

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2011
NAME OF PROVIDER OR SUPPLIER VERMILLION PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 449 MAIN STREET ANDERSON, IN46016	
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 13, 14, 2011</p> <p>Facility number: 011970 Provider number: 011970 Aim number: N/A</p> <p>Survey Team: Tammy Alley RN TC Donna M. Smith RN</p> <p>Census bed type: Residential: 38 Total: 38</p> <p>Census payor type: Other: 38 Total 38</p> <p>Sample: 7</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 6/16/11 Cathy Emswiller RN</p>	R0000		

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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R0036	<p>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record reviews and interviews, the facility failed to ensure the physician was notified to clarify if a held medication was to be resumed (Resident #15) and notified of a blood sugar below 60 as outlined in the physician's order (Resident #3) for 2 of 7 residents in a sample of 7.</p> <p>Findings include:</p> <p>1. Resident #15's record was reviewed on 6/13/11 at 12:20 p.m. The resident's diagnoses included, but were not limited to, Diabetic Mellitus Type II, Atrial Fibrillation, and congested heart failure.</p> <p>The physician order, dated 12/31/10, was to recheck PT/INR (Protime/International Normal Ratio) (to check thinning of blood) on 1/03/11 and report to physician for Coumadin dosage orders, to resume medication. The indication for the physician order was due to increase</p>	R0036	<p>For Resident #15, the Coumadin order was received and was in place on 1/12/11. This issue has not happened again since this time. An audit will be completed by the Nursing Supervisor of all residents on Coumadin to assure that orders have been received and initiated in a timely manner. For resident#3, the physician was notified that her blood sugar went below the parameters set on 4/26/11. An audit was done for all residents to assure that if specific parameters were set for physician notification, the orders have been followed appropriately. No other issues were found as a result of the audit. A new policy was instituted regarding physician response to Coumadin levels. If lab results come back high or low, the physician will be notified via fax. If there is no response to the fax within 24 hours, the nursing supervisor or her designee will call the physician's office. The family of the resident will also be notified that the facility</p>	07/14/2011			

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	<p>bruising.</p> <p>The physician order, dated 1/12/11, was to discontinue Warfarin (Coumadin) (blood thinner) 4 milligrams (mg) by mouth daily and start Coumadin at 3 mg by mouth every day.</p> <p>The PT/INR laboratory results, dated 1/03/11, indicated the PT value was 33.4 with the normal reference range 9.7-12.3 and the INR value was 3.3 with the normal range 2.0 - 4.5.</p> <p>The "NURSE'S NOTES" indicated the following:</p> <p>On 1/03/11 at 6:00 p.m., the physician was faxed "earlier for advisement" on resident's Coumadin with the 1/03/11 laboratory results and awaiting reply.</p> <p>On 1/04/11 at 11:00 a.m., faxed the PT/INR results to the physician and was awaiting a reply.</p> <p>On 1/06/11 at 4:30 p.m., a phone call to the physician's office concerning the resident's Coumadin was made with the office being closed. The writer noted a phone call would be place on 1/07/11 in the a.m.</p> <p>On 1/07/11 at 6:30 a.m., the monthly PT/INR lab was drawn.</p> <p>On 1/07/11 at 5:00 p.m., the physician's office was called at 4:00 p.m. and was</p>		<p>has not heard from the physician. If there continues to be no response in a timely manner, the resident will be taken to the emergency room to be seen by a physician. Any physician orders regarding parameters of blood sugars for which they want to be notified are listed in the Medication Record. This policy was reviewed at an all nursing meeting, along with the new policy regarding the physician response noted above. Application of these policies will be monitored by the Nursing Supervisor or her designee on an ongoing basis, weekly for 3 months, and monthly thereafter.</p>				

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	<p>closed. No reply had been returned from the faxes sent to the physician.</p> <p>On 1/10/11 (no time given), faxed the PT/INR results with a request for dosage instructions.</p> <p>On 1/11/11 (no time given), faxed the PT/INR results with a request for dosage instructions.</p> <p>On 1/12/11 at 10:30 a.m., the physician's order to change 4 milligrams (mg) of Coumadin to 3 mg every day was received.</p> <p>No further information was indicated concerning notifying the physician in regard to the Coumadin and PT/INR results.</p> <p>On 6/14/11 at 10:20 a.m. during an interview, the Director of Nursing indicated the resident should have been sent to the emergency room concerning his Coumadin dose.</p> <p>2. Resident #3's record was reviewed on 6/13/11 at 2:15 p.m. The resident's diagnoses included, but were not limited to, diabetes.</p> <p>The physician's order, dated 4/1/11, was accuchecks 2 times a day and to call the physician if the blood sugar was less than 60 or greater than 400.</p>				

