

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

Printed: 03/09/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>ARMA HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 E MELVIN STREET PO BOX 789 ARMA, KS 66712</b>		
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F 000	INITIAL COMMENTS  The following citations represent the findings of a Licensure Resurvey and complaint investigation # 97676.  A revision of this 2567 was electronically sent to the facility administrator on 3/9/16.	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157		
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 157	<p>Continued From page 1</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 30 residents with 15 selected for sample review. Based on interview, and record review, the facility failed to notify the physician regarding a change in the resident's condition for 1 resident (#3 ) who experienced several consecutive days of diarrhea.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #3's significant change MDS (minimum data set) assessment, dated 7/8/15, identified the resident scored 10/15 on the Brief Interview for Mental Status, indicating moderately impaired cognition, with extensive assistance needed for toileting.</li> </ul> <p>The resident's quarterly MDS (minimum data set) assessment, dated 1/1/16, identified no changes in cognition or toileting.</p> <p>The resident's care plan lacked bowel monitoring interventions.</p> <p>Review of the physician orders included an order for a PRN (as needed) anti-diarrhea medication, Immodium AD, 1 tablet, every 6 hours, as needed for diarrhea, ordered 5/12/15.</p> <p>Review of the nursing notes indicated on 12/17/15 at 8:35 AM, the resident complained of 3 episodes of diarrhea this AM. A PRN order for Loperamide HCL, 2 mg (milligrams), 1 tablet, was administered.</p> <p>Review of the December, 2015, January, and February, 2016 MAR's (medication administration</p>	F 157		

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F 157	<p>Continued From page 2 record), lacked identification of any Immodium administered to the resident by the staff.</p> <p>Review of the resident's documented bowel movements, included the staff documented the resident with "D" (indicating diarrhea) on the following dates:</p> <p>December, 2015 -- 12/1 through 7/2015, 12/12 through 14/2015, and 12/16 through 18/2015, for a total of 13 days.</p> <p>January, 2016 -- 1/4 through 6/2016, 1/11/2016, 1/13 through 18/ 2016, and 1/31/2016, for a total of 10 days.</p> <p>February, 2016 -- 2/1 and 2/2016, 2/8/16, and 2/17 through 24/2016, for a total of 11 days.</p> <p>Direct care staff L, reported on 3/1/16 at 4:30 PM, the resident had some diarrhea problems in the mornings, but didn't usually have problems in the evenings.</p> <p>On 3/1/15 at 3:15 PM, administrative nursing staff B reported the nurse staff should have notified the PCP (primary care physician) of the resident having diarrhea for those consecutive dates. The staff further lacked awareness of why staff failed to utilize the PRN ordered Immodium for the diarrhea.</p> <p>The facility policy, dated 4/07, for Guidelines for Notifying Physicians of Clinical Problems, included the guidelines helped to ensure that medical care problems were communicated to the medical staff in a timely, efficient and effective manner and all significant changes in resident status are assessed and documented in the medical record.</p>	F 157			

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F 157	Continued From page 3	F 157		
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 30 residents. Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary environment for the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During environment tour of the facility on 3/1/16 at 9:10 AM, with maintenance staff J, and administrative staff A, revealed the following areas of maintenance/housekeeping concerns:</li> </ul> <p>The center hallway contained carpet throughout the common area. The carpet held multiple darkened soiled areas in various sizes, and some approximately 1 by 1 foot.</p> <p>East hallway:</p> <p>The resident toilet/shower room contained a tiled wall between the sink and the first shower stall. The lower section of the wall, had an open void through the entire wall, approximately 5 by 6 inches. Furthermore, it lacked 5 small tiles, with the others around this slanted/pushed inward. The total area was approximately 18 by 18</p>	F 253		

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F 253	<p>Continued From page 4</p> <p>inches. The top of the paper towel dispenser contained a thick layer of dust.</p> <p>The beauty shop held 3 stationary hair dryers. Two of the dryers contained a thick layer of dust/debris across the filters.</p> <p>The wall just inside of the therapy room, to the left, held areas of scuffed off paint with the largest approximately 2 by 4 inches.</p> <p>The wall in the residents smoke room, had an area approximately 5 by 9 inches without paint, and with 2 open voids into the wall. The wall above and behind the door, held a square open void into the wall, approximately 2 by 2 inches. Maintenance staff J reported replacing the ashtray that hung on the wall and failure to repaint or repair the holes in the wall. Staff J further explained the hole behind the door as caused by the door closer hitting the wall.</p> <p>One resident bathroom wall, across from the toilet contained a discolored area, approximately 2 inches by 4 feet across. In this resident room, the wall behind the chair held 4 small areas of missing paint.</p> <p>One resident room's wall behind the recliner contained multiple paint scraped areas within an area approximately 3 by 3 feet.</p> <p>One resident room's wall behind the recliner held numerous areas with missing paint within an area approximately 5 feet in length.</p> <p>One resident room's wall behind the lower side of the bed headboard, contained an area approximately 2 by 4 inches of scraped off paint.</p>	F 253			

