

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/04/2016
NAME OF PROVIDER OR SUPPLIER SMITHFIELD MANOR NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 1940 SMITHFIELD, NC 27577	
(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 166 SS=E	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff, resident and family interviews, the facility failed to resolve grievances by requiring a continent resident to use a bedside commode for over 5 consecutive weeks before repairing the resident ' s bathroom for 1 of 1 residents. Findings included: Record review revealed Resident #1 was admitted to the facility on 2/11/2016 with cumulative diagnoses which included Muscle Weakness and Urinary Tract Infection. The Admission Minimum Data Set (MDS) dated 2/18/2016 indicated the resident was moderately cognitively impaired, always continent of bowel and bladder and required supervision to limited assistance of 1 person for toileting needs. The MDS also indicated Resident #1 used a walker or wheelchair for mobility. The most recent Quarterly MDS dated 8/12/2016 indicated the resident was occasionally incontinent of urine and always continent of bowel and had severe cognitive impairment. The Care Plan updated on 7/12/2016 indicated Resident #1 required limited toileting assistance and listed assisting the resident to the bathroom to avoid any incontinent episodes as an intervention. The facility ' s Procedure to File a Grievance Policy revised on 9/25/2008 was reviewed. An interview was conducted on 11/1/2016 at 2:10</p>	F 166	<p>Bathroom floor was retiled and commode replaced for Resident #1.</p> <p>All facility bathrooms were assessed to ascertain proper functioning and the absence of any unresolved odor problems by the Director of Environmental Services and/or his designee.</p> <p>Meeting with Resident #1 and his wife and the Director of Facility Compliance to ascertain their satisfaction with the resolving of the bathroom accommodations and the elimination of odors and to further encourage them to exercise their right to voice grievances with expectation of receiving a prompt effort towards its resolve.</p> <p>Unresolved issues of residents and families to be addressed as written grievances and placed in the Grievance Log for resolve and monitoring by the Quality Assurance Committee and its Coordinator. All grievances, including those unresolved, to be directed to the Administrator in a written form and to include all interventions utilized for its resolve. The Administrator will ensure all</p>	12/2/16

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

TITLE

(X6) DATE

Electronically Signed

11/18/2016

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 166	Continued From page 1 PM with Resident #1. The resident was in his room seated in a wheelchair with a family member seated beside him. The resident was alert and oriented to person, place and time. Resident #1 resided in a semi-private room with a bathroom approximately 6 feet from the resident 's bed. A bedside commode was located against the wall beside the bathroom door. Resident #1 stated he used the bedside commode because the floor tiles and toilet were removed from his bathroom several weeks ago due to urine odors from the saturated floor under the tiles. Resident #1 stated his family member talked with Administration several times over the last few weeks regarding the bathroom issue and was told the facility was working on getting the issue resolved. The resident stated he did not like to use the bedside commode and his family member had informed facility staff several times of his preference to use the bathroom. The resident reported frustration due to the amount of time it was taking to get the issue resolved. An interview was conducted with the resident 's family member during the interview with the resident. The family member stated she visited the resident every day. The family member indicated she reported the issues with the bathroom odors and the wet tiles to Administration the week of September 26, 2016. The family member reported the tiles and toilet were removed around October 6, 2016 and the bathroom floor was sprayed daily with a bleach solution for several days. The family member reported nothing was done to the bathroom for the past few weeks. The family member stated when the bathroom became inaccessible she would take the resident to the visitor bathroom down the hall from his room and she discussed the situation with the Chief Financial Officer	F 166	efforts are utilized for its resolution within the facility and will seek outside services if necessary if unable to reach a resolution. Housekeeping staff will monitor on a daily basis during the cleaning of each resident's room and bathroom designated to their schedule to ascertain the proper functioning of the commode and the presence of any unresolved odors. Any non-functioning commodes and odors they are unable to eradicate with a general cleaning will be reported to the Director of Environmental Services for further assessment of the situation and its subsequent correction. Facility Housekeeper/Floor Tech Check List/Job description to now include their daily monitoring of unresolved odors after routine cleaning and checking for functioning commodes. Negative findings will be reported to their supervisor. The Resident Satisfaction Audit will be revised to include their satisfaction related to efforts of the facility to promptly address the resolving of their grievances. These audits will be conducted by the Quality Assurance Coordinator and/or her designee on a bi-weekly basis for three (3) months then quarterly. Negative responses will be followed-up on by the facility Social Workers. These audits will be presented to the Quality Assurance Committee's membership at the quarterly meeting(s) for their review so as they can monitor/ascertain the facility's compliance.		

