

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 03/18/2014
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NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF PORTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6235 STERLING CREEK RD PORTAGE, IN 46368
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R000000	<p>This visit was for the Investigation of Complaint IN00144502.</p> <p>Complaint IN00144502-Substantiated. State residential deficiency related to the allegation is cited at R0241.</p> <p>Survey dates: March 17 &amp; 18, 2014</p> <p>Facility number: 012396 Provider number: 012396 AIM number: N/A</p> <p>Survey team: Cynthia Stramel, RN</p> <p>Census bed type: Residential: 83 Total: 83</p> <p>Census payer type: Other: 83 Total: 83</p> <p>Sample: 3</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 20, 2014, by Janelyn Kulik, RN.</p>	R000000	<p>The following is the Plan of Correction for the Rittenhouse Senior Living of Portage in regards to the Statement of Deficiencies dated March 18, 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.</p>	

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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R000241	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure Physician orders were followed related to disinfecting a room and laundering clothing as instructed for 1 of 3 residents reviewed. (Resident #C)</p> <p>Findings include:</p> <p>The record for Resident #C was reviewed on 3/17/14 at 1:00 p.m. The resident was admitted to the facility on 6/15/12. The resident's diagnoses included, but were not limited to, dementia, a history of scabies and psoriasis.</p> <p>The Plan of Care Review dated 12/10/13 indicated the resident was alert, confused, forgetful and wandered. He was unable to communicate his needs, and required assistance with bathing. The resident resided on the Memory</p>	R000241	<p>The following corrective actions have been taken: 1. Resident #C's physician #1 was seen on 12/20/2013 and diagnosed with a rash. 12/24/2013 resident #C was seen by physician #2 and diagnosed resident #C with scabies. 01/10/2014 Resident #C saw physician #1 for a follow up and physician wrote scabies resolved/psoriasis active. 01/20/2014 Resident #C saw physician #3 and was diagnosed with scabies. 02/06/2014 Resident #C was seen by physician #4 at Rush Hospital in Chicago, IL and diagnosed as negative for scabies after a bedside scraping was performed from the periumbilical site - oil prep was negative for scabies. Resident #C was discharged to hospital on 02/19/2014 for unrelated diagnosis and no longer resides in facility. On 12/24/2014, resident #C's room was disinfected with Sunburst No-Bac, along with common areas of the memory care unit. Resident #C's clothing was laundered in hot</p>	04/18/2014			

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	<p>Care Unit.</p> <p>On 12/20/13 the resident was seen by Physician #1 and diagnosed with a rash. The Physician ordered Elimite cream (topical medication used to treat scabies).</p> <p>On 12/24/13 the resident was seen by Physician #2. The Physician Visit Form indicated the diagnoses was scabies, leg edema and dementia. The form indicated to continue using the topical medication as instructed. The form had new treatment orders for cleaning the resident's room and laundry, which included, "Launder all sheets, towels, clothing 3 x (times) in hot water...Bleach 10% solution to all surfaces..."</p> <p>Interview with the Housekeeping Supervisor on 3/17/14 at 3:00 p.m., indicated the room was cleansed with house disinfectant, not 10% bleach solution. The house disinfectant label was observed, it did not indicate it contained bleach.</p> <p>Interview with the Director of Nursing (DoN) on 3/17/14 at 3:20 p.m., indicated she had washed the resident's clothing and linens. She indicated she had washed them in</p>		<p>water and dried on high heat. On 01/20/2014, resident #C's room was disinfected with Sunburst No-Bac, along with common areas of the memory care unit. Resident #C's clothing was laundered in hot water and dried on high heat. On 03/24/2014, Resident #C's room was disinfected with 10% bleach solution on all surfaces left in the room after discharge. 2. All residents have the potential to be affected by this practice. Charts were audited to ensure no physician orders for specific laundry or disinfecting of rooms were omitted. To ensure this practice does not recur and provide systemic changes: 3. All nurses and QMA's were educated on 03/28/2014 regarding physician order procedure when residents return with a physician visit form and how to document when physician orders are clarified or discontinued. 4. The Director of Nursing or designee will audit the nurses report binder for new physician visit forms daily Monday through Friday for 4 weeks. After 4 continuous weeks of compliance, audit will go to weekly indefinitely. 5. To monitor the effectiveness of these corrective actions: The ED or designee will monitor the audit reports at the weekly managers meeting.</p>				

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	<p>hot water and dried on high heat. She indicated she had not washed them three times. The DoN indicated she had spoke with Physician #2 on 12/24/13 to clarify his orders and he did not specify to wash items 3 times. There was not a change of order written at that time.</p> <p>Phone interview with Physician #2's Assistant on 3/18/14 at 10:35 a.m., indicated the Physician did not recall changing orders. He had written the orders to prevent recurring incidence of scabies.</p> <p>The resident was seen by Physician #3 on 1/20/14 and again diagnosed with scabies.</p> <p>This State tag relates to complaint IN00144502.</p>			