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F 253	<p>Continued From page 5</p> <p>West hall:</p> <p>One shared resident bathroom's ceiling vent held a build-up of dust. This shared bathroom also contained a toothbrush and toothpaste, which lacked any resident identification.</p> <p>The built-in drawers/closets held various areas of a white colored substance across them on the lower portion of the cabinets.</p> <p>One resident bathroom's toilet contained an open gap between the base and the floor. Debris accumulated in this gap. Maintenance staff J reported recent replacement of the toilet and the floor was not level, so the staff placed a raw wood shim under the front side of the toilet for balance.</p> <p>One resident bathroom's wall, across from the toilet had deep gouging, across the lower section of the wall, approximately 8 inches by 3 feet across. Also the floor around the toilet base held darkened discoloration outward approximately 8 inches. Maintenance staff J reported the toilet had leaked liquid around the toilet that got under the floor vinyl. The bathroom floor's vinyl also held 3 various areas, approximately quarter sized, of voids through the vinyl flooring, in circular shapes.</p> <p>One resident bathroom door had paint scraped across the bottom in an area approximately 10 by 1 inches, and with multiple various sized areas higher with missing paint.</p> <p>On 3/2/16 at 12:45 PM administrative staff A and maintenance staff J reported the facility did not keep a log of when the areas are provided maintenance (such as gouging), however, currently have a facility remodeling project going</p>	F 253			

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F 253	Continued From page 6 on with repairs taking place. As far as the last time the carpet was cleaned, maintenance staff J could not recall the date, however, administrative staff A reported they believed they had a record in the computer of the preventative maintenance related to carpet cleaning.  The facility failed to provide a policy for maintenance, however, Instructions for monthly tasks included inspection of all doors, for gouges, scrapes, scratches and repair, as needed. An interior painting task further instructed to patch gouges, touch up painting, including walls, doors, door trim, and ceilings.  A facility policy, dated 12/09, for Cleaning of Carpeting, included: Carpets shall be deep-cleaned periodically (approximately once per month), or more often as needed.  The facility failed to provide necessary maintenance/housekeeping services in these resident areas.	F 253		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This Requirement is not met as evidenced by: The facility reported a census of 30 residents. The 15 residents selected for sample review, included 3 reviewed for skin assessments. Based on observation, interview, and record	F 309		

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F 309	<p>Continued From page 7</p> <p>review, the facility failed to accurately monitor 1 resident (#10) of the 3 reviewed, who had a large amount of facial bruising.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #10's physician orders, dated 2/9/16, included a condition of difficulty with walking.</li> </ul> <p>An admission MDS (minimum data set) assessment, dated 12/23/15, identified the resident scored 7/15 on the Brief Interview for Mental Status, indicating severely impaired cognition. Additionally, the assessment identified the resident received applications of ointments and dressings.</p> <p>A quarterly MDS (minimum data set) assessment, dated 1/25/16, identified no change in cognition as severely impaired, and needed supervision for bed mobility, transfers, walking, eating, and toilet use; extensive assist needed for dressing and personal hygiene. Additionally, the assessment indicated the resident received applications of ointments and dressings.</p> <p>The resident's care plan, dated 1/22/16, included the staff needed to assess/record/monitor wound healing weekly, measuring the length, width and depth, where possible. Assess and document the status of the wound perimeter, wound bed and healing progress. Report improvements and declines to the MD (medical doctor).</p> <p>Furthermore, the care plan identified an incident of a fall with the resident on 2/15/16, however, the staff failed to update the care plan regarding monitoring of the extensive bruising to the resident's face.</p> <p>Review of nursing notes, from 2/16/16 to 3/1/16 in</p>	F 309		

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F 309	<p>Continued From page 8</p> <p>the EMR (electronic medical record, lacked identification of any monitoring of the bruising to the residents face since 2/19/16. Additionally, review of the February, 2016, MAR/TAR (medication/treatment administration records) lacked evidence of monitoring of the bruising to the resident's face.</p> <p>On 2/24/16 at 4:44 PM the resident was seated in the recliner in his/her room. The resident's face exhibited dark purple discoloration to the entire left side of his/her face and to the eye tissue surrounding the right eye. The resident reported, at that time, they fell.</p> <p>On 2/29/16 at 4:49 PM, licensed nursing staff K reported the resident recently had a fall, which resulted in the bruising to the residents face. The staff denied doing any monitoring of the bruising and indicated the charge nurses should be monitoring the bruising and after-effects of the fall.</p> <p>On 3/2/16 at 9:35 AM, administrative nursing staff B confirmed the lack of monitoring for the residents facial bruising and indicated that the nursing staff should monitor bruising and skin conditions routinely, until healed.</p> <p>The facility failed to assess and monitor the resident's extensive bruising to the entire left side of his/her face and surrounding the eye on the right side of the face, following a fall, after the initial 3 day follow-up documentation of the fall occurrence.</p>	F 309		
F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards</p>	F 323		

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F 323	<p>Continued From page 9</p> <p>as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 30 residents and identified 6 as confused and self-mobile. Based on observation, interview and record review, the facility failed to keep hazardous chemicals inaccessible to these 6 residents, and failed to ensure the residents, who used 1 of 4 common shared shower/bathrooms, remained free from environmental accidents hazards.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 2/24/16 at 1:00 PM, observation revealed an unlocked shower room on the east center hall, with an unlocked cabinet, which contained a bottle with Virex disinfectant in the cabinet. The bottle was labeled with a warning, to keep out of the reach of children. At that time, direct care staff N, verified the shower room cabinet was unlocked and stated the cabinet was to be locked at all times.</li> <li>On 3/1/16 at 3:27 PM, Administrative nursing staff B, stated the shower cabinets and the chemicals were to be locked at all times.</li> <li>On 3/1/16 at 4:30 PM, direct care staff H, exited the shower room on the east center hall, with the door remaining open and accessible. Observation revealed an unlocked cabinet that contained a bottle of Virex disinfectant. The label warned to keep out of the reach of children.</li> </ul>	F 323			

