STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/07/2014

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R000000	This visit was for a State Residential Licensure Survey. Survey Dates: November 3, 5, 6, and 7, 2014 Facility number: 010680 Provider number: 010680 AIM number: N/A Survey Team: Rita Bittner, RN, TC Julie Dover, RN Tammy Forthofer, RN Census bed type: Residential: 39 Total: 39 Census Payor type: Other: 39 Total: 39 Residential sample: 7 These state findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on November 11, 2014, by Janelyn Kulik, RN.	R000000	Submission and implementation of this plan of correction does not constitute an admission by Keepsake Village of Columbus. Rather, this plan of correction is for compliance to State and Federal rules.	
R000152	410 IAC 16.2-5-1.5(i)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sanitation and Safety Standards - Deficiency (i) The facility shall handle, store, process, and transport clean and soiled linen in a safe and sanitary manner that will prevent the spread of infection. Based on observation, interview, and record review the facility failed to handle linen and transport and store clean linens in a sanitary manner for 4 of 7 observations. (Two hall carts, 1 transport cart, and CNA #3) Findings included: During a random observation on 11/3/2014 at 11:20 AM, two laundry carts were located at the end of Hall B. The front cart had a visible corner of a sheet hanging out from under the cover and rested on the floor from the bottom shelf. During a random observation on 11/5/2014 at 1:40 PM, two laundry carts were located at the end of Hall B. The second cart had a visible edge of a sheet hanging out from under the cover five inches with the end resting one half of a inch off the floor. During a random observation on 11/6/2014 at 8:51 AM, Laundry Staff #2 was pushing the clean laundry transport basket down the C hallway with visible sheets and wash cloths uncovered.	R000152	1.) What corrective action will be accomplished for resident's found to have been affected by practice?a.) Laundry carts were velcroed on all sides to prevent linens from hanging out the sides and dragging the floor.b.) All-staff will be inserviced to transport clean linens via the carts outside each room and not to carry linens against their clothing or bare arms. Inservice will include demonstrations of the proper way to handle linens.2.) How will facility identify other residents affected by the practice?a.) Linen carts were velcroed on the sides to prevent linens from hanging out and dragging the ground.b.) All-staff will be inserviced to transport clean linens with the carts to the outside of each residents' room and not to carry linens against their clothing or bare arms. Inservice will include demonstrations of the proper way to handle linens.3.) What measures will be put in place to prevent recurrence of practice?a.) Rolling laundry carts were velcroed to prevent linens from hanging out and dragging the floor.b.) Linens will be transported via the cart from outside of each residents' room, eliminating the need for linens to be carried by staff. All staff will	12/20/2014

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	During a random observation on 11//6/2014 at 9:08 AM, CNA #3 was walking down Hall C with an arm full of sheets up against her scrub top and bare arms. During a random observation on 11/6/2014 at 9:15 AM, CNA #3 was walking down Hall B with both bare arms full of sheets and towels tight up against her scrub top. On 11/5/2014 at 2:00 PM, an interview with CNA #4 indicated linen carts were stored at the end of each hallway and stored linens were to be covered at all times. On 11/5/2014 at 2:05 PM, an interview with Administrator indicated linens were to be covered at all times when stored on hall carts. On 11/6/2014 at 10:30 AM, an interview with the facility operations manager, indicated safe handling of clean linens were for linens to be covered during transport. On 11/6/2014 at 10:32 AM, Laundry Staff #2, indicated all clean linens were to be transported in the hallways covered.		be inserviced on the proper way to hold linens away from their clothing and bare arms. 4.) How will the corrective action be monitored to prevent recurrence? a.) Director of Nursing will do rounds daily to ensure staff are following correct linen procedures.b.) Housekeeping and manager on duty will do rounds on weekends to ensure procedures are being followed correctly.5.) Changes will be implemented by 12/20/14.	

