

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

PRINTED: 07/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2015
NAME OF PROVIDER OR SUPPLIER HIGHLANDS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 STEVENS AVENUE LOUISVILLE, KY 40205		
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F 469	<p>Continued From page 54</p> <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, review of a Centers' for Disease Control and Prevention document and facility policy review, it was determined the facility failed to have an effective system in place to ensure the facility was pest-free for three (3) of four (4) resident living units (Unit 1B, Unit 1C, and Unit 2B) for five (5) months prior to the Recertification Survey. Observations revealed a bug crawling on a resident's wheelchair and interviews with staff revealed sightings of mice and gnats since 12/24/14; and, as recent as 06/01/15, which affected fourteen (14) of eighty-eight (88) rooms (rooms 116, 125, 126, 127, 128, 130, 143, 148, 225, 226, 228, 229, 235, and 249).</p> <p>Also affected was Unit 2B's medication room, clean linen room, soiled utility room and nurse's station; and, Unit 1C's medication room, nurse's station, and soiled utility room. In addition, the pest control issues of mice and gnats affected eight (8) of thirty-two (32) sampled residents (Residents #2, #5, #6, #12, #16, #28, #30, and #32) and seventeen (17) of twenty (20) unsampled residents (Unsampled Residents A, B, F, G, H, J, K, L, M, N, O, P, Q, R, S, T, and U).</p> <p>Observations, and interviews revealed the kitchen's dry storage room continued to have</p>	F 469	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 6/5/15 an extensive tour, monitoring for active pest activity, entry portals or evidence of pests, of the entire center including all resident rooms, office spaces, departmental spaces, and other nonresident areas was completed to determine if there were any active signs of pest issues. This extensive tour included rooms, 116,125,126,127,128,130,143,148,225,226,228,229,235 and 249. Unit 2B's medication room, clean linen room, soiled utility room and nurses station. Also, Unit 1C- medication room, nurses station, and soiled utility room and resident rooms of: #2,#5,#6,#12,#16,#28,#30,#32, A,B,F,G,H,J,K,L,M,N,O,P,Q,R,S,T, U and the dry storage area in the dietary department. No active pest infestation was identified at that time.</p> <p>There were potential entry points identified during the exterior inspection which included a thorough inspection of the centers complete exterior, weather stripping at the thresholds, conduit and pipe openings and door sweeps, were all addressed immediately.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents are considered to have a potential to be affected.</p>		

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F 469	<p>Continued From page 55</p> <p>mice droppings. Review of the Pest Technician Service Report, dated 01/06/15, revealed the Pest Technician identified mice in the kitchen and placed four (4) RTU (container to deliver bait to kill mice) baits down and five (5) glueboard traps down in the kitchen area for mice.</p> <p>Review of pest control records revealed mice or other pests had been identified in the kitchen and the laundry. Resident interviews revealed sightings of mice and evidence of mice chewing on bags of chips and doughnuts. (Refer to F371)</p> <p>The facility's failure to have an effective system in place to ensure the facility was pest-free has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 06/04/15 and determined to exist on 01/06/15.</p> <p>The facility provided an acceptable Allegation of Compliance (AOC) on 06/11/15 which alleged removal of the Immediate Jeopardy on 06/10/15. The State Survey Agency verified Immediate Jeopardy was removed on 06/10/15, as alleged prior to exit on 06/18/15. The Scope and Severity was lowered to an "E" while the facility monitors the implementation of the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy, Pest Control, dated 09/01/14, revealed the facility was to maintain an effective pest control program. In addition, an on-going pest control program was to be maintained to ensure the building was kept free of</p>	F 469	<p>What measures will be put into place or systemic changes made to ensure the deficient practice will not recur</p> <p>To maintain continued compliance the Pest Control Company Service Technician will review their visit report with the Administrator including what interventions or treatments were completed during that visit. The Administrator will review the pest control service log each business day for any issues and assure that appropriate timely actions have been taken to address. The Maintenance Director will continue to make weekly exterior rounds monitoring for potential entry points and implementing interventions to prevent entry and weekly visual checks of the interior for potential issues. Interventions are to be implemented immediately upon discovery.</p> <p>How will the facility monitor performance to ensure solutions are sustained?</p> <p>To monitor continued compliance, the pest control company will continue to make scheduled routine visits, with the results of those visits reviewed with the administrator and the results of the Maintenance Directors weekly interior and exterior rounds and interventions implemented will be reviewed during the center's monthly QAPI meeting, attended by: Administrator, Medical Director, DNS and two or more of the following: ADNS, MDS Nurse, Dietary, Social Services, Activities, Maintenance, Housekeeping or Specialized Rehab Therapy. Any additional interventions discussed during QAPI meeting, to assist in maintaining continued compliance will be reviewed</p>	
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F 469	<p>Continued From page 56</p> <p>insects and rodents with assistance by maintenance services, as necessary. Review of the pest control contract, CarePro Solutions, dated 02/03/14, revealed the company would provide services as needed to effectively control cockroaches, ants, rodents, or other insect infestations. Further review of the pest control contract revealed the company's treatment process would depend on feedback from Pest Sightings postings (documented on Pest Sighting Logs kept at the nursing stations) or from a primary contact person.</p> <p>Review of the Centers' for Disease Control and Prevention Integrated Pest Management: Conducting Urban Rodent Surveys, dated 2006, revealed a premise was considered infested as long as any active rodent signs existed. Rats and mice could contaminate food, damage structures, and carry diseases that threatened the health and quality of life, and they could cause injury (potential for bites) and death. In addition, whenever rodents find suitable food, water and harborage they become established and reproduce rapidly in premises with poor environmental quality.</p> <p>1. During the Quality of Life Interview, on 06/02/15 at 3:00 PM, with Resident #5 (Room #228), who the facility assessed with a score of thirteen (13) of fifteen (15) on the Brief Interview of Mental Status (BIMS), meaning the resident was interviewable, revealed the resident stated about two (2) months ago while seated on the side of the bed he/she saw a mouse in his/her room. Resident #5 stated there was a package of doughnuts in his/her room in a drawer which appeared to have been gnawed open. In addition, Resident #5 stated a package of chips</p>	F 469	<p>and implemented. The results of the pest control company's routine visits and the Maintenance Directors weekly rounds will be standard agenda item during the center's monthly QAPI meeting.</p>	7-22-15
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F 469	<p>Continued From page 57</p> <p>delivered on a meal tray appeared to be gnawed open by a mouse. Resident #5 stated he/she had seen mice in his/her room on several occasions in the past few months; however, he/she did not report this to anyone. Review of the Pest Control report, dated 04/23/15, revealed glue boards were not placed in room #228 until 04/23/15.</p> <p>Interview with Licensed Practical Nurse (LPN) #10, on 06/03/15 at 3:14 PM, revealed he had observed a mouse in Resident #5's room (Room #228 Unit 2B) on 04/13/15 after the resident alerted him about the mouse. He stated the Maintenance Department had been contacted and indicated they would look into it the next day. He also stated a maintenance staff person had done something about the mouse in Resident #5's room (Room #228 Unit 2B) before the Pest Control Technician came to the facility on 05/05/15. However, interview with the Maintenance Director, on 06/03/15 at 2:30 PM, revealed he could not remember what he had done to treat the room or if he caught any mice. LPN #10 further stated a healthcare facility should be free of pests and rodents because they could affect the cleanliness of the environment.</p> <p>Interview with the Director of Nursing (DON), on 06/04/15 at 4:50 PM, revealed she had heard about mice and bugs in the building for the past three (3) to four (4) months. She stated she had seen gnats several times a week for the past three (3) to four (4) months and had also seen unidentified insects in room #228, on Unit 2B.</p> <p>Interview with Certified Nursing Assistant (CNA) #6, on 06/03/15 at 2:10 PM, revealed she had heard mice were in the facility for several months. She stated she saw fruit flies and gnats on</p>	F 469			

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F 469	<p>Continued From page 58</p> <p>several occasions at Unit 2B nursing station, in the soiled utility room, and in room #228, (Resident #5 and Unsampled Resident R).</p> <p>Review of a Pest Service Report, dated 04/08/15, revealed the Pest Control Technician placed a mousetrap and glue boards in room #126 (Resident #30 and Unsampled Resident L) with mice as the targeted pests.</p> <p>Review of a Pest Service Report, dated 04/23/15, revealed the Pest Control Technician noted holes were found around electrical conduits coming through the floor of room #125 (Resident #12 and Unsampled Resident M), room #130 (Unsampled Residents B and P), room #225 (Resident #28 and Unsampled Resident Q), and room #249, which needed repaired.</p> <p>Further interview with CNA #6, on 06/03/15, at 10:40 AM, revealed she saw mice droppings in the 2B linen room in front of the non-working elevator doors. She was unable to specify a date. She stated she had notified her supervisor and the Maintenance Department. However, review of the Pest Control Reports revealed there was no evidence this area was treated.</p> <p>Interview with LPN #11, on 06/03/15 at 2:51 PM, revealed she stated she had not seen a mouse, but had heard them gnawing on trash. She further stated she had seen gnats at the nursing station and in the soiled utility room on Unit 2B. However, she did not report this to anyone.</p> <p>On 06/04/15, at 1:02 PM, interview with Unsampled Resident F, whom the facility assessed with a score of fifteen (15) of fifteen (15) on the Brief Interview for Mental Status</p>	F 469		

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F 469	<p>Continued From page 59</p> <p>(BIMS), which indicated the resident was interviewable (room #226 Unit 2B), revealed the resident saw gnats and flies in the room several times a week. The resident stated he/she thought it was related to his/her roommate voiding on the floor of the bathroom. In addition, the resident stated they had seen mice in their room.</p> <p>Observation, on 06/03/15 at 9:49 AM, during interview with Resident #12, in room #116 on Unit 1C, revealed a black bug crawling on the resident's wheelchair wheel. The Surveyor removed the bug from Resident #12's wheelchair wheel onto the floor and collected it on a piece of clear tape. The collected bug was identified by the Pest Control Technician as a small black beetle.</p> <p>Telephone interview with LPN #13 (a former employee), on 06/18/15 at 11:07 AM, revealed she had seen gnats in the medication room and the soiled utility room on Unit 1C.</p> <p>On 06/03/15, at 5:05 PM, interview with Unsampld Resident A, whom the facility assessed with a score of fifteen (15) of fifteen (15) on the BIMS, which indicated the resident was interviewable (room #128 on Unit 1B, and Resident #2), revealed he/she saw a mouse in his/her room approximately two (2) weeks ago at about 7:00 PM. In addition, Unsampld Resident A stated he/she had seen a mouse about a week ago that ran from under his/her bed to under a dresser across the room. Unsampld Resident A stated he/she reported the mouse sighting to the nurse on the morning shift the next day. The resident stated he/she thought some residents stored too much food in their rooms and that</p>	F 469			