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F 323	<p>Continued From page 10</p> <p>On 3/1/16 at 4:35 PM, direct care staff H, verified the unlocked shower cabinet contained the hazardous chemical Virex and stated the cabinet was to be locked.</p> <p>Furthermore, on 3/1/16 at 4:30 PM, observation of the same shower room revealed a metal toilet assistive rail directly on the floor, between the toilet and the hall way door side, which revealed as unattached from the floor and the wall behind the toilet. The assistive rail was directly on the floor next to and across the front of the toilet. The floor held a metal phalange that should secure the toilet assistive rail to the floor. However, with the rail unattached, the metal phalange created a raised, sharp circular metal phalange which raised approximately 1/4 inch from the floor, and directly in the path from the entrance towards the toilet. Also, the metal toilet assistive rail between the toilet and the wall was loose, wobbling side to side with touch, creating an unsafe transfer assist rail.</p> <p>On 3/1/16 at 4:25 PM, maintenance staff J, verified the assistive toilet rail was directly on the floor, and stated he/she tightened the rail on 2/26/16, and verified the toilet assist rail, closest to the wall, was also loose to the touch.</p> <p>The facility's policy for safety and supervision of the residents, revised December 2007, revealed the employees trained on potential accident hazards and try to prevent avoidable accidents. The facility-oriented and resident - oriented approach, implemented a system approach to safety, which identified hazards in the environment and individual resident risk factors.</p> <p>The facility failed to ensure hazardous chemicals remained not accessible to these 6 confused,</p>	F 323		

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F 323	Continued From page 11 self-mobile residents, and failed to maintain safety toilet assistive devices in 1 of 4 resident's shared shower bathrooms.	F 323		
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.  This Requirement is not met as evidenced by: The facility reported a census of 30 residents, with 5 residents reviewed for unnecessary medications. Based on interview and record review, the facility failed to ensure adequate monitoring of medications to ensure no unnecessary medication usage for 2 of the 5 sampled residents including; (#39) for blood	F 329		

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F 329	<p>Continued From page 12 sugar and bowel movement monitoring; and (#34) with blood pressure monitoring with antihypertensive medication.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The electronic medical record documented resident # 39 admitted to the facility on 10/20/15, with diagnosis, which included Diabetes type II (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).</li> </ul> <p>Physician orders included;</p> <ol style="list-style-type: none"> <li>1.) Consistent controlled carbohydrate diet, ordered on 10/30/15.</li> <li>2.) Glipizide tablet, 5 mg (milligrams) daily for diabetes, ordered on 10/31/15.</li> <li>3.) Metformin HCL, 1000 mg, BID (twice a day) for diabetes, ordered on 10/31/15.</li> <li>4.) Instruction for staff to obtain a blood glucose check twice a day, before breakfast and at bedtime, and to call the physician if the reading was under 70 or greater than 300, ordered on 11/2/15.</li> </ol> <p>The November 2015, MAR/TAR (medication/treatment administration record), documented on 11/23/15 the resident had a blood sugar reading of 328 at bedtime.</p> <p>Review of the December 2015, MAR, revealed the resident's blood sugar was over 300 on three days: On 12/21,2015 in the AM the blood sugar was 342, on 12/22/15 in the PM, the blood sugar was 350, and on 12/23/15, the blood sugar was 313.</p> <p>Review of the February 2016, MAR, revealed the resident's blood sugar was over 300 8 times:</p>	F 329			

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F 329	<p>Continued From page 13</p> <p>On 2/10/16, the blood sugar was 38 On 2/11/16, in the AM, the blood sugar was 314, and in the PM it was 313. On 2/14/16, in the AM, the blood sugar was 314, and in the PM it was 319. On 2/15/16, in the AM the blood sugar was 387, and in the PM it was 327. On 2/16/16, in the PM the blood sugar was 319. However, review of the resident's medical record, revealed it lacked any documentation of notification to the physician related to the blood sugars over 300, for any of these 12 times.</p> <p>On 3/2/16 at 1:27 PM, administrative staff B reported the nurses' were responsible for what they documented in the record, and added if the physician gives parameters the nurses are expected to follow them with notification when ordered.</p> <p>On 3/2/16 at 2:40 PM, licensed staff K reported the nurses should notify the doctor according to the physician order, and explained if the documentation was not in the record, it was not available.</p> <p>The 2/2014, facility Diabetes clinical guidelines documented, the facility should provide results to the physician for interpretation and potential interventions. The policy also instructed staff to request orders to adjust treatments based on these results.</p> <p>Furthermore, the resident's nurses notes, on 10/30/16, documented the resident admitted to the facility and the resident's last BM (bowel movement) was unknown.</p> <p>Review of the direct care flow sheets for bowel monitoring revealed since the 10/30/15,</p>	F 329		

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F 329	<p>Continued From page 14</p> <p>admission, the resident lacked having a BM the following times: From 10/30/15 to 11/7/15, a total of 9 days. From 11/12/15 to 11/22/15, a total of 9 days. From 11/23/15 to 11/29/15, a total of 6 days. From 12/11/15 to 12/21/15, a total of 9 days.</p> <p>Review of the November 2015, MAR (medication administration record) revealed the resident received PRN (as needed) Milk of Magnesia on 11/2/15, and 11/17/15. The clinical records lacked documentation of follow up for effectiveness.</p> <p>The resident received a Fleet oil enema x 1 (one time physician order) on 12/9/15. The clinical records lacked documentation of follow-up for effectiveness.</p> <p>The December 2015 MAR lacked documentation related to the administration of PRN Milk of Magnesia in December 2015. The December 2015 MAR, documented the resident received a Dulcolax Suppository 10 milligrams, rectally daily from 12/10/15 to 12/23/15, with the exception of 12/18/15. (the clinical record lacked documentation of the daily Dulcolax on 12/18/15.</p> <p>The resident lacked a routine bowel softener until 12/10/15. Miralax 17, grams daily due to constipation was ordered. The resident received the medication from 12/11/15 until the resident was admitted to the hospital on 12/24/15.</p> <p>The resident's record revealed the physician was notified 4 times related to the lack of BMs:</p> <p>On 12/9/15, the physician was notified the resident lacked having a BM for 8 days. An order for saline enema in place of soap suds enema for no BM in past 8 days, was received.</p>	F 329		

