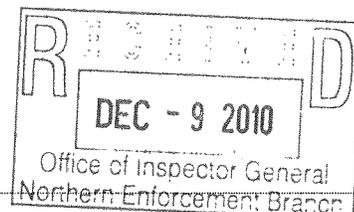


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11/2/2010 1:02:49 PM

Organization : ECH
Entry Date <= 11/2/2010
Date Range: 11/2/2010 - 11/2/2010
Discipline(s): All Staff

Care Plan Report

Print Date: 11/2/2010 1:02:49 PM

Care Plan for:

Resd # 8

Effective:

10/28/2010 - Present

Care Plan Documentation

NOTES:

Strengths, Long/Short Term Goals and Other Comments: alert and oriented to person, recognizes family, long term placement, no discharge plans

Diagnoses

MULTIPLE THERAPIES, GENERALIZED WEAKNESS, SEPSIS, NONINF GASTROENTERIT NEC, ACUTE RENAL FAILURE NOS, HYPERTENSION NOS, COR ATH UNSP VSL NTV/GFT, DEMENTIA

Advance Directives

Living Will, Do Not Resuscitate, Health Care Surrogate, Hospital Preference

Allergies

No Known Allergies

Problems

Mrs. [redacted] has a dx of alzheimers dementia resulting in impaired memory and an altered thought process. she is not able to recall the need for long term care placement often is looking or waiting for her daughters to pick her up to take her home. She does not recall living at a community assisted living prior to admission to ECH for the past several years.
STATUS: Active (Current)

Goals

Mrs. [redacted] will accept placement and joining peers in social functions and events by next review
STATUS: Active (Current)
GOAL DATE: 11/27/2011
H25-10, Non-Verbal
Dementia 1-4-10
@ 180000's fund
930 white oak

Primary Physician

Person, Carmel

Interventions

Introduce to peers. Engage in conversations of interest such as Mrs. [redacted] was born on a farm in Jefferson Co, has two daughters, Jane and Laverne. Both live in Louisville in the Middletown area, is catholic, loves music and to dance
STATUS: Active (Current)

All Staff

Disciplines

Frequency

Invite to social events and functions especially those involving music and dancing. Provide an escort to and from
STATUS: Active (Current)

All Staff

Assure ads are performed daily. Explain nursing tasks and procedures simply and concisely. allow time for Mrs. [redacted] to absorb and comprehend information
STATUS: Active (Current)

Nursing

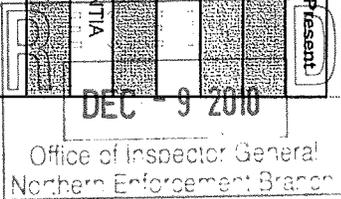
Explain whereabouts and that family is aware simply and concisely. Stress being safe and secure and that daughters know where she is.
STATUS: Active (Current)

All Staff

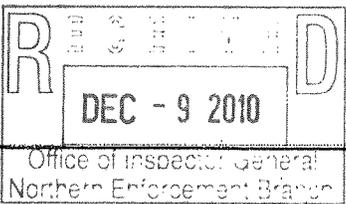
Monitor and document any mood or behaviors especially exit seeking or anxiousness regarding whereabouts. Report to nursing
STATUS: Active (Current)

All Staff

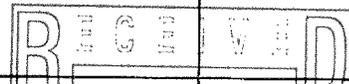
Resident Name	Resident ID	Location	Care Plan ID
Resd # 8	02055	ECHINFJ Wfng107W	5919



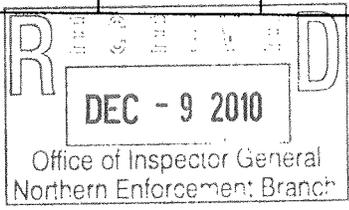
Problems	Goals	Interventions	Disciplines	Frequency
<p>Self care deficit - related to the effects of Dementia. Mrs. [redacted] requires extensive assistance with dressing and bathing. She is continent of bowel and has occasional incontinent episodes of urine she wears pull ups. She has impaired memory and and altered thought process. She wears glasses. She requires cues and direction throughout the day and utilizes a rolling walker for ambulation. Provides independent</p> <p>STATUS: Active (Current)</p>	<p>Mrs. [redacted] will bathe, dress, groom, every am with cues and limited assistant.</p> <p>STATUS: Active (Current)</p> <p>GOAL DATE: 11/27/2011</p>	<p>Beautyshop as requested by family.</p> <p>STATUS: Active (Current)</p> <p><i>11-8-10 Restorative Bsg Sergeant to maintain AROM in lower extremities</i></p> <p>Clean mouth, brush teeth/dentures after meals and at bedtime.</p> <p>STATUS: Active (Current)</p> <p>Requires extensive assist clothing selection daily. Encourage the resident to be as independent as possible.</p> <p>STATUS: Active (Current)</p> <p>Monitor for personal hygiene needs and provide assistance as needed, or as indicated to keep her clean, dry and odor free. Encourage the resident's participation.</p> <p>STATUS: Active (Current)</p> <p>Whitpool 2x a week with lotion to skin, firm, as needed.</p> <p>STATUS: Active (Current)</p> <p>She utilizes a roller walker for her mobility and transfers.</p> <p>STATUS: Active (Current)</p>	<p>Nurse Assistant</p> <p>Certified Nurse Aide</p> <p>Nursing</p>	<p>3 X Weekly starting 11/01/2010</p> <p>4 X Daily starting 11/01/2010</p>
<p>Resident Name</p> <p><i>E KSD # 8</i></p>	<p>Resident ID</p> <p>02055</p>	<p>Location</p> <p>ECHINFD Wing107W</p>	<p>Care Plan ID</p> <p>5919</p>	