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F 469	<p>Continued From page 60 caused the mice to be in the building.</p> <p>Interview, on 06/03/15 at 10:53 AM, with Unsampled Resident H, whom the facility assessed with a score of fifteen (15) of fifteen (15) on the BIMS, which indicated the resident was interviewable (room #148 on Unit 1B and Resident #6 was not interviewable), revealed Unsampled Resident H had seen gnats swarming around the container holding his/her urine hanging on the walker beside the resident's bed. In addition, Unsampled Resident H stated he saw a couple of roaches in his bedroom a few days ago and the resident killed them. However, he/she did not report it to anyone. The resident continued to state they had seen mice in their room.</p> <p>On 06/04/15, at 10:10 AM, interview with Unsampled Resident B (room #130 on Unit 1B), whom the facility assessed with a score of fourteen (14) of fifteen (15) on the BIMS, which indicated the resident was interviewable, revealed he/she saw more than one (1) mouse in his/her room about a month ago. The resident reported this to CNA #9. Unsampled Resident B stated other residents saw mice also; and, "yesterday" (06/03/15) the Pest Control Technician was in his/her room and drilled some holes in the room walls. In addition, the report stated mice glue boards were placed in rooms with droppings and holes in the floors. These rooms included #123 through #149 and rooms #223 through #249; mice were the targeted pests.</p> <p>Interview with CNA #9, on 06/15/15 at 3:16 PM, revealed she had been told by Unsampled Resident B that he/she had seen a mouse in his/her room. CNA #9 stated she told the nurse</p>	F 469			

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F 469	<p>Continued From page 61</p> <p>on duty and put the information on a maintenance work order on 03/31/15. She stated she saw a maintenance person put a paper trap in the room, but she was concerned because mice could carry diseases.</p> <p>Review of a Maintenance Work Order, dated 03/31/15, revealed CNA #9 filled the work order out which stated she saw a mouse in room (on Unit 1B) on that date. Interview with Unsampled Resident B (room #130), on 06/04/15 at 10:10 AM, revealed he/she had seen a mouse in his/her room.</p> <p>Review of a Mintenance Work Order, dated 04/29/15, revealed a mouse had been seen by LPN #7 in room #127 (Unsampled Residents J and K).</p> <p>Interview with LPN #7, on 06/03/15 at 10:10 AM, revealed she saw a mouse in Room #127 (Unsampled Residents J and K) and placed that information on a maintenance work order on 04/29/15.</p> <p>Interview with LPN #12, on 06/18/15 at 8:28 AM, revealed she had seen mice at the 1B nurses' station and she had put that information in the Pest Activity Log. She stated she had seen several mice around the bed of Unsampled Resident J (Room #127 Unit 1B) and had also reported this in the Pest Activity Log. She further stated she had seen the mice since January 2015.</p> <p>Review of the Pest Technician Service Report, dated 05/06/15 revealed the laundry was treated with a spray for roaches and room #202 for bed</p>	F 469			

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F 469	<p>Continued From page 62 bugs.</p> <p>Interview with Housekeeper #1, on 06/04/15 at 9:49 AM, revealed he had seen gnats in the trash cans in resident rooms over the past two (2) months when the trash was not emptied timely. He also said he had seen bugs and roaches in the laundry room.</p> <p>2. Review of the Pest Technician Service Report, dated 01/06/15, revealed the Pest Technician placed four (4) RTU (container to deliver bait to kill mice) baits down and five (5) glueboard traps down in the kitchen area for mice. No other areas inside the facility were treated</p> <p>Review of the Pest Technician Service Report, dated 02/03/15, revealed the Pest Technician placed two (2) Contrace Bait Blox and two (2) glueboard traps down in the kitchen area for mice. No other areas inside the facility were treated.</p> <p>Telephone interview with LPN #13 (a former employee), on 06/18/15 at 11:07 AM, revealed she had seen roaches about one (1) to two (2) inches long in the hallway by the kitchen and the dish washing room when she worked at the facility in February of 2015. She stated there were issues of uncleanliness at the facility. Review of the Pest Control Log revealed she entered the information on 05/26/15.</p> <p>Review of the Pest Technician Service Report, dated 03/03/15, revealed the Pest Technician placed four (4) Contrace Bait Blox and eleven (11)</p>	F 469			

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F 469	<p>Continued From page 63</p> <p>glueboard traps in the kitchen area for mice. No other areas in the facility were treated.</p> <p>Review of the Pest Technician Service Report, dated 04/08/15, revealed the Pest Technician placed one (1) Confrac Bait Blox and five (5) glueboard traps in the kitchen area for mice.</p> <p>On 06/04/15 at 12:42 PM, interview with Resident #16, whom the facility assessed with a score of fifteen (15) of fifteen (15) on the BIMS, which indicated the resident was interviewable revealed he/she had seen gnats in the dining room "this month" and once saw a mouse come out of the kitchen and run into the dining room. Resident #16 stated he/she reported the mouse to the Dining Manager and the Dining Manager told him/her it could be caused by an open loaf of bread. Resident #16 further stated what the Dining Manager told him/her did not make him/her feel any better.</p> <p>Interview, on 06/04/15 at 4:40 PM, with the Dietary Manager, revealed he told the Administrator, Maintenance and the Pest Technician when he started noticing the mice back in December of 2014. The Dietary Manager stated there had been problems with mice about two (2) months ago getting into the bread supply. He further stated he was not aware the mice were getting in the dry storage rice supply. The Dietary Manager stated mice carry diseases, could make the residents sick and he did not want mice in the kitchen. The Dietary Manger stated "four (4) months was not a long time to have to deal with mice".</p> <p>Interview with the Pest Control Technician, on</p>	F 469			

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F 469	<p>Continued From page 64</p> <p>06/03/15 at 2:06 PM, revealed he came to the facility monthly and inspected the outside of the building and reviewed the Pest Sighting Logs for any sightings of pests/rodents in the building. The Pest Control Technician indicated he would inspect any rooms which were on the Pest Sightings Logs and treat them if he saw any evidence of mice/pests. He stated he would place mousetraps in resident rooms or at the nurses' stations if he saw evidence of mice and he had done so for the past several months in the kitchen and throughout the facility. He indicated he would spread a chemical around the perimeter of the building which would repel ants and beetles. He further stated he could not place mouse houses (to trap mice) outside the building until two (2) months ago because his company had the mice houses on back order. He stated he was aware the facility had an active rodent problem for the past five (5) months and he had informed the Administrator in December, 2014 of the pest problem being contributed to by the uncleanness of the facility.</p> <p>Interview with the Maintenance Director, on 06/03/15 at 2:30 PM, revealed he did not always see the Pest Control Technician when he came to do his monthly inspection of the facility, but he would get a written report. He stated he was aware there were mice/pests in the building for several months and he had put out mousetraps and had caught some mice (could not indicate a number) in the past several months. The Maintenance Director stated he had not informed the Administrator of an on-going pest problem in the building because he would call the Pest Control Technician to come if there were multiple sightings and the Technician had come when called in between his monthly visits. The</p>	F 469			

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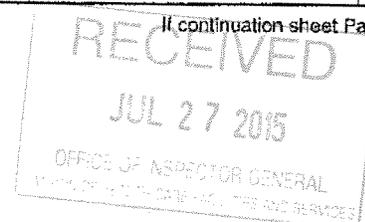
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F 469	<p>Continued From page 65</p> <p>Maintenance Director stated he was aware mice/pests could carry disease, but he did not realize the building was infested with mice or other pests.</p> <p>Further interview with the Pest Technician, on 06/03/15 at 2:55 PM, revealed he had spoken to the Administrator in December of 2014 about the problem with rodents. The Pest Technician stated he informed the Administrator about the housekeeping and the uncleanliness of the facility and the impact that would have on getting rid of the pests. The Pest Technician stated this was one of the worst facilities as it related to pests, insects, rodents.</p> <p>Interview with the Administrator, on 06/04/15 at 3:00 PM, revealed he was unaware mice had been sighted in the kitchen over the past five (5) months. The Administrator stated he just found out about mice droppings in the kitchen this past week and the health of the residents could be affected by mice in the kitchen or in the facility. He indicated he could not remember having been told by the Pest Control Technician in December, 2014 about the uncleanliness of the building contributing to a pest problem in the building. The Administrator stated the Pest Control Technician did not report his findings to him when he made a monthly inspection, but he did think the Pest Control Technician reported to the Maintenance Director.</p> <p>Continued interview with the Administrator, on 06/04/15 at 3:00 PM, revealed he had not had any reports by the Maintenance Director about a pest problem at the facility. The Administrator stated he did not review maintenance work orders or the Pest Sighting Logs. He stated he had</p>	F 469		
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F 469	<p>Continued From page 66</p> <p>been informed in February 2015 by a resident about having seen a mouse in his/her room, but he thought it was only because the resident was a hoarder and had food in his/her room on the floor. He stated food on the floors could contribute to the mice problem and he had only seen gnats on occasion. The Administrator stated he was ultimately responsible for the facility and correcting any problems at the facility.</p> <p>The State Survey Agency (SSA) verified the removal of Immediate Jeopardy on 06/10/15 prior to exit as follows:</p> <p>1. Observation of the exterior of the facility, on 06/17/15 at 4:00 PM, with the Maintenance Director and the Administrator revealed potential rodent entry points had been repaired as outlined on the document, Summary of Building Inspection Conducted 06/05/15. Observation of the interior of the facility, on 06/17/15 at 4:30 PM, revealed no active signs of pests/rodents.</p> <p>Review of the Summary of Building Inspection Conducted 06/05/15, revealed an inspection was conducted of the interior and exterior of the facility for the purpose of determining if there were any active signs of pest issues. Review of the document revealed a number of potential rodent entry points were located on the exterior of the building and the document listed those entry points and how those were addressed. The document further revealed the inspection was completed on 06/05/15 and repairs were completed on 06/07/15.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, revealed he participated in the inspection of the interior and exterior of the facility</p>	F 469		



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F 469	<p>Continued From page 67</p> <p>on 06/05/15 at 4:00 PM. Interview with the Maintenance Supervisor, on 06/17/15 at 4:49 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Pest Control Service Technician, on 06/17/15 at 5:15 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Pest Control Service Manager, on 06/17/15 at 4:00 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM.</p> <p>Review of an Interior Rounds Checklist form and an Exterior Rounds Checklist form, each dated 06/05/15, revealed they had been completed and signed by the Maintenance Department Director and the Administrator.</p> <p>Observation of the exterior of the building, on 06/17/15 at 4:00 PM, revealed new door sweeps had been installed on the loading dock doors, holes outside the break room had been filled with concrete and two old plumbing lines had been filled with pipe.</p> <p>Observation of the interior of the building, on 06/17/15 at 4:30 PM, revealed a hole had been filled in the dishroom, the 1C elevator room had a hole filled, the outside break room had a hole filled, a hole was filled in room #126, door sweeps were installed on two (2) utility room doors, and a new door sweep was installed at the employee entrance as alleged.</p> <p>Interview with the Maintenance Supervisor, on 06/17/15 at 4:49 PM, revealed he had completed the weekly rounds monitoring forms on 06/05/15 and will continue the weekly monitoring rounds to</p>	F 469			

