

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

PRINTED: 07/17/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/30/2006
NAME OF PROVIDER OR SUPPLIER SEARCY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 SKYLINE DRIVE SEARCY, AR 72143	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint # 11456 was unsubstantiated (all or in part) without deficiency. Complaint # 11829 was unsubstantiated (all or in part) without deficiency. Complaint # 11647 was substantiated (all or in part) with a deficiency cited at F 364.	F 000		
F 176 SS=D	483.10(n) SELF ADMINISTRATION OF DRUGS An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that before 1(Resident #18) of 1 alert and oriented case-mix resident was allowed to self administer an updraft the interdisciplinary team determined that this practice would be safe. This failed practice had the potential to affect 7 alert and oriented Residents in the facility according to a list provided by the Administrator on 6/30/06 at 12:35 p.m. The findings are: a. Resident #18 had diagnoses of Congestive Heart Failure, Hypertension, Atrial Fibrillation, Fatigue, and Pneumonia. The Quarterly Minimum Data Set (MDS) dated 4/11/06 documented the resident had modified independence for daily decision making and had short term memory problems.	F 176		

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

TITLE

(X6) DATE

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

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F 176	Continued From page 1 a. The Physician's order dated 9/2/05 documented, "Albuterol/Atrovent Updraft, give per inhalation every 4 hours as needed for wheezes or SOB (Shortness of Breath)." b. On 6/27/06 at 9:13 a.m. the resident was seated in her room holding a nebulizer to her mouth performing an updraft treatment. There was no staff present and there was no licensed staff present in the hall outside the room. 2. On 6/29/06 at 4:46 p.m. RN (Registered Nurse) #1 stated, "The facility had no Residents that have been assessed for self-administration and the facility has no Policy and Procedure for self administration of medication." 3. On 6/30/06 at 10:17 a.m. the resident stated, "I don't use the breathing treatment very much any more but when I use it the nurse puts the medicine in it and I do it myself."	F 176			
F 315 SS=E	483.25(d) URINARY INCONTINENCE Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by:	F 315			

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F 315	<p>Continued From page 2</p> <p>Based on observation, record review and interview, the facility failed to ensure that 12 (Resident #1, #3, #4, #6, #7, #8, #9, #13, #16, #19, #24 and #25) of 18 (resident #1-4, #6-9, #12-16, #19-22, and #25) case mix residents who were incontinent of bowel and bladder were identified, assessed and provided appropriate treatment & services to achieve or maintain as much normal urinary function as possible, as evidenced by the absence of a toileting program. This failed practice had the potential to affect 103 residents who were incontinent of bowel and bladder, according to Resident Census and Conditions of Residents form dated 06/26/06. The findings are:</p> <p>1. Resident #1 had diagnoses of Congestive Heart Failure, Arthropathies, Hypertensive Heart Disease, and Morbid Obesity. The Annual Minimum Data Set dated 3/7/06 documented the resident had independent cognitive skills for daily decision making, was totally dependent on one staff person for toilet use, was frequently incontinent of bowel and was incontinent of bladder.</p> <p>a. On 6/29/06 review of the clinical record showed no documentation completed for a toileting assessment.</p> <p>2. Resident # 6 had Diagnoses of Chronic Airway Obstruction, Parkinsonism, Hypothyroidism and Hypertension. The Quarterly Minimum Data Set(MDS) dated 5/16/06 documented the resident had moderately impaired cognitive skills for daily decision making, was totally dependent on two staff persons for toilet use and was incontinent of bowel and bladder.</p>	F 315			

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F 315	<p>Continued From page 3</p> <p>a. On 6/30/06 review of the clinical record showed no documentation completed for a toileting assessment.</p> <p>3. Resident #7 had diagnoses of Urinary Tract Disease, Coronary Atherosclerosis, and Decubitus. The Annual Minimum Data Set (MDS) dated 5/2/06 documented the resident had independent cognitive skills for daily decision making, was dependent on one staff person for toilet use and was incontinent of bowel and bladder.</p> <p>a. On 6/29/06 review of the clinical record showed no documentation completed for a toileting assessment.</p> <p>4. Resident # 13 had diagnoses of Reflux Esophagitis, Fever and Cerebral Palsy. The Minimum Data Set dated 3/16/06 documented the resident had severely impaired cognitively skills for daily decision-making, was dependent on one staff person for toilet use and was incontinent of bowel and bladder.</p> <p>a. The Care Plan dated 3/30/06 documented that the resident had a history of bowel and bladder incontinence.</p> <p>b. On 6/28/06 after completing review of the clinical record there was no documentation found that showed the resident was assessed for a bowel and bladder toileting program.</p> <p>5. Resident # 24 had diagnoses of Symbolic Dysfunction, Urinary Tract Infection, Other Urinary Track disorder, Malaise and Fatigue, Difficulty in Walking and Muscle Weakness. The Significant Change Minimum Data Set (MDS)</p>	F 315			

