

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/24/2015
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NAME OF PROVIDER OR SUPPLIER  SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00178003 and IN00178340.</p> <p>Complaint IN00178003- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F314.</p> <p>Complaint IN00178340- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F314, F323, F363, F365, F371, F496, and F498.</p> <p>Survey dates: July 22, 23, &amp; 24, 2015</p> <p>Facility number: 000368 Provider number: 15E187 AIM number: 100275220</p> <p>Census bed type: NF: 17 Total: 17</p> <p>Census payor type: Medicaid: 17 Total: 17</p> <p>Sample: 7</p>	F 0000		
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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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F 0157 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically</p>			

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	<p>update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the resident 's Responsible Party or family member was notified of changes in condition related to development of pressure ulcers, worsening of pressure ulcers, and changes in the treatment orders for 1 of 3 residents reviewed for pressure ulcers in a sample of 7. (Residents #F)</p> <p>Findings include:</p> <p>The closed record for Resident #F was reviewed on 7/22/15 at 11:30 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, anemia, coronary artery disease, and hypothyroidism.</p> <p>Review of the 6/9/15 Minimum Data Set (MDS) significant change assessment indicated the resident was dependent on staff for eating, dressing, and personal hygiene. The assessment also indicated the resident was at risk for the development of pressure ulcers and had one Stage II (partial thickness loss of the dermis presents as a shallow open ulcer with a red pink ulcer bed) pressure ulcer. The assessment indicated the resident's BIMS (Brief Interview for Mental Status)</p>	F 0157	<p>Party or family member was notified of changes in conditionrelated to development of pressure ulcers, worsening of pressure ulcers, andchanges in the treatment orders for 1 of 3 residents reviewed for pressureulcers in a sample of 7. (Residents #F)</p> <p>1. Describewhat the facility did to correct the deficient practice for each client citedin the deficiency.</p> <p>All resident's chartswere reviewed to ensure family notifications were done for all changes inorders and plan of care. The family of ResidentF was called to ensure she was informed of the changes in plan of care. The responsible party stated she had beennotified of all changes in her family members care and that she visited andspoke with nurses three times a week when she visited.</p> <p>2. Describehow the facility reviewed all clients in the facility that could be affected bythe same deficient practice, and state, what actions the facility took tocorrect the deficient practice for any client the facility identified as beingaffected.</p> <p>The A.D.O.N. reviewed allresident orders to ensure responsible party of the resident s had beeninformed. No other resident records wereaffected.</p> <p>3. Describethe steps or</p>	08/23/2015			

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	<p>score was (0). A score of (0) indicated the resident's cognitive patterns were severely impaired.</p> <p>The 5/2015 Nursing Progress Notes were reviewed. An entry made on 5/30/15 at 7:15 p.m. indicated the CNA informed the Nurse the resident appeared to have an open blister to the right inner ankle. There was no documentation of the resident's family or Responsible Party notification of the above blister.</p> <p>The 6/2015 and the 7/2015 Nursing Progress Notes were reviewed. An entry made on 6/30/15 at 10:15 a.m. indicated the resident had a ruptured blister to the coccyx with a foul odor and new orders were received to start Bactrim (an antibiotic) DS (double strength) twice a day for 10 days. No documentation of family notification of the above ruptured blister and the new orders received was noted. No family notification was noted in the 7/1/15, 7/2/15, or 7/3/15 Progress Notes related to family notification of the above area and treatment orders.</p> <p>Continued review of the 6/2015 Physician orders indicated there was an order written on 6/24/15 to cleanse the open area to the resident's coccyx with normal saline, apply Hydrogel to the wound bed, cover with a dry gauze, and</p>		<p>systemic changes the facility has made or will make to ensure thatthe deficient practice does not recur , including any in-services, but thisalso should include any system changes you made. A.D.O.N. will reviewpolicy on family notification in residents change in orders and change incondition with new licensed staff hired. In-Service will be heldwith D.O.N. with all licensed nursing staff about family notification of changein orders and change in condition. The24hour report will indicate any neworders received to ensure each shift is aware of new orders and that family hasbeen properly notified.</p> <p>4. Describehow the corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place. Charge Nurse isresponsible for notifying resident's responsible party for change in orders andchange in condition as they occur and ongoing. A.D.O.N. will beresponsible for monitoring orders and family notification twice weekly andongoing. D.O.N. will monitororders and change in condition monthly and address deficient practices ofnursing staff and enforce disciplinary action for three months then A.D.O.N.will continue to monitor and report</p>		

