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483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on policy review, observation and interview, it was determined the facility failed to promote care for residents in a manner and in an environment that maintained or enhanced each resident's dignity as evidenced by Resident #70 being placed at a dining room table that was not easily accessible for her height during 1 of 2 (Lunch on 9/23/13) dining observations; milk was served in milk cartons during 2 of 2 (Breakfast on 9/24/13 and Supper on 9/24/13) dining observations; Nurse #1, Nurse #8 and Certified Nursing Assistant (CNA) #1 stood to feed residents during 3 of 3 (Lunch on 9/23/13, Breakfast on 9/24/13 and Supper on 9/24/13) dining observations and Nurse #2 did not close the door or pull the curtain when administering insulin to Resident #87, who received an insulin injection in the abdomen.

The findings included:

1. Observations of the lunch meal, in the main dining room, on 9/23/13 at 12:25 PM, revealed Resident #70 was sitting too low for the table height and had to hold her arms up to reach the plate on the table.

During an interview in the dining room on 9/23/13 at 12:35 PM, Resident #70 was asked if she was
Continued From page 1.

In a comfortable position to eat. Resident #70 stated, "The table is a little too high. They told me they don't have a shorter table..."

During an interview in the conference room on 9/25/13 at 3:13 PM, the Director of Nursing (DON) was asked why Resident #70 was placed at a table that was too tall for her to reach easily. The DON stated, "I don't know. We have shorter tables." The DON was asked if this was a dignity issue. The DON stated, "Yes."

2. Review of the facility's "Components of Fine Dining" policy documented, "...meals... served attractively..."

Observations of the breakfast meal, in the dining area in the locked unit, on 9/24/13 at 6:30 AM, revealed all residents were served milk in milk cartons.

Observations of the supper meal, in the main dining room, on 9/24/13 at 5:11 PM, revealed one resident was drinking milk from a straw in a milk carton.

Observations of the supper meal, in the dining area in the locked unit, on 9/24/13 at 5:35 PM, revealed 6 of 17 residents were served milk in milk cartons.

During an interview in the Certified Dietary Manager's (CDM) office on 9/25/13 at 11:32 AM, the CDM was asked if serving milk in milk cartons was appropriate. The CDM stated, "In the dining room no... it should be in a glass because it's fine dining..."

3. Review of the facility's "Feeding a Resident"

provision and enhancement of resident's dignity and privacy.

All nursing staff will be in-served by the Staff Development Coordinator by 10/25/13 on promoting care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality including but not limited to being seated at dining tables that are easily accessible for the resident, providing milk in a glass as opposed to a carton, ensuring staff are seated while assisting resident with meals, and ensuring staff provide the resident with privacy during medication, treatment, or general care administration.

This plan will be monitored by nurse managers five times per week for one week, two times a week for one week, once per week for four weeks, and then as needed thereafter. This plan of correction will be reviewed and followed in the monthly CQI meeting.

The CQI Committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of
Continued From page 2

Policy documented, "...Sit down to feed the resident..."

Observations of the lunch meal, in room 203, on 9/23/13 at 12:21 PM and on 9/24/13 at 8:00 AM, Nurse #1 stood beside the bed feeding a resident.

Observations of the supper meal, from the 200 hall, on 9/24/13 at 5:20 PM, CNA #1 stood beside the bed feeding a resident their supper meal.

Observations of the supper meal, in room 209, on 9/24/13 at 5:22 PM, Nurse #8 stood beside the bed feeding a resident their supper meal.

During an interview outside of the Administrator's office on 9/15/13 at 10:20 AM, the DON was asked what would she expect her staff to do when feeding a resident. The DON stated, "...sit down, engage the resident in conversation... hand hygiene..."

4. Review of the facility's "Dignity" policy documented, "...2. Close door and pull privacy curtain when giving care..."

Observations in the Resident #57's room on 9/24/13 at 12:53 PM, Nurse #2 entered Resident #57's room, administered insulin into Resident #57's abdomen without closing door or pulling the curtain. Resident #57's abdomen was exposed to anyone that walked by.

