STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555085	A. BUILDING _____ B. WING _____ POC reviewed and accepted 9/21/16 3639G	08/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAREMONT MANOR CARE CENTER	621 W BONITA AVE CLAREMONT, CA 91711

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during a Recertification Survey. Representing the Department of Public Health: Surveyor ID #27785 Surveyor ID #36396 Surveyor ID #36288 Surveyor ID #07598 Total Resident Population: 47 Total Resident Sample Size: 12 Highest Severity and Scope: E	F 000	This Plan of Correction constitutes our Credible Allegation of Compliance for the deficiencies noted. Our facility will be in substantial compliance with all corrective action by September 1, 2016	
F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for	F 156	**F 156 – Notice of Rights, Rules, Services, Charges** *Corrective Action For affected Residents* *The Consumer information board located by the front lobby of the facility had now posted information on how to apply for Medicare benefits.* *Identifying other Potential Residents:* The Consumer board was checked to make sure all required postings were posted..	9/1/16

2016 SEP -1 AM 11:15
LOS ANGELES COUNT
HEALTH FACILITIES
DIVISION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMIN. — (X6) DATE: 8/31/16

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

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F 156	Continued From page 1 which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control	F 156	*Systemic Change to Prevent Recurrence:* The Social Service Director will be inserviced on the importance of displaying written information about how to apply for and use Medicare benefits. *Monitoring and Evaluation of Plan:* The DON and SSD will monitor to ensure that written information about how to apply for and use Medicare benefits are displayed. Negative findings will be discussed at the monthly QA meeting with further action as deemed necessary. *Corrective Action Completion Date*: September 1, 2016	

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F 156	Continued From page 2 unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to display written information about how to apply for and use Medicare benefits. Findings: During the initial tour on August 8, 2016, at 8:30 a.m., the consumer information board located by the front lobby of the facility had posted information on how to apply for Medi-Cal benefits but not Medicare benefits.	F 156		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a	F 241	**F 241- Dignity and Respect of Individuality** Corrective Action for Affected Residents:	9/1/16

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F 241	Continued From page 3 manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: b) The admission record for Resident 11 indicated she was admitted to the facility on 7/19/16, with diagnoses that included cellulitis (spreading bacterial infection just below the skin surface) of the buttock, pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear) on the left heel, pressure ulcer on the sacral (triangular-shaped bone at the bottom of the spine) region, and Parkinson's disease(a disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people). The latest comprehensive minimum data set (MDS), a comprehensive assessment and care planning tool), dated 7/26/16, indicated Resident 11's cognitive skills for daily decision making was severely impaired. The MDS also indicated Resident 11 required extensive assistance from staff for her activities of daily living including eating. During lunch meal observation in the dining room area, on 8/8/16, at 12:40 PM, a facility staff member was observed assisting Resident 11 with her food while standing over the resident. During another meal observation, on 8/9/16, at 7:45 AM, Resident 11 was observed in her room, laying in her bed, being fed by a certified nursing	F 241	Resident #11- The nurse has received an inservice to sit down while feeding a resident. Resident #4 – The nurse has received an inservice to sit down while feeding a resident. Identifying other Potential Residents: The DSD made rounds for all 3 meals to ensure that CNA 's are sitting at residents' level when feeding. Systemic Change to Prevent recurrence: Staff were inserviced on the proper way to feed the residents and specifically sitting down while feeding a rresident. Monitoring and Evaluation of Plan: Charge Nurses will monitor staff during meals to ensure that residents are fed properly. DON and DSD will make random weekly rounds during meals to assure that CNA's are sitting while feeding.	

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F 241	Continued From page 4 assistant (CNA). The CNA was standing over Resident 11 while feeding and assisting resident with her food. During an interview with the CNA assisting Resident 11 with her food, on 8/9/13, at 7:50 AM, she stated Resident 11 was total care and needed help eating. She stated that she always stand while feeding resident during meals. The facility's policy and procedure on restorative nursing program, and included feeding program, dated revised on February 2009, did not mention whether a staff member should stand or sit while feeding a resident. Based on observation, interview and record review, the facility's staff failed to ensure that two sample residents (Residents 4 and 11), who required assistance with feeding, in a total of 12 sample residents, were provided care that maintained each of the residents' dignity. Staff members were observed standing as they assisted these residents with feeding. Findings: a. A review of the Face Sheet, updated on 8/4/2016, indicated Resident 4 was admitted to the facility on 10/14/2014 with diagnoses that included Alzheimer's disease (chronic condition resulting to memory loss), Diabetes Mellitus type 2 (abnormally elevated blood sugar), Hypertension (high blood pressure), Atrial Fibrillation (irregular heart beat). A review of Resident 4's Minimum Data Set (MDS), a standardized assessment and care	F 241	Negative findings will be discussed at the monthly QA meeting with further action as deemed necessary. Corrective Action Completion date: September 1, 2016	