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R0154	<p>On 4/26/11 at 7:00 a.m., the "MEDICATION RECORD" indicated the resident's blood sugar was 56.</p> <p>No further information was indicated on the medication records or in the nurse's notes concerning the physician's notification of a blood sugar below 60.</p> <p>On 6/13/11 at 4:15 p.m. during an interview, the Director of Nursing indicated she had contacted the nurse, who obtained the blood sugar of 56. She indicated the nurse had given the resident a snack but did not notify the physician.</p> <p>(k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure kitchen equipment was clean and in good condition for 1 of 1 observation day. (June 13, 2011)</p> <p>Findings include:</p>	R0154	The spatulas that were chipped were thrown out. The Dietary Manager checked all the other utensils to assure there were no chipped edges. The oven mitts were replaced by 6/20/11. The Dietary Manager checked the rest of the oven mitts to assure that they were clean and in good	07/14/2011	

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	<p>On 6/13/11 from 9:53 a.m. to 10:40 a.m. during the kitchen initial tour, 4 spatulas were observed with chipped edges on all sides of the spatulas with 1 spatula observed with a corner missing from it. Also, the 4 yellow oven mitts observed were gray to light black mainly in the hand area with some dried food present. At this same time during an interview, the Dietary Manager indicated the oven mitts had been used for breakfast this morning. She also indicated the oven mitts should be washed every evening, and she did not know if the mitts were stained or in need of washing.</p>		<p>repair. The cook will monitor the condition of the utensils used in the kitchen and report to the Dietary Manager when one must be replaced. The Cook will be responsible to put the oven mitts in the wash when they are soiled. The Dietary Manager reviewed the policies and procedures for maintaining a clean and sanitary kitchen. The Dietary Manger will monitor this process weekly as part of her weekly inspection to assure the deficient practice will not recur.</p>				

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R0216	<p>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on record review and interview, the facility failed to ensure an self medication administration assessment was completed on residents with medications left at the bedside for 2 of 7 residents reviewed in a sample of 7. (Resident #11 and #15)</p> <p>Findings include:</p> <p>1. Resident #11's record was reviewed on 6/13/11 at 1:20 p.m. The resident's diagnoses included, but were not limited to, Parkinson's, debility, and chronic anxiety disorders.</p> <p>The physician's orders, dated 2/21/11, was Restasis instill 1 drop in both eyes twice daily for macular degeneration (may keep at bedside).</p>	R0216	A Medication Self-Administration Assessment was done on both Resident #11 and Resident #15 by 6/17/2011. An audit was completed by the nursing supervisor to assure that any residents who had medications in their apartments had a Medication Self-Administration Assessment completed and they were deemed appropriate to self medicate per doctor's order. A Policy was instituted to say that the Medication Self Administration Assessment will be completed upon admission, every 6 months along with the Level of Service Assessment, or as needed. The Nursing Supervisor or her designee will complete the assessment. The administrator will monitor this process on an on-going basis upon admission of new residents, monthly for 3 months and quarterly thereafter.	07/14/2011	

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	<p>The "MEDICATION SELF-ADMINISTRATION ASSESSMENT," dated 1/20/10, indicated the resident was deemed unsafe to safely self - administer medications. The reason included was family requested the facility to do the medications at all time. No further assessment was found.</p> <p>On 6/13/11 at 4:30 p.m. during an interview, the Director of Nursing (DON) indicated she did not have a current self medication administration assessment for the Restasis eye drops.</p> <p>On 6/14/11 at 9:32 a.m. during an interview, Resident #11 indicated she presently had her eye drops at the bedside and administered them to herself.</p> <p>2. Resident #15's record was reviewed on 6/13/11 at 12:20 p.m. The resident's diagnoses included, but were not limited to, Diabetic Mellitus Type II and congested heart failure.</p> <p>The physician order, dated 8/10/10, was Fluticasone (Flonase) (treatment of allergies) 1 spray in each nostril daily, may keep at bedside.</p> <p>The physician order, dated 8/18/09, was Resinol ointment (Hemorrhoids) apply topically to rectal area as needed, may keep at bedside.</p>						

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	<p>The physician order, dated 5/09/11, was Hydrocortisone 1% cream (dermatitis/skin rashes) apply thin layer to affected skin areas 3 times a day as needed, may keep at bedside.</p> <p>The "MEDICATION SELF-ADMINISTRATION ASSESSMENT," dated 1/14/10, was the resident was deemed unable to safely self-administer medications. No specific reason was indicated.</p> <p>On 6/13/11 at 4:30 p.m. during an interview, the Director of Nursing indicated she did not have a current self medication administration assessment for the medications designated as "may keep at bedside" and indicated the resident did keep these designated medications at his bedside for his use.</p> <p>On 6/14/11 at 10:20 a.m., the DON indicated the facility had been administering the resident his Flonase although the Medication Administration Record indicated with check marks the resident was administering the medication himself.</p>						