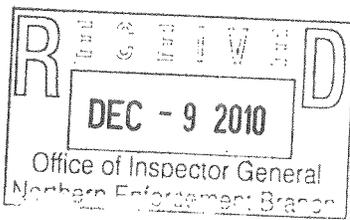


Problems	Goals	Interventions	Disciplines	Frequency
<p>Self care deficit - related to the effects of Dementia. Mrs. [redacted] requires extensive assistance with dressing and bathing. She is continent of bowel and has occasional incontinent episodes of urine she wears pull ups. She has impaired memory and altered thought process. She wears glasses. She requires cues and direction throughout the day and utilizes a rolling walker for ambulation. Provides independence.</p> <p>STATUS: Active (Current)</p>	<p>The resident will remain clean after having a BM.</p> <p>STATUS: Active (Current)</p> <p>GOAL DATE: 1/27/2011</p>	<p>Monitor resident for cleanliness after having a BM. Assist with hygiene as needed.</p> <p>STATUS: Active (Current)</p>	<p>Certified Nurse Aide</p>	
<p>At risk for alteration in skin integrity r/t: needing extensive assistance with her occasional incontinence and extensive assistance with mobility. She needs to be cued and monitoring for bed mobility and needs assistance from staff with incontinence r/t her Dementia.</p> <p>STATUS: Active (Current)</p>	<p>[redacted] will exhibit no s/s irritation or skin breakdown.</p> <p>STATUS: Active (Current)</p> <p>GOAL DATE: 1/27/2011</p>	<p>Inspect skin daily for s/s for skin irritation, redness, blanching, report to nurse if present.</p> <p>STATUS: Active (Current)</p>	<p>Certified Medication Aide</p>	
<p>Resident Name: [redacted]</p>	<p>Resident ID: 02055</p>	<p>Location: ECHWFLD Wing 107W</p>	<p>Case Plan ID: 5919</p>	
		<p>Monitor for skin irritation in per area.</p> <p>STATUS: Active (Current)</p> <p><i>12540 UTI</i> <i>Amoxil 500mg</i> <i>PO Q 8-12 X 5 DAYS</i></p>	<p>Nursing</p>	
		<p>Administered Preparation H ointment as needed hemorrhoids.</p> <p>STATUS: Active (Current)</p>	<p>Licensed Practical Nurse</p>	
			<p>Registered Nurse</p>	


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Problems	Goals	Interventions	Disciplines	Frequency
At risk for alteration in skin integrity r/t: needing extensive assistance with her occasional incontinence and extensive assistance with mobility. She needs to be cued and monitoring for bed mobility and needs assistance from staff with incontinence r/t her Dementia. STATUS: Active (Current)	██████████ will exhibit no s/s irritation or skin breakdown. STATUS: Active (Current) GOAL DATE: 1/27/2011	<p>Mrs. ██████████ turn and reposition q 2 hours pm. STATUS: Active (Current)</p> <p>Keep clean and dry. Change q 2 hours and pm. Cleanse gently and pat dry. STATUS: Active (Current)</p> <p>Weekly skin assessment with documentation. STATUS: Active (Current)</p>	<p>Certified Nurse Aide</p> <p>Licensed Practical Nurse</p> <p>Registered Nurse</p>	
Resident Name: ██████████	Resident ID: 02055	Location: ECHINFD Wing 107W	Care Plan ID: 5919	



Problems	Goals	Interventions	Disciplines	Frequency
At risk for alteration in skin integrity r/t: needing extensive assistance with her occasional incontinence and extensive assistance with mobility. She needs to be cued and monitoring for bed mobility and needs assistance from staff with incontinence r/t her Dementia. STATUS: Active (Current)	██████████ will exhibit no s/s irritation or skin breakdown. STATUS: Active (Current) GOAL DATE: 1/27/2011	Calazime protectant Butlocks after every incontinence. STATUS: Active (Current)	Certified Medication Aide Certified Nurse Aide Licensed Practical Nurse Registered Nurse	
Altered Health Maintenance r/t the effects of HTN. Blood pressure is within normal limits at this time. STATUS: Active (Current)	The resident will exhibit no decreased cardiac output STATUS: Active (Current) GOAL DATE: 1/27/2011	Monitor b/p prior to giving medication. STATUS: Active (Current)	Certified Medication Aide Licensed Practical Nurse Registered Nurse Certified Medication Aide Registered Nurse Licensed Practical Nurse	
Resident Name ██████████ Rsd # 8	Resident ID 02085	Location ECHANFD Wing1071W	Care Plan ID 5919	

RESTORATIVE SERVICE RECORD

MONTH

Dec

YEAR

2010

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PROM																															
AROM																															
SPLINT/BRACE																															
BED MOBILITY																															
TRANSFER																															
WALKING																															
DISTANCE																															
INITIALS	ST	ST	ST																												

Key: S = Slick R = Refused W = Withheld 1 Unit = 15 minutes for all programs

Restorative Nursing Assistant
Signature

Initials

Signature

Initials

[Signature]

