

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155236	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/18/2013
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NAME OF PROVIDER OR SUPPLIER  AVON HEALTH & REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 4171 FOREST POINTE CIR AVON, IN 46123
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F000000	<p>This visit was for the Investigation of Complaint IN00130761.</p> <p>Complaint IN00130761 substantiated. Federal/state deficiencies related to the allegation(s) are cited at F225, F226, and F371</p> <p>Survey dates: June 17, 18, 2013</p> <p>Facility number: 000141 Provider number: 155236 AIM number: 100283860</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF/NF: 141 Residential: 10 Total: 151</p> <p>Census payor type: Medicare: 25 Medicaid: 79 Other: 47 Total: 151</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>This plan of correction is prepared and executed because it is required by the Provisions of State and Federal Regulations. Avon Health and Rehabilitation maintains that each deficiency does not jeopardize the health and safety of the residents, not is it of such a nature as to limit our capability to provide adequate care.</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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	Quality Review completed on 06/20/2013 by Brenda Nunan, RN.			
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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and</p>	F000225	F225			07/18/2013	

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	<p>interview, the facility failed to ensure allegations of abuse were reported to the state agency for 1 of 6 investigations reviewed for reporting allegations (Resident E).</p> <p>Findings include:</p> <p>Resident E's record was reviewed on 6/18/13 at 9:50 A.M.</p> <p>Diagnoses included, but were not limited to, altered mental state, urinary tract infection, emphysema, hypertension, and cardiovascular disease.</p> <p>A Grievance Log was provided on 6/17/13 at 12:00 P.M. by the DON (Director of Nursing). Included in this log was a concern about an "upsetting comment." The investigation of this grievance was provided by the DON on 6/17/13 at 3:00 P.M. The investigation indicated a CNA had commented to the resident "are you dead?" The investigation continued to indicate the resident had seen the CNA across the hall with another resident, and had said she needed to go to the bathroom, "I'm going to die." The CNA indicated she told the resident she wasn't going to die, and she would be there as quickly as she</p>		<p><b>Corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</b> Grievance for resident E reported to ISDH.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</b> All residents have the potential to be affected. A review of the grievance log for the past 60 days will be completed with any like findings reported to ISDH if not previously reported following the ISDH Reportable Unusual Occurrences.</p> <p><b>What measures will be put into place or what systemic change will be made to ensure that the deficient practice does not recur:</b></p> <ol style="list-style-type: none"> <li>1. Inservicing of Administrative Staff related to the details of facility Abuse, Neglect, Misappropriation of Resident Property Policy presented by Corporate Regional Consultant.</li> <li>2. Utilizing criteria tool, Administrative Staff (Administrator, DON) will determine if criteria is met for ISDH Reportable Unusual Occurrence.</li> </ol> <p><b>How will the corrective actions be monitored to ensure the deficient practice will not recur:</b> Corporate Regional Consultant will review each Grievance/Concern weekly to ensure Facility Policy is followed X 4 weeks then monthly and results of audit</p>		

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	<p>could. When the resident was interviewed by staff the next day, she indicated she "must have misheard her" and was very appreciative of efforts to help her. She also indicated she had no concerns with the staff.</p> <p>During an interview with the ED (Executive Director) on 6/18/13 at 11:30 A.M., he indicated this allegation had not been reported to ISDH (Indiana State Department of Health) as it turned out to be a miscommunication, but looking back on it, it should have been reported.</p> <p>A current facility policy, titled "Abuse, Neglect, Misappropriation of Resident property", dated 8/2010 and revised 11/2010, provided by the DON on 6/17/13 at 12:00 P.M., indicated: "...Policy Interpretation and Implementation..."</p> <p>8. The facility will ensure that all allegations of mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the Administrator or other officials in accordance with state law through established procedures. The Administrator shall notify ISDH in accordance with ISDH guidelines...."</p> <p>This federal tag relates to Complaint</p>		will be forwarded to Monthly QA committee until substantial compliance is met and then remain on on-going observation for QA review.		

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	IN00130761.  3.1-28(c)				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to follow their policy to ensure allegations of abuse were reported to the state agency for 1 of 6 investigations reviewed for reporting allegations (Resident E).</p> <p>Findings include:</p> <p>Resident E's record was reviewed on 6/18/13 at 9:50 A.M.</p> <p>Diagnoses included, but were not limited to, altered mental state, urinary tract infection, emphysema, hypertension, and cardiovascular disease.</p> <p>A Grievance Log was provided on 6/17/13 at 12:00 P.M. by the DON (Director of Nursing). Included in this log was a concern about an "upsetting comment." The investigation of this grievance was provided by the DON on 6/17/13 at 3:00 P.M. The investigation of this grievance was provided by the DON</p>	F000226	<p><b>F226</b></p> <p><b>Corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</b> Grievance for resident E reported to ISDH.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</b> All residents have the potential to be affected. A review of the grievance log for the past 60 days will be completed with any like findings reported to ISDH if not previously reported following the ISDH Reportable Unusual Occurrences.</p> <p><b>What measures will be put into place or what systemic change will be made to ensure that the deficient practice does not recur:</b></p> <p><b>1.</b> Inservicing of Administrative Staff related to the details of facility Abuse, Neglect, Misappropriation of Resident Property Policy presented by Corporate Regional Consultant.</p> <p><b>2.</b> Utilizing criteria tool, Administrative Staff (Administrator, DON) will determine if criteria is met for ISDH Reportable Unusual Occurrence.</p>	07/18/2013	