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	<p>secure with tape. There was no documentation of family or Responsible Party notification of the above Physician order.</p> <p>The 6/24/15 Nursing Progress notes were reviewed. An entry made at 8:26 a.m. indicated the resident had a large blister to the coccyx which had ruptured and resulted in a large open area to the coccyx. The wound measured 8 cm (centimeters) x 7 cm. The Physician was notified and new orders were received. There was no documentation verifying the resident's family or Responsible Party were notified of the new area or of the new Physician orders in the 6/24/15 Nursing Progress Notes. The 6/25/15 and 6/26/15 Nursing Progress notes were reviewed also. There was no verification of family or Responsible party notification of the areas and ordered treatments.</p> <p>When interviewed on 7/23/15 at 10:30 a.m., the Director of Nursing indicated the resident's family members were to be notified of changes in the resident's condition or any new orders.</p> <p>The facility policy titled 'Physician Notification Policy' was reviewed on 7/22/14 at 12:20 p.m. There was a date of 11/2014 on the policy. The facility</p>		<p>deficient practices to the D.O.N. for disciplinary actions. QA will review reports and determine if ongoing monitoring is needed. Current policy remains unchanged and current physician order with family notification will continue to be used. Forms Attached</p>		

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F 0314 SS=D Bldg. 00	<p>Administrator indicated the policy was current. The policy indicated the resident's Responsible Party members of cognitively impaired residents who were unable to make decisions were to be notified of changes in the resident's condition and informed of the plan of treatment prescribed by the Physician.</p> <p>This Federal tag relates to Complaint IN00178003 and IN00178340.</p> <p>3.1-5(a)(2)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Based on record review and interview the facility failed to ensure weekly skin observation checks were completed for 1 of 3 residents reviewed for pressure ulcers in a sample of 7. (Resident #C)</p> <p>Finding includes:</p>	F 0314	F314 Based on record review and interview the facility failed to ensure weekly skin observation checks were completed for 1 of 3 residents reviewed for pressure ulcers in a sample of 7. (Resident #C) 1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. All skin sheets	08/23/2015			

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	<p>The closed record for Resident #C was reviewed on 7/22/15 at 2:00 p.m. The resident's diagnoses included, but were not limited to, congestive heart failure, depression, degenerative joint disease, peripheral vascular disease, high blood pressure, and coronary artery disease.</p> <p>Review of the 6/7/15 Minimum Data Set (MDS) significant change assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (8). A score of (8) indicated the resident's cognitive patterns were moderately impaired. The assessment also indicated the resident was dependent on staff for transfers, dressing, eating, and personal hygiene. The assessment also indicated the resident was at risk for pressure ulcer development and currently had one Stage II (partial thickness loss of the dermis presents as a shallow open ulcer with a red pink ulcer bed) pressure ulcer.</p> <p>The May 2015 Weekly Skin Assessment sheet was reviewed. The last entry was made on 5/14/15. This entry indicated the resident had reoccurring ruptured blisters to the right foot and heel. No open areas or areas of alteration in skin integrity were noted on the coccyx area.</p> <p>A Weekly Wound Assessment Flow Record was initiated on 5/30/15. The</p>		<p>were reviewed by the D.O.N. and A.D.O.N. performed head to toe skin assessments on each resident. No decubitus are present on any resident. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. Head to toe skin assessments were performed by the A.D.O.N. and no pressure areas were noted on any residents. C.N.A. and Charge Nurse will continue to do weekly skin assessments and record properly on form. D.O.N./A.D.O.N. will monitor and sign weekly skin sheets 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. In-service held with tire nursing staff reviewing weekly skin assessment and pressure sore protocol. A.D.O.N. will review policy ongoing with new staff. A.D.O.N. will review and sign weekly skin assessments. 24 hour report will indicate any skin problems noted on residents and new orders to ensure proper communication with all shifts. 4. Describe how the corrective action(s) will be</p>		

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	<p>record indicated a Stage II pressure ulcer was first observed to the right buttock. The ulcer measured 2.5 cm (centimeters) x 1.5 cm with no depth. The wound tissue type was red and the surrounding tissue was normal.</p> <p>When interviewed on 7/23/15 at 10:50 a.m., the Director of Nursing indicated Weekly skin checks were required to be completed once a week when the residents received a bath.</p> <p>This Federal tag relates to Complaints IN00178003 and IN00178340.</p> <p>3.1-40(a)(2)</p>		<p>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. C.N.A. is responsible for weekly completion of skin assessments done on the 7th, 14th, 21st, 28th day of each month and prn if skin problem is noted. Charge nurse is responsible for reviewing for accuracy of skin assessments of the residents and signing skin assessment forms on the 7th, 14th, 21st, 28th day of each month and prn if skin problem is noted. The A.D.O.N. will review and sign completion of weekly skin assessment on the 7th, 14th, 21st, 28th day of each month and prn if skin problem is noted. The D.O.N. will review weekly skin sheets monthly for 3 months but will always be updated if any impairment of skin integrity occurs with each resident. Q.A. will review skin assessments forms to indicate successfulness of system and need for changes and implementation of ongoing monitoring. Forms Attached ADDENDUM CNA'S BATHE THE RESIDENT'S AND HAVE NOTIFY THE CHARGE NURSE OF ANY CHANGES TO THE RESIDENT'S SKIN INTEGRITY THE CHARGE NURSE WILL THEN ASSESS THE REPORTED CONCERNS AND COMPLETE HER ASSESSMENT OF THEIR SKIN ON A DAILY</p>	