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F 166	<p>Continued From page 2</p> <p>(CFO) several weeks ago. The family member reported the CFO was aware the resident used the visitor bathroom. The family member reported a few days after the discussion with the CFO a staff member informed her the resident could not use the visitor bathroom and would have to use the bedside commode. The family member did not remember who the staff member ' s name. The family member reported the resident hated to use the bedside commode and was very frustrated the bathroom had not been repaired. The family member reported she discussed the issue with the CFO, Maintenance Director, the nursing staff and the Social Worker but the bathroom continued to be inaccessible. The family member stated the facility had known for over 6 weeks the resident did not have a bathroom available and it should have been resolved weeks ago.</p> <p>Observation of the resident ' s bathroom on 11/1/2016 at 3:00 PM revealed the tile and toilet were removed. There was a urine odor in the bathroom.</p> <p>An interview was conducted on 11/2/2106 at 11:48 AM with Nursing Assistant (NA) #1. NA #1 reported she worked with Resident #1 on a regular basis. NA #1 stated Resident #1 used a bedside commode because his bathroom was being repaired. NA #1 reported the bathroom had been inaccessible for several weeks. NA #1 stated Resident #1 complained often about not being able to access a bathroom.</p> <p>An interview was conducted with Resident #1 ' s nurse (nurse #2) on 11/2/2016 at 2:45 PM. Nurse #2 reported the resident did not like using the bedside commode. Nurse #2 reported the resident was frustrated because he felt the bathroom could have been repaired weeks ago.</p> <p>An interview was conducted with the facility</p>	F 166	<p>A mandatory facility in-service will be conducted on November 28, 2016, by the two (2) Social Workers. It will include, but not be limited to, the rights of our residents to receive prompt efforts to resolve grievances. Staff will be instructed to complete a written grievance report if they observe complaints offered by residents and/or families continue without being addressed and/or corrected.</p> <p>Completion date of corrective action is December 2, 2016.</p>		

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F 166	<p>Continued From page 3</p> <p>Maintenance Director on 11/2/2016 at 3:33 PM. The Maintenance Director stated he discussed the resident ' s bathroom issue with the resident and the family member a couple of times. The most recent discussion was last week. The Maintenance Director reported the tiles and toilet were removed from the bathroom sometime around the end of September due to the strong urine odor. The Maintenance Director stated a plumber assessed the flooring around October 13, 2016 and suggested the facility chemically treat the floor daily for a week or so and see if the odors remained. The Maintenance Director stated the odors were not as strong as prior to the treatment. The Maintenance Director reported the facility recently hired an employee with a strong background in plumbing and they were waiting for the new employee to complete the repairs. The Maintenance Director stated the new employee had started working at the facility the morning of the interview.</p> <p>An interview was conducted with the CFO on 11/3/2016 at 8:18 AM. The CFO reported recollection of the discussion with the family member about the bathroom odor and the wetness of the tiles on the bathroom floor. The CFO stated he went to the resident ' s room the day of the discussion and there was a definite urine odor. The CFO stated he reported the issue to the Maintenance Department. The CFO reported he was aware the resident used the visitor bathroom and informed the family member there was no problem with the resident using the visitor bathroom. The CFO stated he was unaware the staff denied the resident access to the visitor bathroom and staff should not have restricted the resident ' s access to the visitor bathroom. The CFO stated it had taken much longer than normal to get the issue resolved.</p>	F 166			

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F 166	Continued From page 4 An interview was conducted with the Social Worker (SW) on 11/4/2016 at 8:30 AM. The SW stated the family member reported the strong urine odor and the issue with liquid seeping up from the tile in the resident ' s bathroom to her several weeks ago. The SW was aware the bathroom was inaccessible and the resident currently used a bedside toilet. An interview was conducted with the Administrator on 11/4/2016 at 8:45 AM. The Administrator stated awareness of the issue with Resident #1 ' s bathroom and the amount of time since the issue was reported. The Administrator reported the Maintenance Department tried to determine what caused the problem and professional plumbers assessed the floor. The Administrator stated he wished the issue had been resolved more timely and the expectation was the resident ' s bathroom would have been resolved in a lesser amount of time.	F 166			
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a 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: Based on record review, observation, staff, resident and family interviews, the facility failed to maintain the dignity of a resident by requiring a continent resident to use a bedside commode for over 5 consecutive weeks before repairing the resident ' s bathroom which resulted in feelings of embarrassment and frustration for 1 of 41	F 241	Bathroom floor was retiled and commode replaced for Resident #1 which provided an environment that maintained his dignity and respect in full recognition of his individuality. All facility bathrooms were assessed to	12/2/16	