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F 329	<p>Continued From page 15</p> <p>On 12/9/15, documented a lack of a bowel movement after the enema. The record documented the abdomen hard/firm, with hypoactive/faint bowel sounds.</p> <p>On 12/10/15, the physician's office was notified of the lack of a bowel movement for 9 days. On 12/10/15, the medical record documented a fleet enema administered. The physician ordered Miralax daily, until BM.</p> <p>On 12/14/15, the facility called the physician about the resident not having a BM, and an order received to start a daily suppository.</p> <p>On 12/21/15, the facility called the physician's office and left a message about the resident's lack of bowel movements.</p> <p>Review of the hospital emergency room report, dated 12/24/15, documented the resident admitted with impression of sepsis, unspecified organism, urinary tract infection, and somnolence dehydration.</p> <p>The 6/2013, facility bowel protocol documented, to ensure accurate assessment and tracking of the residents' bowel function and timely, consistent implementation of bowel protocols to maintain optimum bowel function. Residents assessed as having inadequate bowel function by the absence of regular bowel movement in excess of three days will be assessed by the nurse, and will include notification of the physician, and will include implementation of a bowel protocols established by the physician, including administration of stool softeners, laxatives, and administration of enemas.</p> <p>The facility failed to ensure no unnecessary</p>	F 329			

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F 329	<p>Continued From page 16</p> <p>medication for this resident related to adequate blood sugar monitoring, and failed to notify the physician when the blood sugar readings were out of the parameter. Furthermore, the facility failed to monitor this resident for adequate bowel movements and failed to monitor the use of the PRN medications used for effectiveness.</p> <p>- The signed physician orders, dated 2/9/16 of resident #34, documented the following diagnosis included; hypertension (elevated blood pressure).</p> <p>On 10/31/15, the physician's order included Losartan Potassium, 50 milligram, daily, for high blood pressure. (Antihypertensive medication)</p> <p>Review of the resident's documented blood pressures revealed the resident had blood pressure monitored; twice in October 2015; lacked any blood pressure monitoring in November 2015; twice in December 2015; once in January 2016; and 3 times (2/13, 15, and 22nd) in February, 2016.</p> <p>According to <a href="http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020386s061lbl.pdf">http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020386s061lbl.pdf</a>, the blood pressure should be closely monitored related to Losartan Potassium administration.</p> <p>On 02/29/2016 at 11:10 AM, administrative nursing staff B, stated if a resident did not have a physician ordered blood pressure, then the blood pressures were to be monitored on a weekly basis.</p> <p>On 3/3/16 at 3:29 PM, consultant staff M, stated this resident should have the blood pressure</p>	F 329		

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F 329	Continued From page 17 monitored at least weekly since he/she received a blood pressure medication.  The facility's policy for hypertension, revised 8/2015, revealed it was appropriate to monitor blood pressure over time and report trends or patterns instead of reporting or responding to isolated or intermittent readings. Blood pressure target ranges should be individualized based on considerations of causes, prognosis, comorbidities and monitor the individual's blood pressure control and record in the medical record for the physician follow- up.  The facility failed to routinely monitor blood pressures on this resident who received a medication for high blood pressure, to ensure no unnecessary medication usage.	F 329			
F 385 SS=D	483.40(a) RESIDENTS' CARE SUPERVISED BY A PHYSICIAN  A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.  The facility must ensure that the medical care of each resident is supervised by a physician; and another physician supervises the medical care of residents when their attending physician is unavailable.  This Requirement is not met as evidenced by: The facility reported a census of 30 residents with 15 selected for sample review. Based on observation, interview, and record review, the facility failed to provide care and treatment to 1 resident (#30) under a physicians orders.	F 385			

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F 385	<p>Continued From page 18</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The facility admitted resident #30 on 1/25/16, per the EMR (electronic medical record), census information.</li> </ul> <p>Review of the clinical record, lacked admitting physician orders, signed by the resident's PCP (primary care physician.)</p> <p>The resident's admission MDS (minimum data set) assessment, dated 2/1/16, identified the resident scored 13/15 on the Brief Interview for Mental Status, indicating intact cognition, and identified the resident required assistance of staff for ADLs (activities of daily living). The assessment further identified the resident received hospice services.</p> <p>The CAA (care area assessment) for Pressure Ulcers, dated 2/2/15, included the resident was admitted for end stage cancer for comfort care and the stage I pressure ulcer was being treated per physician's orders.</p> <p>On 2/29/16 at 7:30 AM, the resident sat up in the bed, eating breakfast. The resident ate fair, without assistance needed.</p> <p>Licensed nursing staff P, provided wound care to the resident on 2/29/16, per treatment orders noted in the February, 2016 TAR (treatment administration record). Review of the TAR instructed staff to cleanse the coccyx wound with wound cleanser, apply manuka honey and apply a dressing. Observation identified the staff additionally applied a foam pad as the dressing, then taped the pad with Mefix tape to the residents skin. Additionally, observation identified the staff member provided medications to the</p>	F 385		