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F 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure adequate supervision related to serving the incorrect food texture diet for 1 of 4 residents reviewed for mechanically altered diets in a sample of 7. (Resident #E) (CNA #2)</p> <p>Finding includes:</p> <p>On 7/22/15 at 12:39 p.m., Resident #E was observed in bed. CNA#2 entered the resident's room with a meal tray. The card on the meal tray indicated the type of diet served on this tray was a mechanical soft diet with no added salt.</p>	F 0323	<p>BASIS. THE CHARGENURSE WILL THEN ASSESS THE REPORTED CONCERNS AND COMPLETE HER ASSESSMENT OF THESKIN ONGOING AS EACH OCCURANCE OCCURS. THECHARGE NURSE WILL ALSO COMPLETE THE WEEKLY SKIN ASSESSMENTS EVERY 7 DAYS. THISIS AN ONGOING PRACTICE INSTITUTED IN 2012.</p> <p>F323 Based on observation, record review, and interview, thefacility failed to ensure adequate supervision related to serving the incorrectfood texture diet for 1 of 4 residents reviewed for mechanically altered dietsin a sample of 7. (Resident #E) (CNA #2) 1. Describewhat the facility did to correct the deficient practice for each client citedin the deficiency. New Diet Cards were madeto indicate resident name and room number. Normally all residents are servedmeals in the dining room. For new hiresthe charge nurse will direct who the C.N.A. is feeding to ensure she is feedingthe resident their proper diet. 2. Describehow the facility</p>	08/23/2015	

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	<p>The card had another resident's name on it. Sweet potatoes, cabbage, and chicken wings were on the meal tray.</p> <p>The CNA then cut the resident's food up and called the resident by an incorrect name. The CNA informed the resident she was going to feed her at this time. CNA #2 used a fork to pick up a piece of a sweet potato and placed the fork toward the resident's mouth. The resident was nonverbal. The CNA was then asked to verify the resident's name and diet type. CNA #2 indicated the meal tray had another resident's name on it and this was not the correct diet for Resident #E.</p> <p>The record for Resident #E was reviewed on 7/23/15 at 1:30 p.m. The resident's diagnoses included, but were not limited to, dementia, diabetes mellitus, anorexia, and aphasia (inability to speak).</p> <p>The 7/2015 Physician Order Statement was reviewed. The current orders indicated there was an order for the resident to receive a pureed diet.</p> <p>Review of the 7/7/15 Minimum Data Set (MDS) quarterly assessment indicated the resident was rarely or never understood and her cognitive skills for decision making were severely impaired. The assessment also indicated the resident</p>		<p>reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. No other resident was affected all other residents were in the dining room during mealtime. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. In-service held with nursing staff to discuss new tray cards and orientation and monitoring of new hires during mealtime. Standard of practice discussed with charge nurses to ensure they are monitoring mealtimes to ensure residents receive proper diets. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Charge nurse is responsible for insuring proper diet is served to all residents. C.N.A. is responsible for identifying and reading the tray cards and (if they have questions ask) feeding the resident their proper diet. A.D.O.N. will monitor new hires during mealtime to ensure they know who they are assisting with meals weekly D.O.N will monitor tray cards monthly. Monitoring will should be on-going</p>	

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	<p>had demonstrated loss of liquids/solids from her mouth while eating or drinking. . The MDS assessment also indicated the resident required total dependence of one staff member for eating, dressing, and personal hygiene.</p> <p>A 7/11/15 Nutrition/Dietary annual assessment indicated the resident required a no added salt pureed diet. The assessment also indicated the resident was fed by staff.</p> <p>When interviewed on 7/22/15 at 1:00 p.m., the Director of Nursing indicated the resident was fed by staff. The Director of Nursing also indicated the resident should have received a pureed diet as ordered by the Physician.</p> <p>This Federal tag relates to Complaint 178340.</p> <p>3.1-45(a)(2)</p>		<p>by charge nurse and C.N.A. QA will determine furtherneed for monitoring if problems are noted. QA will also use todetermine whether further monitoring is necessary or if the monitoring can bestopped.Forms Attached ADDENDUM</p> <p>RESIDENTS ARE SERVED THEIR MEALS IN THE DINING ROOM 99% OFTHE TIME AND THE CHSARGE NURSE IS RESPONSIBLE FOR MONITORING RESIDENT'S DURINGMEALTIME TO ENSURE EACH RESIDENT IS ABLE TO CONSUME ORDERED DIET AND REQUEST DIET CHANGES ASNEEDED. THE TRAY CARDS ARE LARGE ANDVISIBLE TO SEE AS ROUNDS ARE MADE THROUGHOUT THE DINING ROOM. ANY RESIDENT WHO HAS TO BE SERVED IN THEIRROOM WILL REQUIRE THE CHARGE NURSE TOASSESS THE TRAY AND TRAY CARD AND TAKE THE TRAY TO THE RESIDENT'S ROOM IFC.N.A. IS A NEW HIRE TO ENSURE THE RESIDENT IS PROPERLY IDENTIFIED.</p> <p>C.N.A.'S WILL READ THE LARGE TRAY CSARD THAT THE DIETARYSTAFF HAS PLACED ON THE TRAY AND SERVES IT TO THE RESIDENT. THE DIET CARD IDENTIFIES THE RESIDENT'S NAME,ROOM NUMBER , AND DIET. THE CHARGE NURSE WILL PERFORMS SKILLS TESTING TO ASSESS EACHC.N.A. AND NEW HIRE C.N.A. FEEDING OF DEPENDENT ON ALL SHIFTS.</p>		

