

Confidential

Episcopal Church Home

Chart Audit - Restorative Plan refused - date  
Plan refused - date  
Plan/Meeting  
Meeting date  
Pneumo refused?

Date PPD done  
Date Flu done

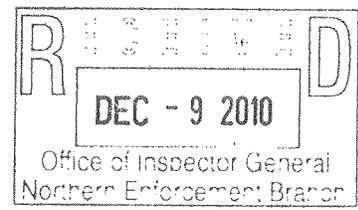
9/19/10	9/21/10	2006		
8/27/10	8/29/10	11/28/10		
8/11/10	9/13/10	9/5/03 → 12/7/10		
8/11/10	8/13/10	8/20/03 → 11/28/10		
6/22/10	6/24/10	7/30/10		
3/8/10	3/16/10	10/2004 → 12-7-10		
11/4/10	11/11/10	2008		

Date:

- C 24-2
- C 25-3
- C 26-1
- C 26-2
- C 27-1
- ~~C 27-2~~
- C 28-1
- C 28-2
- C 29-3
- C 30-3

# 18

# 4



2101 Survey Follow-up Quiz

- The following questions are designed to assess your knowledge of the areas in which the survey team determined we have a problem meeting the requirements for licensure.
- All of us must adhere to the infection control guidelines covered within this quiz- EVERY time!
- You are expected to think about what you are doing and do it correctly EVERY time.

Thank you in advance for the important role you play in our residents' health.

Kathy Shireman, RN

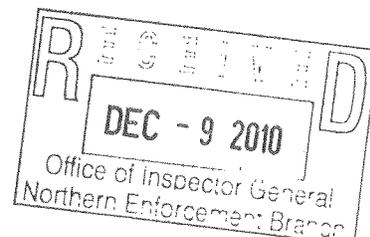


Infection Preventionist

Anne H. Veno, RN, LNHA



CEO/Administrator



## 2010 Survey Follow-up

## Content Outline

### I. TB Screening/PPD Employee

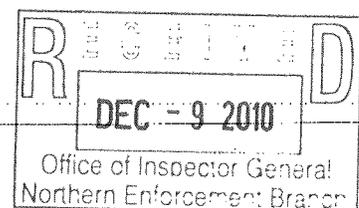
- A. PPD Tests upon hire and annually. Exception: History of TB or Positive PPD Reactor > 10mm. If not a known reactor previously, refer to Health Dept. If is previous positive reactor, do history. If any questions result in suspicion of disease, send to Health Dept. who conducts Chest X-Rays and epidemiological studies.
- B. TB Histories on positive reactors are to be done every six months.
- C. PPD's are required to be done no later than 365 days from the last PPD –annually-with the exceptions above.
- D. Must have PPD done and read before the due date listed on the posting.
- E. If PPD is not done and read before the 365<sup>th</sup> day, suspension of the employee and counseling will be done. They are to remain off work until it is completed.

### II. Resident PPD

- A. Is to be done on admission- a two step and no later than 365 days annually. CAN NOT BE LATE.
- B. Nurses are responsible for checking during the monthly audits to ensure PPD's upcoming are on the neighborhood's calendar and added to the MAR as appropriate. These checks need to be looking a month ahead as the PPD can not be beyond the 365<sup>th</sup> day when read.

### III. Pneumococcal vaccine (pnenumo)

- 1. Refusals are to be properly documented on the Immunization Record- including the date, reason, who the refusal came from and the nurse receiving the refusal.
- 2. ECH offers all employees the pneumococcal vaccine upon hire-sign up with your supervisor by 12.30.2010 if you have not received the vaccine and are interested in receiving it or want to learn more about it.
- 3. A new consent form has been started for all new admissions. The Social Services Department will complete it on admission.
- 4. Formal notice of flu vaccine administration will be given with the billing notice the month prior to administration (usually September) on an annual basis. ECH nurses will convert our LTC residents to the new consent as they come due for flu and/or pneumo. The CDC standard information & forms for each vaccine are in the file drawers at each nurse's station and are to be shared with residents and/or decision makers regarding the vaccines and side effects and right to decline. Guidelines for pneumococcal vaccine administration are in the DTR.



5. If the pneumo. vaccine date is unknown, the nurse is to find out where it was given and contact, if possible, to confirm exact dates of administration. If the vaccine was given > 5 years ago, seek an order from the physician, re-educate the resident/responsible party and with permission administer the vaccine or document its refusal.

#### IV. Infection Control

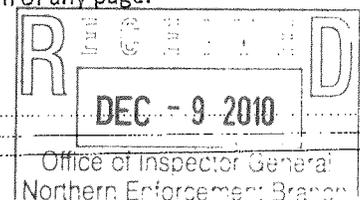
1. Handling food- handwash and reglove between residents.
2. Do NOT lay or leave an ice scoop in the ice container- cross contaminates.
3. Not remembering will not be tolerated-no excuses.
4. Feeding two residents- can not cross over with touching.
5. Meal tickets/ slips are to be used to make sure the dining services worker/nurse aide serves the correct foods, the correct adaptive equipment is used, and likes/dislikes are honored in serving the resident.
6. Do NOT touch food with ungloved hands or with contaminated/dirty gloves while setting up a resident, cutting up food, or buttering rolls.

#### V. Restorative

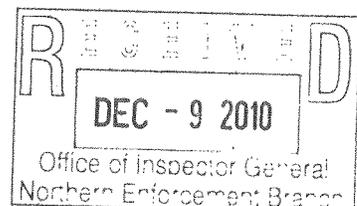
1. Nursing or therapy staff can recommend restorative nursing services to restore OR MAINTAIN a resident's highest level or functional ability. Aides or Nurses may identify the need and request that an evaluation by the therapy or restorative nursing staff be completed.
2. All staff has a responsibility to identify the need to reposition a resident. Positioning can prevent choking in those with swallowing problems. Residents need to sit up straight. Plans for special dysphagia- swallowing issues- are to be communicated by Speech Therapy and put on the care plan and aides assignment sheets.
3. Therapy may be re-consulted for positioning issues, as needed. Note that such has been done in the nursing/therapy notes and care plan.

