

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 09/03/2015
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NAME OF PROVIDER OR SUPPLIER BEARDSLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 27833 CR 24 ELKHART, IN 46517
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 2 & 3, 2015</p> <p>Facility number: 004353 Provider number: 004353 AIM number: N/A</p> <p>Residential Census: 35</p> <p>Sample: 9</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 14454 on September 9, 2015.</p>	R 0000	<p>"The following Plan of Correction, prepared and submitted by Beardsley House, is not to be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding." We respectfully request a desk review for deficiencies cited.</p>	
R 0273 Bldg. 00	<p>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.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was prepared and served in a sanitary manner for 1 of 1 kitchens related to handwashing, storage of pans</p>	R 0273	<p>R273</p> <p>1. Kitchen staff towear gloves when handling and preparing all unpackaged food. Proper hand washing technique will be used,including duration needed, and</p>	09/23/2015

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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	<p>and dishes and scratched pans. This potentially affected 35 of 35 Residents who eat out of the kitchen.</p> <p>Finding includes:</p> <p>During an observation of the kitchen on 09/02/2015 from 10:45 A.m. thru 12:20 P.M., the following was observed:</p> <p>While making chicken salad sandwiches for Residents who requested them, Employee #3 cut croissants with her bare hands.</p> <p>While preparing dishes to serve to residents, Employee #3 sprinkled parsley on rice and carrots using her bare hands.</p> <p>Employee #2 washed her hands and proceeded to turn off the water faucet using the same paper towel she used to dry her hands.</p> <p>Employee #3 washed her hands for 13 seconds and then proceeded to turn off the water faucet with the same paper towel used to dry her hands.</p> <p>Two of 3 cooking pans had chipping, scratching and peeling off of the black substance covering the cooking area of the pans.</p>		<p>use of clean paper towel to turn faucetoff. All dirty pans, pots, plates,bowels, and shelves cleaned. Communitydiscarded cooking pans with chips, scratches, and blackening, and replaced withnew items.</p> <p>2. All residents hadthe potential to be affected. Properhand washing, handling of food with gloves, and kitchen ware and shelf cleaningprocedures will be utilized going forward.</p> <p>3. Nursing anddietary staff to be re-educated on hand washing, glove usage when handlingfood, and kitchen ware and shelf cleaning procedures. Dietary manager to replace worn kitchen itemsas needed.</p> <p>4. ED/designee toaudit staff hand washing, kitchen ware and shelf cleanliness, and proper gloveusage when handling food, 3 times weekly for 2 months, then 2 times weeklymonthly until compliance obtained. Results to be forwarded to Quality Assurance Committee for tracking andtrending.</p>				

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	<p>One of 5 large baking pans located in the cabinet was found to have a wet oily substance and food particles stuck to it.</p> <p>Two of 5 medium size baking pans found in the cabinet had standing water on the inside area of the baking pans.</p> <p>Several cups, bowls, and plates were located in a cabinet on shelves which had dirt on them.</p> <p>During an interview, on 09/02/2015 at 10:50 A.M., Employee #3 indicated the pans used everyday are scratched up. Employee #3 indicated the baking pans had been put away dirty and the dish cabinets needed to be cleaned out. Employee #3 further indicated, the pans and dishes observed were the ones being currently used.</p> <p>During an interview, on 09/02/2015 at 12:10 P.M., Employee #3 indicated she "used to" have a parsley shaker to dispense the parsley without touching it with her bare hands. She further indicated the parsley shaker had broken "a while ago."</p> <p>On 09/03/2015 at 1:50 P.M., a policy was requested, regarding kitchen dishes, pans and cleaning of kitchen from the Administrator. The Administrator</p>			

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R 0298 Bldg. 00	<p>indicated there was no policy available.</p> <p>On 09/03/2015 at 8:43 A.M., the Director of Nursing provided a policy titled, "Infection Control Policy," dated 04/15/2015, and indicated that policy was the one currently used by the facility. The policy indicated, "...All staff are instructed on the following hand washing technique. 1. Remove rings, bracelets and watches. 2. Use warm water; adjust flow so not to cause splashing. 3. Use dispenser soap, not bar soap. 4. Soap hands and wrists creating lather. Wash both sides, between fingers and under fingernails. Sing "The ABC Song," "Yankee Doodle Dandy," or two rounds of "Happy Birthday" while washing (at least 20 seconds). When you are done with song, proceed to Step #5. 5. Rinse well with hands lowered. Be careful not to touch sides of the sink. 6. Dry hands thoroughly with paper towel. Dispose of used paper towel. 7. Turn off faucet with a fresh paper towel...."</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall:</p>			