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F 0363 SS=D Bldg. 00	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>Based on observation, record review, and interview, the facility failed to follow the menu for the preparation and serving of pureed diets for 1 of 1 residents receiving pureed diets. (Resident #E)</p> <p>Finding includes:</p> <p>The tray line service for the Breakfast meal was observed on 7/22/15 at 9:07 a.m. with Dietary Staff #1. The staff member prepared a total of (12) trays with mechanical soft or regular diets. At 9:20 a.m., the staff member stated she</p>	F 0363	<p>ADON WILL REVIEW FEEDING OF DEPENDENT RESIDENT'S ASSESSMENT TOOL AND MONITOR SKILLS TESTING OF ALL NEW HIRES AND EXISTING C.N.A. STAFF. D.O.N. WILL MONITOR TRAY ACCURACY QA FORM AND MONTHLY DIET ORDERS TO PRESENT FINDINGS TO QA COMMITTEE QUARTERLY. Q.A. WILL DETERMINE THE CONTINUATION OF THE MONITORING.</p> <p>F363 Based on observation, record review, and interview, the facility failed to follow the menu for the preparation and serving of pureed diets for 1 of 1 residents receiving pureed diets. (Resident #E) 1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. Immediate conference was held with Dietary Staff member and it was noted that she had been trained to follow the menu and was aware of how to prepare the food properly. 2. Describe how the facility reviewed all clients in the facility that could</p>	08/23/2015

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NAME OF PROVIDER OR SUPPLIER  SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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	<p>was finished with the tray line service. A tray card for Resident #E was left on the counter next to the steam table. All the hot food items on the steam table were observed. There were no containers of purred meat on the steam table. There was a tray of soaked bread. Dietary Staff #1 identified this as "soaked cinnamon bread."</p> <p>On 7/22/15 at 9:38 a.m., Resident #E was observed in bed. The resident was served her meal tray. The resident's tray card indicated she was to receive a pureed diet with low concentrated sweets. There was a bowl of oatmeal and a serving of soaked bread on the resident's tray. There were no eggs or any meat on the tray. CNA #3 was present in the room and began feeding the resident her meal tray.</p> <p>The record for Resident #E was reviewed on 7/23/15 at 1:30 p.m. The resident's diagnoses included, but were not limited to, dementia, diabetes mellitus, anorexia, and aphasia (inability to speak).</p> <p>The 7/2015 Physician Order Statement was reviewed. The current orders indicated there was an order for the resident to receive a pureed diet.</p> <p>Review of the 7/7/15 Minimum Data Set</p>		<p>be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. Menu classifications were reviewed with Dietary Staff immediately. All diets reviewed and no other pureed diets were ordered for residents. Facility has placed employment ad for FSS and Cook staff since the retirement of previous FSS 3 weeks ago. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. Dietary Staff was relieved of her dietary duties and in-servicing with dietary staff on proper food preparation and following the menu and serving residents a proper diet. New dietary staff has been interviewed and hired. New dietary staff is scheduled to start August 20, 2015 and previous F.S.S. will be available to train new personnel. In-service and orientation will be held with new orienteers. The dietician will also perform additional training to the new dietary staff. Tray Accuracy QA will be performed 3 times a week to ensure proper diet and food items served properly from planned menu cycle. 4. Describe how the corrective</p>	

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	<p>(MDS) quarterly assessment indicated the resident was rarely or never understood and her cognitive skills for decision making were severely impaired. The assessment also indicated the resident had demonstrated loss of liquids/solids from her mouth while eating or drinking. The MDS assessment also indicated the resident required total dependence of one staff member for eating, dressing, and personal hygiene.</p> <p>A 7/11/15 Nutrition/Dietary annual assessment indicated the resident required a no added salt pureed diet. The assessment also indicated the resident was fed by staff.</p> <p>The facility meal Spread Sheet form for the 7/22/15 meal was observed on 7/22/15 at 9:30 a.m. The form indicated residents on pureed diets were to receive pureed sausage.</p> <p>When interviewed on 7/22/15 at 10:00 a.m., Dietary Staff #1 indicated no pureed meats were made or served. The staff member also indicated there was another resident on a pureed diet who was currently not in the facility.</p> <p>When interviewed on 7/23/15 at 10:50 a.m., the DON (Director of Nursing) indicated Dietary staff should have</p>		<p>action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Administrator/Administrative Designee is responsible for doing QA Tray Accuracy Form three times a week. D.O.N./A.D.O.N. will monitor tray accuracy and proper diet for each resident two times a week. Dietician will monitor tray accuracy and proper food preparation bi-monthly. QA will determine further need for monitoring and determine further monitoring or if the monitoring can be stopped. Forms Attached ADDENDUM ALL MEALS SERVED WILL BE MONITORED</p>		