MMH

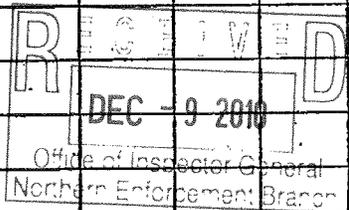
Resident:

Rsd # 8

ID #

Room #

D



MONTH November

YEAR 2010

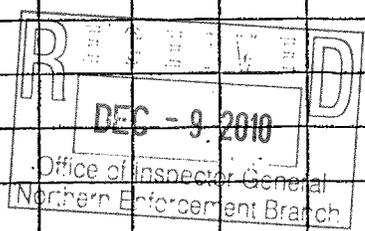
RESTORATIVE SERVICE RECORD

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PROM																															
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BED MOBILITY																															
TRANSFER																															
WALKING																															
DISTANCE																															
INITIALS																															

Key: S = Sick R = Refused W = Withheld 1 Unit = 15 minutes for all programs

Restorative Nursing Assistant
 Signature _____ Initials _____ Signature _____ Initials _____

Shirley Ford
 OB
 OB
 OB
 Resident: _____ ID # _____ Room # D



RESTORATIVE NURSING PROGRAM

PROBLEM LIST: decreased ambulation

EXPECTED OUTCOME - GOALS: Ambulation - walk as tolerated
Pl will maintain AROM of both legs

RESTORATIVE PROGRAM (CIRCLE)

- PROM AROM SPLINT OR BRACE ASSISTANCE BED MOBILITY
- TRANSFER WALKING DRESSING OR GROOMING
- EATING OR SWALLOWING AMPUTATION/PROSTHESIS CARE COMMUNICATION

WALK: resident c. RW 150' c. (S)
Maintain AROM of legs

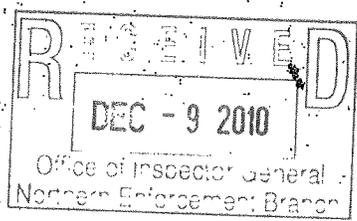
PRECAUTIONS: balance

FREQUENCY OF TREATMENT: 4-7 x /wk

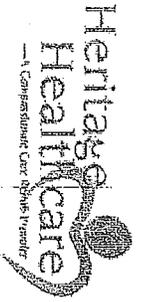
SIGNATURE OF PERSON ESTABLISHING PLAN OF CARE: [Signature] DATE: 11/16/10

DISC DATE OF POC

- REASON FOR DISCONTINUATION FROM POC:
- PATIENT INDEPENDENT WITH OWN PROGRAM
 - CARE TURNED OVER TO NURSING MAINTENANCE PROGRAM
 - REVISION OF POC
 - NONPARTICIPATION/COOPERATION
 - OTHER



RESIDENT'S NAME: RSD #8 RM# D- MR#



Week # _____

PTA OT ST Daily/Weekly Progress Report
 FROM: 10/19/10 THRU 10/22/10

Resident's Name: _____

Red # 8

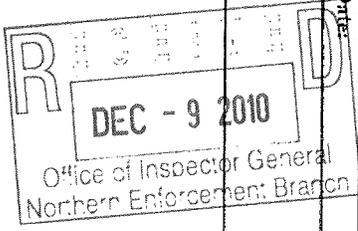
Room #: 8

Frequency: 5X/WRK

Medical Record Number: _____

Part A: Part B: Other:

Techniques:	Date:	Room #:	Frequency:	Medical Record Number:
Progressive gait	10-19-10	8	5X/WRK	10122
Goals: 1) Amb. w/ unit 2) Good safety 3) Good balance 4) 5.1 hrs to improve gait	10-19-10	8	5X/WRK	10122
Clinician's Initials: WJ	WJ	WJ	WJ	WJ
Weekly Summary Note, Progress Towards Target Outcome: Goal # 1 Status at Beginning of Week: 75% Amb. w/ unit Status at End of Week: Amb. w/ unit	WJ	WJ	WJ	WJ
Barriers/Obstacles:	WJ	WJ	WJ	WJ
Caregiver/resident education, discharge planning:	WJ	WJ	WJ	WJ
Focus for next week/skilled need to continue:	WJ	WJ	WJ	WJ



Clinician's Signature/Title: WJ Initials: WJ
 Clinician's Signature/Title: WJ Initials: WJ
 Clinician's Signature/Title: WJ Initials: WJ
 Clinician's Signature/Title: WJ Initials: WJ

Corrective action

Therapy will copy all restorative programs written and keep a binder in therapy making it easier to see when a patient is referred to restorative and if a program was written.

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Northern Enforcement Branch

Date: 11-22-10

Episcopal Church Home
Chart Audit- Restorative

Confidential

Room	Resident	MDS: staff & res believe can improve	Restor interventions in POC	Goals reflect at least maintaining function
C-2-3		NO		
C-3-3		NO		
C-4-3		NO		
C-5-1		NO		
C-5-2		NO		
C-6-1		NO		
C-6-2		NO		
C-7-3		NO		
C-8-1		NO		
C-8-2		NO		
C-9-1		NO		
C-9-2		NO		
C-10-1		NO		
C-10-2		NO		
C-11-3		YES	NO	YES
C-12-1		NO		
C-12-2		NO		
C-13-1		NO		
C-13-2		NO		
C-14-1		NO		
C-14-2		NO		
C-15-1		NO		
C-15-2		NO		
C-17-1		NO		
C-17-2		YES	YES	YES
C-18-1		YES		
C-18-2		YES		
C-19-1		YES	YES	YES
C-19-2		NO		
C-20-1		NO		
C-20-2		NO		
C-21-1		NO		
C-21-2		NO		
C-22-1		NO		
C-22-2		NO		
C-23-3		NO		