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F 469	<p>Continued From page 68</p> <p>include visual checks of interior mechanical, utility, supply rooms for potential issues and implementing interventions. He stated the results of the weekly rounds would be reviewed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.</p> <p>2. Review of documents titled Pest Control Questionnaire (undated) and resident census lists indicating residents' answers to the questions with a signature (when possible) revealed all interviewable residents were asked about concerns with pests. Review of Departmental Nursing Notes revealed all residents were either assessed or interviewed regarding any signs or symptoms of health problems associated with pests or uncleanliness in the facility.</p> <p>Interview with Resident #4, on 06/18/15 at 8:00 AM, Resident #5, on 06/18/15 at 8:20 AM, Resident #7, on 06/18/15 at 8:30 AM, Resident #10, on 06/18/15 at 8:40 AM, Resident #15, on 06/18/15 at 9:00 AM, Resident #16, on 06/18/15 at 9:20 AM, Resident #18, on 06/18/15 at 9:30 AM, Resident #20, on 06/18/15 at 9:30 AM, Resident #27, on 06/18/15 at 10:00 AM, Resident #30, Resident #31, on 06/18/15 at 10:10 AM, Resident #32 on 06/18/15 at 10:25 AM, Unsampld Resident B, on 06/18/15 at 11:00 AM, Unsampld Resident G, on 06/18/15 at 11:12 AM, Unsampld Resident J, 06/18/15 at 11:30 AM, and Unsampld Resident M, on 06/18/15 at 11:45 AM, revealed they had all been interviewed by the Director of Nursing (DON) or one of the two (2) Assistant Directors of Nursing (ADON) regarding pests or possible adverse health consequences from pests.</p> <p>Interview with the DON, on 06/18/15 at 10:48 AM,</p>	F 469			

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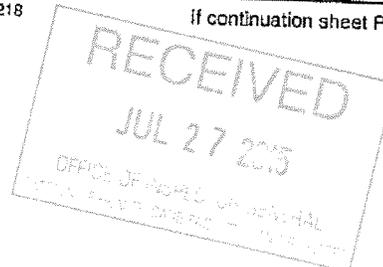
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F 469	<p>Continued From page 69</p> <p>revealed she had participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests. Interview with the Assistant ADON #1, on 06/18/15 at 9:41 AM, revealed she participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests. Interview with ADON #2, on 06/18/15 at 9:38 AM, revealed she participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests.</p> <p>3. Review of the In-service Sign-in Sheet, dated 06/05/15, revealed the topic of the in-service was pest control logs-utilization, center leadership notification and notifying the individual department leader, review and follow up of the pest control logs and the education of team members and the review of concerns (staff) may have regarding pest control. Team member/staff education to be completed for all staff members.</p> <p>Review of the document further revealed it was presented by the Director of Clinical Operations and was signed by the Administrator, the Clinical Educator, the DON and the ADON #1 and #2.</p> <p>Interview with the Director of Clinical Operations, on 06/17/15 at 3:20 PM, revealed he had trained the facility leadership to include the Administrator, the Clinical Educator, the DON and the ADON #1 and #2.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, the Clinical Educator on 06/18/15 at 9:46 AM, the DON, on 06/18/15 at 10:48 AM and the ADON #1, on 06/18/15 at 9:41 AM, and ADON #2 on 06/18/15 at 9:38 AM revealed they</p>	F 469			

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F 469	<p>Continued From page 70</p> <p>had attended the in-service given by Corporation Representative, Director of Clinical Operations.</p> <p>Review of staff In-service Sign-in sheets with comparison to the employee roster dated 06/04/15 through 06/09/15 revealed one hundred fifty-one (151) employees were educated with twenty (20) employees educated by telephone. One employee remained on Family Medical Leave Act (FMLA) and would receive the education before returning to work. The education consisted of reviewing the employee's responsibility to provide written communication when a pest issue was identified.</p> <p>Interview with Licensed Practical Nurse (LPN) #14, on 06/18/15 at 2:00 PM, revealed she had received an in-service on 06/06/15 about putting any pest sightings in the pest activity log.</p> <p>Interview with LPN #7, on 06/18/15 at 2:15 PM, revealed she had been in-serviced about pest control on 06/06/15.</p> <p>Interview with Certified Nursing Assistant (CNA) #3, on 06/18/15 at 2:08 PM, revealed she received an in-service on 06/06/15 about putting any pest sighting in the activity log and to notify her supervisor.</p> <p>Interview with a Receptionist, on 06/18/15 at 1:52 PM, revealed she had received an in-service about reporting any pest sighting on 06/05/15.</p> <p>Interview with the Social Services Director, on 06/18/15 at 9:59 AM, revealed she had been in-serviced on 06/05/15 about the pest control reporting.</p>	F 469			



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F 469	<p>Continued From page 71</p> <p>Interview with CNA #7, on 06/18/15 at 2:05 PM, revealed she had been inserviced on 06/08/15 about how to report pest sightings and to whom to report.</p> <p>Interview with Cook #3, on 06/18/15 at 2:17 PM, revealed he had been inserviced on 06/07/15 about how and to whom to report pest sightings.</p> <p>Interview with CNA #8, on 06/18/15 at 2:20 PM, revealed he had been inserviced on pest sightings in the facility on 06/08/15 regarding responsibility to log any sightings in the pest activity log and report to his supervisor.</p> <p>Interview with Housekeeper #3, on 06/18/15 at 2:25 PM, revealed he had been inserviced on 06/07/15 on pest sightings, where to document those sightings and to notify his supervisor of any sightings.</p> <p>Interview with the Activities Director, on 06/18/15 at 2:26 PM, revealed she had been inserviced on 06/07/15 on reporting of any pest sightings on the pest activity log and to notify her supervisor of any sightings.</p> <p>Interview with LPN #11, on 06/18/15 at 2:45 PM, revealed she had been in-serviced on 06/08/15 regarding reporting any pest sightings and notification of her supervisor if she did.</p> <p>Post survey interview with the DON, on 07/02/15 at 10:39 AM, revealed the staff who was telephonically inserviced on 06/05/15 to 06/08/15 were retrained upon return to work. The staff person on FMLA (CNA #10) was re-inserviced upon return to work.</p>	F 469		

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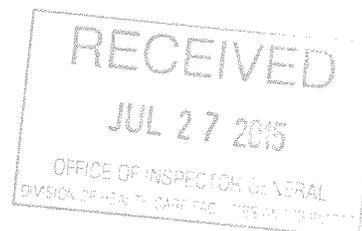
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F 469	Continued From page 72 Post survey interviews, on 07/02/15, with CNA #10 at 11:00 AM, CNA #11 at 11:09 AM, CNA #12 at 11:25 AM, CNA #13 at 11:45 AM, and LPN #15 at 11:37 AM, revealed they had all received education over the telephone and could specify the information provided to them. They further stated the Director of Nursing discussed the education with them after they returned to work for their scheduled shifts. 4. Review of the Summary of Pest Control Service Agreement Review revealed the Administrator met with the Maintenance Director, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15. Interview with the Administrator, on 06/17/15 at 5:07 PM, revealed he met with the Maintenance Director, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15. Interview with the Maintenance Director, on 06/17/15 at 4:49 PM, revealed he met with the Administrator, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15. Interview with the Pest Control Service Technician, on 06/17/15 at 5:15 PM, revealed he met with the Administrator, the Maintenance	F 469			

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F 469	<p>Continued From page 73</p> <p>Director, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Pest Control Services Manager, on 06/17/15 at 4:00 PM; and, the President of the Pest Control Services, on 06/18/15 at 2:38 PM, revealed they met with the Administrator, the Maintenance Director, and the Pest Control Service Technician to review the pest service agreement and no changes were made on 06/05/15.</p> <p>5. Review of the document, entitled Quality Assurance Review revealed a Quality Assurance Review meeting was held on 06/08/15 for the purpose of discussing the Immediate Jeopardy deficiencies that had been identified in the areas of F469, F490 and F520.</p> <p>Review of the Quality Assurance Review Committee sign-in sheet, dated 06/08/15, revealed it was signed by the Administer, the DON, the Social Services Director, the Maintenance Director, Environmental Services #1, Environmental Services #2, Regional Director of Housekeeping, and the Medical Director.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, revealed he reviewed the weekly rounds monitoring forms completed by the Maintenance Director on 06/05/15, he will continue to monitor them and he will take them to the monthly Quality Assurance Review Committee meeting for review.</p> <p>Interview with the Administrator, on 06/18/15 at 5:07 PM; the DON on 06/18/15 at 10:48 AM; the</p>	F 469			



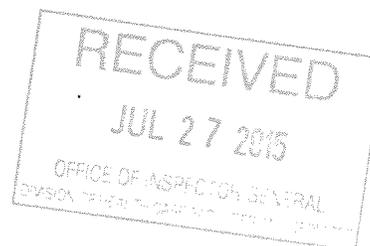
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F 469	Continued From page 74 Social Services Director, on 06/18/15 at 10:00 AM; the Maintenance Director, on 06/17/15 at 4:49 PM; Environmental Services #1, on 06/18/15 at 11:00 AM; Environmental Services #2, on 06/18/15 at 11:20 AM; Regional Director of Housekeeping, on 06/18/15 at 11:40 AM; and, the Medical Director, on 06/18/15 at 11:50 AM revealed they had all attended the Quality Assurance Review Committee meeting held on 06/08/15 to discuss the Immediate Jeopardy issues. During the interview with the Administrator, on 06/18/15 at 5:07 PM, he stated he would review the overview assessment of the pest control log books to help identify any trends or patterns. If any trends/patterns were identified additional interventions will be included in the Quality Assurance Review minutes with follow up by members as needed. In addition, the pest control services monthly reports would be reviewed in the monthly Quality Assurance Review Committee meeting.	F 469		
F 490 SS=K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the Administrator Position Description, it was determined the Administrator failed to ensure an effective system was in place	F 490	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? On 6/5/15 an extensive tour of the entire center including all resident rooms, office spaces, departmental spaces, and other nonresident areas was completed by the Administrator, Maintenance Director, Pest Control Company Service Technician and Pest Control Company Manager, to determine if there were any active signs of pest issues. No active pest infestation was identified at that time.	