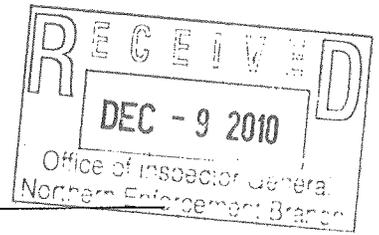
#### VI. Falls

1. Note on the resident's Care Plan all interventions tried- even if the intervention was not effective, to reflect the process ECH used historically. Date & initial all entries and discontinuations. Update the care plan after each fall. If no change is made, write a note in the Nurses Notes explaining why. Add to cause/ contributing factors in the problem statement and place interventions under the actions/ intervention section of the appropriate problem statement after each fall, NOT just at the bottom of any page.



2. Over-inflation of an air mattress may a cause a fall and is unacceptable and this indicates we have a communication or knowledge deficit with possible ineffective monitoring. Consult the DTR "Specialty mattresses" to find the appropriate settings as well as other mattress choices that might best fit a resident's needs. Place mattress orders on the TAR for every shift checks to make sure proper inflation is present and verified by the nurse. Place proper inflation levels on the TAR, care plan, and aide assignment sheet.
3. If a resident falls going to the toilet- Assess why this is happening (e.g. orthostatic hypotension, urgency, memory loss, leaking, are call lights answered timely, are nurses also answering call lights? Does a toileting plan need be developed? Is supervision of employees adequate? Investigate thoroughly and devise a plan/revise the care plan based on the findings.





Nursing Staff -Training from State Surevy-2010

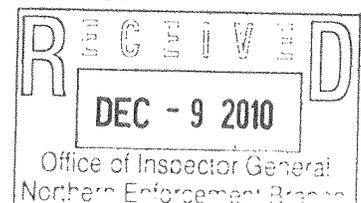
Name: \_\_\_\_\_

Date: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Regulation: Each resident is to receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being in accordance with the assessment and plan of care. Circle all appropriate responses.

1. A resident believes she/he can do more for themselves. You believe they might be able to do so also. What should you do?
  - A. Tell the nurse/ physician and discuss it with them the reasons why you think so.
  - B. Compliment the resident and do for them as much as you can.
  - C. Encourage the resident to attend activities.
  - D. Nursing or therapy can consider requesting restorative services.
  - E. Discuss with the resident what his/her goals are and make a plan to help them achieve them in the plan of care.
  
2. You have a nonverbal resident with a repeating slumping problem when in a chair. The resident also has dysphagia-trouble swallowing. Which of the following are correct statement(s) in this situation?
  - A. The aide assignment sheet is to have information related to how to position residents with special positioning needs to help prevent choking.
  - B. Therapy is to be consulted for difficult positioning problem solving recommendations.
  - C. The basic principle of positioning is to sit a resident straight up to prevent choking when eating -which is important to well being.
  - D. It is everyone's responsibility to ensure residents are positioned properly and repositioned.
  - E. Care plans are to reflect difficult positioning problems and historically reflect what actions were taken to attempt to resolve the positioning issues.
  - F. Nurses as well as aides are responsible for monitoring the positioning of residents.
  
3. You have a resident who has fallen on several occasions. When reviewing the falls, you would expect to be able to:
  - A. Review the Occurrence Report to identify cause/ contributing factors and see those identified in the problem statement in a "Potential for injury: falls " statement.
  - B. See a Falling Heart symbol on the nameplate outside the resident's door to alert everyone.

- C. See any recommendations made on the Occurrence Report reflected in the Interventions or action statement of the care plan and on aide assignment sheet.
  - D. Talk with all involved in the fall to determine why it happened to help prevent future falling.
  - E. Ignore it because we have tried everything with no success in preventing a fall.
4. You have a resident on a low air loss mattress. When transferring a resident the mattress was inflated more. You know this is high risk for causing a fall and possible skin breakdown. What do you do?
- A. Feel the mattress to see if it feels to be the right amount of inflation by pushing on it.
  - B. Nothing. The resident wished to be higher to see out the window better. More is better, the extra air will not hurt. Bolsters will protect the resident.
  - C. Look at how the resident is positioned- the resident should sink low into the mattress so that the mattress edges are the same height as the top of chest of the resident.
  - D. Check for positioning-the resident should be two to four inches from bottoming out.
  - E. Nurses document oversight of mattress/proper settings checks on the Treatment Record. Consult the plan of care or aide assignment sheet for the proper setting and adjust accordingly.
5. A resident fell trying to go to the toilet. Investigation reveals the call light was on 30 minutes before being responded to and by then the resident had tried to toilet on his/her own. What strategies might be applied to prevent future falls?
- A. Nothing. Was an unusual event.
  - B. Analyze if the aide had on the pager and it was working in order to know the light was ringing.
  - C. Determine if other falls were related to toileting and determine if urgency, leaking, memory loss or poor decision making contributed to not being able to wait for assistance. Ask resident for input.
  - D. Note on the aide assignment sheet that the resident is unable to wait to toilet-and likely to try to go on his/her own and fall.
  - E. Analyze the resident's voiding pattern and consider using a scheduled toileting plan.



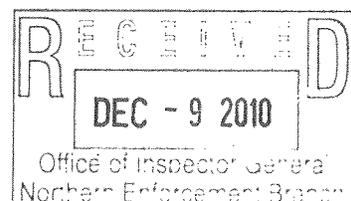
Learning Module: Influenza, Pneumovaccine and PPD

Approximate time needed: 30 minutes

Resources Available, if desired: Vaccine-Flu & Pneumo Release Form, Immunization Form, TB procedure, Vaccinations desk top reference. Post test.