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Date: 11-22-10

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Chart Audit- Restorative

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Book # 4
C 24-1
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

ND		
yes	yes	yes
ND		
ND		
yes	yes	yes

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Northern Enforcement Branch

Date: 11/18/2010

Episcopal Church Home
Chart Audit- Restorative

Confidential

Room	Resident	MDS: staff & res believe can improve	Restor Intervents in POC	Goals reflect at least maintaining function
D 1				
D 2				
D 2			Gait	yes
D 2			no restorative needed	N/A
D 3			no restorative needed	N/A
D 4			no restorative needed	N/A
D 5			restorative d/c/d r/t decline	N/A
D 6			no restorative needed	N/A
D 7			Rom B/UE sit to stand.	yes
D 7			ue/le rom gait	yes
D 8			Gait	yes
D 9			no restorative needed	N/A
D 10			U/L ext rom-gait	N/A
D 11			no restorative needed	yes
D 11			gait	N/A
D 12			upper ext rom	yes
D 12			ue/le rom positioning	yes
D 13			deceased	yes
D 14			deceased	N/A
D 15			ue/le rom sit/stand	N/A
D 15			In therapy currently	yes
D 16				N/A
D 17				
D 18			gait	yes
D 18			no restorative needed	N/A
D 19			no restorative needed	N/A
D 20			no restorative needed	N/A
D 20			ue/le rom gait	N/A
D 21			no restorative needed	yes
D 22			In part B therapy	N/A
D 23			no restorative needed	N/A
D 23			deceased	N/A
D 24			no restorative needed	N/A
D 24			ue rom splint application	N/A
D 25			gait	yes
D 26			ue/le/rom gait	yes
D 27			d/c/d r/t decline	yes
D 27			no restorative needed	N/A
D 27			ue/le rom	N/A
D 27			yes	yes

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Res # 16
Res # 8

Date: 11/18/2010

Episcopal Church Home
Chart Audit- Restorative

Confidential

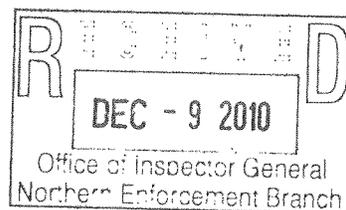
	MDS staff & res believe can improve	Restor Intervents in POC	Goals reflect at least maintaining function
D-28-1	no	no restorative needed	N/A
D-28-2	no	ue/le rom	yes
D-29-2	no	no restorative needed	N/A
	no	ue/le rom	yes

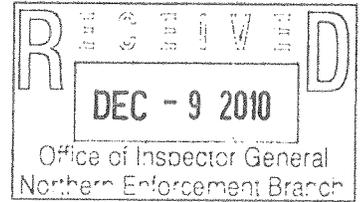
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N144 Attachment





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.

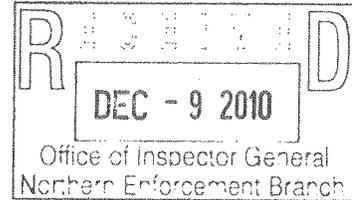
Standards:

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.

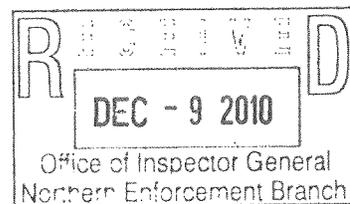
The Meal Observation form is to be completed by the observer assigned. The date and time of the observation can be written on the line provided. The areas to be observed include: food handling, hand washing, ice scoop management, and customer service (positioning of residents).

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.



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.

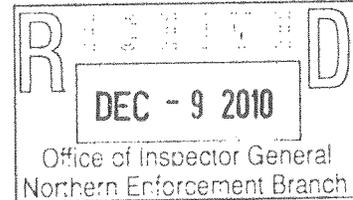
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Results are to be reported by the nurse manager at the monthly QA meeting along with interventions applied and improvement plan recommendations.

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

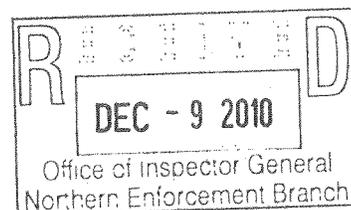


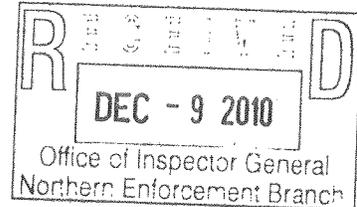
Infection Preventionist

Anne H. Veno, RN, LNHA



CEO/Administrator



I. TB Screening/PPD Employee

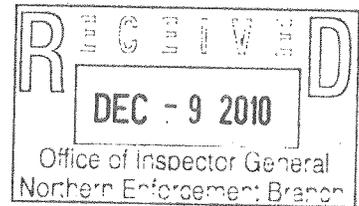
- A. PPD Tests upon hire and annually. Exception: History of TB or Positive PPD Reactor > 10mm. If not a known reactor previously, refer to Health Dept. If is previous positive reactor, do history. If any questions result in suspicion of disease, send to Health Dept. who conducts Chest X-Rays and epidemiological 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 365th 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 365th day when read.