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F 315	<p>Continued From page 4</p> <p>dated 5/17/06, documented the resident had modified independence with cognitive skills for daily decision-making, was totally dependent on one person assistance for toilet use and was incontinent of bowel and bladder.</p> <p>a) The care plan dated 5/17/06 for Problem Onset documented, "...Resident at risk for complications due to bladder incontinence and the use of disposable incontinent briefs. Provide incontinent care [every] 2 hours and PRN (as needed) after each incontinent episode..." The Approach column documented. "...Provide toileting before and /or after meals and activities, upon rising, and prior to going to bed..."</p> <p>b. On 6/28/06 after completing review of the clinical record there was no documentation found that showed the resident was assessed for a bowel and bladder toileting program.</p> <p>6. Resident # 9 had a diagnoses of Alzheimer Disease, Congestive Heart Failure and Psychosis. The Quarterly MDS dated 5/9/06 documented that the resident had moderately impaired cognitive skills for daily decision making and was incontinent for bowel and bladder.</p> <p>a. The Care Plan for Problem onset dated 7/1/05 documented, "...Resident is at risk for complications due to B [and] B (bowel and bladder) incontinence... The Approach column documented...Provide toileting before and/or after meals and activities, upon rising, and prior to going to bed... Monitor for and provide incontinent care every two hours, after each incontinent episode."</p> <p>b. On 6/28/06 at 9:10 a.m. the review of the</p>	F 315			

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F 315	Continued From page 5 clinical record was completed and no assessment for a toileting program was found. 7. Resident #3 had diagnoses of Insomnias, Hypertension, Bladder dysfunction, Congestive Heart Failure, and Atrial Fibrillation. The Quarterly Minimum Data Set dated 04/14/06 documented the resident had modified independent cognitive skills for daily decision making and was incontinent of bowel and bladder. a. On 6/29/06 at 3:40 p.m. review of the resident clinical record was completed and no assessment for a toileting program was found. 8. Resident #4 had diagnoses of Abnormal Posture, Coronary Artery Disease, Hypertensive Retinopathy, Senile Dementia and Alzheimer Disease. The Quarterly Minimum Data Set dated 05/10/06 documented the resident had severely impaired cognitive skills for daily decision making and was incontinent of bowel and bladder. a. On 6/29/06 at 3:35 p.m. review of the resident clinical record was completed and no assessment for a toileting program was found. 9. Resident #8 had diagnoses of Hypertension, Urinary Tract Infection, Alzheimer Disease, Dysphagia and General Weakness. The Quarterly Minimum Data Set dated 04/10/06 documented the resident had severely impaired cognitive skills for daily decision making and was incontinent of bowel and bladder. a. On 6/29/06 at 3:45 p.m. review of the resident clinical record was completed and no assessment for a toileting program was found.	F 315			

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F 315	<p>Continued From page 6</p> <p>10. Resident #16 had diagnoses of Hypertension, Joint Contractures, Dysphagia, Coronary Artery Disease, Decubitus Ulcer, and End Stage Alzheimer Disease. The Annual Minimum Data Set dated 06/07/06 documented had severely impaired cognitive skills, was incontinent of bowel and bladder and totally dependent for toileting.</p> <p>a. On 6/29/06 at 3:30 p.m. review of the resident clinical record was completed and no assessment for a toileting program was found.</p> <p>11. Resident #19 had diagnoses of Insomnia, Neurogenic Bladder, Vascular Dementia with Delusion and Muscle Disuse Atrophy. The quarterly Minimum Data Set dated 05/19/06 documented the resident had severely impaired cognitive skills for daily decision making and was incontinent of bowel and bladder.</p> <p>a. On 6/29/06 at 3:55 p.m. review of the resident clinical record was completed and no assessment for a toileting program was found.</p> <p>12. Resident #25 had diagnoses of Hypertension, Back Disorder, Urinary Frequency and Diabetes Mellitus. The Quarterly Minimum Data Set dated 03/22/06 documented the resident had moderately impaired cognitive skills for daily decision making and was usually continent of bowel and bladder.</p> <p>a. On 6/29/06 at 3:50 p.m. review of the clinical record was completed and no assessment for a toileting program was found.</p> <p>13. On 6/29/06 at 11:40 a.m. CNA (Certified Nurse Assistant) #2 stated, "I'm new in this</p>	F 315			