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F 385	Continued From page 19 resident.  On 3/1/16 at 11:00 AM, administrative nursing staff B confirmed the lack of admission orders, reviewed and signed by the residents PCP.  The facility policy, dated 4/10, included that medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. All drug and biological orders shall be written, dated and signed by the person lawfully authorized to give such an order.  The facility failed to ensure the resident's medications and cares were administered under the care and orders of a physician overseeing the resident's care.	F 385		
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS  The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.  This Requirement is not met as evidenced by: The facility reported a census of 30 residents. The 15 residents selected for sample review, included 4 reviewed for dental services. Based on observation, interview and record review, the facility failed to ensure 1 resident (#16) received necessary dental services.	F 412		

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F 412	<p>Continued From page 20</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #16's admission MDS (minimum data set) assessment, dated 2/1/16, identified the resident scored 14/15 on the Brief Interview for Mental Status, indicating intact cognition, and the resident lacked any natural teeth.</li> </ul> <p>The 2/3/16 CAA (care area assessment) for dental, included the edentulous (without teeth or dentures) resident received a regular diet and stated he/she was able to eat fine, denied any weight loss and that he/she wanted dentures.</p> <p>The resident's care plan, dated 2/6/16, included the resident was edentulous and able to complete his/her own oral care with staff providing supplies.</p> <p>Review of the social services notes, dated 1/25/16 to 2/25/16 lacked evidence of any dental health needs.</p> <p>A 1/25/16 oral assessment identified the resident without natural teeth or tooth fragments and on a regular diet.</p> <p>Observation of the resident on 2/24/16 at 3:00 PM, identified the resident without teeth. The resident reported, at that time, his/her dentures were lost/destroyed at a former nursing facility and he/she would like to have the dentures replaced.</p> <p>Interview, on 2/29/16 at 3:57 PM, with licensed nursing staff K reported the facility had a dental program in place for the residents of the facility.</p> <p>On 2/29/16 at 5:48 PM, social services staff E, reported the admission paperwork does not</p>	F 412		

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F 412	<p>Continued From page 21</p> <p>contain a question regarding the resident's dental care needs, and the staff had not asked the resident about dental services. The staff indicated they had visited numerous times with the resident and he/she never mentioned the desire to have the dentures replaced.</p> <p>On 3/2/16 at 9:40 AM, administrative nursing staff B reported the residents of the facility are offered dental services on admission during the admission process. The staff member further indicated that was a recent update in the admission packet.</p> <p>On 3/2/16 at 9:52 AM, social services staff E, returned with a blank form, indicating this was the form added into the admission packets, and indicated this was provided to the resident on admission, however, the form lacked any signature or documentation signifying the resident reviewed this information.</p> <p>The 10/12 policy for Availability of Services, Dental, included the community will employ or have a contractual arrangement with a dentist to provide routine services and emergency services to the extent they are covered (under the state plan) and at a cost to Medicare and Private Pay residents. Residents with lost or damaged dentures will be promptly referred to a dentist.</p> <p>The facility failed to ensure this resident, was offered dental services to allow the resident to replace lost or destroyed dentures.</p>	F 412			
F 428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p>	F 428			

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F 428	<p>Continued From page 22</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 30 residents with 15 selected for sample review, which included 5 resident's reviewed for unnecessary medications. Based on observation, interview, and record review, the facility pharmacy consultant failed to identify the lack of facility monitoring of blood sugars, bowel movements, and blood pressures, for 2 of the 5 sampled residents. (#39 and #34)</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The electronic medical record documented resident #39 admitted to the facility on 10/20/15, with diagnosis, which included Diabetes type II (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).</li> </ul> <p>Physician orders included;</p> <ol style="list-style-type: none"> <li>1.) Consistent controlled carbohydrate diet, ordered on 10/30/15.</li> <li>2.) Glipizide tablet, 5 mg (milligrams) daily for diabetes, ordered on 10/31/15.</li> <li>3.) Metformin HCL, 1000 mg, BID (twice a day) for diabetes, ordered on 10/31/15.</li> <li>4.) Instruction for staff to obtain a blood glucose check twice a day, before breakfast and at bedtime, and to call the physician if the reading was under 70 or greater than 300, ordered on 11/2/15.</li> </ol>	F 428		

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F 428	<p>Continued From page 23</p> <p>The November 2015, MAR/TAR (medication/treatment administration record), documented on 11/23/15 the resident had a blood sugar reading of 328 at bedtime.</p> <p>Review of the December 2015, MAR, revealed the resident's blood sugar was over 300 on three days: On 12/21,2015 in the AM the blood sugar was 342, on 12/22/15 in the PM, the blood sugar was 350, and on 12/23/15, the blood sugar was 313.</p> <p>Review of the February 2016, MAR, revealed the resident's blood sugar was over 300 8 times: On 2/10/16, the blood sugar was 38 On 2/11/16, in the AM,the blood sugar was 314, and in the PM it was 313. On 2/14/16, in the AM, the blood sugar was 314, and in the PM it was 319. On 2/15/16, in the AM the blood sugar was 387, and in the PM it was 327. On 2/16/16, in the PM the blood sugar was 319. However, review of the resident's medical record, revealed it lacked any documentation of notification to the physician related to the blood sugars over 300, for any of these 12 times.</p> <p>On 3/2/16 at 1:27 PM, administrative staff B reported the nurses' were responsible for what they documented in the record, and added if the physician gives parameters the nurses are expected to follow them with notification when ordered.</p> <p>On 3/2/16 at 2:40 PM, licensed staff K reported the nurses should notify the doctor according to the physician order, and explained if the documentation was not in the record, it was not available.</p>	F 428			