III. Pneumococcal vaccine (pneumo)

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.

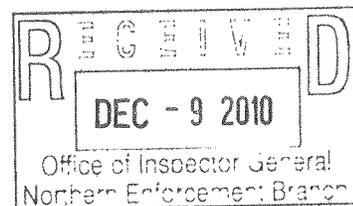
V. Restorative

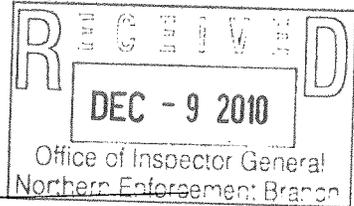
1. Nursing or therapy staff can recommend restorative nursing services to restore OR MAINTAIN a resident's highest level of functional ability. Aides or Nurses may identify the need and request that an evaluation by the therapy or restorative nursing staff be completed.
2. All staff has a responsibility 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 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: _____

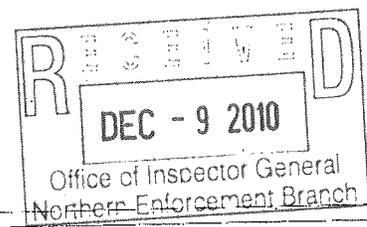
Regulation: Each resident is to receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being in accordance with the assessment and plan of care. Circle all appropriate responses.

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.



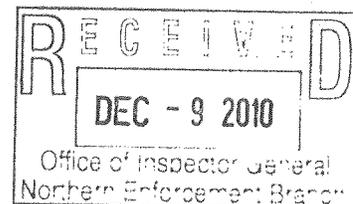
Learning Module: Influenza, Pneumovaccine and PPD

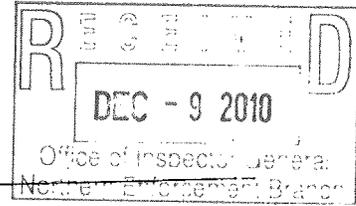
Approximate time needed: 30 minutes

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: _____

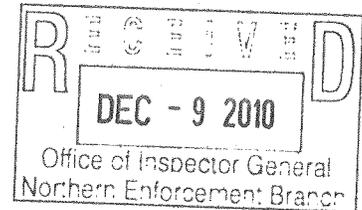
Post test: Employees-PPD, Influenza and Pneumococcal vaccine Circle all that apply.

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

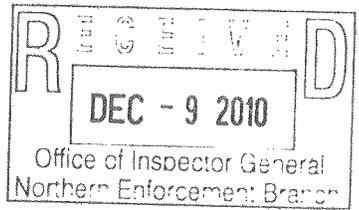
Name: _____ Date: _____ Circle all that applies.

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 Study

Date: _____

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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Episcopal Church Home
QA- Meal Observation

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 control/HW	Ice Scoop Management	Customer Service	Position/Dysphagia Prec
OK Not OK-describe	OK Not OK-describe	OK Not OK-describe	OK Not OK-describe	

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#441

Episcopal Church Home's Inservice Record

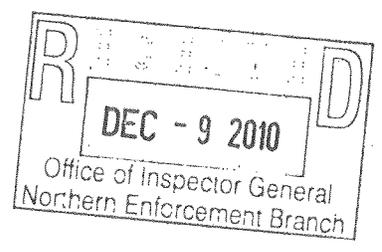
Title of Inservice: Proper Positioning during meals / Positioning for dysphagia Esol
 Date: 11/16 / 11-17 / 11-18 Time: 9 AM Minutes attached: 40 minutes
Safe food handling, Ice scoop placement

Presenter: (Please Print) Watson Donna RN
 Last First Credentials

Inservice Goal Statement: Staff will be able to define dysphagia
and recognize proper positioning for safe feeding safe food
handling, and ice scoop use and placement when not in use.

Inservice Objectives: ① Define dysphagia
 ② Proper positioning for meals.

- ③ Proper positioning for Esol's to dysphagia for meals.
- ④ Safe food handling for infection control
- ⑤ Ice scoop use and placement when not in use.



Episcopal Church Home's Inservice Record

	Date	Print		Signature	Title	License Number
		Last name	First name			
24	11-16-10			<i>[Signature]</i>	CNA	
25	11/16				g	
26	11/16				a	
27	11/16/10				z	
28	11/16/10				NA	
29	11/16/10				z	
30	11/16/10				z	
31	11/16/10				z	
32	11/16/10				N	
33	11-17-10				N	
34	11-17-10				NA	
35	11-17-10				NA	
36	11-17-10				NA	
37	11-17-10				NA	
38	11-17-				NA/RA	
39	11-17				NA	
40	11/17				NA	
41	11/17				NA	
42	11/17				NA	
43	11/17				NA	
44	11-18				NA	
45	11-18				NA	
46	11-18				NA	
47	11-18				NA	

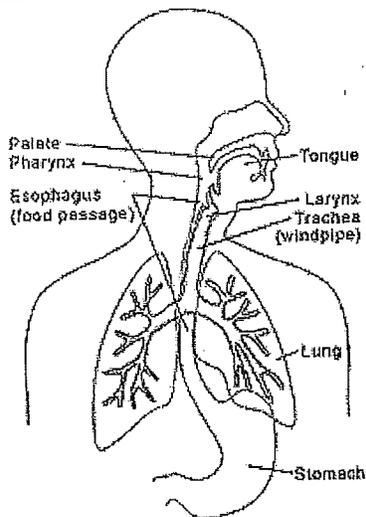
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Positioning residents during meals/ Positioning of residents with dysphagia during meals

What is dysphagia?