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F 241	<p>Continued From page 5</p> <p>residents reviewed for dignity.</p> <p>Findings included:</p> <p>Record review revealed Resident #1 was admitted to the facility on 2/11/2016 with cumulative diagnoses which included Muscle Weakness and Urinary Tract Infection. The Admission Minimum Data Set (MDS) dated 2/18/2016 indicated the resident was moderately cognitively impaired, always continent of bowel and bladder and required supervision to limited assistance of 1 person for toileting needs. The MDS also indicated Resident #1 used a walker or wheelchair for mobility. The most recent Quarterly MDS dated 8/12/2016 indicated the resident was occasionally incontinent of urine and always continent of bowel and had severe cognitive impairment. The Care Plan updated on 7/12/2016 indicated Resident #1 required limited toileting assistance and listed assisting the resident to the bathroom to avoid any incontinent episodes as an intervention.</p> <p>An interview was conducted on 11/1/2016 at 2:10 PM with Resident #1. The resident was in his room seated in a wheelchair with a family member seated beside him. The resident was alert and oriented to person, place and time. Resident #1 resided in a semi-private room with a bathroom approximately 6 feet from the resident's bed. A bedside commode was located against the wall beside the bathroom door. Resident #1 stated he used the bedside commode because the floor tiles and toilet were removed from his bathroom several weeks ago due to urine odors from the saturated floor under the tiles. Resident #1 stated his family member talked with Administration several times over the last few weeks regarding the bathroom issue and was told the facility was working on getting the issue resolved. The resident stated he did not like to</p>	F 241	<p>ascertain proper functioning and free of any unresolved odor problems by the Director of Environmental Services and/or his designee.</p> <p>Housekeeping staff will monitor on a daily basis during the cleaning of each resident's room and bathroom designated to their schedule for the presence/functioning of commodes and the presence of any unresolved odors. The absence of proper toileting equipment and the presence of odors they are unable to eradicate with a general cleaning will be reported to the Director of Environmental Services for further assessment of the situation and its subsequent correction. Facility Housekeeping/Floor Tech Check List/Job description to now include their daily monitoring of non-functioning commodes and unresolved odors after routine cleaning and their reporting of negative findings to their Supervisor.</p> <p>The Resident Satisfaction Audit will be revised to include their satisfaction with their environment maintaining their dignity and respect on an individual basis. These audits will be conducted by the Quality Assurance Coordinator and/or her designee on a bi-weekly basis for three (3) months then quarterly. These audits will be presented to the Quality Assurance Committee's membership at the quarterly meeting(s) for their review so as they can monitor/ascertain the facility's compliance.</p>		