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F 315	Continued From page 7 position, but I'm not aware of a toileting program. We can go look in my book." There was no toileting program found in the CNA's book.	F 315		
F 328 SS=E	14. On 6/29/06 at 4:46 p.m., R.N. #1 stated, "There is no toileting program at this time in the facility." 483.25(k) SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that the oxygen concentrator filters were in place and clean, the oxygen tubing was dated and the oxygen in use sign was posted for 6 (Resident #17, 19, 20, 21, 24 and 25) of 9 (resident # 15, 17, 19, 20, 21, 22, 23, 24 and 25) case mix residents who had physician orders for oxygen. This failed practice had the potential to affect 39 residents with physician orders for oxygen as identified by the Nurse Consultant on 6/30/06. The findings are: 1. Resident # 17 had diagnoses of	F 328		

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F 328	<p>Continued From page 8</p> <p>Hypertension, Angina Pectoris, Congestive Heart Failure, Coronary Artery Disease, Cardiac Pacer-maker, Peripheral Vascular Disease and Renal Disorder. The Minimum Data set was not completed.</p> <p>a. The Physician order dated 6/23/06 documented, "Oxygen 2 l/m (liters per minute) per nasal canula prn (as needed) for shortness of breath.</p> <p>b. On 6/26/06 at 12:45 p.m. during initial facility rounds, the resident the resident was receiving oxygen at 2 (m/l) liters per minute by nasal canula. There was no filter on the oxygen concentrator, the tubing was not dated and the residents room did not have an Oxygen in Use sign posted to indicate that the oxygen was in use.</p> <p>2. Resident # 20 had diagnoses of Congestive Heart failure, Chronic Airway Obstruction and Hypertension. The Quarterly Minimum Data Set dated 5/16/06 documented that the resident had modified independent cognitive skills for daily decision making and received oxygen therapy.</p> <p>a. The Physician order dated 5/31/06, "Oxygen 2 l/m (liters per minute) per nasal canula prn (as needed) for dyspnea and comfort."</p> <p>b. On 6/26/06 at 12:03 p.m. during initial rounds, the oxygen concentrator filtered were covered with white lint type substance.</p> <p>c. On 6/29/06 at 10:20 a.m. the resident was lying in bed on his right side with his eyes closed. The oxygen concentrator meter was set at 2</p>	F 328			

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F 328	<p>Continued From page 9</p> <p>litters and the resident had the nasal canula in place. The oxygen concentrator filters were covered with a white lint type substance.</p> <p>3. Resident # 21 had diagnoses of Chronic Airway Obstruction and Hypertension. The Annual Minimum Data Set dated 1/31/06 documented the residents had modified independent cognitive skills for daily decision making and received oxygen therapy.</p> <p>a. The Physician order dated 5/31/06 documented, "Oxygen at 4 l/m (liters per minute) per nasal cannula continually."</p> <p>b. On 6/26/06 at 12:10 p.m. the resident was had the nasal cannula in place and the oxygen concentrator meter was set at 4 liters. The oxygen concentrator filters had a white lint type substance covering them.</p> <p>c. On 6/29/06 at 11:10 a.m. the resident was lying on back in the bed with his eyes, had the nasal cannula in place and the oxygen concentrator meter was set at 4 liters per minute. The oxygen concentrator filters had a white lint type substance covering them.</p> <p>4. Resident #19 had diagnoses of Acute Respiratory Failure, Hypertension and Diabetes Mellitus. The Quarterly MDS dated 05/19/06 documented the resident was severely impaired for daily decision making, was totally dependent for all activities of daily living and received oxygen therapy.</p> <p>a. The Physicians Orders dated 5/26/06 documented, "O2 (Oxygen) 5 LPM/mask PRN (liters per minute[per]mask as needed)."</p>	F 328			