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	<p>(A) be responsible for the duties as specified in 856 IAC 1-7;</p> <p>(B) review the drug handling and storage practices in the facility;</p> <p>(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;</p> <p>(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and</p> <p>(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on observation, interviews and record review, the facility failed to ensure a narcotic count was accurate for 1 of 4 residents who receive narcotic medications from 1 of 1 medication cart. (Resident #10)</p> <p>Finding includes:</p> <p>On 9/3/15 at at 10:10 A.M., a narcotic count was conducted, of the medication cart with LPN #10. Oxycodone (a medicine for pain) was observed in the locked narcotic box for Resident #10. The narcotic inventory sheet for Resident #10's Oxycodone, indicated there was 35 tablets left in the pill pack. However, the pill pack indicated there was only 34 tablets remaining for Resident #10. LPN #10 visually inspected the pill pack and noted it only contained 34 tablets. LPN #10 indicated another nurse must have given a dose and forgot to sign it out.</p>	R 0298	<ol style="list-style-type: none"> 1. Missingnarcotic had been given to resident, but nursing staff failed to initial off onNarcotic Verification Document. 2. Allresidents that are administered narcotic medications by staff will be auditedto ensure the medication count is correct, and matches Narcotic VerificationDocument. 3. Nursingstaff to be educated and checked off for competency on new Narcotic CountPolicy and Procedure approved through Omnicare Pharmacy where Nurse or QMA to conduct Narcotic Countat the end of each shift, with outgoing and oncoming staff. In the absence of a 3rd shift nurse or QMA, aCertified Nurse Assistant will count narcotics with 2nd shift nurse forverification, and same CNA to count with oncoming nurse, to verify accuracy. At no time will CNA's have access tomedications. Medication Room and cart keys to 	10/02/2015

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	<p>Resident #10's prescribed dose was "...One tablet orally every 4 hours as needed for pain...."</p> <p>During an interview, on 9/3/15 at 10:15 A.M., LPN #10 indicated when she started her shift she obtained the medication cart keys from a locker with a combination lock. LPN #10 completed the narcotic count by herself because there are not two staff members at the beginning of her shift to do a narcotic count. She further indicated she signed there narcotic verification document indicating the narcotics on the medication cart were counted and the count was correct. She indicated she counted the narcotics on the medication cart this morning before she started her medication pass and did not note any discrepancies. LPN #10 indicated if there were a discrepancy, in the narcotic count, she was not aware of what to do.</p> <p>During an interview on 9/3/15 at 10:20 A.M., the Director of Nursing indicated if there was a discrepancy in the narcotic count she would expect the nursing staff to contact her immediately and she would start an investigation.</p> <p>An undated form titled "24 Hour Narcotic Count Verification Document," received on 9/3/15 at 10:15 A.M., from</p>		<p>be locked upwith only nurse and QMA knowing combination lock code.</p> <p>4. AssistedLiving Director/designee to audit MAR and Narcotic Verification Document 3times weekly for 2 months, then 2 times weekly monthly thereafter untilcompliance achieved. Results to beforwarded to Quality Assurance Committee for tracking and trending.</p> <p>5. 10/2/15</p>	

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	<p>LPN #10, indicated the form was for the current month. The "At night change of shift: going off evening duty" column for the 2nd day of the month had initials in it and the "At day change of shift: coming on duty" column for the 3rd day of the month did not have initials in it. LPN #10 indicated she conducted a narcotic count of the medication cart before passing medications this morning and did not notice any discrepancies and further indicated she must have forgotten to initial the column this morning.</p> <p>A Medication Administration Record (MAR), dated September 2015, indicated the missing Oxycodone was given on 9/2/15 at 9:05 P.M.</p> <p>On 9/3/15 at 10:45 A.M., review of the current policy titled "Narcotic Policy" received from the Director of Nursing indicated "...To insure that the community maintains an accurate count of all controlled substances...Inventory will be verified at the end of each shift with on-coming and off-going team member and Narcotic Count Sheet is signed when count is accurate and correct...Change of shift narcotic count: a narcotic count will be completed at the change of every shift between the Medication Nurse/Tech/Aide going off duty and a Medication Nurse/Tech/Aide</p>			