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F 241	Continued From page 6 use the bedside commode and it was an embarrassment when he had visitors in the room. The resident reported frustration due to not having a bathroom to use for privacy. Resident #1 reported there were times he asked visitors to leave when he needed to have a bowel movement so the visitors would not smell any odors. The resident stated it made him feel very embarrassed when he used the bedside commode. An interview was conducted with the resident ' s family member during the interview with the resident. The family member stated she visited the resident every day. The family member indicated she reported the issues with the bathroom odors and the wet tiles to Administration the week of September 26, 2016. The family member reported the tiles and toilet were removed around October 6, 2016 and the bathroom floor was sprayed daily with a bleach solution for several days. The family member reported nothing was done to the bathroom for the past few weeks. The family member stated when the bathroom became inaccessible she would take the resident to the visitor bathroom down the hall from his room. The family member reported she was told by staff he could not use the visitor bathroom and would have to use the bedside commode. The family member reported the resident hated to use the bedside commode and was very frustrated the bathroom had not been repaired. The family member also stated the resident was embarrassed when he used the bedside commode. Observation of the resident ' s bathroom on 11/1/2016 at 3:00 PM revealed the tile and toilet were removed. There was a urine odor in the bathroom. An interview was conducted on 11/2/2106 at	F 241	A mandatory facility in-service will be conducted November 28, 2016, by the two (2) Social Workers. It will include, but not be limited to, the facility's responsibility to promote care for residents in a manner and in an environment that maintains each resident's dignity and respect in full recognition of his or her individuality. Completion date of corrective action is December 2, 2016.		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 241	Continued From page 7 11:48 AM with Nursing Assistant (NA) #1. NA #1 reported she worked with Resident #1 on a regular basis. NA #1 stated Resident #1 used a bedside commode because his bathroom was being repaired. NA #1 reported the bathroom had been inaccessible for several weeks. NA #1 stated Resident #1 complained often about not being able to access a bathroom. An interview was conducted with Resident #1 ' s nurse (nurse #2) on 11/2/2016 at 2:45 PM. Nurse #2 reported the resident did not like using the bedside commode. Nurse #2 reported the resident was frustrated because he did not feel privacy was provided for toileting when there was no bathroom available for him. An interview was conducted with the Administrator on 11/4/2016 at 8:45 AM. The Administrator stated awareness of the issue with Resident #1 ' s bathroom. The Administer reported he was made aware on 11/2/16 of the resident ' s issue with using the bedside commode. The Administrator stated the resident should not have been restricted from the use of the visitor bathroom. The Administrator stated the expectation was Resident #1 ' s dignity would be maintained by ensuring accommodations for toileting acceptable to the resident were provided.	F 241			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.	F 246		12/2/16	

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F 246	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff, resident and family interviews, the facility failed to accommodate the toileting needs of a resident by requiring a continent resident to use a bedside commode for over 5 consecutive weeks before repairing the resident ' s bathroom for 1 of 1 residents. Findings included: Record review revealed Resident #1 was admitted to the facility on 2/11/2016 with cumulative diagnoses which included Muscle Weakness and Urinary Tract Infection. The Admission Minimum Data Set (MDS) dated 2/18/2016 indicated the resident was moderately cognitively impaired, always continent of bowel and bladder and required supervision to limited assistance of 1 person for toileting needs. The MDS also indicated Resident #1 used a walker or wheelchair for mobility. The most recent Quarterly MDS dated 8/12/2016 indicated the resident was occasionally incontinent of urine and always continent of bowel and had severe cognitive impairment. The Care Plan updated on 7/12/2016 indicated Resident #1 required limited toileting assistance and listed assisting the resident to the bathroom to avoid any incontinent episodes as an intervention. An interview was conducted on 11/1/2016 at 2:10 PM with Resident #1. The resident was in his room seated in a wheelchair with a family member seated beside him. The resident was alert and oriented to person, place and time. Resident #1 resided in a semi-private room with a bathroom approximately 6 feet from the resident ' s bed. A bedside commode was located against the wall beside the bathroom door. Resident #1	F 246	Bathroom floor was retiled and commode replaced for Resident #1. All bathrooms were assessed to ascertain proper functioning of commodes and the absence of any unresolved odor problems by the Director of Environmental Services and/or his designee. Unresolved issues of residents and families to be addressed as written grievances and placed in the Grievance Log for resolve and monitoring by the Quality Assurance Committee and its Coordinator. Unresolved grievances to be directed to the Administrator in a written form and to include all interventions utilized for its resolve. The Administrator will ensure all efforts are utilized for its resolution within the facility and will seek outside contract (i.e., plumbing) services to assist in reaching a resolution. Housekeeping staff will monitor on a daily basis during the cleaning of each resident's room and bathroom designated to their schedule to ascertain the proper functioning of the commode and the presence of any unresolved odors. Any non-functioning commodes and odors they are unable to eradicate with a general cleaning will be reported to the Director of Environmental Service3s for further assessment of the situation and its subsequent correction. Facility Housekeep/Floor Tech Check List/Job		