Upon completion of this module, the learner will:

1. Implement their role in employee and resident PPD Testing, monitoring for compliance with state regulations, and include this information in the new employee orientation process consistently.
2. Identify the national guidelines for administration of the pneumococcal vaccine and where to find them in the desktop reference, the role expectations for determining last dose given and refusals, common adverse reactions to the pneumococcal vaccine, and what teaching is required plus documentation requirements- release and medical record recording.
3. Identify the process for identifying if a resident has received a flu vaccine, what instruction information about the vaccine is needed and how to document, what to do about refusals, and documentation of administration.
4. Verbalize understanding that mandatory in-service and meeting requirements are just that- mandatory with the expectation to attend, make arrangement to obtain the training at an alternate time/place within established deadlines or face disciplinary action so systems are implemented by all.



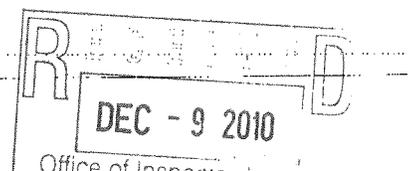
TB Screening/PPD's -All employees

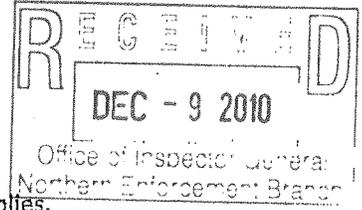
Name: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Post test: Employees-PPD, Influenza and Pneumococcal vaccine Circle all that apply.

1. Employee PPD tests are to be obtained a minimum of how often?
  - A. Upon hire
  - B. If you have a cough
  - C. Once a year
  - D. Anytime -it does not matter
  - E. Every two years
  
2. The PPD test is important because.... Circle all that apply.
  - A. It detects exposure to the tuberculosis bacteria
  - B. It detects active TB illness
  - C. It can help prevent the spread of TB
  - D. Kentucky has a high amount of TB in the state and knowing is a step toward treatment
  - E. It is required in this facility by state law.
  
3. If the December posting notice says that January third is the due date for your PPD test, when should you play it safe and go to Clingman to receive it? Circle all correct responses.
  - A. On January third
  - B. At least three days before January the third so that it can be read before it is too late
  - C. When my supervisor reminds me
  - D. When I am taken off the schedule because I did not have it read in time to be done by January 3.
  - E. A week after it is given.
  
4. What will be the consequences of not receiving your PPD timely?
  - A. Nothing
  - B. Counseling
  - C. Reminder again
  - D. Taken off schedule
  - E. Supervisor will talk to me





TB Screening/PPD's/Pneumococcal Vaccine -Nurse Quiz

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Circle all that applies.

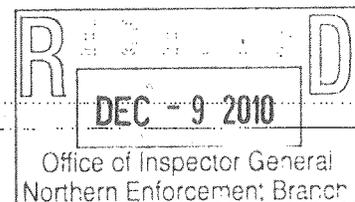
1. Residents are to have PPD tests how often?
  - A. Annually
  - B. When they have a history of TB
  - C. On admission
  - D. Before discharge
  - E. If they have had a positive reaction in the past
  
2. What is the system for monitoring PPD compliance?
  - A. Check the Blue Immunization/ Screening form when doing monthly chart audits
  - B. Ask the resident
  - C. Keep a listing of the last TB screening date and repeat skin testing on/before the last anniversary of last skin test
  - D. Check old MAR's
  - E. Ask the nurse manager
  
3. When discovering that TB screening time is approaching, what steps are to be taken?
  - A. Check TB history- if has had TB, give PPD.
  - B. Do a TB sign and symptoms history every 6 months on positive reactors, not a PPD
  - C. Do a TB signs and symptoms history on everyone on admission and annually
  - D. Write the PPD on the desk calendar for a two step
  - E. When doing the monthly review, check if TB screening is due and note it on MAR and calendar.
  
4. Which of the following are correct statements related to Pneumococcal Vaccines ?
  - A. Pneumococcal vaccine is to always be given on admission and every five years thereafter.
  - B. Information on when pneumococcal vaccine was received is to be determined on admission.
  - C. If information about when the vaccine was received is unknown, find out where and contact them for the info.
  - D. Consult the Immunization Record during the monthly review to determine what vaccines may be due.
  - E. Refusals must be documented and include the date, nurses's signature, person refusing and the reason.
  - F. All employees are being offered the opportunity to receive the pneumococcal vaccine.
  - G. Pneumococcal vaccine information sheets are available in the forms drawer and are to be used for education .

Infection Control-All Staff

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Circle all that apply.

1. The most important means of preventing the spreads of infection is:
  - A. Wipe up spills.
  - B. Use gloves when touching items contaminated with blood or body fluids.
  - C. Handwash when touching a potentially contaminated hand to a different surface.
  - D. Wear clothing or hair protection.
  - E. Cough into your elbow.
  
2. When handling an ice scoop while serving ice, it is important to:
  - A. Wear gloves.
  - B. Store the ice scoop in the ice cooler.
  - C. Touch the ice scoop to the used glass when filling it to keep from spilling ice.
  - D. Handwash or sanitize -if less than three times using sanitizer.
  - E. Place the scoop in the holder between uses.
  
3. When serving residents food, which of the following would apply?
  - A. Set up for meal service by placing the dietary slip on the residents' tables to make sure the right type of food is served.
  - B. Use the dietary slip to identify the likes and dislikes of residents.
  - C. Give an appearance of home by picking up food bare handed and cutting up food as needed.
  - D. Keep tidy by wiping noses while serving and feeding residents with no handwashing necessary in between.
  - E. Feed two residents while one is coughing moving one to the other without handwashing.
  
4. What are good excuses for poor infection control practices?
  - A. When cutting up a hamburger with bare hands say-"I was in a hurry."
  - B. You are between two residents and a resident coughs so you grab a napkin and wipe their mouth returning to give the other resident a bite. "I always did it this way."
  - C. You had a fire drill in the middle of the meal and are trying to get drinks served. You lay the ice scoop down in the ice container. "I have to get this done-we are late."
  - D. You pick up a roll to place it on the plate or butter it with your bare hands. "I forgot."
  - E. All the above answers are not good excuses for poor infection control. One slip up in what we do well can spread infection to many others.