During an interview at the nurses' station on 9/25/13 at 11:43 AM, the DON was asked what she expected of her nurses regarding privacy during medication pass. The DON stated, "I expect [nurses] to pull curtain, close blinds, noncompliance exist. The Director of Nursing, or designee, will immediately implement any new plan of action recommended. The Administrator will monitor new recommendations monthly to ensure compliance.
**MARTIN HEALTH CARE**

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<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<tr>
<td>F 241</td>
<td></td>
<td>Continued From page 3 close door.&quot;</td>
<td>F 241</td>
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<td>Buildup of dirt in the corners of doorway entrances to rooms 203, 204, 206, 210, 212, 213, and 214 are scheduled for deep clean by 10/11/13. Buildup of dirt in the baseboards throughout the 200 hallway will be clean by 10/11/13. Buildup of dirt in the corners of all doorway entrances to all resident rooms will be cleaned by 10/18/13. Buildup of dirt in the baseboards throughout all hallways will be cleaned by 10/18/13. Rooms 204, 307, and 315 dripping faucets were repaired 10/3/13. All resident bathrooms were inspected for dripping faucets &amp; repaired as required. Rooms 206 and 303 bathroom sinks were cleaned on 10/4/13. All resident bathroom sinks were inspected for cleanliness &amp; cleaned as required. The commode tank lids in Room 206 and 212 resident bathrooms were cleaned on 10/3/13.</td>
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<td>F 253</td>
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<td>483.15(h)(2) HOUSEKEEPING &amp; 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 policy review, review of September 2013 deep cleaning schedule, observation and interview, it was determined the facility failed to ensure the environment was clean and sanitary as evidenced by a dirt buildup in the corners throughout the hallway and the doorway entrances to resident rooms, drippy faucets, stained sinks, dirty toilet tanks, dirty faucets, chipped, splintered and scratched doors, dirty overbed tables, dirty floors, dirt buildup around baseboards and debris on the floors on 2 of 5 (200 and 300 hallways) hallways. The findings included: 1. Review of facility's &quot;5-Step daily Patient Room Cleaning&quot; policy documented, &quot;...To show Housekeeping employees the proper cleaning method to sanitize a patient's room or any area in a healthcare facility... 2. Horizontal Surfaces - disinfect... sanitize all horizontal surfaces... work clockwise around the room hitting all surfaces, Tabletops, headboards, window sills, chairs should all be done... 4. Dust Mop- the entire floor must be dust mopped - especially behind dressers and beds... Move all furniture to dust mop All corners and along all baseboards</td>
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| F 253  | Continued From page 4 must be dust mopped to prevent buildup. When water pushes dust into corners, problems occur... 5. Damp Mop... The most important area of a patient's room to disinfect is the floor. This is where most air-borne bacteria will settle and so it needs to be sanitized daily..." Review of the facility's "7-Step Daily Washroom Cleaning" policy documented, "...4. Clean and Sanitize sink and Tub... Use Germicidal to clean the sink to be sure it is disinfected. You may use glass cleaner on the faucets to shine them AFTER germicide has been used... 5. Clean and Sanitize commode: The commode includes the tank, the seat, the bowl and the base... wipe every area of the commode..." 2. Review of the September 2013 deep cleaning schedule documented room 303 was scheduled for deep cleaning on 9/25/13. 3. Observations on the 200 hall on 9/24/13 beginning at 7:40 AM revealed the following: a. A buildup of dirt in the corners throughout the hallway and the doorway entrances to rooms 203, 204, 206, 210, 212, 213 and 214. b. Room 204 - dripping faucet and the sink was stained with green and yellow substance. c. Room 206 - dirty toilet tank lid with a grayish buildup and the sink faucet handle bases had a brown substance buildup on them d. Room 212 - dirty toilet tank lid with a grayish buildup. Observations on the 200 hall on 9/25/13 beginning at 7:30 AM revealed the following: a. A buildup of dirt in the corners throughout hallway and the doorway entrances to rooms 203, 204, 206, 210, 212, 213 and 214. | F 253 The commode tank lids in all resident bathrooms were inspected for cleanliness and cleaned as required. Room 206 resident bathroom sink faucet hand base was cleaned on 10/4/13. All resident bathroom sink faucet bases were inspected for cleanliness & cleaned as required. A quote for replacement doors for rooms 203, 204, 206, 303, and 210 was received on 10/7/13 and submitted to our corporate office for financial approval on 10/8/13. Installation of replacement doors will occur immediately upon approval and procurement of the doors. Room 303 overbed table was cleaned on 10/3/13. All overbed tables will be cleaned regularly per the 7-Step Daily Washroom Cleaning schedule. Rooms 303, 307, and 311 floor debris has been removed from the rooms. All resident room floor debris will be removed regularly per the 7-Step Daily Washroom Cleaning schedule. | 9/0/18 - 13
F 253 Continued From page 5  