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F 246	Continued From page 9 stated he used the bedside commode because the floor tiles and toilet were removed from his bathroom several weeks ago due to urine odors from the saturated floor under the tiles. Resident #1 stated his family member talked with Administration several times over the last few weeks regarding the bathroom issue and was told the facility was working on getting the issue resolved. The resident stated he did not like to use the bedside commode and his family member had informed facility staff several times of his preference to use the bathroom. The resident reported frustration due to not having a bathroom to use for privacy. An interview was conducted with the resident ' s family member during the interview with the resident. The family member stated she visited the resident every day. The family member indicated she reported the issues with the bathroom odors and the wet tiles to Administration the week of September 26, 2016. The family member reported the tiles and toilet were removed around October 6, 2016 and the bathroom floor was sprayed daily with a bleach solution for several days. The family member reported nothing was done to the bathroom for the past few weeks. The family member stated when the bathroom became inaccessible she would take the resident to the visitor bathroom down the hall from his room and she discussed the situation with the Chief Financial Officer (CFO) several weeks ago. The family member reported the CFO was aware the resident used the visitor bathroom. The family member reported a few days after the discussion with the CFO a staff member informed her the resident could not use the visitor bathroom and would have to use the bedside commode. The family member did not remember who the staff member ' s name.	F 246	description to now include their daily monitoring of unresolved odors after routine cleaning and their reporting of these negative findings to their supervisor. The Resident Satisfaction Audit will be revised to include the residents <input type="checkbox"/> satisfaction with their preference for toileting needs being addressed except when the health or safety of the individual or other residents would be endangered. These audits will be conducted by the Quality Assurance Coordinator and/or her designee on a bi-weekly basis for three (3) months then quarterly. Negative responses will be directed to the Care Planning Department for review/consideration and appropriate follow-up in the individual care plan. These audits will be presented to the Quality Assurance Committee <input type="checkbox"/> s membership at the quarterly meeting(s) for their review so as they can monitor/ascertain the facility <input type="checkbox"/> s compliance. Mandatory in-service will be conducted November 28, 2016 by the facility Social Workers to include, but not limited to, the rights of our residents to reside and receive services in the facility with reasonable accommodations of needs and preferences; i.e., being able to use bathroom facilities should their physical condition allow verses the use of a bedside commode. Also, all staff will be instructed that residents have the right to use the public bathroom facilities should they desire to do so and further that all		

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F 246	<p>Continued From page 10</p> <p>The family member reported the resident hated to use the bedside commode and was very frustrated the bathroom had not been repaired. The family member reported she discussed the issue with the CFO, Maintenance Director, the nursing staff and the Social Worker but the bathroom continued to be inaccessible. Observation of the resident ' s bathroom on 11/1/2016 at 3:00 PM revealed the tile and toilet were removed. There was a urine odor in the bathroom.</p> <p>An interview was conducted on 11/2/2106 at 11:48 AM with Nursing Assistant (NA) #1. NA #1 reported she worked with Resident #1 on a regular basis. NA #1 stated Resident #1 used a bedside commode because his bathroom was being repaired. NA #1 reported the bathroom had been inaccessible for several weeks. NA #1 stated Resident #1 complained often about not being able to access a bathroom.</p> <p>An interview was conducted with Resident #1 ' s nurse (nurse #2) on 11/2/2016 at 2:45 PM. Nurse #2 reported the resident did not like using the bedside commode. Nurse #2 reported the resident was frustrated because he did not feel privacy was provided for toileting when there was no bathroom available for him.</p> <p>An interview was conducted with the facility Maintenance Director on 11/2/2016 at 3:33 PM. The Maintenance Director stated he discussed the resident ' s bathroom issue with the resident and the family member a couple of times. The most recent discussion was last week. The Maintenance Director reported the tiles and toilet were removed from the bathroom sometime around the end of September due to the strong urine odor. The Maintenance Director stated a plumber assessed the flooring around October 13, 2016 and suggested the facility chemically</p>	F 246	<p>continued, unresolved complaints of residents and/or their family should be addressed in the form of a written grievance so as it can follow the appropriate route to resolution.</p> <p>Completion date of corrective action is December 2, 2016.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2016
NAME OF PROVIDER OR SUPPLIER SMITHFIELD MANOR NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 1940 SMITHFIELD, NC 27577		
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F 246	<p>Continued From page 11</p> <p>treat the floor daily for a week or so and see if the odors remained. The Maintenance Director stated the odors were not as strong as prior to the treatment. The Maintenance Director reported the facility recently hired an employee with a strong background in plumbing and they were waiting for the new employee to complete the repairs. The Maintenance Director stated the new employee had started working at the facility the morning of the interview.</p> <p>An interview was conducted with the CFO on 11/3/2016 at 8:18 AM. The CFO reported recollection of the discussion with the family member about the bathroom odor and the wetness of the tiles on the bathroom floor. The CFO stated he went to the resident ' s room the day of the discussion and there was a definite urine odor. The CFO stated he reported the issue to the Maintenance Department. The CFO reported he was aware the resident used the visitor bathroom and informed the family member there was no problem with the resident using the visitor bathroom. The CFO stated he was unaware the staff denied the resident access to the visitor bathroom and staff should not have restricted the resident ' s access to the visitor bathroom. The CFO stated it had taken much longer than normal to get the issue resolved.</p> <p>An interview was conducted with the Social Worker (SW) on 11/4/2016 at 8:30 AM. The SW stated the family member reported the strong urine odor and the issue with liquid seeping up from the tile in the resident ' s bathroom to her several weeks ago. The SW was aware the bathroom was inaccessible and the resident currently used a bedside toilet.</p> <p>An interview was conducted with the Administrator on 11/4/2016 at 8:45 AM. The Administrator stated awareness of the issue with</p>	F 246			