**Episcopal Church Home**  
**Meal Observation Quality Study-2010**

**Purpose:** To insure infection control, food handling and customer service standards are met consistently at all meal service times and locations.

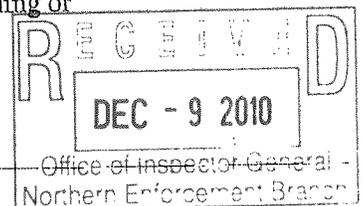
**Standards:**

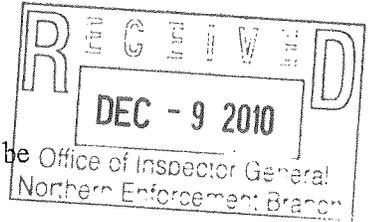
**Infection Control:**

1. Handwashing is to occur for 15 seconds after exposure to blood, body fluids, secretions, excretions, mucous membranes and broken skin. This includes picking up items that have been in a person's mouth, contact with spit, contact with nose discharge/ coughing spray. Going from feeding one resident to another without cleansing hands in these situations is a violation of infection control standards.
2. Touching food with bare hands can spread disease. Gloving is to be practiced with changing gloves between residents or if touching something potentially soiled/contaminated. Use gloves when cutting food and with feeding a resident.
3. Ice scoops are to NOT be laid down in the ice storage container. The scoop is to be placed in the receptacle furnished. Touching the scoop handle and then laying it in the ice can potentially contaminate the ice.
4. Any food items dropped are to be discarded and NOT fed to the resident. Replacement food is to be obtained.

**Customer Service:**

1. Introduce yourself to the resident and describe the meal about to be served.
2. Always offer or assist the resident with a warm disposable cloth to clean their hands before eating. The resident's hands/faces are also to be cleaned after eating, when necessary and clothing changed if necessary.
3. Residents are to be asked if they want/ offered clothing protectors, but not encouraged or forced to wear them if they do not desire to do so.
4. Residents are to be talked to respectfully and encouraged to engage in conversation during the dining experience (no general talking among staff members that is not resident related is permissible), food is to be introduced as it is being offered, asked residents about their preferences, and if they are not eating, inquire if they would like seasoning or





something different to eat, and the offering of alternatives is to be documented on the Care Flow sheet.

5. Residents are to be called by the name they have listed as preferred. Do NOT use "Honey", "Sweetie", "Sugar", etc. as these are interpreted as demeaning by some or being too familiar.
6. Residents needing to toilet (during the meal) are to be accommodated by the nurse aide and/or nurse and preferably, residents are to be toileted before meals.
7. Personal phone use/ texting is NEVER to occur during resident care times, such as meals and is only allowed to occur while on breaks.

#### Positioning/ Dysphagia Precautions

1. Residents are to be positioned in an upright position for eating- especially if they have swallowing issues.
2. Residents with positioning issues are to be referred to PT/OT for consultation and positioning instructions written in the care plan and on the nurse aide assignment sheets. Observation that these instructions are followed is to be included in the meal observation. A list may be obtained from the nurse's station of who this might effect.

#### **Methodology:**

Meal observations are to happen daily on day and evening shifts by a nurse, dietician or dietary manager who has been educated by reading the standards. Observations are to occur in the neighborhoods as well as Canterbury Court. Nurses are to be assigned the duties on a rotational basis.

The Meal Observation form is to be completed by the observer assigned. The date and time of the observation can be written on the line provided. The areas to be observed include: food handling, hand washing, ice scoop management, and customer service (positioning of residents).

Immediate intervention is to be given by the observer if standards are breached to ensure infection control practices are upheld and resident's rights are protected. The break from standard is to be recorded on the QA study data collection report.

#### **Reporting:**

Forms are to be submitted to the nurse manager of the neighborhood, Director of Dining Services, and Director of Clinical Services.

Results are to be reported by the nurse manager at the monthly QA meeting along with interventions applied and improvement plan recommendations.

Date: \_\_\_\_\_

Episcopal Church Home  
Meal Observation Study

Day of Week/ Neighborhood	Morton	Clingman	Marmion	MCC	Woodcock
Sunday	B		D		L
Monday		L		B	
Tuesday	D			D	
Wednesday		B			B
Thursday			L	L	
Friday	L				D
Saturday		D	B		

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 DEC - 9 2010  
 Office of Inspector General  
 Northern Enforcement Branch

Episcopal Church Home  
 QA- Meal Observation

Confidential

Meal Service- Date: \_\_\_\_\_ Time: \_\_\_\_\_ Observer: \_\_\_\_\_

List all employees on duty. Describe per employee the areas listed below that need be managed better to improve practice. Name employees involved and interventions taken. Inappropriate repeat poor practice behavior is not to be tolerated and is to be subject to disciplinary action.

SRNA/Nurses	Food Handling-Infect contr/HW	Ice Scoop Management	Customer Service	Position/Dysphagia/Prec		
OK	Not OK--describe	OK	Not OK--describe	OK	Not OK--describe	

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 DEC - 9 2010  
 Office of Inspector General  
 Northern Enforcement Branch

	Breakfast Units	Breakfast MDR	Lunch Units	Lunch MDR	Dinner Units	Dinner MDR	FACTing 11:20	FACTing 4:20
5:30 - 1PM	X-3	X	X				X-2	
9:30 - 6PM				X	X		X	
11:30 - 8PM				X		X		X
RD	X							

Dining Services Meal Observation Schedule:

- X-2: Early supervisor to cover when no Third supervisor available
- X-3: Early supervisor to cover when no RD available

Rounds prior to service to each unit to be certain they have what they need and that all elements are being met (temperatures, serving sizes, diet cards, etc)

Rounding during the meal is to understand if the needs of the residents are being met, food is being eaten, temperatures are holding, trays are promptly delivered, service is appropriate.