b. The entrance doors to rooms 203, 204, 206 and 210 were chipped, splintered and scratched. 

4. Observations on the 300 hall on 9/23/13 beginning at 11:00 AM revealed the following:  
a. Room 303 - overbed table was dirty with crumbs, the door to the room was nicked and splintered, the floor was littered, a buildup of dirt around the baseboards, the bathroom sink was dirty and dull, the bathroom floor was dirty with debris behind the toilet and buildup around baseboards  
b. Room 315 - bathroom floor had debris on it and the faucet was dripping water. 

During an interview in room 303 on 9/23/13 at 11:00 AM, a resident stated, "Not been cleaned, they don't clean good."

Observations on the 300 hall on 9/24/13 at 7:40 AM revealed the following:  
a. Room 303 - overbed table was dirty with crumbs, the door to the room was nicked and splintered, the floor was littered, a buildup of dirt around the baseboards, the bathroom sink was dirty and dull, the bathroom floor was dirty with debris behind the toilet and buildup around baseboards  
b. Room 307 - a buildup of dirt around the baseboards in the room and bathroom, the floor was dirty and littered with debris and water was dripping from the faucet.  
c. Room 311 - floor littered, the bathroom floor was dirty with debris and a buildup of dirt around the baseboards.  
d. Room 315 - a buildup of dirt around the baseboards in the room and bathroom and the faucet was dripping water.

F 253  

Buildup of dirt in baseboards of resident rooms and bathrooms will be corrected by stripping & waxing by the following schedule: 303 on 10/8/13, 307 on 10/9/13, 311 on 10/10/13, and 315 on 10/11/13. 

Baseboards in all resident rooms and bathrooms will be inspected for the need of stripping & waxing by 10/18/13. 

The housekeeping staff will be inserviced on the 7-Step Daily Washroom Cleaning by 10/11/13 to include but not limited to appropriate methods of cleaning floors, bathrooms, sinks, and overbed tables. This plan of correction will be reviewed and followed in the monthly CQI meeting. The CQI committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of noncompliance exist. The housekeeping supervisor will immediately implement any new plan of action recommended. The
| F 253 | Continued From page 6 Observations on the 300 hall on 9/25/13 beginning at 7:45 AM revealed the following: a. Room 303 - a buildup of dirt around the baseboards, the bathroom sink remained dull and the bathroom floor had debris behind the commode. b. Room 307 - water dripping from the bathroom faucet a buildup of dirt around the baseboards in the room and bathroom. c. Room 311 - a dirt buildup around the baseboards in the bathroom. Observations on the 300 hall on 9/25/13 at 1:45 PM revealed the following: a. Room 303 - buildup of dirt around the baseboards in the room and bathroom and the sink remained dull in color. During an interview in room 303 on 9/25/13 at 1:45 PM, a resident confirmed housekeeping had cleaned the room earlier today. During an interview in the conference room on 9/25/13 at 8:45 AM, the Housekeeping Supervisor stated, "I have full staff 7 days a week... 3 housekeepers and a floor technician work 7AM until 3PM... we have a routine cleaning list and a deep cleaning list... they have rooms assigned daily to do deep cleaning." | F 253 | Administrator will monitor new recommendations monthly to ensure recommendations are being followed. | 10-4-13 |}

| F 371 | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY | F 371 | 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 | 10-25-13 |
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID PREFIX TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

- **ID TAG**
- **PROVIDER'S PLAN OF CORRECTION**
- **COMPLETION DATE**

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This REQUIREMENT is not met as evidenced by:

Based on policy review, observation and interview, it was determined the facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by dirty kitchen equipment, dirty air vent in the dry storage area, dirty floor, dirty ice machine, hair not being completely covered and improper storage of opened food and beverage containers during 3 of 3 (9/23/13, 9/24/13 and 9/25/13) days of the survey.