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	<p>on 6/17/13 at 3:00 P.M. The investigation indicated a CNA had commented to the resident "are you dead?" The investigation continued to indicate the resident had seen the CNA across the hall with another resident, and had said she needed to go to the bathroom , " I'm going to die." The CNA indicated she told the resident she wasn't going to die, and she would be there as quickly as she could. When the resident was interviewed by staff the next day, she indicated she "must have misheard her" and was very appreciative of efforts to help her. She also indicated she had no concerns with the staff.</p> <p>During an interview with the ED (Executive Director) on 6/18/13 at 11:30 A.M., he indicated this allegation had not been reported to ISDH (Indiana State Department of Health) as it turned out to be a miscommunication, but looking back on it, it should have been reported.</p> <p>A current facility policy, titled "Abuse, Neglect, Misappropriation of Resident property", dated 8/2010 and revised 11/2010, provided by the DON on 6/17/13 at 12:00 P.M., indicated: "...Policy Interpretation and Implementation..."</p> <p>8. The facility will ensure that all</p>		<p><b>How will the corrective actions be monitored to ensure the deficient practice will not recur:</b> Corporate Regional Consultant will review each Grievance/Concern weekly for accurate reporting criteria met X 4 weeks then monthly and results of audit will be forwarded to Monthly QA committee until substantial compliance is met and then remain on on-going observation for QA review.</p>				

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	<p>allegations of mistreatment, neglect or abuse, including injuries of unknown source, are reported immediately to the Administrator or other officials in accordance with state law through established procedures. The Administrator shall notify ISDH in accordance with ISDH guidelines...."</p> <p>This federal tag relates to Complaint IN00130761.</p> <p>3.1-28(a)</p> <p>This</p>				

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F000371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions The facility failed to ensure nourishment refrigerators were kept free of spills and cleaned routinely for 1 of 2 nourishment refrigerators. This practice had the potential to affect 29 of 29 residents residing on the Memory Care Unit.</p> <p>Findings include:</p> <p>During a tour of the facility on 6/17/13 at 2:25 P.M., the nourishment refrigerator on the 400 Hall was observed with a dark, old spill covering most of the bottom of the refrigerator beneath the vegetable bins. When queried at that time, LPN #1 indicated she was unaware of when the spill might have occurred.</p> <p>During interviews on 6/18/13 at 11:55 A.M., the 400 Hall Activity Director and Activity Assistant both indicated they thought housekeeping was responsible for cleaning the refrigerator.</p>	F000371	<p><b>F 371</b> <b>Corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</b> Nourishment Refrigerator on Memory Care Unit deep cleaned at time of survey. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</b> All residents/nourishment refrigerators have the potential to be affected. All nourishment refrigerators assessed and deep cleaned at time of survey as warranted.</p> <p><b>What measures will be put into place or what systemic change will be made to ensure that the deficient practice does not recur:</b> 1. Administrative and floor staff in serviced referencing "Nutritional Services Policy and Procedure Manual: Non-Kitchen Refrigerator Care", Which States "A daily check shall be made by the assigned department for any spills that have occurred and spills shall be cleaned up. If spills have occurred, a check</p>	07/18/2013			

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	<p>During an interview with Housekeeper #2 on the 400 Hall, she indicated she thought dietary was to clean the refrigerators.</p> <p>During an interview with the Dietary Manager on 6/18/13 at 12:26 P.M., she indicated there wasn't a schedule for cleaning the nourishment refrigerators.</p> <p>A current facility policy, dated 8/2011, titled "Nutritional Services Policy and Procedure Manual", provided by the DON (Director of Nursing) on 6/18/13 at 8:50 A.M., indicated: "...Policy: In each TLC Healthcare Facility there are refrigerator freezers located in areas other than the Dietary Department that require proper maintenance including temperature checks and routine cleaning to ensure that the contents are safe for consumption by the residents. The Dietary, Housekeeping, Activity and Nursing staff shall be responsible for daily upkeep of the refrigerator/freezers in their areas. Process/Procedures:...</p> <p>3) A daily check shall be made by the assigned department for any spills that have occurred and spills shall be cleaned up. If spills have occurred, a check shall be made to identify and</p>		<p><b>shall be made to identify and eliminated the cause or source of the spill." The unit's exterior and interior will be thoroughly cleaned on a monthly basis with the cleaning date and initials of cleaner noted on the Temperature log.</b></p> <p>2. Updated refrigerator temperature and cleaning tool implemented to verify timely compliance of policy. <b>How will the corrective actions be monitored to ensure the deficient practice will not recur:</b> Dietary Manager or designee will review log sheets weekly for accuracy and compliance X 3 months and report to QA committee during monthly QA until substantial compliance is met and then remain on on-going observation for QA review.</p>				

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	<p>eliminate the cause or source of the spill...."</p> <p>This federal tag relates to Complaint IN00130761.</p> <p>3.1-21(3)</p>			