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F 241	Continued From page 5 planning tool, dated 7/11/2016 indicated that Resident 4 has a Brief Interview for Mental Status (BIMS) Score of 5 (0-7 indicated severe cognitive impairment). During breakfast meal observation on 8/9/16, at 7:55 am, Certified Nursing Assistant (CNA) 1 was observed standing up while feeding Resident 4 in bed. During an interview on 8/9/16 at 8:57 am, CNA 1 stated she was always in a standing position every time she fed residents who needed assistance with feeding. The facility's policy and procedures, titled "Restorative Nursing Program," dated 2/2009 did not indicate indicated how staff should feed residents who need assistance with feeding.	F 241		
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical	F 329	**F 329 – Drug Regimen Is Free From Unnecessary drugs** Corrective Action for Affected Residents: Resident #2 – A doctor's order clarification for pain level criteria has been obtained for Tylenol, mild to moderate pain, for Norco, severe pain. Identifying other Potential Residents:	9/1/16

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F 329	Continued From page 6 record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the physician's orders failed to include the pain level criteria for the administration of Norco and Tylenol (pain medications) pain for 1 of 12 sampled residents (Resident 2). This failure had the potential to cause inadequate pain management for the resident. Findings: A review of the Face Sheet, updated on 8/4/2016, indicated that Resident 2 was originally admitted to the facility on 1/11/2016 and was readmitted on 5/31/2016 with multiple diagnoses that included urinary tract infection (infection in any part of the urinary system), hypertension (high blood pressure), and bilateral osteoarthritis (deterioration of joint cartilage and the underlying bone on both sides of the body) with left knee replacement. During an observation on 8/9/2016 at 11:10 a.m., Resident 2 was noted sitting on her wheelchair watching television. Resident 2 was oriented to name and situation, and well-groomed. Resident 2 was able to verbalize needs and stated that she	F 329	Medical Record Coordinator has audited charts of residents to ensure that other residents with pain medicine orders have pain level criteria for administration. Systemic Change to Prevent Recurrence: Licensed Nurses have received an inservice on ensuring that MD orders for pain med. administration includes pain level criteria. Monitoring and Evaluation of Plan: The Medical Record Coordinator will audit new orders for pain medicines to ensure that orders have pain level criteria. Negative findings will be discussed at the QA meeting with further action as deemed necessary. Corrective Action Completion Date: September 1, 2016	

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F 329	Continued From page 7 would use the call light within her reach to call the nurse if she would need anything. During a review of the July 2016 recapitulation of the physician's orders, it indicated that Tylenol 325 mg 1 tablet every 6 hours as needed for pain was originally ordered on 5/4/2016 for Resident 2. It also indicated that Norco 5 mg/325 mg (325 mg of Tylenol component) every 8 hours as need for pain was ordered on 5/31/2016 for Resident 2. There was no documentation on both medications' indications for use regarding the resident's level of pain. During an interview on 8/10/2016 at 11:30 a.m., the Licensed Vocational Nurse 1 (LVN 1) stated she would give Resident 2 Tylenol first if the pain level was mild. She stated that the mild pain range was from 1 to 3 out of 10. She stated that for moderate pain, which was from 4 to 6 out of 10, Moreover, LVN 1 stated that she would give Tylenol to the resident with moderate pain, even if the pain level was 6 out of 10, if the resident did not frequently request for pain medications and the pain was not surgery-related. During a concurrent review of the PRN Pain Assessment Flowsheet for May 2016 and interview with the LVN, the LVN stated that she administered Norco to Resident 2 on 5/4/2016 at 11 a.m. for a 6 out of 10 level of pain on the right wrist. The LVN stated that after an hour, the level of pain went down to 2 out of 10. Furthermore, the LVN stated that Tylenol was administered to Resident 2 on 5/4/2016 at 6:30 p.m. by another nurse from the following shift for a 6 out of 10 level of pain on the right hand. It indicated that	F 329		