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R 0410	<p>coming on duty. Medication Nurse/Tech/Aide going off looks at the inventory sheet. Medication Nurse/Tech/Aide coming on counts pills, stating the number of pills left in the package...When narcotic count sheet and inventory sheets match, both employees will sign the narcotic count verification document. If the count is incorrect, the ALD [Assisted Living Director] and ED [Executive Director] are immediately notified. An attempt to find the error must be made...If the error cannot be found it is a medication error...All concerns will be investigated and authorities contacted per state requirement. Incident report must be completed. Incorrect Medication Count: Both team members sign the narcotic count verification documentation and note in the comment section that there is a discrepancy...The ALD (at home if necessary) and the nurse on duty are notified of the discrepancy. An investigation is conducted to determine the cause...If unable to determine the cause of the discrepancy complete an incident report. Counsel and retrain team members involved. Notify the pharmacy...."</p> <p>410 IAC 16.2-5-12(e)(f)(g)</p>			

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Bldg. 00	<p>Infection Control - Noncompliance</p> <p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on interview and record review, the facility failed to obtain a chest x-ray prior to admission for 1 of 7 residents (Resident #4) reviewed for chest x-ray prior to admission and the facility failed to administer tuberculin (TB) testing for 3 of 7 residents reviewed for 2-step tuberculin testing on admission. (Resident #2, #4 and #5)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #4 was completed on 9/2/2015 at 10:10 A.M. The immunization record</p>	R 0410	R410 1. Tuberculin skintest initiated for residents 2#, 4#, and 5#. Chest X-ray completed on resident 4#. Licensed staff received TB certification on 8/19/2015 to provide TB skin tests. 2. All residents audited for Chest X-rays and TB skin tests, and completed as needed. 3. Sales and Marketing Director, Assisted Living Director, and licensed nursing staffre-educated on requirements for admission including Chest X-ray and TB testing following admit of new resident. New admissions to community will have Chest X-ray completed prior to admission. If	09/23/2015			

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	<p>indicated no tuberculin testing had been administered since admission. A radiology report for a chest x-ray indicated it had been completed on 8/26/2015. This was 28 days after the resident was admitted to the facility. A physician plan of care, dated 7-28-2015, "...Allergies...NKDA [No Known Drug Allergies]...."</p> <p>2. The clinical record for Resident #2 was completed on 9-2-2015 at 11:30 A.M. Resident #2 was admitted on 1-5-2015. The immunization record indicated a second step tuberculin test was not administered one to three weeks after the first step.</p> <p>On 9-2-2015 at 2:00 P.M., the Director of Nursing indicated there were no additional immunizations for Resident #4 or Resident #2.</p> <p>On 9-3-2015 at 8:43 A.M., the Director of Nursing indicated, the facility did not have a policy related to chest x-rays prior to admission or 2-step tuberculin testing.</p> <p>3. On 09/02/2015 at 11:00 A.M., record review indicated that Resident #5 had not received a tuberculin (TB) test.</p> <p>During an interview, on 09/03/2015 at 9:35 A.M., the Director of Nursing indicated Resident #5 had not received</p>		<p>mantoux was given within 3 months prior to admission to community, only 1-Step initiated at admission. If no mantoux given within 3 months prior to admission, a 1st and 2nd step is to be administered upon admission to community.</p> <p>4. All new admissions to be audited by Assisted Living Director/designee for completed Chest X-ray and TB test prior to admission, or 21 days post admission date if 2-Step TB process needed. Results to be forwarded to Quality Assurance Committee for tracking and trending.</p>				

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

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	his TB test due to the unavailability of a nurse qualified to administer a TB at the time of Resident #5's admittance to the facility.				