People with dysphagia have difficulty swallowing and may also experience pain while swallowing. Some people may be completely unable to swallow or may have trouble swallowing liquids, foods, or saliva. Eating then becomes a challenge. Often, dysphagia makes it difficult to take in enough calories and fluids to nourish the body.

How do we swallow?



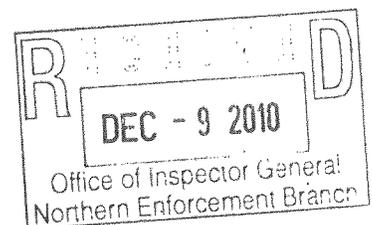
Swallowing is a complex process. Some 50 pairs of muscles and many nerves work to move food from the mouth to the stomach. This happens in three stages. First, the tongue moves the food around in the mouth for chewing. Chewing makes the food the right size to swallow and helps mix the food with saliva. Saliva softens and moistens the food to make swallowing easier. During this first stage, the tongue collects the prepared food or liquid, making it ready for swallowing.

The second stage begins when the tongue pushes the food or liquid to the back of the mouth, which triggers a swallowing reflex that passes the food through the pharynx (the canal that connects the mouth with the esophagus). During this stage, the larynx (voice box) closes tightly and breathing stops to prevent food or liquid from entering the lungs.

The third stage begins when food or liquid enters the esophagus, the canal that carries food and liquid to the stomach. This passage through the esophagus usually occurs in about 3 seconds, depending on the texture or consistency of the food.

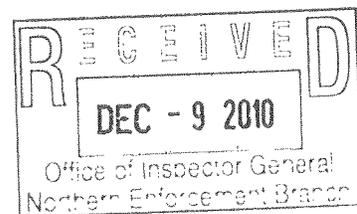
Residents that have a diagnosis with dysphagia must sit upright every time that they eat or drink anything. This will assure that they don't choke on their food or liquids.

All residents should sit up as straight as possible when eating or drinking.



When feeding a resident make sure they are in proper positioning for the meal with:

- Feet flat on floor or foot rest
- Hip joints level and flexed at 90 degrees
- pelvis stable and tilted slightly forward
- Trunk in upright mid line position
- arms free for movement
- head tilted slightly forward
- If in a reclining chair or geri chair make sure the chair is in an upright position. use pillows and blankets if needed.



Infection Control and Food handling

Hand washing is one of the easiest ways to prevent the spread of infection.

When meal times occur staff is to remember that proper hand washing is to be followed at all times. Hand sanitizer is always available and can be used 3 times before hand washing is to occur again.

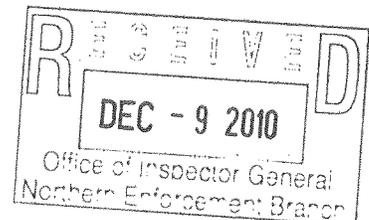
It is never proper to handle the resident's food with your bare hands, and care must be used and safe practices occur during every meal time to assure that infection control guidelines are being followed.

When feeding 2 or more residents then it is even more important to observe good hand hygiene practices to avoid cross contamination of residents and to prevent any illnesses in the residents.

Ice scoops cannot be left in the ice bucket but must be put in a separate container when not being used.

Conclusion:

- Wash hands before passing the first tray of food for the resident or serving any drinks.
- Use hand sanitizer 3 times only before washing hands unless hands are visibly soiled.
- Never pick up residents food with bare hands.
- Pay close attention if you are assisting more than 1 resident at a time.
- Never place the ice scoop back into the bucket when not in use, place in a separate container.
- Pay attention to where you place your hands when filling resident's glasses and serving.
- Monitor each other and give reminders to each other if you see something that is not in accordance to infection control guidelines.



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

POLICIES:

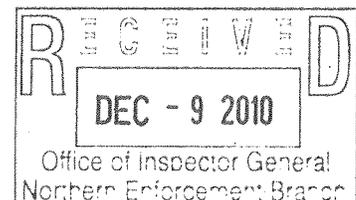
- Ice made by ice machines on the premises must be made with water from a source approved by the State/local health department.
- Only ice is permitted to be kept in the ice storage bin of the ice machine.
- Ice must be protected from splash, drip, and hand contamination during storage and service.
- 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)



	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		X-2	
9:30 – 6PM				X			X	
11:30 -8PM				X		X		X
RD	X		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.

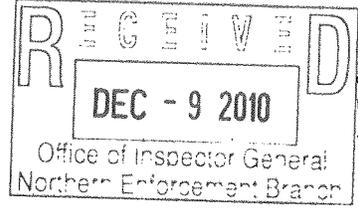
Rounding includes completion of the observation form, two times per month per manager

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



Volunteer Orientation and Rules of Conduct Form



Volunteer Name _____ Anniversary Date _____

As a Volunteer for this care center, I agree to support, protect and serve as an advocate for the Residents' Rights, Health, Safety, Dignity and Work in cooperation with the Staff Team.