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F 0365 SS=D Bldg. 00	<p>followed the menu while preparing pureed diets.</p> <p>This Federal tag relates to Complaint IN00178340.</p> <p>3.1-20(i)(4)</p> <p>483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based in observation, record review, and interview, the facility failed to ensure food was prepared in a form to meet the individual needs of residents related to failure to provide ground meats to 3 of 3 residents observed on mechanically altered diets in a sample of 7. (Residents #B, #D, and #G) (Dietary Staff #1)</p> <p>Findings include:</p> <p>1. On 7/22/15 at 9:07 a.m., Dietary Staff #1 was observed preparing meal trays for the residents. The Dietary Staff member prepared a tray for Resident #B. The resident's tray card indicated he was to receive a Mechanical Soft diet. A bowl of oatmeal, eggs, and two slices of bacon</p>	F 0365	<p>F365 Based inobservation, record review, and interview, the facility failed to ensure foodwas prepared in a form to meet the individual needs of residents related tofailure to provide ground meats to 3 of 3 residents observed on mechanicallyaltered diets in a sample of 7. (Residents #B, #D, and #G) (Dietary Staff #1)</p> <p>1. Describewhat the facility did to correct the deficient practice for each client cited inthe deficiency. Immediate conference washeld with Dietary Staff member and it was noted that she had been trained tofollow the menu and was aware of how to prepare the food properly. 2. Describhow the facility reviewed all clients in the facility that could be affected bythe same deficient practice, and state, what actions the facility</p>	08/23/2015

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	<p>were placed on the resident's plate. The tray was then taken to the Dining Room.</p> <p>The record for Resident #B was reviewed on 7/23/15 at 10:35 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, seizures, and coronary artery disease.</p> <p>The 7/2015 Physician orders were reviewed. An order was written on 7/7/15 for the resident to receive a Mechanical Soft diet.</p> <p>Review of the 6/20/15 Minimum Data Set quarterly assessment indicated the resident required extensive assistance of staff for eating. The assessment also indicated the resident had signs/symptoms of holding food in this mouth/cheeks or residual food in his mouth after meals and received a mechanically altered diet.</p> <p>A Care Plan initiated on 3/30/15 indicated Resident #B had the potential for nutritional problems. Care Plan interventions included, but were not limited to, provide and serve the resident with the diet ordered.</p> <p>2. On 7/22/15 at 9:07 a.m., Dietary Staff #1 was observed preparing meal trays for the residents. The Dietary Staff member</p>		<p>took to correct the deficient practice for any client the facility identified as being affected. The diet order for the 3 residents was reviewed and changes indicated on diet orders. Menu classifications were reviewed with Dietary Staff immediately. All diets reviewed and no other pureed diets were ordered for residents. Facility has placed employment ad for FSS and Cook staff since the retirement of previous FSS 3 weeks ago. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. Dietary Staff was relieved of her dietary duties and in-servicing with dietary staff on proper food preparation and following the menu and serving residents a proper diet. New dietary staff has been interviewed and hired. New dietary staff is scheduled to start August 20, 2015. In-service and orientation will be held with new orientees. The dietician will also perform additional training to the new dietary staff. Tray Accuracy QA will be performed 3 times a week to ensure proper diet and food items served properly from planned menu cycle. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</p>		

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	<p>prepared a tray for Resident #G. The resident's tray card indicated he was to receive a Mechanical Soft diet. A bowl of oatmeal, eggs, and two slices of bacon were placed on the resident's plate. The tray was then taken to the Dining Room.</p> <p>The record for Resident #G was reviewed on 7/23/15 at 10:05 a.m. The resident's diagnoses included, but were not limited to, dysphagia (difficulty swallowing), arthritis, and diabetes mellitus.</p> <p>The 7/2015 Physician Order Statement was reviewed. There was an order in place for the resident to receive a Mechanical Soft diet with ground meat.</p> <p>Review of the 5/18/15 Minimum Data Set annual assessment indicated the resident supervision with eating. The assessment also indicated the resident had sign or symptoms of coughing during meals or with medication administration.</p> <p>A 5/23/15 Nutrition/Dietary note indicated the resident was to receive a Mechanical Soft Diet. There was no documentation of the resident having any coughing or choking during meals in the above note.</p> <p>3. On 7/22/15 at 9:07 a.m., Dietary Staff</p>		<p>assurance program will be put into place. Administrator/AdministrativeDesig nee is responsible for doing QA Tray Accuracy Form three times a week. D.O.N./A.D.O.N. willmonitor tray accuracy and proper diet for each resident two times a week. D.O.N./A.D.O.N. willreview diet orders monthly. Dietician will monitortray accuracy and proper food preparation bi-monthly. QA will determine furtherneed for monitoring and determine further monitoring or if the monitoring canbe stopped. Forms Attached ADDENDUM ALL MEALS SERVED WILL BE MONITORED</p>	