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	A policy for linen handling was received from the Administrator on 11/6/2014. The policy was identified as current. The policy indicated, "1 Clean linen shall be stored in such a manner to prevent contamination. Linens shall be maintained in the linen room or in enclosed or covered carts. #6 Every effort will be made to ensure that soiled linens or clothing does not come into contact with uniforms, furniture, or other areas deemed clean."			
R000273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to use proper hand washing technique during food service in the main dining room and hall tray delivery for 9 of 25 residents observed. (Residents # 2, 5, 7, 9, 11, 13, 15, 16, and 17) Findings included: 1. On 11/04/2014 at 12:04 PM, during a random observation, CNA #8 washed her hands for 10 seconds in the dining room sink. She turned off the faucet with her bare hands, then dried them with a paper	R000273	1.) What corrective action will be made for residents affected? a.) All staff will be inserviced on handwashing and provide a return demonstration of our handwashing policy, with emphasis on when hands are to be washed. b.) Dietary department will begin covering all meal trays for transport to residents' rooms. 2.) How will the facility identify other residents with the potential to be effected by the practice? a.) Facility will inservice all staff on handwashing policy and ensure that all employees will do a return demonstration on the correct way	12/20/2014

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	towel. After drying her hands, she delivered coffee to Resident #2. 2. On 11/04/2014 at 12:05 PM, during a random observation, CNA #5 washed her hands for 8 seconds in the dining room sink, turned the faucet off with bare hands, then dried her hands with a paper towel. CNA #5 then put on gloves, picked up Resident #7's lunch tray, and delivered the tray to the resident's room. The lemonade, water, and coconut pie were not covered during transport. 3. On 11/04/2014 at 12:10 PM, during a random observation, CNA #6 washed her hands for 7 seconds, then dried her hands with a paper towel. While throwing the paper towel away with her left hand, she turned the faucet off with her bare right hand. CNA #6 then delivered Resident #9's lunch plate and Resident #11's coffee in the dining room. 4. On 11/04/2014 at 12:28 PM, during a random observation, CNA #7 washed her hands for 10 seconds in the dining room sink, then turned the water off with her bare hands. After drying her hands, CNA #7 applied gloves and delivered Resident #13's lunch tray to her room. The lunch tray had a piece of coconut pie and two drinks that were not covered during transport.		to wash hands, with emphasis of when to wash hands as well. b.) Dietary department will cover all meal trays during transport to residents' rooms. 3.) Measures to be put in place to prevent recurrence? a.) Inservice for all staff on proper handwashing with return demonstration per policy, and emphasis of when hands are needed to be washed. Hand washing policy updated to reflect appropriate time of 20 seconds b.) Dietary department will cover all meal trays to residents' rooms completely. 4.) How will corrective action be monitored to prevent recurrence? a.) Corrective action will be monitored by the Director of Nursing and the Dietary Manager and weekend managers on duty during daily rounds of the dining room. 5.) Changes will be implemented by 12/20/14.	

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	5. On 11/04/2014 at 12:34 PM, during a random observation, CNA #6 delivered Resident #5's lunch tray to his room with two glasses of orange juice that were not covered during transport. An interview was conducted, on 11/6/2014 at 12:58 PM, with the Dietary Manager. She indicated if a resident requested to eat in their room, the CNA gathers the drinks and eating utensils on a tray. The kitchen staff prepares a plate as usual. Hot foods were covered to keep the food hot. The dessert and drinks were not covered, just as if they were being served in the dining room. An interview was conducted, on 11/6/2014 at 2:10 PM, with the Administrator. She indicated when trays were delivered to the resident's rooms, the hot foods were covered. The desserts and drinks were not covered. She indicated the facility had never covered the drinks when they were delivered to the resident's rooms. She indicated " it wasn ' t' t like it was going to get contaminated walking down the hall." 6. During an observation of the main dining room, on 11/03/2014 at 12:15 PM, CNA #8 placed her bare hand on the lip			

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	of a cup of lemonade she delivered to Resident #15. CNA #8 left the dining room and returned with a wheelchair. She then assisted Resident #15 into the wheelchair. CNA #8 washed her hands for six seconds, then shut the water off with her bare hands. After drying her hands on a paper towel and throwing it away, she pulled her sleeves up. She then proceeded to do the following tasks. Moved a chair to Resident #16 and 17's table and sat down to assist them with their meal. She touched the back of Resident #16's shirt and patted Resident #17's shoulder. Repositioned Resident #17 in her wheelchair, using both hands. Picked up Resident #16's fork and assisted the resident with eating. Then picked up Resident #17's fork, with the same hand and assisted the resident with eating. The CNA touched the rim of Resident #17's coffee cup with her bare hand, filled it, then touched the rim of it again when sitting it down in front of the resident. A policy for hand washing was received from the Business Office Manager on 11/05/2014 at 10:30 AM. The policy was dated April 8, 2008, and was identified as the one currently being used. The policy indicated, "1. Appropriate ten to fifteen second hand washing must be preformed in situations including but not limited to:			