I have been oriented to my responsibilities in the following areas:

Resident Rights

Initial Here _____

- Privacy
- Confidentiality
- Rights to Refuse
- Freedom from Abuse

Resident Safety

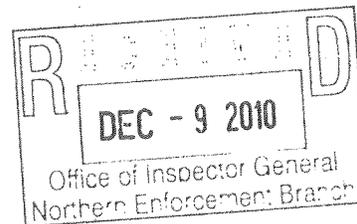
Initial Here _____

- Safe Wheelchair use, and Resident transfers
- Fire and Disaster Emergencies
- Choking and Feeding Procedures
- Approval for Outings
- Resident Falls or Emergencies

Resident Health

Initial Here _____

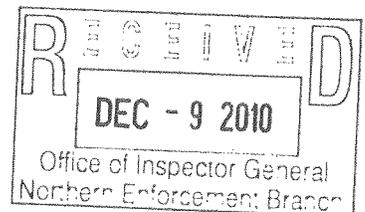
- Volunteer Illness and Absences
- Handwashing
- Infection Control
- Dietary Restrictions & Ice Scoop
- Smoking Areas
- T.B. Test



F334 Attachment

&

N192 Attachment



Date: 11/22/10

Episcopal Church Home
Chart Audit- Restorative Vaccine

Confidential

Room	Resident	Date PPD done	Date flu done	Flu refused-date/POA /reason doc'd	Pneumo date admin	Pneu Refus-reason/date/POA doc'd
A 1-3		2/8/10	10/21/10		2007 2/07	
A 2-3		10/24/10	NO	- 10/17/10 <i>Resident refused</i>	2008 10/14/10	
A 3-3			on case		2010	
A 4-3		10/28/10	10/11/10		2008	
A 5-3			NO	allergy / yes	2008	Refused
A 6-3		11/4/10	11/10		11/22/10	
A 7-3						
A 8-3					2007	
A 9-3					2009	
A 10-3		10/24/10	10/21/10		11/1/10	
A 11-3		11/25/10	11/1/10		11/5/10	
A 12-3		11/14/10	11/2/10		2010	
A 13-3						
A 14-3						
A 15-3						
A 17-3						
A 18-3						
A 19-3		9/24/10	10/22/10		10/22/10	
A 20-3		10/24/10	10/10		10/22/10	
A 21-3						
A 22-3						
A 23-3						
A 24-3						
A 25-3						
A 26-3						
A 27-3		10/17	10/10	with last 3rd dose	10/10	
A 28-3						
A 29-3		5/27/10	10/10		07	
A 30-3		5/7/10	10/10		10/22/10	
A 31-3		9/1/10	10/10		Records prior to admin page 65	
A 32-3		10/15/10	10/24/10		2003 per wife	
A 33-3		3/31/10	10/21/10		2003	10/17/10 refused
A 34-3		6/13/10	10/21/10	10/10. Dose not believe	2009	
A 35-3		6/21/10	12/1/10	2009 wife	4/2003	
A 36-1		8/18/10	10/24/10	10/10 / NO	2007	

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Res # B ->

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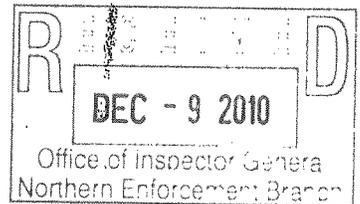
Episcopal Church Home
Chart Audit - Restorative Justice

Date:

PPD #	Date	File Ref / Reason	Person	PPD #	Ref / Incident
A 36-2	10/10/10	7-18-10 Ref / Reason	Person	1/24/05	Person Ref. Name/Date
A 37-2	10/10/10	10/22/10	Person	7/09	
A 38-1	10/10/10	active infection	Person	9/22/03	
A 38-2	10/10/10	10/23/10	Person	9/22/03	Ref. President
A 39-1	10/10/10	10/23/10	Person	2008	
A 39-2	10/10/10	10/23/10	Person	07	
A 40-1	10/10/10	10/23/10	Person	8-2-2-0	Doc
A 40-2	10/10/10	10/23/10	Person	07	
A 41-1	10/10/10	10/23/10	Person	11/09	
A 41-2	10/10/10	10/23/10	Person	11/09	
A 42-1	10/10/10	10/23/10	Person	09/09	
A 43-3	10/10/10	10/23/10	Person	9/09	
A 43-2	10/10/10	10/23/10	Person	9/09	Ref. / Incident - No date
A 44-1	10/10/10	10/23/10	Person	NO	Refused by dti. 12/6/10
A 44-2	10/10/10	10/23/10	Person	NO	wife declined. by

Also note Miller need PPD on 9/2/10 by E. Communication.
NO documentation that PPD was read.
Read documented 11/30/10

10/4, 5 Designers - issue on MAR (Erika)