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	<p>#1 was observed preparing meal trays for residents. The Dietary Staff member prepared a tray for Resident #D. The resident's tray card indicated he was to receive a Mechanical Soft diet. A bowl of oatmeal, eggs, and two slices of bacon were placed on the resident's plate. The tray was then taken to the Dining Room.</p> <p>The record for resident #D was reviewed on 7/23/15 at 10:15 a.m. The resident's diagnoses included, but were not limited to, malnutrition, depression, and failure to thrive.</p> <p>The 7/2015 Physician Order Statement was reviewed. There was an order in place for the resident to receive a Mechanical Soft diet</p> <p>Review of the 6/12/15 Minimum Data Set quarterly assessment indicated the resident required supervision for eating. The assessment also indicated the resident received a mechanically altered diet.</p> <p>The facility meal Spread Sheet form for 7/22/15 meal was observed on 7/22/15 at 9:30 a.m. The form indicated residents on Mechanical Soft diets were to receive ground sausage.</p> <p>When interviewed on 7/22/15 at 9:35</p>			

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F 0371 SS=E Bldg. 00	<p>a.m., Dietary Staff#1 indicated the above three residents were to be served Mechanical Soft diets. The staff member indicated she had not prepared any ground meat this morning for the breakfast meal.</p> <p>When interview on 7/23/15 at 10:50 a.m. indicated the above resident should have mechanical diet with ground meat as per the menu and spread (preparation) diet sheets.</p> <p>This Federal tag relates to Complaint IN00178340.</p> <p>3.1-21(a)(3)</p> <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</p>						

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	<p>under sanitary conditions</p> <p>Based on observation and record review, the facility failed to ensure beverages were served within the required temperature levels during meal service. A total of 15 meal trays were prepared and 12 were served to residents with milk not served on each of the meal trays.</p> <p>Finding includes:</p> <p>The preparation for the serving of the Breakfast meal was observed on 7/22/15 beginning at 8:10 a.m. At 8:42 a.m., the dietary staff member filled (5) cups with milk poured from a container and tested the temperature of the milk. The temperature was 47 degrees. The staff member then placed some ice cubes into the cups. At 8:55 a.m., the staff member tested the milk temperatures again. The temperature of the milk was 46 degrees Fahrenheit. The staff member then walked to the steam table area and began preparing food trays. As the staff member prepared the meal trays for service she gave individual verbal instructions to the CNA's indicating which type of beverages were to be served with each meal tray. The staff member did not instruct the CNA's to place milk on each meal tray. Several meal trays were served with no milk.</p>	F 0371	<p>F371 Based on observation and record review, the facility failed to ensure beverages were served within the required temperature levels during meal service. A total of 15 meal trays were prepared and 12 were served to residents with milk not served on each of the meal trays. 1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. Immediate conference was held with Dietary Staff member and it was noted that she had been trained on proper food temps. Signs are also posted throughout the kitchen. The daily beverage procedure for the kitchen is to pour the beverages into a glass which is surrounded in ice and then place the beverage into the freezer to ensure the proper beverage of 41 degrees or below. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. Food Temps were reviewed with Dietary Staff immediately. Facility has placed employment ad for FSS and Cook staff since the retirement of previous FSS 3 weeks ago. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does</p>	08/23/2015			

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	<p>When interviewed on 7/23/15 at 10:50 a.m., the Director of Nursing indicated the cold beverages were to served at 41 degrees or lower.</p> <p>The facility titled "Food Temperatures" was reviewed on 7/24/15 at 11:00 a.m. There was no date on the policy. The Director of Nursing provide the policy and indicated the policy was current. The policy indicated cold food items were to served at a maximum of 41 degrees Fahrenheit.</p> <p>This Federal tag relates to Complaint IN00178340.</p> <p>3.1-21(i)(3)</p>		<p>not recur, including any in-services, but this also should include any system changes you made. Dietary Staff was relieved of her dietary duties and in-servicing with other dietary staff on proper food temps was done. New dietary staff has been interviewed and hired. New dietary staff is scheduled to start August 20, 2015. In-service and orientation will be held with new orienteers. The dietician will also perform additional training to the new dietary staff. Food Temps will be recorded on Log Sheet for each meal daily by dietary staff. Administrator/designee will monitor food temps three times a week. Dietician will review food temps and record food temps during visits to ensure compliance bi-monthly. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Administrator/Administrative Designee is responsible for monitoring Food Temps three times a week. Dietician will monitor food temps logs and perform her own food temps upon her visits bi-monthly. QA will review food temp logs and determine further need for monitoring and determine further monitoring or if the monitoring can be stopped. Forms Attached ADDENDUM ALL MEALS SERVED WILL BE</p>		