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F 328	Continued From page 10 b. On 06/26/06 at 12:32 p.m., during initial rounds, the filters on the oxygen concentrator were covered with white particles on the outer side and inner side of the filters. c. On 06/29/06 at 11:00 a.m. and at 2:00 p.m., the oxygen concentrator was observed to have filters on both sides. The filters were observed to be completely covered with white particles on the outer side and partially covered with white particles on the inner side of the filters. 5. Resident #25 had diagnoses of Pneumonia, Alzheimer's Disease and Reactive Depressive Disorder. The Quarterly MDS dated 03/22/06 documented the resident had severely impaired cognitive skills for daily decision making, was totally dependent for all activities of daily living. a. Physicians Orders dated 6/23/06 documented, "O2 (Oxygen) at 2 L/per min (liters per minute) continuous." b. On 06/26/06 at 12:48 p.m., during initial rounds, the oxygen concentrator filters were covered with white particles on the outside and partially covered with white particles on the inside of the filters. c. On 06/29/06 at 11:10 a.m. and at 2:05 p.m., the oxygen concentrator was observed to have filters on both sides. The filters were observed to be completely covered with white particles on the outside and partially covered with white particles on the inside of the filters. 6. Resident #24 had diagnoses of Upper Respiratory Disease and Congestive Heart	F 328			

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F 328	Continued From page 11 Failure. The Significant Change Minimum Data Set (MDS) dated 5/17/06 documented the resident had moderately impaired cognitive skills for daily decision making and received Oxygen therapy. a. The Physician orders dated 6/23/06 documented, "O2 (Oxygen) at 2L (liters) per N/C (nasal cannula) prn (as needed) dyspnea." a) On 6/26/06 at 3:09 p.m. during initial rounds, the oxygen concentrator had no filter on the left side of the oxygen concentrator machine. 7. On 6/30 /06 at 12:14 p.m. RN #2 stated, "Oxygen filters should be changed at least weekly and need to be cleaned at least weekly and as needed." 8. The Policy and Procedure for Oxygen Therapy documented, "...Post Oxygen in Use-No Smoking' signs on the door in view of visitors and reinforce to the resident...Change the cannula[or]mask and tubing every seven days, or more frequently as indicated..."	F 328		
F 362 SS=B	483.35(b) DIETARY SERVICES - SUFFICIENT STAFF The facility must employ sufficient support personnel competent to carry out the functions of the dietary service. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to serve meals in a timely manner and to	F 362		

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NAME OF PROVIDER OR SUPPLIER SEARCY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 SKYLINE DRIVE SEARCY, AR 72143		
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F 362	Continued From page 12 serve food to residents within scheduled time frames. This failed practice had the potential to affect 171 residents who took their meals in the dining room and in their rooms according to the Diet List dated 6/26/06. The findings are: 1. On 6/27/06 at 11:00 a.m. during the group meeting, 7 of 7 alert and oriented residents stated the following when asked about the timeliness of meals: a. "Meals were generally late". b. "We had to wait 2 and 1/2 hours one time". c. "Staff stop and talk when serving meals". 2. On 6/27/06 the lunch meal service started at 12:00 noon. a. On 6/27/06 at 1:50 p.m. trays were still being passed out on halls 8 and 9. b. On 6/27/06 at 2:00 p.m. the residents were still being fed in the dining room. This was 2 hours after the kitchen started the meal service. 3. The Department Managers List provided by the facility documented the meal times for: Breakfast at 6:45 a.m., Lunch at 11:45 and Dinner at 4:45. 4. On 6/27/06 the supper meal service started at 5:00 p.m. At 6:40 p.m. the residents in their rooms were still receiving supper trays. 5. On 6/28/06 employee #2 stated that the regular scheduled time for the breakfast meal service was 6:30 a.m. The temperatures on the	F 362			

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F 362	Continued From page 13 steamtable were taken at 6:44 a.m. The meal service started at 6:49 a.m. The last hall tray was served at 8:20 a.m.	F 362			
F 363 SS=B	6. On 6/29/06 the breakfast meal service started at 6:49 a.m. 483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure that the planned menu was followed as written. This failed practice had the potential to affect 171 residents who took meals from the facility according to the Diet List dated 6/26/06. The findings are: 1. On 6/28/06 the Diet List documented that there were 34 residents on pureed diets. During preparation of the noon meal 32 servings were prepared for the pureed meats, dressing, sweet potatoes, green beans and greens. 2. On 6/28/06 the Resident Meal of the Month was served and consisted of baked chicken legs, homemade dressing, green beans, rolls and ice cream. a. On 6/28/06 at 1:30 p.m. the last cart of 12	F 363			