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F 490	<p>Continued From page 75</p> <p>to maintain a clean, pest-free environment in good repair and to maintain the highest psychosocial well-being of each resident. Five (5) months prior to the survey, the facility had identified rodents and pests in the kitchen, dining room, laundry, a medication room, a nursing station, in resident rooms and living units. Observation revealed the facility was unclean and in poor repair at the time of the survey on four (4) of four (4) living units (Units 1B, 1C, 2B, and 2C).</p> <p>The Administrator's failure to ensure an effective system was in place to maintain a clean, pest-free environment in good repair and to maintain the highest psychosocial well-being of each resident placed residents in a situation which has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) was identified on 06/04/15 and determined to exist on 01/06/15.</p> <p>Refer to F253 at Substandard Quality of Care, F469 and F520.</p> <p>The facility provided an acceptable Allegation of Compliance (AOC) on 06/11/15 which alleged removal of the Immediate Jeopardy on 06/10/15. The State Survey Agency verified Immediate Jeopardy was removed on 06/10/15 as alleged prior to exit on 06/18/15. The Scope and Severity was lowered to an "E" while the facility monitors the implementation of the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p>	F 490	<p>There were potential entry points identified during the exterior inspection, weather stripping at the thresholds, conduit and pipe openings and door sweeps, were all addressed immediately. Additionally, a second complete interior and exterior inspection was completed on 6/10/15 by a Pest Control Company's State Manager, Service Technician, Maintenance Director and Administrator.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents are considered to have a potential to be affected. Education was provided to the staff on completing the Pest Control Log book if pests are observed and notification of Administrator or Department head of the issue by the Staff Development Coordinator, DNS, ADNSS and /or the Administrator. This education was initiated on 6/5/15 and completed on 6/9/15.</p> <p>What measures will be put into place or systemic changes made to ensure the deficient practice will not recur</p> <p>To maintain continued compliance the Pest Control Company Service Technician will review their visit report with the Administrator including what interventions or treatments were completed during that visit. The Administrator will review the pest control service log each business day for any issues and assure that appropriate timely actions have been taken to address. The Maintenance Director will continue to make weekly exterior rounds monitoring</p>	

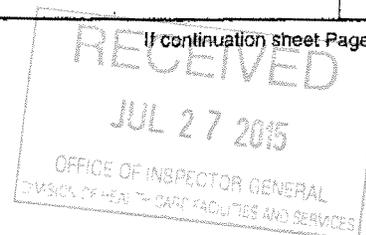
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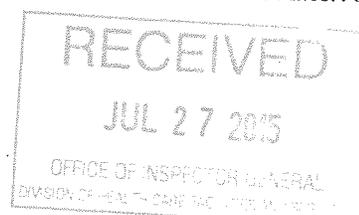
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F 490	<p>Continued From page 76</p> <p>Review of the facility's Administrator Position Description (undated) revealed the Administrator was to manage and direct day-to-day operations of the long term care facility consistent with applicable rules and regulations and company standards; plans and forecasts to ensure the ongoing success of the facility. Key responsibilities were to implement the control and effective utilization of the physical and financial resources of the facility; develop and implement policies and procedures to ensure a safe, efficient, high quality service was provided; reviewed and acted upon the reports of authorized inspecting agencies; and, recruits, selects, and retains department managers so goals of each department are accomplished. In addition, the Administrator was to ensure a Continuous Quality Improvement Program was in place with appropriate follow-up, and ensure effective communication with residents.</p> <p>Review of the facility's in-service (presented as the housekeeping policy), dated 01/01/00, revealed resident room walls should be spot scrubbed, both sides of the doors scrubbed, build-up on floors between rooms and hallways should be removed, and bathrooms should have all fixtures, drains and pipes cleaned with a germicide and all stains and build-up removed daily. No policy regarding cleaning of halls, storage rooms, nursing stations or common resident living areas was presented.</p> <p>Review of the facility's policy, Pest Control, dated 09/01/14, revealed the facility was to maintain an effective pest control program. In addition, an on-going pest control program was to be maintained to ensure the building was kept free of insects and rodents with assistance by</p>	F 490	<p>for potential entry points and implementing interventions to prevent entry and weekly visual checks of the interior for potential issues. Interventions are to be implemented immediately upon discovery.</p> <p>How will the facility monitor performance to ensure solutions are sustained?</p> <p>To monitor continued compliance, the pest control company will continue to make scheduled routine visits, with the results of those visits reviewed with the Administrator.</p> <p>The education on the Pest Control Log and notification will be included in the new hire orientation and annually. The results of the Maintenance Directors weekly interior and exterior rounds and interventions implemented will be reviewed during the center's monthly QAPI meeting, attended by: Administrator, Medical Director, DNS and two or more of the following: ADNS, MDS Nurse, Dietary, Social Services, Activities, Maintenance, Housekeeping or Specialized Rehab Therapy. Any additional interventions discussed during QAPI meeting, to assist in maintaining continued compliance will be reviewed and implemented. The results of the pest control company's routine visits and the Maintenance Directors weekly rounds will be standard agenda item during the center's monthly QAPI meeting.</p>	7-22-15



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F 490	<p>Continued From page 77 maintenance services, as necessary.</p> <p>Review of the pest control contract, CarePro Solutions, dated 02/03/14, revealed the company would provide services as needed to effectively control cockroaches, ants, rodents, or other insect infestations. Further review of the pest control contract revealed the company's treatment process would depend on feedback from Pest Sightings Postings (documented on Pest Sighting Logs kept at the nursing stations) or from a primary contact person.</p> <p>Review of the Centers for Disease Control and Prevention, Integrated Pest Management: Conducting Urban Rodent Surveys, dated 2006, revealed a premise was considered infested as long as any active rodent signs existed. Rats and mice could contaminate food, damage structures, and carry diseases that threatened the health and quality of life, and they could cause injury (potential for bites) and death. In addition, whenever rodents find suitable food, water and harborage they become established and reproduce rapidly in premises with poor environmental quality.</p> <p>Observation and interview with staff and residents during the Recertification Survey, 06/18/15, revealed facility's housekeeping services had been declining since December, 2014 with the loss of multiple directors and multiple staff over the past five (5) months. In addition, interview and record review revealed pests/rodents sightings and droppings had multiplied concurrently with the decline in housekeeping services since December, 2014. Further interviews during the Extended Survey (06/15/15) revealed residents were distressed by mice and</p>	F 490			



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F 490	<p>Continued From page 78</p> <p>other pest sightings in their bedrooms, the hallways and in their dining room. They stated mice or other pests could bite, were frightening and could carry diseases.</p> <p>Interview with the Administrator, on 06/03/15 at 3:00 PM, revealed he was ultimately responsible for the facility. He stated he was aware the building was not clean, but he was unaware of maintenance concerns or pest/rodent concerns. However, he stated he should have been aware of those concerns and he should have taken those concerns to the Quality Assurance Committee. The Administrator stated he should have done something about the pest/rodent sightings in February, 2015 when a resident reported directly to him having seen a mouse in his/her bedroom.</p> <p>However, interview with the Pest Control Technician, on 06/03/15 at 2:06 PM, revealed he was aware the facility had an active rodent problem for the past five (5) months and had informed the Administrator in December, 2014 of the pest problem being contributed to by the uncleanliness of the facility. The Administrator further stated the residents deserved to live in a cleaner environment.</p> <p>The facility provided an acceptable Allegation of Compliance (AOC) on 06/11/15 and took the following immediate actions:</p> <p>1. On 06/05/15 at 4:00 PM, the Administrator, Maintenance Supervisor, Pest Control Service Technician and Manager completed a four (4) hour inspection of the entire building including all resident rooms, office spaces, department</p>	F 490		

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F 490	<p>Continued From page 79</p> <p>spaces, and other nonresident areas to determine if there were any active signs of pest issues.</p> <p>On 06/05/15, an intensive tour of the exterior revealed a number of potential entry points where mice may have had opportunities to enter the building. These noted areas were addressed immediately. Of these places weather stripping the thresholds and sealing where conduit and pipe were entering the building were all addressed and sealed. This was completed on 06/07/15.</p> <p>The Maintenance Director will be making weekly exterior rounds monitoring for potential entry points and implementing interventions to prevent entry. Results of the weekly round audits will be reviewed during the monthly QAPI meeting. This was initiated on 06/05/15.</p> <p>The Maintenance Director will be making weekly visual checks of interior mechanical, utility, supply rooms for potential issues and implementing interventions. Results of the weekly rounds will be reviewed during the monthly QAPI meeting. This was initiated on 06/05/15.</p> <p>2. On 06/05/15, the Director of Nursing Services (DON) and Assistant Director of Nursing Services (ADON) spoke with all interviewable residents about any of their concerns regarding pest control. The interviews completed were tracked using a resident roster.</p> <p>3. The Administrator, Clinical Educator, Director of Nursing Services, and the Assistant Director of Nursing Services were educated by the Senior Director of Clinical Operations on 06/05/15 to</p>	F 490		

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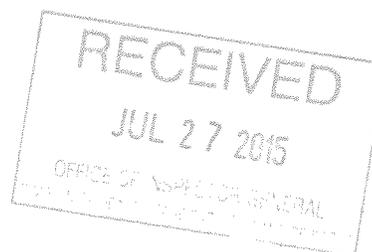
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F 490	<p>Continued From page 80</p> <p>include: completing the information in the pest control log book; notification of Maintenance or Administrator of extreme pest situations and notifying the department head of the issue.</p> <p>The staff education was provided by the Clinical Educator, DON, Administrator, and ADON to all staff. The education was initiated on 06/05/15 for all departments using a staff roster of employees. One hundred fifty one (151) employees were educated. There were twenty (20) employees that required telephonic education. The education was completed on 06/09/15. One employee remained on Family Medical Leave Act (FMLA) and will receive the education before starting work. The education consisted of reviewing the employees responsibility to provide written communication when a pest issue is identified.</p> <p>4. The current procedures for pest control were reviewed by the Administrator, Maintenance Director, Pest Control Service Technician, Pest Control Services Manager and President of the Pest Services on 06/05/15 with no changes made.</p> <p>5. An interim Quality Assessment and Assurance meeting was held on 06/08/15 to review the Center's Allegation of Compliance and interventions related to citing Immediate Jeopardy and the interventions implemented.</p> <p>The Administrator formulated the tracking tool on 06/05/15 for the weekly exterior/interior inspections completed by the Maintenance Director, which were also implemented on 06/05/15 and the Administrator provided the education on completing the audit tools on 06/05/15.</p>	F 490		

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F 490	<p>Continued From page 81</p> <p>The interim QA&A meeting held on 06/08/15 was attended by the Medical Director, Administrator, DON, Maintenance Director, representatives of Housekeeping, Social Services and Dietary. Education materials related to pest control logs were reviewed. The plan was approved by the committee.</p> <p>During the monthly QA&A meetings attended by the Medical Director, the members will be reviewing the pest control services monthly reports. The Administrator will review the overview assessment of the pest control log books to help identify any trends or patterns. If trends or patterns are identified additional interventions will be included in the QAPI minutes with follow up by members as needed.</p> <p>The State Survey Agency (SSA) verified the removal of Immediate Jeopardy on 06/10/15 prior to exit as follows:</p> <ol style="list-style-type: none"> 1. Observation of the exterior of the facility, on 06/17/15 at 4:00 PM, with the Maintenance Director and the Administrator revealed potential rodent entry points had been repaired as outlined on the document, Summary of Building Inspection Conducted 06/05/15. Observation of the interior of the facility, on 06/17/15 at 4:30 PM, revealed no active signs of pests/rodents. <p>Review of the Summary of Building Inspection Conducted 06/05/15, revealed an inspection was conducted of the interior and exterior of the facility for the purpose of determining if there were any active signs of pest issues. Review of the document revealed a number of potential</p>	F 490			



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F 490	<p>Continued From page 82</p> <p>rodent entry points were located on the exterior of the building and the document listed those entry points and how those were addressed. The document further revealed the inspection was completed on 06/05/15 and repairs were completed on 06/07/15.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Maintenance Supervisor, on 06/17/15 at 4:49 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Pest Control Service Technician, on 06/17/15 at 5:15 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Pest Control Service Manager, on 06/17/15 at 4:00 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM.</p> <p>Review of an Interior Rounds Checklist form and an Exterior Rounds Checklist form, each dated 06/05/15, revealed they had been completed and signed by the Maintenance Department Director and the Administrator.</p> <p>Observation of the exterior of the building, on 06/17/15 at 4:00 PM, revealed new door sweeps had been installed on the loading dock doors, holes outside the break room had been filled with concrete and two old plumbing lines had been filled with pipe.</p> <p>Observation of the interior of the building, on 06/17/15 at 4:30 PM, revealed a hole had been filled in the dishroom, the 1C elevator room had a</p>	F 490			