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F 246	Continued From page 12 Resident #1 ' s bathroom. The Administer reported he was made aware on 11/2/16 of the resident ' s issue with using the bedside commode. The Administrator stated the resident should not have been restricted from the use of the visitor bathroom. The Administrator stated the expectation was the resident ' s toileting needs would have been accommodated while the bathroom was being repaired.	F 246			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on record review, observation, staff, resident and family interviews, the facility failed to provide maintenance services by not repairing the bathroom of a continent resident which resulted in the resident having to use a bedside commode for over 5 consecutive weeks for 1 of 1 residents. Findings included: Record review revealed Resident #1 was admitted to the facility on 2/11/2016 with cumulative diagnoses which included Muscle Weakness and Urinary Tract Infection. The Admission Minimum Data Set (MDS) dated 2/18/2016 indicated the resident was moderately cognitively impaired, always continent of bowel and bladder and required supervision to limited assistance of 1 person for toileting needs. The MDS also indicated Resident #1 used a walker or wheelchair for mobility. The most recent Quarterly MDS dated 8/12/2016 indicated the resident was	F 253	F 253 Housekeeping & Maintenance Services Bathroom floor was retiled and commode replaced for Resident #1. All bathrooms were assessed to ascertain proper functioning and the absence of any unresolved odor problems by the Director of Environmental Services and/or his designee. Housekeeping staff will monitor on a daily basis during the cleaning of each resident's room and bathroom designated to their schedule to ascertain the proper functioning of the commode and the presence of any unresolved odors. Any non-functioning commodes	12/2/16	

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F 253	<p>Continued From page 13</p> <p>occasionally incontinent of urine and always continent of bowel and had severe cognitive impairment. The Care Plan updated on 7/12/2016 indicated Resident #1 required limited toileting assistance and listed assisting the resident to the bathroom to avoid any incontinent episodes as an intervention.</p> <p>A review of the facility ' s Procedure to File a Grievance Policy revised on 9/25/2008 was reviewed. The Policy revealed grievances could be filed with members of the Administrative, Social and/or Nursing staff. The Policy further stated investigation and resolution of grievances would be completed in a timely manner and were not to exceed 5 working days.</p> <p>An interview was conducted on 11/1/2016 at 2:10 PM with Resident #1. The resident was in his room seated in a wheelchair with a family member seated beside him. The resident was alert and oriented to person, place and time.</p> <p>Resident #1 resided in a semi-private room with a bathroom approximately 6 feet from the resident ' s bed. A bedside commode was located against the wall beside the bathroom door. Resident #1 stated he used the bedside commode because the floor tiles and toilet were removed from his bathroom several weeks ago due to urine odors from the saturated floor under the tiles. Resident #1 stated his family member talked with Administration several times over the last few weeks regarding the bathroom issue and was told the facility was working on getting the issue resolved. The resident stated he did not like to use the bedside commode and his family member had informed facility staff several times of his preference to use the bathroom. The resident reported frustration due to the amount of time it was taking to get the issue resolved.</p> <p>An interview was conducted with the resident ' s</p>	F 253	<p>and odors they are unable to eradicate with a general cleaning will be reported to the Director of Environmental Services for further assessment of the situation and its subsequent correction.</p> <p>The Resident Satisfaction Audit will be revised to include their satisfaction with the facility being maintained with a sanitary, orderly, and comfortable interior. These audits will be conducted by the Quality Assurance Coordinator and/or her designee on a bi-weekly basis for three (3) months then quarterly. Negative responses will be followed-up on by the Director of Environmental Services. These Mandatory facility-wide in-service will be conducted on November 28, 2016, by the Social Workers. The training will include, but not limited to, the facility's obligation to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Completion date of corrective action is December 2, 2016.</p>		