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F 363	Continued From page 14 trays was finished for the noon meal. The kitchen ran out of chicken legs.	F 363			
F 364 SS=E	483.35(d)(1)-(2) FOOD Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Complaint #11647 substantiated (all or in part) with these findings Based on observation, record review and interview, the facility failed to ensure that foods were prepared and served by methods to conserve nutritive value, flavor, appearance, palatability and reached the residents at the proper temperature. This failed practice had the potential to affect 171 residents who was served a tray from the kitchen according to the Diet List dated 6/26/06. The findings are: 1. On 6/27/06 at 11:00 a.m. 7 of 7 residents in the group meeting stated that the food was "good but cold and 1 of the 7 residents stated that the eggs were "plastic cold fried eggs".	F 364			

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F 364	Continued From page 15 2. On 6/28/06 at 8:24 a.m. a breakfast test tray was recieved from the kitchen. These were the findings for the temperatures and the appearance of the food: a. The pureed scrambled eggs were 115 degrees Fahrenheit. b. The mechanical altered sausage was 117 degrees Fahrenheit. c. The whole milk was 49 degrees Fahrenheit. d. The fried eggs were 115 degrees Fahrenheit. e. The biscuit would not melt the margarine. f. The fried egg had a rubbery texture and was hard to cut with a knife. The yolk was green around the outside edge and the edges of the egg was dry. 3. On 6/28/06 at 1:37 p.m. a lunch test tray registered the following temperatures: a. The baked chicken leg was 108 degrees Fahrenheit. The skin on the baked chicken was dry and brittle. b. The green beans were 100 degrees Fahrenheit. c. The dressing with gravy was 100 degrees Fahrenheit.	F 364		
F 371 SS=F	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE	F 371		

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F 371	<p>Continued From page 16</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure that the foods were stored properly, to maintain the kitchen and dining area in a clean and sanitary manner, to follow their own handwashing policy for handwashing to prevent the potential spread of food-borne illness organisms and to maintain an effective pest control program in the dining room. This failed practice had the potential to affect 171 residents who took their meals from the kitchen according to the Diet List dated 6/26/06. The findings are:</p> <ol style="list-style-type: none"> 1. On 6/26/06 at 11:10 a.m. the following was noted in the kitchen: <ol style="list-style-type: none"> a. Two covered cannisters that contained rice krispies and bran flakes had no date or label. b. One plastic bag of corn flakes was left opened with no date. c. There were no thermometers in the large and small milk freezers. 2. On 6/28/06 at 10:15 a.m. the entire kitchen floor was dirty with debris, food crumbs and paper pieces scattered over its. 3. On 6/28/06 at 10:15 a.m. and 10:20 a.m. employee #1 washed, soaped and rinsed her 	F 371			

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F 371	<p>Continued From page 17</p> <p>hands, then pulled a paper towel and turned the faucet off with the paper towel then preceded to dry her hands with the paper towel.</p> <p>a. The facility's handwashing policy for the kitchen documented, "...Wipe hands dry with a single-use, disposable paper towel...Turn water off with paper towel and dispose of towel...".</p> <p>4. On 6/28/06 at 10:30 a.m. a gallon container, approximately 3/4 full of whole milk, was on a shelf in the refrigerator in the prep area to be used for pureeing, had an expiration date of 6/9/06.</p> <p>5. On 6/28/06 at 12:30 p.m. a medium sized brown roach crawled from the dishroom area into the dining area underneath the table where 5 residents waited for their lunch trays.</p> <p>a. On 6/28/06 at 12:31 p.m. an unidentified employee was asked to come and view the roach. The roach could not be found. The employee stated "Oh, I've seen them before."</p> <p>b. On 6/28/06 at 12:31 p.m. during lunch meal service, the wall beneath the dishroom window with a plexiglass shield, had dirty dried on brown spots and spills starting from the dishroom window to the baseboard. The baseboard was separating from the wall and had an accumulation of brown materials in the separation. The red tiled area beneath the dishroom window had an approximate 3 feet by 4 feet spill of white water, round dried spills approximately 2 inches in diameter and trash (plastic lid, empty salt and pepper packets) that extended from the dishroom window to approximately 2 feet from a table where 5 residents dined.</p>	F 371			

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F 445 F 445 SS=D	Continued From page 18 483.65(c) INFECTION CONTROL - 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, the facility failed to ensure that linens were handled in a manner to prevent the potential spread of infection. This failed practice had the potential to affect all 181 residents in the facility according to the Roster Matrix provided by the Administrator on 6/26/06. The findings are: On 6/28/06 at 9:40 a.m. Certified Nursing Assistant (CNA) # 1 had completed peri and catheter care on a resident and disposed of the dirty linen in the container in the hall. The CNA then removed clean linen from the clean linen cart and held it against her chest area and uniform. The CNA took the linen into another residents room.	F 445 F 445			