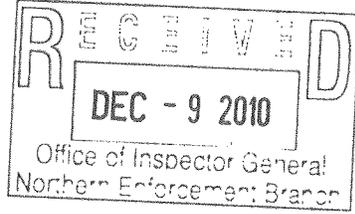
Rounding includes completion of the observation form, two times per month per manager

FACTing:

All staff expected to attend : Supervisors, Production Team, Wait Staff, Dishroom

Order:

- 1) Talk the menu
- 2) FACTing
- 3) Showtime
- 4) CHAT, HATS or other education items: Trish will do when there



Section: <b>SANITATION AND INFECTION CONTROL</b>	<b>POLICY #F016</b>
Subject: <b>ICE HANDLING</b>	Date Issued 5/95 Revised: 12/2010

**POLICIES:**

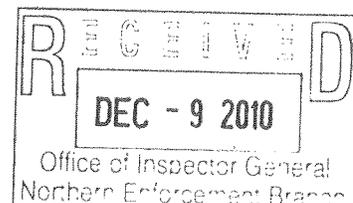
- Ice made by ice machines on the premises must be made with water from a source approved by the State/local health department.
- Only ice is permitted to be kept in the ice storage bin of the ice machine.
- Ice must be protected from splash, drip, and hand contamination during storage and service.
- In the event of a mechanical malfunction, ice will be transported in a clean, covered, food service approved container from another machine in the facility/community or bought from an approved source.

**PROCEDURES:**

**All Facility employees**

- Use a scoop to remove ice from the storage bin into the receptacle used for service. (A scoop should be designated for removing ice from the bin, and should not be used for other purposes.)
- Scoops are utilized for dispensing ice from the secondary dispensers. Scoops are not to be held in the ice, but in appropriate holders outside the ice receptacles.
- Inside of ice storage bins are cleaned on a monthly basis.

**P&P CROSS REFERENCE:** F – Area and Equipment Cleaning Frequency (for ice machine)



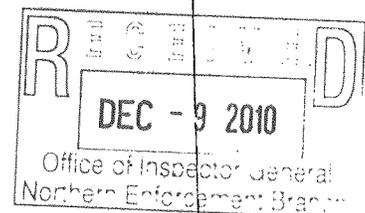
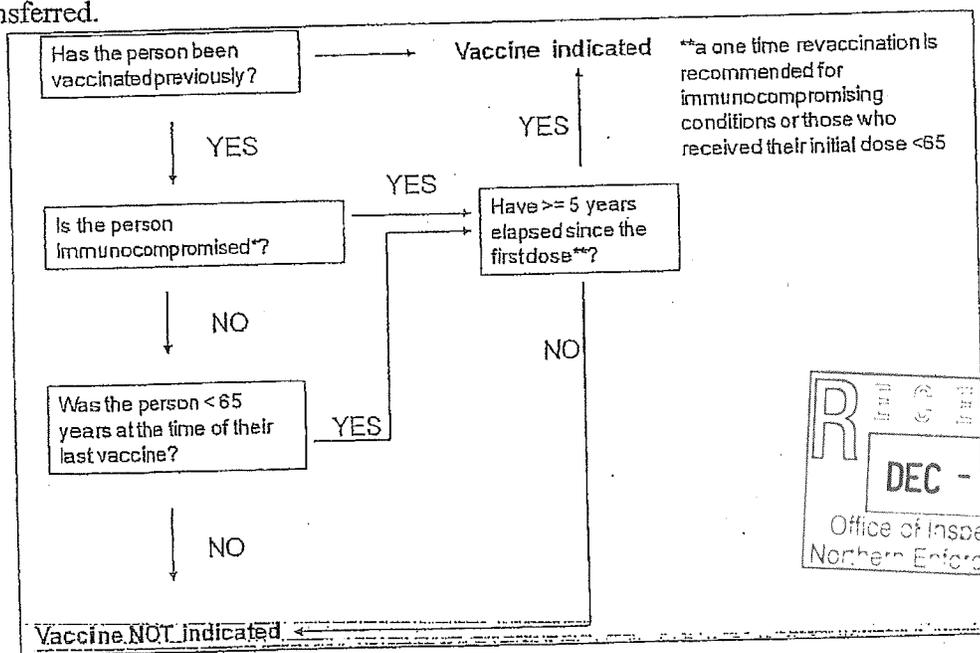
<b>THE EPISCOPAL CHURCH HOME</b> LOUISVILLE, KENTUCKY	INDEX NUMBER:	PAGES:
CHAPTER: Nursing  FUNCTION:  Desk Top Reference Title: Vaccine Recording/ Management	EFFECTIVE DATE: 9.23.2010  SUPERSEDES:  RELATED STANDARDS/POLICIES:  REVISED DATE: 11/17/2010	

**INTRODUCTION:** On admission, Social Services staff will provide Influenza and Pneumococcal information to the appropriate decision maker. The decision maker is to sign a release form. Residents' vaccine histories are to be evaluated on admission for the history of having had the influenza and pneumococcal vaccines. Documentation of the information is required for the MDS and to ensure the resident is properly vaccinated. If dates are unknown, attempt to contact previous healthcare providers to ascertain the dates.

**INSTRUCTIONS:**

Influenza and pneumococcal vaccines are to be researched via interview, family contact or contact with the residents' primary MD office. The dates they were received are to be recorded on the Immunization Record. (See attached sample.) Any other types of vaccines are to be recorded under "other". Use the attached algorithm to determine if a vaccine is indicated. If one is indicated, contact the physician to obtain an order. Record the administration on the Immunization Record. Refusals are to be documented, and contain the following information: Date, Name of person refusing, Reason, Nurses signature.

Send a copy of the Immunization Record to the hospital or receiving facility if a resident is transferred.



# EPISCOPAL CHURCH HOME INFLUENZA VACCINE CONSENT/ RELEASE

**YES, THE VACCINE IS REQUESTED:**

\_\_\_\_\_, a resident of Episcopal Church Home, does want to receive the flu shot this year and during each succeeding year. It is understood that this resident is not allergic to eggs, the influenza vaccine, or thimersol; does not have a history of Guillian-Barre Syndrome ( GBS ); and will not have any febrile symptoms at the time of vaccination. I have read, have been given the opportunity to ask questions, and understand the flu information provided by the CDC Vaccine Literature including recommendations and potential side effects. This facility and its employees will not be held responsible for any adverse reactions to this vaccine now or in the following years. I have been provided the opportunity to review a copy of the CDC Vaccine Literature.