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	Before touching, preparing, or serving food." "3. The use of gloves does not replace hand washing."			
R000306	410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. Based on observation, interview, and record review, the facility failed to ensure disposal of 10 of 31 medications observed (Residents #3, #5, and eight vaccines for staff), out of 2 of 2 medication carts, and 1 of 1 medication refrigerator. Findings included: An observation and interview was conducted, on 11/05/2014 at 10:25 AM,	R000306	1. What corrective action will be done for residents affected by practice?a.) Medications for residents affected were charted via Medication disposition record and destroyed.b.) A nurse and QMA will be assigned every Friday for auditing of all medication storage areas to chart and destroy all expired and discontinued medications. Nurse will complete the medication disposition record for residents' clinical record. This will keep us in compliance of policy that all	12/20/2014

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	of the medication cart for the front hall with QMA (Qualified Medication Assistant) #1. A bottle of Milk of Magnesia , for Resident #3, had a prescription fill date of 09/03/2013. There was not a date on the bottle indicating when it was opened. The Medication cart for the back hall had a bottle of eye drops labeled, " Sulfacet Sod Sol, " for Resident #5, dated 03/28/2014. The medication instructions on the label indicated 2 drops in both eyes, four times daily, for seven days. The label on the medication indicated it was to be discarded after 90 days. There was not a date noted on the eye drops indicating when it was opened. Review of the physician ' s order, dated 03/27/2014, for Resident #5 read as follows, " Bleph 10 drops - administer 2 drops in each eye QID x 7 days " . The order was signed by the physician on 04/03/2014. QMA #1 indicated both medications should have been disposed of and pulled them from the cart. The refrigerated medications were observed on 11/05/2014 at 11:20 AM. Two Ziploc baggies were noted. Each contained four individual syringes. The		expired or discontinued medications will be destroyed within 7 days.2.) What corrective action will be done for residents who have the potential to be affected by the practice?a.) All medication storage areas will be audited weekly by a Nurse and QMA on Fridays to chart and destroy all expired and discontinued medications.b.) All nurses and QMA's will be inserviced of weekly schedule and to date all packages opened (e.g. eye drops, OTC meds, etc) to know when the label requires the medication to be destroyed. All nurses and QMA's will be reminded during the inservice to check all medication storage areas (e.g. carts, treatment carts, refrigerator, EDK) for expired or discontinued medications.3.) What measures will be put in place to prevent recurrence of practice?a.) Weekly schedule implemented (Fridays) for drug destruction by a nurse and QMA to be in compliance of 7 day policy.b.) Inservice to check all medication storage areas for expired and discontinued medications. Nurses will be instructed to complete medication disposition record for the resident's clinical record, and to date all packages opened (eg eye drops, OTC meds, etc) and destroy per label instructions (ex. discard after 90 days).4.) How will the corrective action be monitored to prevent recurrence?	

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	medication label read as follows: " Engerix/B inj. 20 mcg/mg. " All syringes had an expiration date of 05/15/2014. During an interview with QMA #1, she indicated the product was the Hepatitis B vaccines for the staff and should have been disposed of. During an interview, on 11/06/14 at 9:45 AM, with the DON, she indicated the facility does not give vaccines to the residents. She indicated the staff may consent to receive the Hepatitis B vaccines here at the facility or they may decline. During an interview, on 11/06/14 at 10:39 AM, with the Administrator and the DON, they indicated the pharmacy comes to the facility every month and performs a cart audit. The pharmacy reviews the medication carts, the treatment cart, the Emergency Drug Kit, and the medication refrigerator. The pharmacy lists on the medication review form what medications and treatments needed to be disposed of. The facility reviews the form, disposes of the medications, and reorders any needed medications. Record review, on 11/06/14 at 9:28 AM,		a.) Director of Nursing will monitor corrective action to ensure destruction of all expired and discontinued medications per policy via direct observance of staff each week on Fridays.5.) Changes will be implemented by 12/20/14.	

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	of the " Medications & Treatments " policy indicated " Expired medications should be disposed of properly at the residence within seven days. "			