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F 0496 SS=D Bldg. 00	<p>483.75(e)(5)-(7) NURSE AIDE REGISTRY VERIFICATION, RETRAINING</p> <p>Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual is a full-time employee in a training and competency evaluation program approved by the State; or the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.</p> <p>Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual.</p> <p>If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p> <p>Based on record review and interview, the facility failed to obtain CNA registry</p>	F 0496	<p>MONITORED</p> <p>F496 Based on record review and interview, the facility failed to obtain CNA registry verification from all</p>	08/23/2015			

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	<p>verification from all states a CNA worked in prior to providing resident care for 1 of 1 CNA employee files reviewed. (CNA #2)</p> <p>Finding includes:</p> <p>The employee file for CNA #2 was reviewed on 7/22/15 at 1:00 p.m. The CNA start date for working was 7/22/15. The Nurse's Aide Checklist for Orientation sheet was reviewed. The CNA had not been checked off as completing orientation to any patient care.</p> <p>The Employee file On 7/22/15 at approximately 1:00 p.m., the facility initiated the a check of the CNA's status from the Illinois Department of Health. The above verification was completed by the Illinois Health Care Worker Registry. CNA #2's name appeared and noted the CNA had completed a CNA program in 2002. The section for "Last Employment Verification" had not been completed. There was no documentation confirming the CNA had current Registry verification.</p> <p>When interviewed on 7/23/15 at 3:00 p.m., the Director of Nursing indicated she had verified the CNA's employment and did not verified the Illinois registry to</p>		<p>states a CNA worked in prior to providing resident care for 1 of 1 CNA employee files reviewed. (CNA #2)</p> <p>1. Describewhat the facility did to correct the deficient practice for each client citedin the deficiency. This was the first dayfor the C.N.A. and she was immediately removed from the schedule and C.N.A. wasinformed to contact the state of Illinois to get her C.N.A. registry workhistory corrected.</p> <p>2. Describehow the facility reviewed all clients in the facility that could be affected bythe same deficient practice, and state, what actions the facility took tocorrect the deficient practice for any client the facility identified as beingaffected. All other C.N.A.'s employed by the facility are on the Indiana registry.</p> <p>3. Describethe steps or systemic changes the facility has made or will make to ensure thatthe deficient practice does not recur, including any in-services, but this alsoshould include any system changes you made. All C.N.A.'s from anotherstate will be verified with that state's registry program prior to hiring. The verification will be printed and placed withthe applicant's application prior to interview. This will ensure that all C.N.A.'s interviewed will have verifiedcredentials. Procedure will be reviewed with all office staff</p>	

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NAME OF PROVIDER OR SUPPLIER  SIMMONS LOVING CARE HEALTH FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407		
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F 0498 SS=D Bldg. 00	<p>check the status of CNA's registration.</p> <p>This Federal tag relates to Complaint 178340.</p> <p>3.1-14(f)</p> <p>483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based ob record review and interview, the facility failed to ensure CNA's demonstrated competency in technique and skills while providing resident care to residents related to identifying residents prior to care and attempts to feed the resident the incorrect diet for 1 of 1 observed being fed by staff in a sample of 7. (Resident #E) (CNA #2)</p> <p>Finding includes:</p> <p>On 7/22/15 at 12:39 p.m., Resident #E was observed in bed. CNA #2 entered</p>	F 0498	<p>schedulinginterviews.</p> <p>4. Describehow the corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place. D.O.N./A.D.O.N. willreview all credentials of all C.N.A. personnel hired ongoing. Monitoring will beon-going and reviewed by QA quarterly.</p> <p>F498 Based on record review and interview, the facilityfailed to ensure CNA's demonstrated competency in technique and skills whileproviding resident care to residents related to identifying residents prior tocare and attempts to feed the resident the incorrect diet for 1 of 1 observedbeing fed by staff in a sample of 7. (Resident #E) (CNA #2) 1. Describewhat the facility did to correct the deficient practice for each client citedin the deficiency. New Diet Cards were madeto indicate resident name and room number. Normally all residents are servedmeals in the</p>	08/23/2015	