The findings included:

1. Review of the facility's "Food Service Manual... Equipment Cleaning Schedules" policy documented, "...It is the policy of this facility to assign cleaning schedules on a daily, weekly and monthly basis... Oven... Weekly... Grill... After each use... Floor... After each meal..."

Review of the facility's "Food Service Manual... Space and Equipment" policy documented, "...Sanitary and secure conditions will be used in the storage of food and non-food items... Working surfaces, utensils, and equipment will be cleaned and sanitized after each period of use... Lighting, ventilation, and humidity will be controlled to prevent moisture condensation and the growth of molds... Methods used in making, storing and dispensing ice will prevent contamination..."

- The tubing attached to the juice boxes were cleaned 10/10/13. These tubes are not currently in use.
- The juice machine will be serviced by Thomas Beverage every six months.
- The black substance and the top edge of the flap in the ice machine was cleaned on 10/7/13.
- The pink substance will be cleaned and the screws replaced by 10/11/13.
- The ice machine will be cleaned weekly.
- The air vent in the storage room was removed and cleaned on 10/8/13.
- The spice containers were fitted for appropriately fitting lids and relocated to another location in the storage room on 9/25/13.
- All containers are covered with appropriately fitting lids.
- The floor under the fryer, stove, and oven will be cleaned by 10/16/13.
- The floor beneath the fryer, stove, and oven will be cleaned daily.
- The stove, oven, and fryer will be cleaned by 10/16/13.
- The stove, oven, and fryer will be cleaned after every use and deep cleaned weekly.
- Personal items were removed from the refrigerator were removed 9/25/13.
**Decision:** Items located in the refrigerator for resident consumption were dated 9/25/13.

Items in the refrigerator for resident consumption will be appropriately dated daily.

Dietary staff is completely covering hair with proper hairnets.

Dietary staff, CDM, and RD will be involved in the proper storage, preparation, distribution, and service of food under sanitary conditions including but not limited to properly cleaning juice tubing, cleaning the ice machine, properly fitting lids on containers in the storage room, cleaning the fryer, stove, and oven, proper cleaning of the floor beneath the fryer, stove, and oven, improper storage of personal items in the refrigerator, properly dated items for resident consumption, and properly covering all hair with a hairnet by 10/20/13.

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**Summary Statement of Deficiencies**

- **F 371** Continued From page 8
  - Review of the facility's "Food Service Manual... Safety and Sanitation" policy documented, "...Keep floor clean and dry..."
  - Review of the facility's "Food Service Manual... Employee Sanitary Practices" policy documented, "...Clean and sanitize equipment and work units after use..."
  - Review of the facility's "Food Service Manual... Dry Storage" policy documented, "...The floors, walls, shelves and equipment in the storeroom will be kept clean and in good repair... Ceilings will be constructed in such a manner as to protect the food from leaking pipes, heat and contamination..."
  - Review of the facility's "Food Service Manual... Cupboard Storage Chart" documented, "...Spices and Herbs... Store in airtight containers in a dry place away from sunlight and heat..."
  - Review of the facility's "Food Service Manual... Refrigerated Storage" policy documented, "...All foods will be properly... stored in sealed containers and dated and labeled..."

- **2. Observations in the kitchen on 9/23/13**
  - At 9:43 AM revealed the following:
    - a. Three large boxes of juice on a rolling cart between the front cooler and the ice machine with dirty tubing connected to the spouts.
    - b. A black substance in the ice machine on the bottom corner and along the top edge of the plastic flap hanging over ice and a pink substance around two screws under plastic flap hanging over the ice.
    - c. Spice containers were stored on a shelf directly under an air vent that was dirty with a black
Continued From page 9

substance and four spice containers were stored with the tops open in the dry storage area.
d. The floor under the fryer, stove and oven was dirty with black substance.
e. The oven was dirty with brown and black substance on the glass and surrounding area.
The stove was dirty with brown and black carbon build-up along the back panel, dark brown and black substance in the grease trap, and a fuzzy brown substance surrounding the control knobs. The fryer was dirty with brown greasy substance on the top and the front.