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**NO, THE VACCINE IS NOT TO BE ADMINISTERED:**

\_\_\_\_\_, a resident of Episcopal Church Home, is not to receive the flu shot this year.

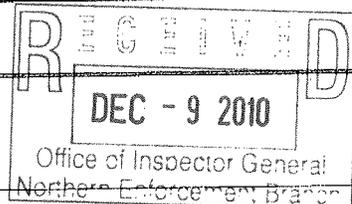
**REASON:** \_\_\_\_\_

\_\_\_\_\_  
Resident or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# EPISCOPAL CHURCH HOME PNEUMOCOCCAL VACCINE CONSENT FORM

Please discuss any questions you may have, or request for more information with the nurse or the attending physician.

**PNEUMOCOCCAL VACCINE:** The Pneumococcal Polysaccharide Vaccine is effective against 23 pneumococcal types which cause 90 % of all pneumococcal pneumonia and is effective for approximately five (5) years.

Anyone 65 years of age or older or having chronic health problems is considered high risk for exposure to and complications from pneumococcal infections such as pneumonia, septicemia, and meningitis. The CDC currently recommends a single dose of the vaccine for people 65 years and older who have not been previously vaccinated or whose vaccination status is unknown. A one-time revaccination is recommended for persons 65 years and older when their last vaccination was given when they were younger than 65 years of age and it has been 5 or more years since their first dose.

Local site reactions may be experienced in vaccine recipients. Less than 1% of recipients have reported slight elevations of body temperature, but severe allergic reactions have not been documented. Please review the CDC literature offered.

## PNEUMOCOCCAL VACCINE:

\_\_\_\_\_ **YES** I wish this resident to receive the Pneumococcal Vaccine according to the recommended schedule.

\_\_\_\_\_ **NO** I do not wish this resident to receive the Pneumococcal Vaccine at this time. ( This vaccine will be offered again at a later time)

**REASON:** \_\_\_\_\_

If vaccine was received prior to admission, what date ? \_\_\_\_\_

If date unknown, who can we contact to find the information ? \_\_\_\_\_

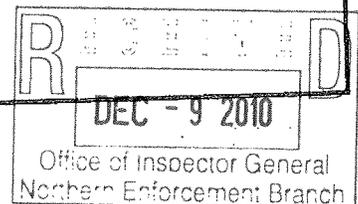
**Name**

**Phone #**

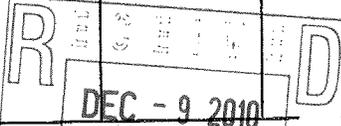
**Resident's Name:** \_\_\_\_\_

**Resident or Responsible Party's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Problems	Goals	Interventions	Disciplines	Frequency
At Risk For Falls R/T having a hx of falls, high falls risk score, c/o left knee pain from her dx of OA, and having a hx of wandering via her w/c. She has a dx of dementia, OP, and HTN. STATUS: Active (Current)	Ms. Moore will not experience any serious injuries but continue to maintain her mobility through next review. Ms. Moore will not have any attempts of elopement through next review. STATUS: Active (Current) GOAL DATE: 2/24/2011	Wanderguard applied r/t to wandering around the facility with attempts to leave the building. STATUS: Active (Current)	Nursing	
		Assess potential physical causes for wandering (need to toilet, water, food, or pain relief) STATUS: Active (Current)	Nursing	
		Redirect behavior/activity when wandering is observed. STATUS: Active (Current)	Nursing Dept	
		<i>Do not leave in room, assess as possible to assist with help to</i>	Activities	
		Dyem to w/c to reduce sliding. STATUS: Active (Current)	Nursing Dept	
		<i>mobile OHS to bed</i>		
		Medication per MD order. (Calcium) for OP. STATUS: Active (Current)	Nursing	
		Inspect skin daily for s/s for skin irritation, redness, blanching, report to nurse if present. STATUS: Active (Current)	Nursing Dept	
At risk for alteration in skin integrity r/t having a h/o lesions that she scratches on her perineal and coccyx area from her psoriasis. She continues to have treatments to this perineal/coccyx area. She is incontinent of bladder. She needs extensive assist with her bed mobility and has been using the sara lift for transfers. STATUS: Active (Current)	Ms. Moore will have no further s/s of skin breakdown or UTI through next review. STATUS: Active (Current) GOAL DATE: 2/24/2011			
Resident Name: B Rsd # B	Resident ID: 1493*	Location: ECHINFC Wing 07P	Care Plan ID: 5962	