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F 490	<p>Continued From page 83</p> <p>hole filled, the outside break room had a hole filled, a hole was filled in room #126, door sweeps were installed on two (2) utility room doors, and a new door sweep was installed at the employee entrance as alleged.</p> <p>Interview with the Maintenance Supervisor, on 06/17/15 at 4:49 PM, revealed he had completed the weekly rounds monitoring forms on 06/05/15 and will continue the weekly monitoring rounds to include visual checks of interior mechanical, utility, supply rooms for potential issues and implementing interventions. He stated the results of the weekly rounds would be reviewed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.</p> <p>2. Review of documents titled Pest Control Questionnaire (undated) and resident census lists indicating residents' answers to the questions with a signature (when possible) revealed all interviewable residents were asked about concerns with pests. Review of Departmental Nursing Notes revealed all residents were either assessed or interviewed regarding any signs or symptoms of health problems associated with pests or uncleanliness in the facility.</p> <p>Interview with Resident #4, on 06/18/15 at 8:00 AM, Resident #5, on 06/18/15 at 8:20 AM, Resident #7, on 06/18/15 at 8:30 AM, Resident #10, on 06/18/15 at 8:40 AM, Resident #15, on 06/18/15 at 9:00 AM, Resident #16, on 06/18/15 at 9:20 AM, Resident #18, on 06/18/15 at 9:30 AM, Resident #20, on 06/18/15 at 9:30 AM, Resident #27, on 06/18/15 at 10:00 AM, Resident #30, Resident #31, on 06/18/15 at 10:10 AM, Resident #32 on 06/18/15 at 10:25 AM, Unsampled Resident B, on 06/18/15 at 11:00 AM,</p>	F 490		
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F 490	<p>Continued From page 84</p> <p>Unsampled Resident G, on 06/18/15 at 11:12 AM, Unsampled Resident J, 06/18/15 at 11:30 AM, and Unsampled Resident M, on 06/18/15 at 11:45 AM, revealed they had all been interviewed by the Director of Nursing (DON) or one of the two (2) Assistant Directors of Nursing (ADON) regarding pests or possible adverse health consequences from pests.</p> <p>Interview with the DON, on 06/18/15 at 10:48 AM, revealed she had participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests. Interview with the Assistant ADON #1, on 06/18/15 at 9:41 AM, revealed she participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests. Interview with ADON #2, on 06/18/15 at 9:38 AM, revealed she participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests.</p> <p>3. Review of the In-service Sign-in Sheet, dated 06/05/15, revealed the topic of the in-service was pest control logs-utilization, center leadership notification and notifying the individual department leader, review and follow up of the pest control logs and the education of team members and the review of concerns (staff) may have regarding pest control. Team member/staff education to be completed for all staff members.</p> <p>Review of the document further revealed it was presented by the Director of Clinical Operations and was signed by the Administrator, the Clinical Educator, the DON and the ADON #1 and #2.</p> <p>Interview with the Director of Clinical Operations,</p>	F 490		
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F 490	<p>Continued From page 85</p> <p>on 06/17/15 at 3:20 PM, revealed he had trained the facility leadership to include the Administrator, the Clinical Educator, the DON and the ADON #1 and #2.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, the Clinical Educator on 06/18/15 at 9:46 AM, the DON, on 06/18/15 at 10:48 AM and the ADON #1, on 06/18/15 at 9:41 AM, and ADON #2 on 06/18/15 at 9:38 AM revealed they had attended the in-service given by Corporation Representative, Director of Clinical Operations.</p> <p>Review of staff In-service Sign-in sheets with comparison to the employee roster dated 06/04/15 through 06/09/15 revealed one hundred fifty-one (151) employees were educated with twenty (20) employees educated by telephone. One employee remained on Family Medical Leave Act (FMLA) and would receive the education before returning to work. The education consisted of reviewing the employee's responsibility to provide written communication when a pest issue was identified.</p> <p>Interview with Licensed Practical Nurse (LPN) #14, on 06/18/15 at 2:00 PM, revealed she had received an in-service on 06/06/15 about putting any pest sightings in the pest activity log.</p> <p>Interview with LPN #7, on 06/18/15 at 2:15 PM, revealed she had been in-serviced about pest control on 06/06/15.</p> <p>Interview with Certified Nursing Assistant (CNA) #3, on 06/18/15 at 2:08 PM, revealed she received an in-service on 06/06/15 about putting any pest sighting in the activity log and to notify</p>	F 490			

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F 490	<p>Continued From page 86 her supervisor.</p> <p>Interview with a Receptionist, on 06/18/15 at 1:52 PM, revealed she had received an in-service about reporting any pest sighting on 06/05/15.</p> <p>Interview with the Social Services Director, on 06/18/15 at 9:59 AM, revealed she had been in-serviced on 06/05/15 about the pest control reporting.</p> <p>Interview with CNA #7, on 06/18/15 at 2:05 PM, revealed she had been inserviced on 06/08/15 about how to report pest sightings and to whom to report.</p> <p>Interview with Cook #3, on 06/18/15 at 2:17 PM, revealed he had been inserviced on 06/07/15 about how and to whom to report pest sightings.</p> <p>Interview with CNA #8, on 06/18/15 at 2:20 PM, revealed he had been inserviced on pest sightings in the facility on 06/08/15 regarding responsibility to log any sightings in the pest activity log and report to his supervisor.</p> <p>Interview with Housekeeper #3, on 06/18/15 at 2:25 PM, revealed he had been inserviced on 06/07/15 on pest sightings, where to document those sightings and to notify his supervisor of any sightings.</p> <p>Interview with the Activities Director, on 06/18/15 at 2:26 PM, revealed she had been inserviced on 06/07/15 on reporting of any pest sightings on the pest activity log and to notify her supervisor of any sightings.</p> <p>Interview with LPN #11, on 06/18/15 at 2:45 PM,</p>	F 490		

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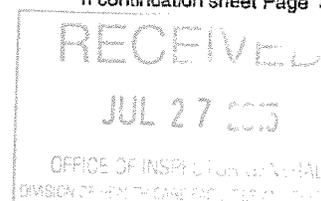
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F 490	<p>Continued From page 87</p> <p>revealed she had been in-serviced on 06/08/15 regarding reporting any pest sightings and notification of her supervisor if she did.</p> <p>Post survey interview with the DON, on 07/02/15 at 10:39 AM, revealed the staff who was telephonically inserviced on 06/05/15 to 06/08/15 were retrained upon return to work. The staff person on FMLA (CNA #10) was re-inserviced upon return to work.</p> <p>Post survey interviews, on 07/02/15, with CNA #10 at 11:00 AM, CNA #11 at 11:09 AM, CNA #12 at 11:25 AM, CNA #13 at 11:45 AM, and LPN #15 at 11:37 AM, revealed they had all received education over the telephone and could specify the information provided to them. They further stated the Director of Nursing discussed the education with them after they returned to work for their scheduled shifts.</p> <p>4. Review of the Summary of Pest Control Service Agreement Review revealed the Administrator met with the Maintenance Director, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Administrator, on 06/17/15 at 5:07 PM, revealed he met with the Maintenance Director, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Maintenance Director, on</p>	F 490			

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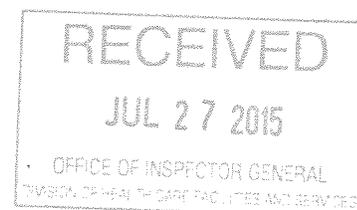
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F 490	<p>Continued From page 88</p> <p>06/17/15 at 4:49 PM, revealed he met with the Administrator, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Pest Control Service Technician, on 06/17/15 at 5:15 PM, revealed he met with the Administrator, the Maintenance Director, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Pest Control Services Manager, on 06/17/15 at 4:00 PM; and, the President of the Pest Control Services, on 06/18/15 at 2:38 PM, revealed they met with the Administrator, the Maintenance Director, and the Pest Control Service Technician to review the pest service agreement and no changes were made on 06/05/15.</p> <p>5. Review of the document, entitled Quality Assurance Review revealed a Quality Assurance Review meeting was held on 06/08/15 for the purpose of discussing the Immediate Jeopardy deficiencies that had been identified in the areas of F469, F490 and F520.</p> <p>Review of the Quality Assurance Review Committee sign-in sheet, dated 06/08/15, revealed it was signed by the Administer, the DON, the Social Services Director, the Maintenance Director, Environmental Services #1, Environmental Services #2, Regional Director of Housekeeping, and the Medical Director.</p>	F 490		



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F 490	Continued From page 89 Interview with the Administrator, on 06/17/15 at 3:00 PM, revealed he reviewed the weekly rounds monitoring forms completed by the Maintenance Director on 06/05/15, he will continue to monitor them and he will take them to the monthly Quality Assurance Review Committee meeting for review. Interview with the Administrator, on 06/18/15 at 5:07 PM; the DON on 06/18/15 at 10:48 AM; the Social Services Director, on 06/18/15 at 10:00 AM; the Maintenance Director, on 06/17/15 at 4:49 PM; Environmental Services #1, on 06/18/15 at 11:00 AM; Environmental Services #2, on 06/18/15 at 11:20 AM; Regional Director of Housekeeping, on 06/18/15 at 11:40 AM; and, the Medical Director, on 06/18/15 at 11:50 AM revealed they had all attended the Quality Assurance Review Committee meeting held on 06/08/15 to discuss the Immediate Jeopardy issues. During the interview with the Administrator, on 06/18/15 at 5:07 PM, he stated he would review the overview assessment of the pest control log books to help identify any trends or patterns. If any trends/patterns were identified additional interventions will be included in the Quality Assurance Review minutes with follow up by members as needed. In addition, the pest control services monthly reports would be reviewed in the monthly Quality Assurance Review Committee meeting.	F 490			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete;	F 514	1.What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Charge Nurse for Resident #1, notified the physician and the responsible party that the palm guard had not been applied per the care		