During an interview in the kitchen on 9/23/13 at 9:43 AM, the Certified Dietary Manager (CDM) was asked what was on the tubing connected to the 3 large boxes of juice on a rolling cart between the front cooler and the ice machine. The CDM stated, "...they're dirty... they need new lines... it's not acceptable..." The CDM was asked what the black and pink substances on the plastic flap in ice machine was. The CDM stated, "...it's dirt or something... it should not be there." The CDM was asked what the dirty black substance was on the air vent. The CDM stated, "...it's built up... dirt..." The CDM was asked if the tops opened on the spices under the air vent were acceptable. The CDM stated, "No, it's not... they shouldn't be open..." The CDM was asked what was on the floor under the fryer, stove and oven and how often they are cleaned. The CDM stated, "...dirt... they are supposed to mop them every night... doesn't look like it was done..." The CDM was asked what was on the oven and other kitchen equipment. The CDM stated, "...food and gunk and everything else..." The CDM was asked about the cleaning schedule for the dirty equipment. The CDM stated, "...I'm new here... I don't know what the schedule has been..."
**F 371 Continued From page 10**

3. Observations in the kitchen on 9/24/13 at 4:53 PM, revealed the following:
   a. Three large boxes of juice on a rolling cart between the front cooler and the ice machine with dirty tubing connected to the spouts.
   b. The floor under the fryer, stove and oven was dirty with a black substance.
   c. The oven was dirty with a brown and black substance on the glass and surrounding area. The stove was dirty with brown and black carbon build-up along the back panel, dark brown and black substance in the grease trap and a fuzzy brown substance surrounding the control knobs. The fryer was dirty with brown greasy substance on the top and the front.
   d. Spice containers were stored on a shelf directly under an air vent that was dirty with a black substance in the dry storage area.
   e. An open and partially consumed "ice" drink bottle in the back refrigerator.

During an interview in the kitchen on 9/24/13 at 4:53 PM, the CDM was asked if it was appropriate to store a used drink bottle with no open date in the kitchen refrigerator. The CDM stated, "No, absolutely not. I don't know who put that in there..."

4. Observations in the kitchen on 9/25/13 beginning at 11:30 AM, revealed the following:
   a. Three large boxes of juice on a rolling cart between the front cooler and the ice machine with dirty tubing connected to the spouts.
   b. Spice containers were stored on a shelf directly under an air vent that was dirty with a black substance in the dry storage area.
   c. The floor under the fryer, stove and oven was dirty with black substance.
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<tr>
<td>d. The oven was dirty with brown and black substance on the glass and surrounding area. The stove was dirty with brown and black carbon build-up along the back panel, dark brown and black substance in the grease trap, and a fuzzy brown substance surrounding the control knobs. The fryer was dirty with brown greasy substance on the top and the front.</td>
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During an interview in the CDM office on 9/25/13 at 11:32 AM, the CDM was asked about the condition of the kitchen. The CDM stated, "I haven't been here long. It's not good and I know it. She [Registered Dietitian] has got documentation after documentation about the kitchen being dirty..."

5. Review of the facility's "Food Service Manual... Safety and Sanitation" policy documented, "...All dietary services personnel will wear hairnets or caps, or utilize appropriate hair restraints as designated by state law..."

Review of the facility's "Food Service Manual... Employee Sanitary Practices" policy documented, "...Wear hairnets or restraints..."

Observations in the kitchen on 9/23/13 at 9:43 AM revealed the following:

a. The CDM entered kitchen with pieces of hair not covered by a hairnet.

Observations in the kitchen on 9/24/13 at 4:53 PM revealed the following:

a. The Registered Dietitian entered the kitchen with the front of her hair not covered by a hairnet.
b. The CDM entered kitchen with pieces of hair not covered by a hairnet.
**F 371** Continued From page 12
During an interview in the kitchen on 9/24/13 at 4:53 PM, the CDM was asked if it was acceptable for staff to enter the kitchen without all of their hair being covered. The CDM stated, "No, all hair should be covered in the kitchen."