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F 428	<p>Continued From page 24</p> <p>The 2/2014, facility Diabetes clinical guidelines documented, the facility should provide results to the physician for interpretation and potential interventions. The policy also instructed staff to request orders to adjust treatments based on these results.</p> <p>Furthermore, the resident's nurses notes, on 10/30/16, documented the resident admitted to the facility and the resident's last BM (bowel movement) was unknown.</p> <p>Review of the direct care flow sheets for bowel monitoring revealed since the 10/30/15, admission, the resident lacked having a BM the following times: From 10/30/15 to 11/7/15, a total of 9 days. From 11/12/15 to 11/22/15, a total of 9 days. From 11/23/15 to 11/29/15, a total of 6 days. From 12/11/15 to 12/21/15, a total of 9 days.</p> <p>Review of the November 2015, MAR (medication administration record) revealed the resident received PRN (as needed) Milk of Magnesia on 11/2/15, and 11/17/15. The clinical records lacked documentation of follow-up for effectiveness.</p> <p>The resident received a Fleet oil enema x 1 (one time physician order) on 12/9/15. The clinical records lacked documentation of follow-up for effectiveness.</p> <p>The December 2015 MAR lacked documentation related to the administration of PRN Milk of Magnesia in December 2015. The December 2015 MAR, documented the resident received a Dulcolax Suppository 10 milligrams, rectally daily from 12/10/15 to 12/23/15, with the exception of 12/18/15. (the clinical record lacked</p>	F 428			

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F 428	<p>Continued From page 25 documentation of the daily Dulcolax on 12/18/15.</p> <p>The resident lacked a routine bowel softener until 12/10/15. Miralax 17, grams daily due to constipation was ordered. The resident received the medication from 12/11/15 until the resident was admitted to the hospital on 12/24/15.</p> <p>The resident's record revealed the physician was notified 4 times related to the lack of BMs:</p> <p>On 12/9/15, the physician was notified the resident lacked having a BM for 8 days. An order for saline enema in place of soap suds enema for no BM in past 8 days, was received. On 12/9/15, documented a lack of a bowel movement after the enema. The record documented the abdomen hard/firm, with hypoactive/faint bowel sounds.</p> <p>On 12/10/15, the physician's office was notified of the lack of a bowel movement for 9 days. On 12/10/15, the medical record documented a fleet enema administered. The physician ordered Miralax daily, until BM.</p> <p>On 12/14/15, the facility called the physician about the resident not having a BM, and an order received to start a daily suppository.</p> <p>On 12/21/15, the facility called the physician's office and left a message about the resident's lack of bowel movements.</p> <p>Review of the hospital emergency room report, dated 12/24/15, documented the resident admitted with impression of sepsis, unspecified organism, urinary tract infection, and somnolence dehydration.</p>	F 428			

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F 428	<p>Continued From page 26</p> <p>On 3/3/2015, at 3:40 PM, consultant staff L reported he/she did review the resident's blood sugar readings, and added the facility planned to implement point click care with medication administration in the next couple of months and this would remedy this problem. Staff L added this area was overlooked for this resident. Staff L added further the parameters was also overlooked.</p> <p>The facility pharmacist failed to identify the facility's lack of monitoring this resident for the lack of monitoring this resident's blood sugar levels and failed to identify the resident lacked parameters to follow when monitoring his/her blood sugar levels.</p> <p>- The electronic medical record documented resident # 39 admitted to the facility on 10/20/15, with diagnosis, which included Diabetes Mellitus,type II (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).</p> <p>The 11/2/15, physician order documented to do a blood glucose check twice a day, before breakfast and at bedtime, and to call the physician if the reading was under 70 or greater than 300.</p> <p>Review of the December 2015, MAR (medication administration record) revealed the resident's blood sugar was over 300 on three days: On 12/21,2015 in the AM the blood sugar was 342, on 12/22/15 in the PM , the blood sugar was 350, and on 12/23/15, the blood sugar was 313.</p> <p>Review of the February 2016, MAR revealed the resident's blood sugar was over 300 8 times: On 2/10/16, the blood sugar was 381. On 2/11/16, in the AM,the blood sugar was 314, and in the PM it was 313. On 2/14/16, in the AM, the blood sugar was 314,</p>	F 428		

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F 428	<p>Continued From page 27 and in the PM it was 319. On 2/15/16, in the AM the blood sugar was 387, and in the PM it was 327. On 2/16/16, in the PM the blood sugar was 319. The resident's medical record lacked documentation of notification to the physician related to the blood sugars over 300. On 3/2/16 at 1:27 PM, administrative staff B reported the nurses' were adults and were responsible for what they documented in the record, and added if the physician gives parameters the nurses are expected to follow them with notification when ordered. On 3/2/16 at 2:40 PM, licensed staff K reported if the nurses should notify the doctor according to the physician order, and reported if the documentation was not in the record, it was not available. The 2/2014, facility diabetes clinical guidelines documented ,the facility to provide results to the physician for interpretation and potential interventions. The policy also instructed staff to request orders to adjust treatments based on these results.</p> <p>- Review of the nurse' notes on 10/30/15, documented the resident #39 admitted to the facility and the last BM (bowel movement) was unknown. Review of the direct care flow sheets for bowel monitoring revealed since the 10/30/15, admission, the resident lacked having a BM the following times: From 10/30/15 to 11/7/15, a total of 9 days. From 11/12/15 to 11/22/15, a total of 9 days. From 11/23/15 to 11/29/15, a total of 6 days. From 12/11/15 to 12/21/15, a total of 9 days. Review of the November 2015, MAR (medication administration record) revealed the resident received PRN (as needed) Milk of Magnesia on 11/2/15, and 11/17/15. The clinical records lacked</p>	F 428		