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F 329	Continued From page 8 after an hour, the level of pain went down to 3 out of 10. The LVN stated that Resident 2 did not have surgery at that time nor did she request frequently for pain medications. The LVN stated that she gave Tylenol because the right wrist was "swollen" at that time. During a review of the facility policy "Pain Management" dated 11/2010, it indicated that the nurse would contact the physician to discuss a possible change in the resident's current pain medication, if appropriate, as part of the weekly summary.	F 329		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors.	F 356	**F 356 – Posted Nurse Staffing Information** Corrective Action for Affected Residents: As soon as notified, Nurse PPD Form was posted. Identifying other Potential Residents: Licensed Nurses have received an inservice on the importance of posting information daily regarding the required nursing hours in a prominent place readily accessible to residents and visitors.	9/1/16

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F 356	Continued From page 9 The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the facility failed to post daily nursing staffing data in a prominent place readily accessible to residents and visitors. This has the potential for the facility to not met the requirement that could affect the quality of care to be provided to the residents. Findings: During the initial tour on August 8, 2016, from 7:00 a.m. till 8:25 a.m., no posted information regarding the required nursing hours were posted in the facility. During an interview with the director of nurses, she stated the information should be posted in a glass display case above the survey results. Upon further observation, the evaluator and the director of nurses discovered the nursing hours posting was placed in back of the notebook containing the survey results.	F 356	Systemic Change to Prevent Recurrence: The 11-7 Charge Nurse is assigned to post the Nursing Staffing data every morning in the glass display case. Monitoring and Evaluation of Plan: The DON or designee will monitor to ensure that the daily nursing staffing data is posted every morning in the glass display case. Negative findings will be discussed in the monthly QA meeting with further action as deemed necessary. Corrective Action Completion Date: September 1, 2016	
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must -	F 371	**F 371- Food Procure, store/Prepare/Serve-Sanitary**	9/1/16

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F 371	Continued From page 10 (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the dietary staff failed to serve food under sanitary conditions. This has the potential to result in contamination of food served to the residents. Findings: During the breakfast service on August 8, 2016, at 7:35 a.m., a dietary aide was observed placing food trays containing dishes of fresh fruit on top of the hand wash sink with the end of a drain hose on top of the fruit dishes. The dishes were covered with plastic wrap and no liquid was flowing out of the drain hose at the time. During an interview with the dietary supervisor, he stated the the dietary aide should have placed the hose away from the food dishes.	F 371	Corrective Action for affected Residents: The food susceptible to cross contamination was removed from the counter. Identifying other Potential Residents: Dietitian and Director of Dietary Services made rounds to ensure that no other food items were placed on the counter that had potential for cross contamination. Systemic Change to Prevent Recurrence: Dietary staff have been inserviced on Sources and Prevention of Cross Contamination. Monitoring and Evaluation of Plan:	
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all	F 431	The Director of Dietary Services or designee will monitor daily to make sure that no food items have potential for cross contamination. Negative findings will be discussed in the QA meeting with further action as	

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F 431	Continued From page 11 controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to: a. Ensure that one medication cart was locked when not attended or in full view of staff during the medication pass. This has the potential for	F 431	deemed necessary. Corrective Action Completion date: September 1, 2016 **F 431 – Drug Records, Label/Store Drugs & Biologicals** Corrective Actions for Affected Residents: a. Once identified, cart was immediately locked. b. Meds. recounted and reconciled. c. The bottles of expired zinc sulfate, ibuprofen and centrum were disposed of. Identifying other Potential Residents: a. DON and DSD made rounds to check that both station's med. carts were locked. b. Narcotic Count Sheets were reviewed for both stations for signatures. c. The medication rooms were inspected by the DON and DSD to ensure that there were no expired medication,	9/1/16