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F 253	Continued From page 14 family member during the interview with the resident. The family member stated she visited the resident every day. The family member indicated she reported the issues with the bathroom odors and the wet tiles to Administration the week of September 26, 2016. The family member reported the tiles and toilet were removed around October 6, 2016 and the bathroom floor was sprayed daily with a bleach solution for several days. The family member reported nothing was done to the bathroom for the past few weeks. The family member stated when the bathroom became inaccessible she would take the resident to the visitor bathroom down the hall from his room and she discussed the situation with the Chief Financial Officer (CFO) several weeks ago. The family member reported the CFO was aware the resident used the visitor bathroom. The family member reported a few days after the discussion with the CFO a staff member informed her the resident could not use the visitor bathroom and would have to use the bedside commode. The family member did not remember who the staff member ' s name. The family member reported the resident hated to use the bedside commode and was very frustrated the bathroom had not been repaired. The family member reported she discussed the issue with the CFO, Maintenance Director, the nursing staff and the Social Worker but the bathroom continued to be inaccessible. The family member stated the facility had known for over 6 weeks the resident did not have a bathroom available and it should have been repaired weeks ago. Observation of the resident ' s bathroom on 11/1/2016 at 3:00 PM revealed the tile and toilet were removed. There was a urine odor in the bathroom.	F 253			

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F 253	<p>Continued From page 15</p> <p>An interview was conducted on 11/2/2106 at 11:48 AM with Nursing Assistant (NA) #1. NA #1 reported she worked with Resident #1 on a regular basis. NA #1 stated Resident #1 used a bedside commode because his bathroom was being repaired. NA #1 reported the bathroom had been inaccessible for several weeks. NA #1 stated Resident #1 complained often about not being able to access a bathroom.</p> <p>An interview was conducted with Resident #1 ' s nurse (nurse #2) on 11/2/2016 at 2:45 PM. Nurse #2 reported the resident did not like using the bedside commode. Nurse #2 reported the resident was frustrated because he felt the bathroom could have been repaired weeks ago.</p> <p>An interview was conducted with the Environmental Services employee who worked on the resident ' s hall regularly on 11/2/2016 at 3:00 PM. The employee reported Resident #1 ' s bathroom had strong urine odors and there was urine seeping up between the tiles prior to the floor tiles and toilet being removed several weeks ago. The employee reported she originally informed the prior Maintenance Director of the issue with the bathroom and the current Maintenance Director was working on getting the issues resolved. The employee stated the resident ' s family member voiced concerns about the repairs not being completed, and the concerns were reported to the Maintenance Director.</p> <p>An interview was conducted with the facility Maintenance Director on 11/2/2016 at 3:33 PM. The Maintenance Director stated he discussed the resident ' s bathroom issue with the resident and the family member a couple of times. The most recent discussion was last week. The Maintenance Director reported the tiles and toilet were removed from the bathroom sometime</p>	F 253			

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F 253	<p>Continued From page 16</p> <p>around the end of September due to the strong urine odor. The Maintenance Director stated a plumber assessed the flooring around October 13, 2016 and suggested the facility chemically treat the floor daily for a week or so and see if the odors remained. The Maintenance Director stated the odors were not as strong as prior to the treatment. The Maintenance Director reported the facility recently hired an employee with a strong background in plumbing and they were waiting for the new employee to complete the repairs. The Maintenance Director stated the new employee had started working at the facility the morning of the interview.</p> <p>An interview was conducted with the CFO on 11/3/2016 at 8:18 AM. The CFO reported recollection of the discussion with the family member about the bathroom odor and the wetness of the tiles on the bathroom floor. The CFO stated he went to the resident ' s room the day of the discussion and there was a definite urine odor. The CFO stated he reported the issue to the Maintenance Department. The CFO stated it had taken much longer than normal to get the issue resolved.</p> <p>An interview was conducted with the Administrator on 11/4/2016 at 8:45 AM. The Administrator stated awareness of the issue with Resident #1 ' s bathroom and the amount of time since the issue was reported. The Administrator reported the Maintenance Department tried to determine what caused the problem and professional plumbers assessed the floor. The Administrator stated he wished the issue had been resolved more timely and the expectation was the resident ' s bathroom would have been repaired in a lesser amount of time.</p>	F 253			