his room, positioned his call light, and then washed her hands before leaving his room. On 03/10/10 at 9:00 a.m., a CNA (#6) assisted Resident #3 with morning cares. The CNA washed her hands and donned gloves before proceeding with cares. While the resident remained in bed, the CNA removed his brief, soiled with soft BM, and performed pericare. After completion of pericare the CNA removed her gloves, and without washing her hands, retrieved a tube of lotion for the resident, donned a new glove to her right hand, and applied the lotion to the resident's perianal area. The CNA removed the glove, and then washed her hands. Observation in Resident #3's room on the morning of 03/10/10 revealed a wash basin stored while wet, in a bathroom drawer with the resident's toothbrush, toothpaste, mouthwash, and emesis basin. The resident's deodorant, bottle of perineal wash, and a bottle of lotion	F 441			

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F 441	Continued From page 14 rested inside of the wet wash basin. Prior to this observation, staff used the wash basin to provide perineal care to Resident #3 and failed to sanitize the basin before placing it in the bathroom drawer. - On 03/09/10 at 7:47 a.m., a CNA (#5) assisted Resident #1 with morning cares. The CNA washed her hands and donned gloves before proceeding with cares. While the resident remained in bed, the CNA performed pericare. After completion of pericare, the CNA removed her gloves and used hand sanitizer. Without washing her hands, she proceeded to place the resident's underwear, pants and shoes on him, helped him sit up in bed, removed his wash basin and cleaned it, and then washed her hands. Observation in Resident #1's room on the morning of 03/09/10 revealed a wash basin stored in a bathroom drawer with the resident's toothbrush, toothpaste, plastic cups, and emesis basin. The resident's deodorant, bottle of perineal wash, and a bottle of lotion rested inside of the wash basin. Prior to this observation, staff used the wash basin to provide perineal care to Resident #1 and failed to disinfect the basin before placing it in the bathroom drawer. - Observation in Resident #2's room on the afternoon of 03/09/10 revealed a wash basin stored in a bathroom drawer with the resident's toothbrush and toothpaste stored inside the basin. Prior to this observation, staff used the wash basin to provide perineal care to Resident #2 and failed to sanitize the basin before placing it in the bathroom drawer. - A random interview related to infection control	F 441	1) Wash basins for #1, 2, 3 residents were cleaned per page 29 under single resident use items from the infection prevention and control (F441) guidelines as presented on 02/03/10. 2) All residents will have wash basins placed in the bottom drawer of their 3 drawer storage compartment in their bathrooms. 3) Drawers that are assigned a basin have been labeled as such. A new policy has been written to reflect information stated above (pg 29) infection prevention and control (F441) guidelines as presented on 02/03/10. 4) QA will be performed randomly on all 4 households every month for 3 months then yearly. 5) The First QA to be performed.	04/10/10	

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F 441	Continued From page 15 practices in the physical therapy department occurred on 03/09/10 at 3:05 p.m. The staff member (#8) stated she wipes down all equipment after each use with a Chlorox wipe. This includes pulleys, weights, walkers, chairs, tables, etc. During an interview on 03/09/10 at 5:50 p.m., a staff member (#9) stated he expected staff to clean physical therapy equipment with sani-wipes or Super HDQ Neutral disinfectant spray. The staff member (#9), after observing Chlorox wipes in the therapy room cupboard, stated "They [staff members] are not supposed to be using those," and removed the wipes.	F 441	1) No residents have been affected. 2) All infection control policies are under review. Patient equipment is considered noncritical. Noncritical items require low level disinfection by cleaning periodically and after visible soiling with a detergent or germicide that is approved for health care use. The policy will reflect a list of solutions used by our facility that meet the guidelines set forth in the infection prevention and control manuals. 3) Department Heads in each department will be responsible to train and update staff on the cleaning solutions approved for their respected areas. 4) QA will be the responsibility of the Quality Control Coordinator and will be done monthly for 3 months, then randomly as deemed necessary by previous QA findings. 5) First QA completion		04/14/10