  
 Office of Inspector General  
 Northern Enforcement Branch

Name  
Date

Group 1 C-Wing  
Day Shift

A	B	C	D	E	F	G	H	I	J	K
ROOM	RESIDENT	ADL	B&B	MOBILITY	TRANSFER	MEALS	DEVICE	TURN/ Siderails	BATH	COMMENTS
1	C-3-1	ax1	toilet q 2 hrs	walker/walk assist as needed	ax1	MDR	walker	bed against wall in room ax1	W/P showers	ax1, toilet q 2 hrs Uses walker to ambulate. Wears glasses and I/AN. Ears needs in MDR
2	C-3-1	ax1	toilet q 2 hrs	walker	ax1	MDR	walker	bed against wall in room ax1	W/P M/TB	AD-13 Occasionally confused. OWN TEETH. Encourage to go to the DR for lunch and supper. Encourage resident to change clothes each a.m. It worse here to dress before bed. Assist with hygiene after bathroom, wash a.m. and p.m. Elevate legs with 2 pillows under calves so that legs are higher than level of heart twice daily and at bedtime. Please ambulate in hallway daily. Legs up in rest after meals. IF GETTING LOW ON PILL, JES INFORM NURSE TO CALL HER DAUGHTER. Clothing protector for all meals, hair brushed every day and lipstick daily. Make sure room is tidy daily. PLEASE PUT CATCHES IN WHEELCHAIR
3	C-4-5	ax2	Incontinence/beds	w/c	ax2	room	w/c	assist bars	Med/Fri (N)	purple disc, NTL. Eats in her room, has a shower 2/17. had leg brace. Private duty after daily. In bed after meals
4	C-5-1	ax1	Incontinence/beds	w/c	ax1	MDR	w/c	1/2 ax2	W/Sat N	pressure relief cushion for wheelchair. Is to wear red hose when up, cuts marks in MDR supply catheter to buttocks after each incontinent episode. ST alert
5	C-7-1	ax1	toilet q 2 hrs, incontinence/beds	w/c	ax2	wing	w/c	low bed, mat, bed case	wed/est	transfer w/ sling, linen, g. Hines wears pullups, toilet q 2 hrs. Has room work. Alarm to bed and w/c. Sensor pad to bed and chair when in them. Photo cushion to chair. Res wears waist guard brace. Elevate heels while in bed or rest. Res not to be in room alone as much as possible (FALLS RISK). Make sure to toilet q 2 hours AND right before bed to prevent resident from getting up alone. Keep res on unit as much as possible unless supervised off unit.
6	C-8-1	ax1	Incont. toilet q 2 hrs	w/c	ax1	wing	w/c	no str	W/P M/TB	ax1. Likes to sing and loves snacks. toilet q 2 hrs. Friend does her laundry twice a week. Also, res is to sit up in a straight back chair and eat in a recliner if back problems. Shallowing pneumonia.
7	C-8-2	ax1	continent, toilet routinely	walking walker	ax1	wing	rolling walker	ax1 hand, roll mat	T/F W/P	"Fall risk" sensor pad to bed and chair, low bed with roll mat, ambulate walking walker, keep non-slip socks on resident
8	C-9-1	ax2	Incontinence/beds	w/c	ax2	resonance	w/c	no str	non/ved (d)	Alert to self, has ambulate before meals, wears glasses, do alarm to bed and wheelchair
9	C-9-2	ax1	Incontinence/beds	w/c	ax1	wing	w/c	low bed with roll mat, no str	W/P T/F	ax1. Weight bearing as tolerated on left leg. Taps to bed and w/c or rest. Toilet q 2 hrs brief. Soft music playing during the day. Fall risk monitor sleep, use arm lift as needed, right wrist splint in a.m.
10										

UPDATED 11-12-2010 MAKE SURE YOU ASK RESIDENTS ABOUT BMS

Assignment Break

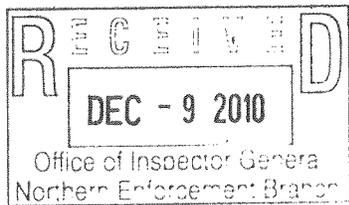
DEC - 9 2010

Office of Inspector General  
Northern Enforcement Branch

Name  
Date

Group 1 C-Wing  
Day Shift

Assignment  
Break



A	B	C	D	E	F	G	H	I	J	K	L
ROOM	RESIDENT	ADL	R&B	MOBILITY	TRANSFER	MEALS	DEVICE	TURN/ Siderails	BATH	COMMENTS	
1	C-2-3	act1	toilet q 2 hrs	walker with assist as needed	act1	MDR	walker	bed against wall, bed case	T/P/H showers in room and	act1, toilet q 2 hrs. Uses walker to ambulate. Wears glasses and H/A. Eats meals in MDR	
2	C-3	Assist as needed	Intermittent Toilet Q 2 hrs TAKE to BATHROOM	W/C Walker	Supervision to limited assist	Room- encourage to go to DR	W/C Walker	Assist/ None	W/P M/Tu	A/O X1. Occasionally confused. OWN TEETH. Encourage to go to the DR for lunch and supper. Encourage resident to change clothes each a.m. It works best to dress before W/C. Assist with hygiene after bathroom, wash a.m. and p.m. Elevate legs with 2 pillows under calves so that legs are higher than level of heart twice daily and at bedtime. Please ambulate in hallway daily. Legs up in recliner after meals. GETTING LOW ON PULL-UPS INFORM NURSE TO CALL HER DAUGHTER. Clothing protector for all meals, hair brushed every day and lipstick daily! Make sure room is tidy daily!!! PLEASE PUT CROCKS IN WHEEL CHAIR!	
3	C-4-3	act2	Intermittent/breds	w/c	act2	room	w/c	assist bars	Mon/Fri (N)	prone diet, NTL. Eats in her room has a silver 24/7. Left leg brace hygiene duty after daily. In bed after meals	
4	C-5-1	act1	Intermittent toilet q 2 hrs	w/c	act1	MDR	w/c	U/2 p x2	W/Sat N	pressure relief cushion for wheelchair. Is to wear bed brace when up. eats meals in MDR apply calzone to buttocks after each noon episode. ST alert	
5	C-7-3	act1	toilet q 2 hrs. intermittent breds	w/c	act-2	w/c	w/c	low bed, mat, bed case	resident	transfer x2 Eats on wing. Incontinent. @ times wears pull-ups. toilet q 2 hrs Has own teeth. Alarm to bed and w/c. Sensor pad to bed and chair when in them. Robo cushion to chair. Res wears wonder guard bracelet. Elevate heels while in bed or recliner. Res not to be in room alone (FALLS RISK). Make sure to toilet q 2 hours AND right before bed to prevent resident from getting up alone. Keep res on unit as much as possible unless supervised off unit.	
6	C-8-1	act1	room, toilet q 2 hrs	w/c	act1	w/c	w/c	no sit	W/P M/Tu	act1. Likes to sing and loves animals. toilet q 2 hrs. Friend does her laundry twice a week. Also, res is on sit up in a straight back chair and not in a recliner or back problems. Swallowing precautions.	
7	C-8-2	act1	continent, toilet randomly	rolling walker	act1	w/c	rolling walker	assist, harness, low bed, fall mat	T/F W/P	*Fall risk*, sensor pad to bed and chair, low bed with fall mat, ambulate with/walker, keep non-skid socks on resident	
8	C-9-1	act2	Intermittent/breds	w/c	act2	room	w/c	no sit	man/yrd (d)	act1 on sit up. Has dentures before meals, wears glasses, job alarm to bed and wheelchair	
9	C-9-2	act1	Bed/ toilet q 2 hrs	w/c gorthair	act1	w/c	w/c periodic routine	low bed with mat, No sit turn every 2 hours	W/P Tue/Fri	act1 weight bearing as tolerated on left leg. Takes to bed and w/c or recliner. Toilet q 2 hrs. Soft under splint during the day. Fall risk monitor closely, use srm H/A as needed. rigid wrist splint in a.m.	
10											
11	Encourage fluids with all residents unless otherwise noted!!!!!!										
UPDATED 6-7-2010 MAKE SURE YOU ASK RESIDENTS ABOUT BMX											