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F 431	Continued From page 12 an unauthorized staff, residents or visitors to gain access to the medications in medication cart. b. Implement procedures to enable accurate reconciliation of controlled drugs. This has the potential to not account the medications administered to the residents. c. Ensure expired medications were not administered to residents. This has the potential for the resident ot not receive the required therapeutic (curative) effect of the medications administered. Findings: a. During a medication pass observation with Licensed Vocational Nurse (LVN) 2 on 8/9/2016 at 8:28 am, LVN 2 prepared all medications for Resident 3. LVN 2 placed all medications of Resident 3 in the top drawer of the medication cart, closed it but did not lock the medication cart. LVN 2 left the medication cart unlocked and went to utility room in the nursing station. Medication cart was out of sight from LVN 2 while she was in the utility room. LVN 2 came back to her medication cart and continued with the medication pass. During an interview with LVN 2 on 8/9/2016 at 10:30 am, LVN 1 stated she forgot to lock the medication cart because she was nervous. LVN 1 further stated medication cart should be locked at all times when a nurse leaves the medication cart out of sight. A review of facility's policy and procedure titled "Storage of Medication" dated 2007 indicated: 3. In order to limit access to prescription	F 431	unreadable expiration date and that there were no expired medication mixed with unexpired medications. Systemic Change to Prevent Recurrence: a. Charge Nurses were inserviced on the Policy and Procedure of Medication Storage and specifically on locking the medicine can when nurses leaves the medicine cart unattended. b. Licensed Nurses were inserviced to assure that License Nurses signed off on the narcotic count sheet q. shift daily. c. Charge Nurses were inserviced on the Policy and Procedure of Medication Storage specifically on placing expired medications away from unexpired medications. Monitoring and Evaluation of Plan a. The Nursing Supervisor will	

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	555085	A. BUILDING _____ B. WING _____	08/11/2016

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F 431	Continued From page 13 medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications are allowed access to medication carts. Medication rooms, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access. b. During an inspection of medication cart on 8/9/2016 at 10:35 am, the "Narcotic Check Sheet" indicated missing signatures for the following dates and its corresponding shift: 8/4/2016 at AM, PM and night shift; 8/5/2016 at AM, PM and night shift, 8/6/2016 at AM and PM shift, 8/7/2016 at night shift, 8/8/2016 at AM and night shift. During an interview at the same time, LVN 2 stated she forgot to sign for the controlled drugs at the beginning of the shift. LVN 2 further stated she should have signed the sheet after counting the narcotics with the outgoing nurse. LVN 2 was observed to sign the sheet at that time. The facility's policy titled "Medication Storage" dated 10/2007 indicated: 7. At each shift change or when keys are rendered, a physical inventory of all Schedule II controlled medications is conducted by two licensed nurses or per state regulation and is documented on the controlled substances accountability record or verification of controlled substances count report. c. During an inspection of medication room in nursing station 2 with LVN 1 on 8/9/2016 at 9:00 am, a bottle of Zinc sulfate (supplement) with an expiration date of 3/2016 was seen. A bottle of Ibuprofen (pain medicine) containing 19 tablets with an expiration date of 7/2016 was seen. A bottle of Centrum (multivitamins) labeled for	F 431	observe Charge Nurses to ensure that the medicine carts are locked when Charge Nurse is not in attendance. Negative findings will be discussed in the monthly QA meeting with further action as deemed necessary. b. The Medical Record Coordinator will monitor the narcotic count sheet weekly to ensure that there is no missing signature and notify the DON. Negative findings will be discussed at the QA meeting with further action as deemed necessary. c. Nursing Staff will monitor weekly to ensure that there are no expired medications, no unreadable expiration date and that there are no expired medication mixed with unexpired medications. Negative findings will be discussed at the QA meeting with further action as deemed necessary. Corrective Action Completion date: September 1, 2016	

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F 431	Continued From page 14 Resident 2's use with an unreadable expiration date was seen. These medications were stored together with unexpired medications. During an interview with LVN 1 on 8/9/2016 at 9:20 am, LVN 2 stated expired medications should not be together with unexpired medications and should be kept in a container labeled "expired medications." LVN 1 also stated it is the responsibility of central supply person to check and monitor house supply in medication room. A review of facility policy and procedure titled "Medication Storage" dated 2007 indicated: 14. Outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medications disposal and reordered from the pharmacy, if a current order exists.	F 431		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and	F 441	**F 441 – Infection Control, Prevent Spread, Linens** Corrective Action for Affected Residents: Resident #2- The Restorative Nursing Assistant was inserviced on Infection Control, specifically on handwashing after assisting residents on contact precautions.	9/1/16