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F 428	<p>Continued From page 28 documentation of follow up for effectiveness.</p> <p>The resident received a Fleet oil enema x 1 (one time order) on 12/9/15. The clinical records lacked documentation of follow up for effectiveness.</p> <p>The December 2015 MAR lacked documentation related to the administration of PRN Milk of Magnesia in December 2015. The December 2015 MAR documented the resident received a Dulcolax Suppository 10 milligrams, rectally daily from 12/10/15 to 12/23/15, with the exception of 12/18/15. (the clinical record lacked documentation of the daily Dulcolax on 12/18/15.</p> <p>The resident lacked a routine bowel softener until 12/10/15. Miralax 17, grams daily due to constipation was ordered. The resident received the medication from 12/11/15 until the resident was admitted to the hospital on 12/24/15.</p> <p>The resident's record revealed the physician was notified 4 times related to the lack of BMs:</p> <p>On 12/9/15, the physician was notified the resident lacked having a BM for 8 days. An order for saline enema in place of soap suds enema for no BM in past 8 days, was received. On 12/9/15, documented a lack of a bowel movement after the enema. The record documented the abdomen hard/firm, with hypoactive/faint bowel sounds.</p> <p>On 12/10/15, the physician's office was notified of the lack of a bowel movement for 9 days. On 12/10/15, the medical record documented a fleet enema administered. The physician ordered Miralax daily, until BM.</p>	F 428		

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F 428	<p>Continued From page 29</p> <p>On 12/14/15, the facility called the physician about the resident not having a BM, and an order received to start a daily suppository.</p> <p>On 12/21/15, the facility called the physician's office and left a message about the resident's lack of bowel movements.</p> <p>On 3/3/2015, at 3:40 PM, consultant staff M reported he/she did review the resident's blood sugar readings, and added the facility planned to implement point click care with medication administration in the next couple of months and this would remedy this problem. Staff M added this was an area he/she identified in the past as a concern, but he/she thought point click care would take care of the problem for the blood sugars and the BM monitoring, because the nurse would need to add documentation when the area was identified. Staff M reported when the doctor gave parameters, the facility should follow them.</p> <p>The facility pharmacist failed to identify the facility irregularity of not adequately monitoring the resident's blood sugar levels and the resident's bowel movements.</p> <p>- The signed physician orders, dated 2/9/16 of resident #34, documented the following diagnosis included; hypertension (elevated blood pressure).</p> <p>On 10/31/15, the physician's order included Losartan Potassium, 50 milligram, daily, for high blood pressure. (Antihypertensive medication)</p> <p>Review of the resident's documented blood</p>	F 428		

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F 428	<p>Continued From page 30</p> <p>pressures revealed the resident had blood pressure monitored; twice in October 2015; lacked any blood pressure monitoring in November 2015; twice in December 2015; once in January 2016; and 3 times (2/13, 15, and 22nd) in February, 2016.</p> <p>According to <a href="http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020386s061lbl.pdf">http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/020386s061lbl.pdf</a>, the blood pressure should be closely monitored related to Losartan Potassium administration.</p> <p>On 02/29/2016 at 11:10 AM, administrative nursing staff B, stated if a resident did not have a physician ordered blood pressure, then the blood pressures were to be monitored on a weekly basis.</p> <p>On 3/3/16 at 3:29 PM, consultant staff M, stated this resident should have the blood pressure monitored at least weekly since he/she received a blood pressure medication.</p> <p>The facility's policy for hypertension, revised 8/2015, revealed it was appropriate to monitor blood pressure over time and report trends or patterns instead of reporting or responding to isolated or intermittent readings. Blood pressure target ranges should be individualized based on considerations of causes, prognosis, comorbidities and monitor the individual's blood pressure control and record in the medical record for the physician follow- up.</p> <p>The facility pharmacist failed to identify the irregularity of inadequate blood pressure monitoring on this resident who received a medication for high blood pressure.</p>	F 428			
F 441	483.65 INFECTION CONTROL, PREVENT	F 441			

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F 441 SS=F	Continued From page 31 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.  (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:	F 441		

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F 441	<p>Continued From page 32</p> <p>The facility reported a census of 30 residents. Based on interview and record review, the facility failed to establish and maintain an infection prevention control program to help prevent the development and transmission of disease and infection to the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of the infection control logs lacked tracking from 12/1/14 to 8/31/15 with the exception of 2 months. The 2 documented months lacked identification of organisms/bacteria of 3 out of 3 UTIs/UAs (urinary tract infections/urinary analysis) to monitor the appropriate use of antibiotics.</li> </ul> <p>Furthermore, from 9/1/15 to 2/29/16, the infection control log lacked identification of organisms/bacteria for 13 out of the 16 UTIs/UAs to monitor the appropriate use of the antibiotic.</p> <p>On 3/1/16 at 3:36 PM, administrative staff B, stated infections were discussed daily in a morning meeting with the management as well as discussed in the quality assurance meeting every month. Administrative staff B, verified the lack of infection control tracking and verified he/she did not review the results of the culture and sensitivities to identify the specific organisms/bacteria.</p> <p>The facility's policy for monitoring compliance with infection control, revised December 2009, revealed routine monitoring and surveillance of the workplace would be conducted to determine compliance with infection control practices.</p> <p>The facility failed to maintain and infection control program to identify trends of infections, data</p>	F 441		