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R0273	<p>(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.</p> <p>Based on observations, record review, and interviews, the facility failed to maintain a clean and sanitary environment in the kitchen related to lack of handwashing, food storage, not dating open food, handling plates and transferring food during serving, dishwasher temperatures, and equipment surfaces for 1 of 1 days of observations. This had the potential to impact 38 of 38 residents.</p> <p>(Dietary Manager, Cook #2, Dietary Aide #1 and #3) (June 13, 2011)</p> <p>Findings include:</p> <p>1. On 6/13/11 from 9:53 a.m. to 10:40 a.m. during the kitchen initial tour, the following was observed:</p> <p>As the Dietary Manager (DM) was observed loading the coffee cups into the next loading rack for the dishwasher, the present load was started. The dishwasher temperature was observed to be consistently 147 degrees Fahrenheit (F) during the wash cycle followed by a consistent 178 degrees F for the rinse</p>	R0273	<p>The temperature of the dish machine was adjusted on 6/13/11. The staff continued to monitor the temperatures and adjust the machine. A service repairman was called in to inspect the machine and a heating element was replaced by 6/27/11. Staff will continue to monitor the temperature of the machine on a daily basis. The instructions on the log will be edited to read: "If the temperature of the wash water is below 150 degrees or the temperature of the rinse water is below 180 degrees, notify the Dietary Manager." The Dietary Manager or her designee will monitor the temperature log on an on-going basis at least 4 times per week on a random basis to assure the deficient practice will not recur. Dietary Aide #1, Dietary Aide #3, and Cook #2 were re-trained on proper glove use and handwashing techniques by 6/14/11. An all Food Service Staff meeting will be held to review handwashing and glove use, as well as proper serving techniques. The policies and procedures for glove use, handwashing techniques and</p>	07/14/2011	

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	<p>cycle. At this same time during an interview, the DM indicated the dishwasher was a hot water temperature dishwasher. The dishwasher temperatures were posted on the dishwasher and indicated the hot water temperature was to be minimally at 150 degrees F for the wash and minimally to be 180 degrees F for the rinse. As the next dishwashing cycle was started, the wash temperature was 147 degrees F followed by a rinse water temperature of 177 degrees F. In preparation for unloading the clean dishes, Dietary Aide #1 was observed to handwash for 10 seconds, turn the water off with her wet hands, and then, dried her hands. One coffee cup was returned to the soiled dishwashing area as unclean as Dietary Aide #1 was putting the rack of clean dishes away. As the dishwashing continued, the dishwasher was observed 3 more times with a consistent wash water temperature of 147 and/or 149 degrees F and a consistent rinse water temperature of 177 and/or 179 degrees F. At this same time during an interview, Cook #2 indicated the dishwashing temperatures needed to be turned up a little bit.</p> <p>The 3 compartment cabinet next to the dishwasher was observed with a yellow residue along the bottom of the middle door with scattered areas of brown to yellow substance observed on the doors.</p>				<p>serving techniques will be reviewed by the Dietary Manager and Administrator prior to the inservice. The inservice will be completed by 7/14/11. All areas which required cleaning were done by 6/14/11. The cleaning schedules were reviewed by the Dietary Manager and the Administrator. The cleaning schedules will be reviewed at the All Food Service staff meeting by 7/14/11. The Dietary Manager will monitor the cleanliness of the kitchen on an on-going basis weekly on a random basis to assure the deficient practice does not recur. All food which had been opened was dated by 6/14/11. This policy was reviewed with the Corporate Food Service Director. The policy will be reviewed with the staff at the All Food Service staff meeting by 7/14/11. The Dietary Manager will monitor all food storage areas of the kitchen on an on-going basis weekly on a random basis to assure the deficient practice does not recur.</p>		

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	<p>Inside 2 of the 3 compartments loose white to light brown debri was observed scattered about on the shelves with accumulation of this same debri in the opening corners of the compartments. The cabinet shelves contained 3 packages of gravy mix with one open package with no date, several boxes/bags of corn starch and soup mix, 8 packages of miniature marshmallows with 1 bag opened and undated, 12 packages of white powder sugar, and 28 packages of seasoning packets with 1 opened and undated.</p> <p>In the refrigerator, a plate of at least 4 pieces of cake was undated. The DM indicated the cake was probably left over from last night meal. Also, 3 metal containers were observed undated. After checking with Cook #1, the DM indicated 1 container was applesauce and the other 2 were soups with no date indicated on any of the 3 metal containers. Cook #2 removed the metal containers, and after checking the contents, the metal containers were marked with content and dated. On the other side of the refrigerator, a half of package of coconut and also white powder sugar was observed with no open dates.</p> <p>In the dry storage room, scattered debri was observed on the floor. The cereal bin was observed with a fine dust on the lid,</p>						