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F 441	Continued From page 15 (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to implement sanitary precautions when a staff member did not observe proper hand hygiene after contact with 1 (Resident 2) of 12 sampled residents while assisting with feeding the residents in the dining room. This failure had the potential to aid in the development and transmission of the disease and infection to the other residents. Findings: A review of the Face Sheet, updated on 8/4/2016,	F 441	Identifying other Potential Resident: Rounds were made to observe that other residents on contact precautions had proper infection control procedures in place. Systemic Change to Prevent Recurrence: The staff were inserviced on the policy and procedure of Infection Control: Multi-Drug Resistant Organism, specifically on handwashing after touching resident's tableware with who are on contact precaution. Monitor and Evaluation of Plan: The DSD will monitor staff during random daily rounds to assure that proper infection control measures are practiced and will notify the DON of any negative findings which will be discussed at the monthly QA meeting with further action as deemed necessary. Corrective Action Completion Date: September 1, 2016	

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F 441	Continued From page 16	F 441		

indicated that Resident 2 was originally admitted to the facility on 1/11/2016 and was readmitted on 5/31/2016 with multiple diagnoses that included urinary tract infection (infection in any part of the urinary system), hypertension (high blood pressure), and bilateral osteoarthritis (deterioration of joint cartilage and the underlying bone on both sides of the body) with left knee replacement.

A review of the Resident 2's Minimum Data Set (MDS), a standardized assessment and care planning tool, dated 7/20/2016, indicated that Resident 2 has severe impairment with cognition. It also indicated that Resident 2 required the help of 1 person with maximum assistance with feeding. It also indicated that Resident 2 was usually incontinent of bladder (involuntary leakage of urine).

During the initial tour on 8/8/2016 at 7:51 a.m., on a concurrent observation, the Director of Staff Development (DSD) stated that Resident 2 remained on contact isolation for a urinary tract infection. The DSD also stated that Resident 2 was very confused and was incontinent of bladder.

During an observation in the dining room on 8/8/2016 at 12:15 p.m., Resident 2 was noted to be in the table with the other residents on the Restorative Nursing Feeding Program (program designed to assist residents who need cueing during feeding with the help of a trained Nursing Assistant). The Restorative Nursing Assistant (RNA) was observed to set up the tray for Resident 2 and prompted the resident to eat. Resident 2 started eating peaches with her silver

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F 441	Continued From page 17 fork without the assistance of the RNA. On 8/8/2016 at 12:25 p.m., during an observation, Resident 2 stopped eating. The RNA came to the side of the resident and tried to feed Resident 2 a slice of peach using the silver spoon that the resident had used prior. Resident 2 refused to eat any more, and the RNA went to assist another resident in the dining room without washing or sanitizing her hands. During an interview on 8/10/2016 at 11:00 am, Licensed Vocational Nurse 1 (LVN 1) stated that Resident 2 was eating in the Dining Room because her infection was "contained" or could not be passed on to another resident. There was no documentation that the contact precautions could be discontinued for Resident 2 as approved by the attending physician. During a review of the facility policy and procedure titled "Infection Control: Multi-Drug Resistant Organisms (MDRO - microorganisms, usually bacterial infections, that do not get treated with one or more classes of anti-infectives)," dated 6/7/2011, handwashing before and after a resident contact is the single most effective infection control measure known to reduce the potential for transmission of microorganisms. In the abovementioned policy, it also indicated that the visitors should wash their hands before and after feeding the resident. The policy also indicated that all tableware, whether used by infected or non-infected residents, should be treated as contaminated and should be sanitized according to the facility policy. On the discontinuation of contact precautions, the policy indicated that a recommendation to terminate Contact Precautions would be relayed to the	F 441		

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F 441	Continued From page 18 attending physician for approval. Furthermore, a review of an undated facility policy and procedure titled "Handwashing" indicated that all staff members would wash their hands before and after direct resident care and after contact with potentially contaminated substances to prevent the spread of infections. It also indicated that handwashing would be performed by staff after taking care of any infected resident or one who is likely to be colonized (microorganisms are present in the body but do not cause any signs or symptoms) with microorganisms of special significance, such as, multiple-resistant bacteria.	F 441		