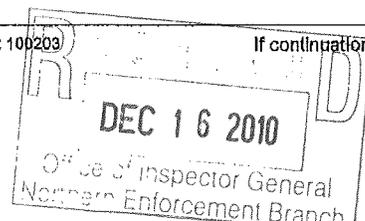
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/13/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  11/09/2010
NAME OF PROVIDER OR SUPPLIER  EPISCOPAL CHURCH HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7504 WESTPORT ROAD LOUISVILLE, KY 40222		
(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	
K 000	INITIAL COMMENTS  AMENDED SOD 12/13/10 A Life Safety Code survey was initiated and concluded on 11/09/2010. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was a " F ".	K 000		12/8/10	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to conduct fire drills according to NFPA. Fire drills must be conducted for each shift quarterly. The deficiency affected all residents.  The findings include:  Record review of the fire drills conducted on 11/09/2010 at 12:55 PM, revealed no documentation for a drill conducted for (3rd) shift during the first quarter of the year. The observation was confirmed with the Director of the Facility.	K 050	The Episcopal Church Home's credible allegation of compliance to the Life Safety Code survey conducted on 11/09/2010 is as follows:  Tag K-050NFPA 101 Life Safety Code Standard  <ul style="list-style-type: none"> <li>The Episcopal Church Home will conduct fire drills as prescribed by the LSC, once per quarter per shift.</li> <li>All residents may be potentially affected by this requirement.</li> <li>A fire drill calendar has been developed with random drills assigned per shift and scheduled in each quarter. In the first week of the last month of the quarter the drill calendar will be reviewed by the department director to insure all drills have taken place. If not, a drill will be held in the next 24 hour period. The fire drill schedule and log are located in the Fire Drill Logbook located in the Director of Facilities office. The LSC binder is reviewed by the Director of Facilities monthly.</li> <li>The fire drill reports will be submitted to the Quality Assurance Committee on at least a quarterly basis. (See Attachment for K050)</li> </ul>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Chris Acker* TITLE *CEO/ADM* (X6) DATE *12/15/10*

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

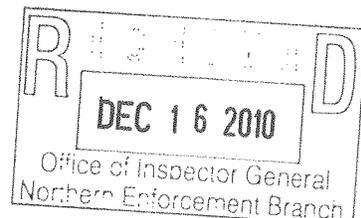


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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/13/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/09/2010
NAME OF PROVIDER OR SUPPLIER  EPISCOPAL CHURCH HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7504 WESTPORT ROAD LOUISVILLE, KY 40222	
(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
K 050	Continued From page 1 Interview on 11/09/2010 at 12:55 PM, with the Director of the Facility, revealed that fire drills for third shift are conducted by security and was unsure if a drill for (3rd) shift had taken place during that quarter.  Reference: NFPA 101 (2000 edition) 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050		12/8/10
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by:	K 062	Tag K-062NFPA 101 Life Safety Code Standard  <ul style="list-style-type: none"> <li>The Episcopal Church Home will monitor on a monthly basis the water pressure gauges as prescribed by the LSC.</li> <li>All residents may be potentially affected by this requirement.</li> <li>A monthly log will be completed and kept in the sprinkler room in the Main Building basement where the gauges were installed. The form will be filed into the LSC binder, located in the Director of Facilities office, when completely filled. The LSC binder is reviewed by the Director of Facilities monthly.</li> <li>The log information will be submitted to the Quality Assurance Committee on at least a quarterly basis. (See Attachment for K062)</li> </ul>	



# K050 Attachment

**RECORDED**  
**DEC 16 2010**  
Office of Inspector General  
Northern Enforcement Branch

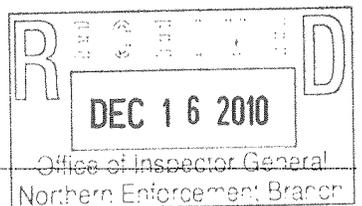
# ECH Fire Drill Log

Year \_\_\_\_\_

SHIFT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	EVACUATION
1 <sup>ST</sup>	2 <sup>nd</sup> Week					3 <sup>rd</sup> Week	
2 <sup>ND</sup>		1 <sup>st</sup> Week		2 <sup>nd</sup> Week			
3 <sup>RD</sup>			4 <sup>th</sup> Week		1 <sup>st</sup> Week		

SHIFT	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	EVACUATION
1 <sup>ST</sup>	3 <sup>rd</sup> Week				1 <sup>st</sup> Week		
2 <sup>ND</sup>			2 <sup>nd</sup> Week	3 <sup>rd</sup> Week			
3 <sup>RD</sup>		1 <sup>st</sup> Week				4 <sup>th</sup> Week	

ECH



# K062 Attachment

**RECEIVED**  
**DEC 16 2010**  
Office of Inspector General  
Northern Enforcement Branch

# ECH Fire Suppression Log Year

WEEK	#1	#2	#3	#4	#5	#6
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R E C E I V E D  
DEC 16 2010  
 Office of Inspector General  
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WEEK	#1	#2	#3	#4	#5	#6
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**\*\*Observe and record pressures in blank spaces\*\***

**R E C E I V E D**  
**DEC 16 2010**  
 Office of Inspector General  
 Northern Enforcement Branch