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F 514	<p>Continued From page 90</p> <p>accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to maintain an accurately documented clinical record for one (1) of thirty-two (32) sampled residents (Resident #1). Licensed Practical Nurse (LPN) #2 documented the palm guard was applied on 06/02/15 and 06/03/15 to Resident #1's hand when it had not been applied as ordered by the physician and as written in the resident's care plan for the prevention of skin breakdown.</p> <p>The findings include: Review of the facility's policy regarding Documentation Guidelines, dated 07/01/07, revealed the purpose of documentation was to accurately record and communicate information to physicians and other health practitioners. In addition, the policy revealed proper documentation assisted clinical staff in delivering quality care to residents, and the importance of documentation was stressed in both statutory and professional standards. Review of component</p>	F 514	<p>plan for 3 days. The palm guard was replaced and placed on Resident #1 on the afternoon of 6/4/15 and removed at bedtime as ordered. There was an entry made by the charge nurse in the medical record for resident #1 that there was a documentation error and in fact the palm guard was not applied, as documented.</p> <p>2.How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Physician orders for all other residents have been reviewed by the DNS and ADNSs for those residents with orders for splints or palm guards. The ADNSs reviewed all of the CNA care guides/assignment sheets and TARS on 6/5/15 to assure that the palm guards were included for each of the residents with orders for palm guards.</p> <p>3.What measures will be put into place or systemic changes made to ensure the deficient practice will not recur</p> <p>Residents with new orders for palm guards/splints are reviewed during the Daily Clinical meeting attended by the DNS, ADNSs, MDS nurses and the HIM (Health Information Manager). The care plans and TARS for those residents will be reviewed and updated to include the palm guards during this meeting. The ADNSs will review the CNA care guides/assignment sheets to assure that the palm guards are included. The ADNSs will monitor for palm guard placement during unit rounds and will spot check the TAR documentation, any issue identified will be addressed immediately with the staff. To maintain continued compliance, licensed staff</p>	

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F 514	<p>Continued From page 91</p> <p>number six (6) of the policy/guideline revealed the staff person was to chart with a focus on the documentation of outcomes-evaluating residents' responses to treatments, teaching, and preventive care.</p> <p>Review, of the clinical record for Resident #1 revealed the facility admitted the resident on 02/06/15 with diagnoses of Senile Dementia, Failure to Thrive, Esophageal Reflux, Peptic Ulcer, Gastro Paresis, Hypertension, and Diaphragmatic Hernia.</p> <p>Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 02/16/15, revealed the resident had contractures in both hands. The MDS functional assessment revealed the resident had upper extremity impairment on one side of the body, and triggered for extensive assistance with his/her Activities of Daily Living (ADLs). In addition, the Care Area Assessment (CAA) Summary revealed Resident #1 triggered as at risk for the development of pressure ulcers.</p> <p>Review of Resident #1's clinical record revealed the physician ordered a palm guard on 02/06/15 for placement on the resident's left hand daily, in the AM, with removal of the device at bedtime and the palm guard was added to the resident's plan of care as an intervention.</p> <p>Review on 06/04/15 of Resident #1's Electronic Treatment Administration Record (e-TAR), dated June 2015, revealed LPN #1 initialed that resident's palm guard had been applied on 06/02/15 at 7:00 AM, on 06/03/15 at 7:00 AM, and on 06/04/15 at 7:00 AM.</p> <p>However, observations on 06/02/15 at 2:35 PM,</p>	F 514	<p>have been re-educated on following MD orders and documentation standards by the ADNS, SDC or DNS on 6/4/15.</p> <p>4.How will the facility monitor performance to ensure solutions are sustained? The Licensed Staff education on physician orders and documentation standards will be included during new hire orientation and annually. Care Plans are reviewed on admission, annually, quarterly and when there is a significant change in the residents' condition. This care plan review will monitor for continued compliance while reviewing the residents that have palm guards. To maintain continued compliance, the ADNSs' will monitor the application of the palm guards and spot check the TAR during their unit rounds. If an issue is identified with placement or documentation, , the ADNS will provide immediate 1:1 re-education with the staff member and assure placement of the palm guard.</p>	7-22-15	

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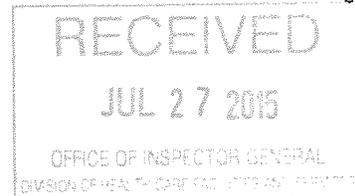
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F 514	<p>Continued From page 92</p> <p>revealed Resident #1's left hand was closed in a fist-like position with no palm guard. At 4:34 PM, revealed Resident #1 did not have a palm guard on his/her left hand.</p> <p>Continued observations, on 06/03/15 at 8:40 AM, 9:16 AM, 9:22 AM, 10:35 AM, and at 2:30 PM revealed Resident #1 did not have a palm guard on his/her her left hand.</p> <p>Observation, on 06/04/15 at 10:00 AM, revealed Resident #1 did not have a palm guard placed on his/her left hand.</p> <p>Interview, on 06/04/15 at 3:25 PM, with LPN #1 revealed she documented the palm guard was applied on 06/02/15, 06/03/15, and 06/04/15 as it appeared on the e-TAR. However, the palm guard was not applied by staff on those days because it could not be found, and she did not notify the therapy department or request a replacement until the afternoon of 06/03/15.</p> <p>Review of the sign-in records and content from three (3) in-service training's, titled Documentation Charting, and Completing Documentation, dated 12/08/14, 03/13/15 and 03/23/15, consecutively, revealed LPN #1 attended all of these training's.</p> <p>Interview, on 06/04/15 at 3:40 PM, with the Director of Nursing (DON), revealed it was her expectation that the facility's nurses accurately document in the residents' clinical records. The DON stated LPN #1 should have documented that Resident #1's palm guard could not be found and what she had done about it. The DON stated when a licensed nurse documented a resident intervention had been administered or applied,</p>	F 514			

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F 514	Continued From page 93 whether physician ordered or facility care planned, and the intervention had not been administered/applied, then the nurse had falsified the document.	F 514		
F 520 SS=K	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, it was	F 520	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? On 6/5/15 an extensive tour of the entire center including all resident rooms, office spaces, departmental spaces, and other nonresident areas was completed to determine if there were any active signs of pest issues. . This extensive tour included rooms, 116,125,126,127,128,130,143,148,225,226,228,229,235 and 249. Unit 2B's medication room, clean linen room, soiled utility room and nurses station. Also, Unit 1C- medication room, nurses station, and soiled utility room and resident rooms of: #2,#5,#6,#12,#16,#2B,#30,#32, A,B,F,G,H,J,K,L,M,N,O,P,Q,R,S,T , U and the dry storage area in the dietary department. No active pest infestation was identified at that time. There were potential entry points identified during the exterior inspection, weather stripping at the thresholds, conduit and pipe openings and door sweeps, were all addressed immediately. Additionally, a second complete interior and exterior inspection was completed on 6/10/15 by a Pest Control Company's' State Manager, Service Technician, Maintenance Director and Administrator. An audit of all resident rooms was conducted by the Maintenance Director	



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F 520	<p>Continued From page 94</p> <p>determined the facility failed to identify quality deficiencies and develop and implement appropriate plans of actions by the Quality Assurance (QA) Committee to correct quality deficiencies. The facility's staff and residents had reported pests/rodents for five (5) months prior to the survey with no plans of action in place.</p> <p>Interviews with staff and residents revealed sightings of mice and gnats since 12/24/14; and, as recent as 06/01/15, affecting fourteen (14) of eighty-eight (84) rooms: Unit 2B medication room, clean linen room, soiled utility room and nurse's station; rooms 143, 148, 225, 226, 228, 229, 235, and 249; Unit 1B rooms 125, 126, 127, 128, and 130; and, the Unit 1C medication room, nurses station and the soiled utility room and room 116.</p> <p>In addition, mice and gnats affected eight (8) of thirty-two (32) sampled residents (Resident #2, #5, #6, #12, #16, #28, #30 and #32); and, seventeen (17) of twenty (20) unsampled residents (Unsampled Resident A, B, F, G, H, J, K, L, M, N, O, P, Q, R, S, T and U).</p> <p>Observations, and interviews revealed the kitchen's dry storage room continued to have mice droppings after bait and traps were set in January 2015. Review of the pest control records revealed mice or other pests had been identified in the kitchen, and the laundry back to December 2014. Review of the Pest Technician Service Report, dated 01/06/15, revealed the Pest Technician placed four (4) containers of bait and five (5) glueboard traps in the kitchen area for mice. Resident interviews revealed continued sightings of mice and evidence of mice chewing on bags of chips and doughnuts. Refer to F469 and F490.</p>	F 520	<p>and Maintenance Assistant on 7/13/15 to identify walls that were in disrepair and cove-base moldings pulled from the wall. Wall identified to be in disrepair and cove-base moldings pulled from the wall were repaired by 7/18/15.</p> <p>Handrails were inspected by the Maintenance Director on 6/16/15 for areas that may cause splintering. Any identified areas were sanded by 6/17/15.</p> <p>Ice machines were inspected by the Maintenance Director on 6/18/15 to identify leaks. No leaks were noted to exist.</p> <p>An audit has was conducted of the entire nursing center by the Housekeeping Manager on 6/7/15 to identify door thresholds and floors that needed cleaning. Cleaning of identified door thresholds was completed by 7/18/15.</p> <p>An audit was conducted by the Maintenance Director on 6/5/15 to identify doors and door threshold that were scuffed or had peeling paint. Doors identified were painted or cleaned by 6/9/15.</p> <p>An audit was conducted by the Housekeeping Manager on 7/13/15 of all resident toilets to identify those that needed to be cleaned. The identified toilets were cleaned by 7/18/15.</p> <p>An audit was conducted by the Housekeeping Manager of all resident rooms on 7/13/15 to identify floors that were in need of cleaning. Identified floors were cleaned by 7/18/15.</p> <p>The metal handrail noted on Unit 1B on the Activities corridor to have been loose was repaired by the Maintenance Director on 6/19/15. All other handrails were</p>		

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F 520	<p>Continued From page 95</p> <p>In addition, the facility had an ongoing loss of housekeeping directors and housekeeping staff for eight (8) months prior to the survey with a decline in housekeeping services. Refer to F253.</p> <p>The facility's failure to have an effective system in place to ensure the QA Committee functioned according to their policy to identify quality deficiencies, develop plans of action, and implement the plans of action placed residents in a situation that has caused or is likely to cause serious injury, harm, impairment, or death to a resident.</p> <p>Immediate Jeopardy (IJ) was identified on 06/04/15 and was determined to exist on 01/06/15.</p> <p>The facility provided an acceptable Allegation of Compliance (AOC) on 06/11/15 which alleged removal of the Immediate Jeopardy on 06/10/15. The State Survey Agency verified Immediate Jeopardy was removed on 06/10/15, as alleged prior to exit on 06/18/15. The Scope and Severity was lowered to an "E" while the facility monitors the implementation of the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Quality Assurance and Process Improvement Meeting, dated June 2013, revealed the purpose of the Quality Assurance and Process Improvement</p>	F 520	<p>inspected by the Maintenance Director on 6/19/15 to identify any that were loose. Those rails noted to be loose were repaired.</p> <p>The microwave that on Unit 2B that was noted to be dirty, as well as all other microwaves located on resident units was cleaned on 6/5/15 by housekeeping staff.</p> <p>An audit was conducted by the Maintenance Director on 7/13/15 to identify wall paper that was torn. Areas identified were repaired by 7/18/15.</p> <p>The blood pressure machine on the 2B unit was cleaned by nursing staff on 7/10/15. An inspection of the kick plates of all resident doors was conducted by the Maintenance Director on 6/6/15 to identify any in need of repair. Identified repairs were completed by 6/9/15. The snack room door window identified to be streaked with tape residue was cleaned by housekeeping staff on 6/5/15.</p> <p>An inspection was completed of all service doors in the center on 6/6/15 by the Maintenance Director to identify any that were dirty or in need of painting or repair. Identified issues were resolved by</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>All residents are considered to have a potential to be affected.</p> <p>What measures will be put into place or systemic changes made to ensure the deficient practice will not recur The center's Department Managers started to implement corrective actions on</p>	