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	<p>and an opened undated bag of cereal was observed inside the bin. The sugar bin had a sticky handle with a white powdery dust on the sugar bin container's lid. On the shelves, 2 bags of opened potato chips, 1 package of opened Croutons, and 1 package of opened biscuit mix were observed with no open date.</p> <p>In the freezer across from the salad preparation area, a package of opened frozen potatoes was observed with no open date. In the refrigerator next to it, 4 large metal containers were observed with no information. At this same time during an interview, the DM indicated the containers were jello for one of the future meals and were probably made last night and should had been marked.</p> <p>At this time during an interview, the Maintenance Director indicated the temperature on the dishwasher had to be adjusted. He also indicated the thermostat of the dishwasher may have to be adjusted every couple of months due to it was "temperamental."</p> <p>As the stacked "ready for use" pans per the DM were observed, 1 pan had a 3/4ths inch dried brown substance along the side of the pan, and another pan was observed with a greasy-like film along the insides of the pan. Both were taken to the soiled</p>						

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	<p>dishwashing area to be rewashed.</p> <p>The food chopper was observed uncovered with loose brown and white debri observed inside its basin. The DM indicated the food chopper, which was used for chicken and ham salads, should have been covered as it was not presently being used.</p> <p>A fine, greasy-like gray, light brown dust was observed covering the tops of the ice machine and on the small area above the ice machine door. Also, this same dust was observed on top and on the sides of the vegetable steamer and a second steamer. The sides and a shelf above the oven and a shelf on the deep fryer was also observed with the same debri. The shelf below the fryer was observed with an accumulation of a white, light brown substance in the junction of the shelf and fryer, which was easily removed when the DM was observed to scrape at this accumulation easily using her fingernail. At this same time during an interview, the DM indicated these items were not cleaned like they should had been.</p> <p>The bottom shelf of the table opposite of this was observed with a layer of fine gray dust with scattered white pieces of debri. The trash can next to this table was observed with a clear film of substance on</p>						

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	<p>part of the lid with dried dripped areas covering the sides of the trash barrel.</p> <p>2. On 6/13/11 from 11:28 a.m. to 12:25 p.m., lunch preparation/serving was observed as follows:</p> <p>Dietary Aide (DA) #3 was observed to enter the kitchen. No handwashing was observed as DA #3 was observed to go into the refrigerator/freezer and obtained 2 small food containers and leave the kitchen 2 different times.</p> <p>Cook #2 with the same gloved hands was observed to pick up the individual plates with his thumb in the serving area of the plate 10 different times as he checked the paper menu with the same gloved hands and served lunch.</p> <p>Cook #2 was observed to remove his gloves and return to the kitchen to make more pancakes. No handwashing was observed. With the same bowl with pancake residue from the first batter of pancakes, he made the second batch of pancakes for this lunch. After the pancakes were done, he carried them down the hallway and to the dining room uncovered and served the pancakes.</p> <p>3. The "Handwashing" policy was provided by the Administrator on 6/14/11</p>						

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	<p>at 9:20 a.m. This current policy indicated the following:</p> <p>"Poor personal hygiene is a major contributing factor to food borne illness. Many bacteria and viruses that cause food borne illnesses can be transferred by people to food....People that handle food can keep harmful bacteria and viruses from contaminating food by proper handwashing.</p> <p>...Follow these simple recommended steps.</p> <p>...4. Wash for at least 20 seconds.... 5. Rinse thoroughly under warm running water. 6. Dry hands with a disposable towel...</p> <p>...Always wash your hands:</p> <ul style="list-style-type: none"> * Immediately before starting any food preparation and after breaks. * During food preparation as often as necessary to prevent contamination - especially when working with raw foods and changing tasks. <p>...If you use plastic gloves, the same rules apply.</p> <p>*Remember: wash hands prior to wearing gloves and wash or change gloves after</p>				

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	<p>breaks, touching raw foods, changing tasks, etc."</p> <p>4. The following were provided by the Dietary Manager (DM) on 6/13/11 at 11:55 a.m.</p> <p>The "Weekly Cleanings," dated June 6 to 12, 2011, indicated the chairs and tables were cleaned on Thursday and Saturday; the dry storage room was cleaned on Tuesday; the fryers were cleaned on Friday; the ovens and stove were cleaned on Sunday; and the Walk-In and freezer were cleaned on Wednesday of that same week.</p> <p>The "Dishwasher Temperature Log," in Fahrenheit (F) degrees and dated June 1 to 12, 2011, indicated the following: For breakfast - the highest dishwasher rinse temperature was 178 on 6/08 with the lowest temperature of 142 on 6/11. For lunch - the wash water temperature was 148 on 6/01; the rinse water temperature was less than 180 for 7 of the 12 recorded; For dinner - the rinse water temperature was less than 180 for 9 of the 12 recorded.</p>				

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

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