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	<p>the resident's room with a meal tray. The card on the meal tray indicated the type of diet served on this tray was a mechanical soft diet with no added salt. The card had another resident's name on it. Sweet potatoes, cabbage, and chicken wings were on the meal tray.</p> <p>The CNA then cut the resident's food up and called the resident by an incorrect name. The CNA informed the resident she was going to feed her at this time. CNA #2 used a fork to pick up a piece of a sweet potato and placed the fork toward the resident's mouth. The resident was nonverbal. The CNA was then asked to verify the resident's name and diet type. CNA #2 indicated the meal tray had another resident's name on it and this was not the correct diet for Resident #E.</p> <p>The record for Resident #E was reviewed on 7/23/15 at 1:30 p.m. The resident's diagnoses included, but were not limited to, dementia, diabetes mellitus, anorexia, and aphasia (inability to speak).</p> <p>The 7/2015 Physician Order Statement was reviewed. The current orders indicated there was an order for the resident to receive a pureed diet.</p> <p>Review of the 7/7/15 Minimum Data Set (MDS) quarterly assessment indicated the</p>		<p>dining room. For new hire the charge nurse will direct who the C.N.A. is feeding to ensure she is feeding the resident their proper diet. 2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected. No other resident was affected all other residents were in the dining room during mealtime. 3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. In-service held with nursing staff to discuss new tray cards, orientation and monitoring of new hires during mealtime. Standard of practice discussed with charge nurses to ensure they are monitoring mealtimes to ensure residents receive proper diets. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Charge nurse is responsible for insuring proper diet is served to all residents. C.N.A. is responsible for identifying and reading the tray cards and (if they have questions ask) feeding the resident their proper diet. A.D.O.N. will monitor</p>	

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	<p>resident was rarely or never understood and her cognitive skills for decision making were severely impaired. The assessment also indicated the resident had demonstrated loss of liquids/solids from her mouth while eating or drinking. The MDS assessment also indicated the resident required total dependence of one staff member for eating, dressing, and personal hygiene.</p> <p>A 7/11/15 Nutrition/Dietary annual assessment indicated the resident required a no added sale pureed diet. The assessment also indicated the resident was fed by staff.</p> <p>When interviewed on 7/22/15 at 1:00 p.m., the Director of Nursing indicated the resident was fed by staff. The Director of Nursing also indicated the resident should have received a pureed diet as ordered by the Physician.</p> <p>The employee file for CNA #2 was reviewed on 7/22/15 at 1:00 p.m. The CNA start date for working was 7/22/15. The Nurse's Aide Checklist for Orientation sheet was reviewed. The CNA had not been checked off as completing orientation to any patient care.</p> <p>When interviewed on 7/22/15 at 1:45</p>		<p>newhires during mealtime to ensure they know who they are assisting with mealsweekly D.O.N will monitor traycards monthly. Monitoring will should beon-going by charge nurse and C.N.A. QA will determine furtherneed for monitoring if problems are noted. QA will also use to determine whether furthermonitoring is necessary or if the monitoring can be stopped. Forms Attached</p> <p>ADDENDUM</p> <p>RESIDENTS ARE SERVED THEIR MEALS IN THE DINING ROOM 99% OFTHE TIME AND THE CHSARGE NURSE IS RESPONSIBLE FOR MONITORING RESIDENT'S DURINGMEALTIME TO ENSURE EACH RESIDENT IS ABLE TO CONSUME ORDERED DIET AND REQUEST DIET CHANGES ASNEEDED. THE TRAY CARDS ARE LARGE ANDVISIBLE TO SEE AS ROUNDS ARE MADE THROUGHOUT THE DINING ROOM. ANY RESIDENT WHO HAS TO BE SERVED IN THEIRROOM WILL REQUIRE THE CHARGE NURSE TOASSESS THE TRAY AND TRAY CARD AND TAKE THE TRAY TO THE RESIDENT'S ROOM IFC.N.A. IS A NEW HIRE TO ENSURE THE RESIDENT IS PROPERLY IDENTIFIED.</p> <p>C.N.A.'S WILL READ THE LARGE TRAY CSARD THAT THE DIETARYSTAFF HAS PLACED ON THE TRAY AND SERVES IT TO THE RESIDENT. THE DIET CARD IDENTIFIES THE RESIDENT'S NAME,ROOM NUMBER , AND DIET.</p>		

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	<p>p.m., CNA #2 indicated this morning was her first day working on the unit and taking care of residents. The CNA indicated she had been in the facility the prior to today and was given and binder to review. The CNA indicated the staff requested this book back at the time to add more information and she had not received the book back from the facility.</p> <p>This Federal tag relates to Complaint 178340.</p> <p>3.1- 14(i)</p>		<p>THE CHARGE NURSE WILL PERFORMS SKILLS TESTING TO ASSESS EACHC.N.A. AND NEW HIRE C.N.A. FEEDING OF DEPENDENT ON ALL SHIFTS.</p> <p>ADON WILL REVIEW FEEDING OF DEPENDENT RESIDENT'S ASSESSMENTTOOL AND MONITOR SKILLS TESTING OF ALL NEW HIRES AND EXISTING C.N.A. STAFF.</p> <p>D.O.N. WILL MONITOR TRAY ACCURACY QA FORM AND MONTHLY DIETORDERS TO PRESENT FINDINGS TO QA COMMITTEE QUARTERLY.</p> <p>Q.A. WILL DETERMINE THE CONTINUATION OF THE MONITORING.</p>				