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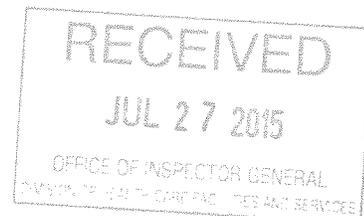
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F 520	<p>Continued From page 96</p> <p>meeting (QAPI Committee) was to identify trends and appropriately analyze data from multiple sources to improve processes supporting organizational goals.</p> <p>Observation and interview with staff and residents during the Recertification Survey (06/02/15) revealed the facility's housekeeping services had been declining since December 2014 with the loss of multiple directors and multiple staff over the past five (5) months. In addition, interview and record review revealed pests and rodent sightings and droppings had multiplied with the decline in housekeeping services since December 2014.</p> <p>Interview with the Administrator, on 06/03/15 at 3:00 PM, revealed there had been a great turnover in the laundry/housekeeping department over the past eight (8) months and the building had not been as clean. He stated he had not taken any housekeeping concerns to the QAPI Committee and he probably should have taken them to the committee. However, he stated he audited the Housekeeping Department monthly and the scores were low, but he did not want to share those documents. The Administrator stated he was not aware of pest/rodent problems in the facility, and he did not remember the Pest Technician informing him of mouse sightings or droppings in the kitchen in December 2014.</p> <p>However, interview with the Pest Technician, on 06/03/15 at 2:55 PM, revealed he had spoken to the Administrator in December of 2014 about the problem with rodents. The Pest Technician stated he informed the Administrator about the housekeeping and the uncleanness of the facility and the impact that would have on getting rid of</p>	F 520	<p>6/5/15 using the survey findings shared on 6/4/15 and to initiate an allegation of compliance plan. On 6/8/15 an Interim QAPI meeting was held to review the action plan and interventions, including review of staff education and training needs. The Interim QAPI meeting was coordinated by the Administrator and attended by the DNS, ADNS, Maintenance Director, Social Services, Dietary Manager, Housekeeping Director, Regional/District Housekeeping Director and Managers and the center's Medical Director attended by phone.</p> <p>To maintain continued compliance, the Administrator completes an Environmental Facility Tour sheet on weekly basis that reviews cleanliness in public areas, resident rooms and non-resident areas. The results of this audit are reviewed with the Environmental Manager. Physical Plant / Maintenance rounds are completed weekly in conjunction with the pest control rounds to identify maintenance issues within the center. The staff has been educated by the Staff Development Coordinator, DNS and ADNSs on completing Maintenance Work orders on 6/5/15 completed on 6/9/15. Work orders are reviewed by Maintenance Director and completed by priority. This education will be included during new hire orientation and annually. The Pest Control Company Service Technician will review their visit report with the Administrator including what interventions or treatments were completed during that visit. The Administrator will review the pest control service log each business day for any issues and assure that appropriate timely</p>		

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F 520	<p>Continued From page 97</p> <p>the pests. The Pest Technician stated this was one of the worst facilities as it related to pests, insects, rodents. However, the Administrator further stated he was not aware until a resident reported a concern to him in February of 2015 of a mouse sighting, but he thought that was because the resident was hoarding food in his/her room. He stated the facility had not done anything to clean that resident's room or provide proper storage for food in that resident's room. The Administrator stated he did not request a written or verbal report by the Pest Technician when he came to the facility monthly, but the Maintenance Director got this information. The Administrator stated he had not been notified by the Maintenance Director of any mouse concerns. He stated he had never reviewed the Pest Sightings Logs on the units.</p> <p>Further interview with the Administrator, on 06/03/15 at 3:00 PM, revealed he had a Maintenance Director and a Maintenance Assistant to care for the building and he was unaware of any maintenance concerns regarding the two (2) maintenance staff being unable to keep up with building repairs. He stated a Corporate Regional Director of Maintenance came to the building and inspected it on 03/25/15. The Corporate Regional Director of Maintenance gave the Administrator a written report; however, the Administrator was not willing to share that report. The Administrator stated the preventive maintenance computer program at the facility did not address maintenance issues of gouged plaster walls, painting repairs needed or splintered handrails. He stated those issues should have been identified and taken to the QA Committee.</p>	F 520	<p>actions have been taken to address. The Maintenance Director will continue to make weekly exterior rounds monitoring for potential entry points and implementing interventions to prevent entry and weekly visual checks of the interior for potential issues. Interventions were implemented immediately upon discovery. To monitor continued compliance, the pest control company will continue to make scheduled routine visits, with the results of those visits reviewed with the administrator and the results of the Maintenance Directors weekly interior and exterior rounds and interventions implemented will be reviewed during the center's monthly QAPI meeting, attended by: Administrator, Medical Director, DNS and two or more of the following: ADNS, MDS Nurse, Dietary, Social Services, Activities, Maintenance, Housekeeping or Specialized Rehab Therapy. Any additional interventions discussed during QAPI meeting, to assist in maintaining continued compliance will be reviewed and implemented. The results of the pest control company's routine visits and the Maintenance Directors weekly rounds will be standard agenda item during the center's monthly QAPI meeting. The Regional Director of Clinical Operations or the Area VP of Operations will review the monthly QAPI meeting minutes with the Administrator monthly for the next 6 months and every other month for the following 6 months.</p>		



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F 520	<p>Continued From page 98</p> <p>The State Survey Agency (SSA) verified the removal of Immediate Jeopardy on 06/10/15 prior to exit as follows:</p> <p>1. Observation of the exterior of the facility, on 06/17/15 at 4:00 PM, with the Maintenance Director and the Administrator revealed potential rodent entry points had been repaired as outlined on the document, Summary of Building Inspection Conducted 06/05/15. Observation of the interior of the facility, on 06/17/15 at 4:30 PM, revealed no active signs of pests/rodents.</p> <p>Review of the Summary of Building Inspection Conducted 06/05/15, revealed an inspection was conducted of the interior and exterior of the facility for the purpose of determining if there were any active signs of pest issues. Review of the document revealed a number of potential rodent entry points were located on the exterior of the building and the document listed those entry points and how those were addressed. The document further revealed the inspection was completed on 06/05/15 and repairs were completed on 06/07/15.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Maintenance Supervisor, on 06/17/15 at 4:49 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Pest Control Service Technician, on 06/17/15 at 5:15 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM. Interview with the Pest Control Service Manager,</p>	F 520	<p>How will the facility monitor performance to ensure solutions are sustained?</p> <p>To maintain compliance the results of the Maintenance Directors' weekly interior and exterior rounds which is reviewed weekly by the center's administrator, as well as review of the pest control visit results and, the results of the Physical Plant Rounds and the Housekeeping Environmental rounds will be reviewed during the center's monthly QAPI meeting, attended by: Administrator, Medical Director, DNS and two or more of the following: ADNS, MDS Nurse, Dietary, Social Services, Activities, Maintenance, Housekeeping or Specialized Rehab Therapy. The Plan of Correction to address these citations was formulated and reviewed by the members of the centers' QAPI committee which includes the direct oversight, input and attendance by the Medical Director on 7/22/15. Any additional interventions discussed during QAPI meeting, to assist in maintaining continued compliance will be reviewed and implemented.</p>	7-22-15	

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F 520	<p>Continued From page 99 on 06/17/15 at 4:00 PM, revealed he participated in the inspection of the interior and exterior of the facility on 06/05/15 at 4:00 PM.</p> <p>Review of an Interior Rounds Checklist form and an Exterior Rounds Checklist form, each dated 06/05/15, revealed they had been completed and signed by the Maintenance Department Director and the Administrator.</p> <p>Observation of the exterior of the building, on 06/17/15 at 4:00 PM, revealed new door sweeps had been installed on the loading dock doors, holes outside the break room had been filled with concrete and two old plumbing lines had been filled with pipe.</p> <p>Observation of the interior of the building, on 06/17/15 at 4:30 PM, revealed a hole had been filled in the dishroom, the 1C elevator room had a hole filled, the outside break room had a hole filled, a hole was filled in room #126, door sweeps were installed on two (2) utility room doors, and a new door sweep was installed at the employee entrance as alleged.</p> <p>Interview with the Maintenance Supervisor, on 06/17/15 at 4:49 PM, revealed he had completed the weekly rounds monitoring forms on 06/05/15 and will continue the weekly monitoring rounds to include visual checks of interior mechanical, utility, supply rooms for potential issues and implementing interventions. He stated the results of the weekly rounds would be reviewed during the monthly Quality Assurance Performance Improvement (QAPI) meeting.</p> <p>2. Review of documents titled Pest Control Questionnaire (undated) and resident census lists</p>	F 520		

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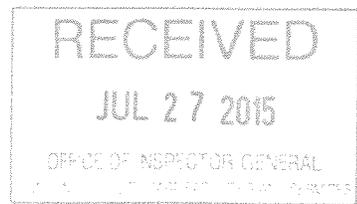
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F 520	<p>Continued From page 100</p> <p>indicating residents' answers to the questions with a signature (when possible) revealed all interviewable residents were asked about concerns with pests. Review of Departmental Nursing Notes revealed all residents were either assessed or interviewed regarding any signs or symptoms of health problems associated with pests or uncleantiness in the facility.</p> <p>Interview with Resident #4, on 06/18/15 at 8:00 AM, Resident #5, on 06/18/15 at 8:20 AM, Resident #7, on 06/18/15 at 8:30 AM, Resident #10, on 06/18/15 at 8:40 AM, Resident #15, on 06/18/15 at 9:00 AM, Resident #16, on 06/18/15 at 9:20 AM, Resident #18, on 06/18/15 at 9:30 AM, Resident #20, on 06/18/15 at 9:30 AM, Resident #27, on 06/18/15 at 10:00 AM, Resident #30, Resident #31, on 06/18/15 at 10:10 AM, Resident #32 on 06/18/15 at 10:25 AM, Unsampld Resident B, on 06/18/15 at 11:00 AM, Unsampld Resident G, on 06/18/15 at 11:12 AM, Unsampld Resident J, 06/18/15 at 11:30 AM, and Unsampld Resident M, on 06/18/15 at 11:45 AM, revealed they had all been interviewed by the Director of Nursing (DON) or one of the two (2) Assistant Directors of Nursing (ADON) regarding pests or possible adverse health consequences from pests.</p> <p>Interview with the DON, on 06/18/15 at 10:48 AM, revealed she had participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests. Interview with the Assistant ADON #1, on 06/18/15 at 9:41 AM, revealed she participated in resident interviews and assessments regarding pests or possible adverse health consequences from pests. Interview with ADON #2, on 06/18/15 at 9:38 AM, revealed she participated in resident</p>	F 520		
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F 520	<p>Continued From page 101</p> <p>interviews and assessments regarding pests or possible adverse health consequences from pests.</p> <p>3. Review of the In-service Sign-in Sheet, dated 06/05/15, revealed the topic of the in-service was pest control logs-utilization, center leadership notification and notifying the individual department leader, review and follow up of the pest control logs and the education of team members and the review of concerns (staff) may have regarding pest control. Team member/staff education to be completed for all staff members.</p> <p>Review of the document further revealed it was presented by the Director of Clinical Operations and was signed by the Administrator, the Clinical Educator, the DON and the ADON #1 and #2.</p> <p>Interview with the Director of Clinical Operations, on 06/17/15 at 3:20 PM, revealed he had trained the facility leadership to include the Administrator, the Clinical Educator, the DON and the ADON #1 and #2.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, the Clinical Educator on 06/18/15 at 9:46 AM, the DON, on 06/18/15 at 10:48 AM and the ADON #1, on 06/18/15 at 9:41 AM, and ADON #2 on 06/18/15 at 9:38 AM revealed they had attended the In-service given by Corporation Representative, Director of Clinical Operations.</p> <p>Review of staff In-service Sign-in sheets with comparison to the employee roster dated 06/04/15 through 06/09/15 revealed one hundred fifty-one (151) employees were educated with twenty (20) employees educated by telephone.</p>	F 520		