**F 441** 483.55 INFECTION CONTROL, PREVENT SPREAD, LINENS
The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

**F 371** Nurse #1 will disinfect her stethoscope before and after auscultating Resident #1's bowel sounds in accordance with facility's infection control policy regarding cleaning and disinfecting non-critical, re-usable resident care items.

**F 441** All nursing staff will disinfect non-critical, re-usable resident care items before and after use of such items on the resident, in accordance with facility's infection control policy. Resident #132's soiled dressings will be appropriately bagged, removed from resident's room, and disposed in the biohazard room. Nurse #7 has been in-serviced regarding proper disposal of soiled dressings.

All residents that require dressing changes will have their soiled dressings placed in the appropriate disposal bag, removed from the residents' room upon completion of dressing removal, and disposed in accordance with facility's infection control policy. The Staff Development Coordinator will in-service nurses and CNAs by 10/20/13 regarding provision of a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection including but not limited to the proper...
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<td>F 441</td>
<td>Continued From page 13 (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 the policy review, observation and interview, it was determined 2 of 8 nurses (Nurses #1 and 7) failed to ensure proper infection control practices were followed to prevent the potential spread of infections when Nurse #1 did not clean or disinfect the stethoscope before or after auscultating Resident #1's bowel sounds and Nurse #7 threw a soiled dressing into a resident's trash can. The findings include: 1. Review of the facility's &quot;Cleaning and Disinfecting Non-Critical Resident-Care Items&quot; policy documented, &quot;...d. Reusable items are cleaned and disinfected or sterilized between residents (...stethoscopes, durable medical equipment)...&quot; Observations on the 200 hall on 9/24/13 at 9:40 AM, Nurse #1 took a stethoscope and hung it around her neck. Nurse #1 did not clean or disinfecting the stethoscope before or after auscultating for Resident #1's bowel sounds. During an interview at the nurses' station on 9/25/13 at 11:43 AM, the Director of Nursing (DON) was asked about cleaning and disinfecting reusable patient care equipment. The DON stated, &quot;I expect if it is reusable [equipment] it should be disinfected of re-usable, non-critical equipment before and after each resident use, as well as proper disposal and removal of soiled dressings from resident rooms in accordance with facility's infection control policy. This plan will be monitored by the nurse managers five times per week for one week, two times per week for one week, one time per week for four weeks, then as needed. This plan of correction will be reviewed and followed in the monthly CQI meeting. The CQI committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of noncompliance exist. The Director of Nursing will immediately implement any new plan of action recommended. The Administrator will monitor new recommendations monthly to ensure recommendations are being followed.</td>
<td>F 441</td>
<td>Disinfecting of re-usable, non-critical equipment before and after each resident use, as well as proper disposal and removal of soiled dressings from resident rooms in accordance with facility's infection control policy. This plan will be monitored by the nurse managers five times per week for one week, two times per week for one week, one time per week for four weeks, then as needed. This plan of correction will be reviewed and followed in the monthly CQI meeting. The CQI committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of noncompliance exist. The Director of Nursing will immediately implement any new plan of action recommended. The Administrator will monitor new recommendations monthly to ensure recommendations are being followed.</td>
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should be disinfected between residents...

2. Review of the facility's "Medical Waste Handling" policy documented, "...Disposable items contaminated with excretions or secretions from residents... stored in appropriate container until removal from the premises..."

Observations in Resident #132's room on 9/25/13 at 10:55 AM, Nurse #7 threw a soiled dressing in Resident #132's trash can and did not remove the trash from the room.

During an interview in Resident #132's room on 9/25/13 at 10:55 AM, Nurse #7 was asked what do you with the soiled dressing after you remove it. Nurse #7 stated, "...throw in garbage... housekeeping takes care of it... [dressing is] not handled different unless isolated..."

During an interview in the DON's office on 9/25/13 at 12:20 PM, the DON was asked what did she expect nurses to do with dressings when they are removed. The DON stated, "...not thrown in resident trash can should have a designated bag... tie it up or remove the resident's trash if placed there... needs to go to Biohazard..."