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F 441	Continued From page 33 monitoring and analysis for the residents who resided in the facility.	F 441		
F 465 SS=F	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 30 residents. Based on observation, interview and record review, the facility failed to provide maintenance/housekeeping services in the kitchen and in the laundry to ensure a safe and sanitary environment for the residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 3/1/16 at 9:35 AM, during environmental tour of the laundry areas with administrative staff A, maintenance staff J, and laundry staff V, revealed the following areas/items of concern:</li> </ul> <p>Soiled Linen Room:</p> <p>The outside entrance door contained no threshold and left an open void under the entrance door, approximately 2 inches to blow in dirt and leaves.</p> <p>The floor contained a layer of dirt and debris over the entire floor area and items in the room including; a table with self-protection supplies and a floor level mop trough which also contained a darkened build-up of debris over the inside.</p> <p>A ceiling light fixture covering, approximately 1 by 4 feet, contained visible dead small bugs covering</p>	F 465		

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F 465	<p>Continued From page 34 approximately 50% of the cover.</p> <p>The wall behind the lined up barrels, contained multiple various sized scrapes and gouges into the wall.</p> <p>Washer Room:</p> <p>The gray painted cement floor lacked paint which peeled over approximately 50% of the area. The floor also held various scattered debris across the floor in this room.</p> <p>The south wall contained water damage across the lower half and easily pushed outward with mild pressure. The wall had an area across the upper west side that had new paint, such as using the last of a paint roller to just use it up and did not cover the wall in any purpose fashion.</p> <p>The east wall also lacked a purposeful finish, and contained multiple too many to count, open voids into the wall.</p> <p>The corner of the south and east walls area contained a small sink on a cabinet. The sink held a darkened discoloration over the interior. The sink cabinet had water damage and was black rotting away, especially in the lower left front corner, which was crumbling downward. The door on this cabinet sat crooked to the door opening area. Inside of the cabinet contained a coverage of a black substance across the floor and around the drain/water pipes.</p> <p>Near the east wall ceiling, a 2 inch open circular void opened directly into the attic area. Near it was a 2 inch pipe coming down out of the ceiling area with open end. Maintenance staff J reported no knowledge of the open void and the open pipe</p>	F 465		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>ARMA HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 E MELVIN STREET PO BOX 789 ARMA, KS 66712</b>		
(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 465	<p>Continued From page 35 into the ceiling related to the reason for them.</p> <p>Dryer Room:</p> <p>The floor of this room contained scattered soiled debris.</p> <p>The laundry staff O reported he/she cleaned under the dryers every 2 hours and had a log for this. When asked, staff O reported it was about time to clean it again. Asked the staff to go ahead and demonstrate how it was done. Staff O then opened the front lower section of the first dryer and used a small broom, sweeping out the base floor of the dryer, and then started to put the front back on it. Staff O failed to remove any of the very heavy build-up of lint from both the top and the bottom sides of the screen type filter. When questioned further, staff O reported he/she never touched that filter, the maintenance staff cleaned the filter twice a month. Maintenance staff J verified he/she cleaned this twice a month with the shop vacuum. At that time, when asked, administrative staff A looked under the dryer and verified the filter should be cleaned more often than twice a month.</p> <p>The facility lacked a policy for preventative maintenance and dryer cleaning, however; the instructions for the preventative maintenance checks for interior pain instructed to patch gouges and touch up paint. Divide the facility into 1/4 and do on 1/4 of the facility per week. This included walls, door, door trim, and ceilings. Door inspection monthly task to inspect doors for gouges, scrapes, scratches, check kick plates for cracks, breaks, and gouges. The vent lint checks included to lint catchers should be cleaned after each load.</p>	F 465		

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F 465	<p>Continued From page 36</p> <p>The facility failed to ensure maintenance/housekeeping in the laundry areas to maintain a safe and sanitary environment for the residents of the facility.</p> <p>- On 3/1/16 at 2:10 PM, observation of the kitchen areas, with dietary staff W included the following areas/items of concerns:</p> <p>Dishwasher room:</p> <p>1.) The white floor tiles contained a black substance smeared and oozing from between the tiles around approximately 50 % of the tiles.</p> <p>2.) The 3 compartment sink in this room had 2 separate water faucets, which continuously ran steams of water, more than drips, into the sinks. Dietary staff W reported the faucets had slowly increased in the amount of running water and had been at this speed for approximately a week. The maintenance staff ordered parts to fix the leaking faucets but was not sure why they had not been repaired yet.</p> <p>Janitor Room:</p> <p>1.) The flooring in the room contained various scattered debris.</p> <p>2.) A built-in floor mop basin held a gray colored thick layer of dust/debris over the entire insides.</p> <p>3.) A ceiling light fixture held 4 fluorescent light bulbs without any type of covering.</p> <p>Dry Storage Room:</p> <p>1.) A large running exhaust fan held a build-up of dust/debris over the blades and cage covering</p>	F 465			

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

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F 465	<p>Continued From page 37 them.</p> <p>Kitchen Main Room:</p> <p>1.) The ceiling, above and just to the east end of the stove, held a very large patch worked area with peeling/cracking area inside of the patching. The area in a " T " shape, approximately 2 by 2 feet. Another ceiling patch area just to the north of the first one also had areas of peeling/cracking.</p> <p>2.) A 3 compartment sink, just to the east of the stove, had 1 water faucet to the sinks. This faucet ran a continuous stream of water into the sink. Dietary staff X reported the sink faucet ran like this for awhile now but could not be sure how long. Staff X explained the maintenance staff was to order the part to repair the sink faucet.</p> <p>The facility failed to ensure maintenance/housekeeping in the facility laundry and kitchen to ensure a safe sanitary environment for the residents of the facility.</p>	F 465			