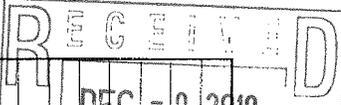


Date: 11-18-2010

Episcopal Church Home
Chart Audit-PPD/Flu/Pneumovac

Confidential

Room	Date PPD done	Cumulative	Date flu done	Flu refused-date/POA /reason doc'd	Pneumo date admin	Pneu Refus-reason/date/POA doc'd
D 1-3	1/30/2010	Yes	10/16/2010			declined per MD
D 2-1	6/20/2010	Yes	10/16/2010			due 10/2012
D 2-2	1/8/2010	Yes	10/11/2010		2/3/2008	
D 3-3	5/14/2010	Yes	10/11/2010		11/16/2010	
D 4-3	6/1/2010	Yes	10/16/2010		8/19/2009	
D 5-3	12/11/2010	Yes	10/16/2010		11/15/2010	
D 6-3	10/13/2010	Yes	10/21/2010		Not done	family declined per md advise
D 7-1	08/28/2010	Yes	10/16/2010		11/16/2010	
D 7-2	10/5/2010	Yes	10/11/2010		11/15/2010	
D 8-3	4/14/2010	Yes	10/16/2010			due 2013
D 9-3	6/29/2010	Yes	10/11/2010		2010 per wife	
D 10-3	6/23/2010	Yes	10/16/2010		6/9/2008	
D 11-1	8/19/2010	Yes	10/16/2010		8/31/2006	
D 12-1	10/16/2010	Yes	10/11/2010		10/4/2008	
D 12-1	9/7/2010	Yes	10/11/2010		9/16/2009	
D 12-2	Deceased					
D 13-3	5/17/2010	Yes	10/11/2010		11/16/2010	
D 14-3	10/20/2010	Yes	10/17/2010		11/16/2010	
D 15-1						
D 15-2	1st 11-17-10	Yes	10/1/2010		11/17/2010	
D 16-3	1/2/2010	Yes	10/11/2010		3/1/2307	
D 17-3	4/10/2010	Yes	10/11/2010		7/19/1900	
D 18-1	8/29/2010	Yes	10/11/2010		10/14/2005	
D 18-2	6/18/2010	Yes	10/16/2010		10/20/2010	
D 19-3	4/21/2010	Yes	10/17/2010		10/5/2010	
D 20-1	7/9/2010	Yes	10/17/2010		10/5/2010	
D 20-2	7/1/2010	Yes	10/11/2010		10/5/2010	
D 21-3	4/11/2010	Yes	10/17/2010		10/5/2010	declined per MD
D 22-3	Deceased					
D 23-3	7/25/2010		10/17/2010		7/10/2009	
D 24-1	8/27/2010		10/17/2010		8/20/2010	
D 24-2	4/28/2010		10/16/2010		11/16/2010	
D 25-3	1/19/2010		10/11/2010		10/8/2010	
D 26-3	7/10/2010		10/17/2010		1/8/2010	
D 27-1	5/1/2010		10/11/2010		11/5/2010	
D 27-2	6/10/2010		10/16/2010		11/16/2010	


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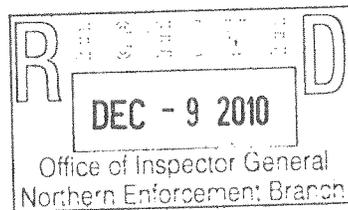
Date: 11-18-2010

Episcopal Church Home
Chart Audit-PPD/Flu/Pneumovac

Confidential

Room	Resident	Date PPD done	Complia	Date flu done	Flu refused-date/POA /reason doc'd	Pneumo date admin
D-28-1		6/6/2010		10/11/2010		11/9/2010
D-28-2		4/18/2010		10/11/2010		10/8/2010
D-29-1		3/2/2010		10/11/2010		3/5/2010
		5/30/2010		10/16/2010		2/22/2008

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Date: 11-22-10

Episcopal Church Home
Chart Audit-Restorative Flu/pneumo

Confidential

Room	Date PPD done	Date flu done	Flu refused-date/POA/reason doc'd	Pneumo date admin	Pneu Refus-reason/date/POA doc'd
C-3-3	4-2-10	10-17-10		10-11-09	11-20-10
C-4-3	2-15-10	10-18-10		11-1-09	
C-5-1					
C-5-2	2-21-10	10-17-10		6-28-01	Refused updated vaccination
C-6-1	1-4-10	10-17-10		12-16-07	
C-6-2	2-3-10	10-17-10		2001	Waiting on Guordiacare approval
C-7-3	3-23-10	10-17-10		4-21-09	
C-8-1	11-16-10	10-17-10		7-12-08	
C-8-2	7-20-10	10-21-10		2007	
C-9-1	6-6-10	10-17-10		12-7-10	Refused
C-9-2	12-7-09	10-17-10		2007	
C-10-1	12-11-09	10-17-10		2007	
C-10-2	10-25-10	10-17-10		2005	12-7-10
C-11-3	6-1-10	10-14-10		12-7-10	
C-12-1					
C-12-2	8-10-10	10-19-10		9-2007	
C-13-1	1-27-10	12-6-10		2000	12-7-10
C-13-2	2-19-10	10-17-10	waiting on approval		
C-14-1	10-10-10	10-11-10		10-02	waiting on approval
C-14-2	11-3-10	10-18-10		2004	waiting on approval
C-15-1	7-28-10	10-17-10		2007	12-7-10
C-15-2	12-6-09	10-17-10		11-8-06	2004
C-17-1	11-28-10	10-17-10		2006	waiting on approval
C-17-2	11-2-10	10-18-10		10-10-10	per MD order (11-10-10)
C-18-1	12-2-09	10-17-10		10-10-10	per MD order
C-18-2					
C-19-1	10-15-10	10-16-10		9-2010	
C-19-2	2-2-10	10-17-10		11-22-05	12-7-10
C-20-1	9-23-10	10-17-10		12-7-10	
C-20-2	1-10-10	10-17-10		1-13-09	
C-21-1					
C-21-2	10-12-10	10-17-10		10-7-09	
C-22-1	8-24-10	10-17-10		2008	
C-23-1	1-16-10	10-17-10		6-20-06	
C-24-1	7-27-10	10-17-10		11-9-2001	→ CARROLLING NEW WEI

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