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F 520	<p>Continued From page 102</p> <p>One employee remained on Family Medical Leave Act (FMLA) and would receive the education before returning to work. The education consisted of reviewing the employee's responsibility to provide written communication when a pest issue was identified.</p> <p>Interview with Licensed Practical Nurse (LPN) #14, on 06/18/15 at 2:00 PM, revealed she had received an in-service on 06/06/15 about putting any pest sightings in the pest activity log.</p> <p>Interview with LPN #7, on 06/18/15 at 2:15 PM, revealed she had been in-serviced about pest control on 06/06/15.</p> <p>Interview with Certified Nursing Assistant (CNA) #3, on 06/18/15 at 2:08 PM, revealed she received an in-service on 06/06/15 about putting any pest sighting in the activity log and to notify her supervisor.</p> <p>Interview with a Receptionist, on 06/18/15 at 1:52 PM, revealed she had received an in-service about reporting any pest sighting on 06/05/15.</p> <p>Interview with the Social Services Director, on 06/18/15 at 9:59 AM, revealed she had been in-serviced on 06/05/15 about the pest control reporting.</p> <p>Interview with CNA #7, on 06/18/15 at 2:05 PM, revealed she had been inserviced on 06/08/15 about how to report pest sightings and to whom to report.</p> <p>Interview with Cook #3, on 06/18/15 at 2:17 PM, revealed he had been inserviced on 06/07/15 about how and to whom to report pest sightings.</p>	F 520		

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(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 520	Continued From page 103 Interview with CNA #8, on 06/18/15 at 2:20 PM, revealed he had been inserviced on pest sightings in the facility on 06/08/15 regarding responsibility to log any sightings in the pest activity log and report to his supervisor. Interview with Housekeeper #3, on 06/18/15 at 2:25 PM, revealed he had been inserviced on 06/07/15 on pest sightings, where to document those sightings and to notify his supervisor of any sightings. Interview with the Activities Director, on 06/18/15 at 2:26 PM, revealed she had been inserviced on 06/07/15 on reporting of any pest sightings on the pest activity log and to notify her supervisor of any sightings. Interview with LPN #11, on 06/18/15 at 2:45 PM, revealed she had been in-serviced on 06/08/15 regarding reporting any pest sightings and notification of her supervisor if she did. Post survey interview with the DON, on 07/02/15 at 10:39 AM, revealed the staff who was telephonically inserviced on 06/05/15 to 06/08/15 were retrained upon return to work. The staff person on FMLA (CNA #10) was re-inserviced upon return to work. Post survey interviews, on 07/02/15, with CNA #10 at 11:00 AM, CNA #11 at 11:09 AM, CNA #12 at 11:25 AM, CNA #13 at 11:45 AM, and LPN #15 at 11:37 AM, revealed they had all received education over the telephone and could specify the information provided to them. They further stated the Director of Nursing discussed the education with them after they returned to work	F 520		

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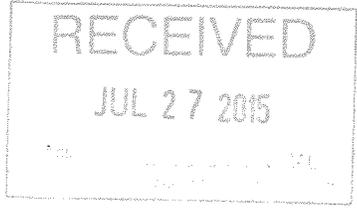
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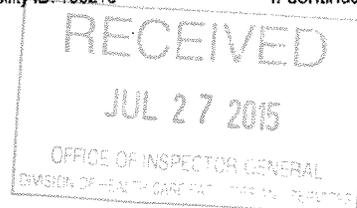
F 520	<p>Continued From page 104 for their scheduled shifts.</p> <p>4. Review of the Summary of Pest Control Service Agreement Review revealed the Administrator met with the Maintenance Director, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Administrator, on 06/17/15 at 5:07 PM, revealed he met with the Maintenance Director, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Maintenance Director, on 06/17/15 at 4:49 PM, revealed he met with the Administrator, the Pest Control Service Technician, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Pest Control Service Technician, on 06/17/15 at 5:15 PM, revealed he met with the Administrator, the Maintenance Director, the Pest Control Services Manager and the President of the Pest Services to review the pest service agreement and no changes were made on 06/05/15.</p> <p>Interview with the Pest Control Services Manager, on 06/17/15 at 4:00 PM; and, the President of the Pest Control Services, on 06/18/15 at 2:38 PM, revealed they met with the Administrator, the</p>	F 520		
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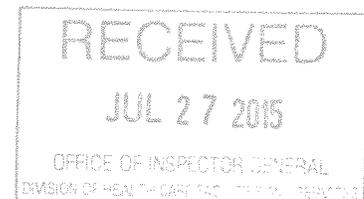
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F 520	<p>Continued From page 105</p> <p>Maintenance Director, and the Pest Control Service Technician to review the pest service agreement and no changes were made on 06/05/15.</p> <p>5. Review of the document, entitled Quality Assurance Review revealed a Quality Assurance Review meeting was held on 06/08/15 for the purpose of discussing the Immediate Jeopardy deficiencies that had been identified in the areas of F469, F490 and F520.</p> <p>Review of the Quality Assurance Review Committee sign-in sheet, dated 06/08/15, revealed it was signed by the Administer, the DON, the Social Services Director, the Maintenance Director, Environmental Services #1, Environmental Services #2, Regional Director of Housekeeping, and the Medical Director.</p> <p>Interview with the Administrator, on 06/17/15 at 3:00 PM, revealed he reviewed the weekly rounds monitoring forms completed by the Maintenance Director on 06/05/15, he will continue to monitor them and he will take them to the monthly Quality Assurance Review Committee meeting for review.</p> <p>Interview with the Administrator, on 06/18/15 at 5:07 PM; the DON on 06/18/15 at 10:48 AM; the Social Services Director, on 06/18/15 at 10:00 AM; the Maintenance Director, on 06/17/15 at 4:49 PM; Environmental Services #1, on 06/18/15 at 11:00 AM; Environmental Services #2, on 06/18/15 at 11:20 AM; Regional Director of Housekeeping, on 06/18/15 at 11:40 AM; and, the Medical Director, on 06/18/15 at 11:50 AM revealed they had all attended the Quality Assurance Review Committee meeting held on</p>	F 520		



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F 520	Continued From page 106 06/08/15 to discuss the Immediate Jeopardy issues. During the interview with the Administrator, on 06/18/15 at 5:07 PM, he stated he would review the overview assessment of the pest control log books to help identify any trends or patterns. If any trends/patterns were identified additional interventions will be included in the Quality Assurance Review minutes with follow up by members as needed. In addition, the pest control services monthly reports would be reviewed in the monthly Quality Assurance Review Committee meeting.	F 520			



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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1967, 1974 and 2011.</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Three (3) stories, Type II Protected.</p> <p>SMOKE COMPARTMENTS: Twelve (12) total smoke compartments; Four (4) compartments per floor.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors. Upgraded in 2009</p> <p>SPRINKLER SYSTEM: Complete automatic, wet sprinkler system. New service installed in 2011.</p> <p>GENERATOR: Type II, 260KW generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 06/02/15. The facility was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000	<p>Highlands POC:</p> <p>To the best of my knowledge and belief, as an agent of Highlands Health and Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.</p> <p>Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p>		

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

TITLE

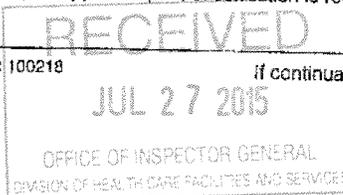
(X6) DATE

X Rose Thurman

X Administrator

X 7/26/15

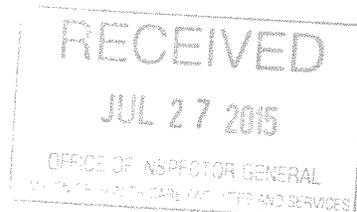
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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K 000 K 045 SS=D	Continued From page 1 Deficiencies were cited with the highest deficiency identified at an "E" level. NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exits were equipped with emergency lighting in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of twelve (12) smoke compartments, approximately sixty-five (65) residents, staff and visitors. The facility has one-hundred and fifty-four (154) certified beds and the census was one-hundred and thirty-three (133) on the day of the survey. The facility failed to provide the required level of illumination outside two (2) exits for discharge. The findings include: Observation, on 06/02/15 at 8:44 AM, with the Maintenance Director revealed two (2) exits from the Holley Hall Dining Room to the exterior of the building, did not have exterior egress lighting to provide the required level of illumination at the exit discharge. The exits were equipped with a light fixture containing only one bulb.	K 000 K 045	What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be negatively impacted by the deficient practice. It was determined that no residents were negatively impacted because there have not been any resident incidents to occur as the result of the center having a one bulb egress light fixture. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents are considered to have a potential to be affected by the deficient practice. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? The Maintenance Director replaced the identified egress light fixtures containing only one bulb with fixtures containing two bulbs by 7/18/15. An inspection was conducted by the Maintenance Director and the Administrator on 6/9/15 to identify any other egress light fixtures with only one bulb. Identified fixtures were replaced by the Maintenance Director by 7/18/15 with 2 bulb light fixtures.	



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K 045	<p>Continued From page 2</p> <p>Interview, on 06/02/15 at 8:46 AM, with the Maintenance Director revealed he was not aware of the two (2) exits from the Dining Room to the exterior of the building having egress light fixtures containing only one (1) bulb.</p> <p>The census of one-hundred and thirty-three (133) was verified by the Administrator on 06/02/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 06/02/15.</p> <p>Reference NFPA 101 (2000 edition)</p> <p>19.2.8 Illumination of Means of Egress.</p> <p>Means of egress shall be illuminated in accordance with Section 7.8.</p> <p>7.8 ILLUMINATION OF MEANS OF EGRESS</p> <p>7.8.1 General.</p> <p>7.8.1.1*</p> <p>Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way.</p> <p>7.8.1.2</p> <p>Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods</p>	K 045	<p>How will the facility monitor performance to ensure solutions are sustained?</p> <p>The appropriate functioning of egress lighting fixtures will be reviewed by the Maintenance Director as part of the Plan of Correction review in the monthly Quality Assessment and Assurance Committee. This will be reviewed monthly for six months and then as needed with any new issues related to egress light fixtures. The appropriate functioning of egress light fixtures is reviewed by the Maintenance Director during his weekly exterior facility rounds.</p>	7-22-15

