

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155635	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/27/2012
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NAME OF PROVIDER OR SUPPLIER GRACE VILLAGE HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 337 GRACE VILLAGE DR WINONA LAKE, IN 46590
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 8/9/12. This visit included the PSR to the Investigation of Complaint IN00112951 completed on 8/9/12.</p> <p>Complaint number IN00112951- -corrected</p> <p>Survey dates: September 26, 27, 2012</p> <p>Facility number: 000501 Provider number: 155635 AIM number: 100266260</p> <p>Survey team: Tim Long, RN-TC Julie Wagoner, RN</p> <p>Census bed type: SNF: 9 NSF/NF: 65 Other: 49 Total: 123</p> <p>Census payor type: Medicare: 13 Medicaid: 33 Other: 77 Total: 123</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	Submission and implementation of this plan of correction shall not constitute an admission by Grace Village Health Care to any allegations of deficiency as stated within the "Summary Statement of Deficiencies" or an agreement with any conclusions made therein. Rather, this plan of correction is submitted in accordance with State and Federal requirements.	

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 9/30/12 Cathy Emswiller RN			

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure the carpeting in the hallways on 4 of 5 nursing units (Halls 1, 2, 3, and 5) was not heavily stained.</p> <p>Findings include:</p> <p>1. Observation of carpeting, on 09/26/12 at 10:30 A.M., in the health care units (halls 1, 2, 3, and 5) indicated the carpeting still appeared to be heavily stained in large spots especially on the center and 400 hall and around the nurse's stations and at the beginning of the 100 and 200 halls.</p> <p>Interview with the Maintenance Supervisor, on 09/26/12 at 1:30 P.M., indicated he was unsure of the last time the carpeting was cleaned and/or extracted and he was unsure if the stains were "new" or "old." He asked a housekeeper, employee 2, and she indicated she cleans the carpeting on the whole health care on an every 3 months basis. The Maintenance Supervisor indicated he would check to see the last time the</p>	F0465	<p>I. CORRECTIVE ACTION(S) FOR AFFECTED RESIDENTS IDENTIFIED: No residents were identified on the survey to have been affected by the finding. II. CORRECTIVE ACTION(S) FOR POTENTIALLY AFFECTED RESIDENTS: No residents have been found to have been affected by the condition of the carpet. No residents or their representatives have voiced any concern to administration of the condition of the carpet. No concerns about the carpet have ever been brought up in Resident Council. The facility did contract a local professional carpet cleaning service to clean all halls identified as stained and/or worn. (see attached invoice for carpet cleaning service) Pictures of the carpet after the cleaning are also attached to show the current state of each area mentioned in the survey. (see picture file attachments labeled by area) III. STEPS TAKEN TO ENSURE CONTINUED COMPLIANCE: Administration believes the professional cleaning did a much better job of removing stains than the facility owned equipment has been able to do. The facility will continue to use the professional cleaning service on at least a</p>	10/02/2012			

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	<p>halls in the health care were extracted and/or cleaned.</p> <p>Observation of the carpeting in the healthcare, in the presence of the Administrator, on 09/26/12 at 2:00 P.M., indicated the following large stains were noted:</p> <ol style="list-style-type: none"> 1. By the front nurse's station between the nurse's station and the resident lounge a 15 inch in diameter round dark area, confirmed as a stain by the Administrator. In addition, there was an 18 by 10 inches dark stained area, and an irregular shaped 12 by 6 inch stained area at the entrance to hall 3. There was another 24 by 18 inch stained area by the hall 3 entrance way. 2. There was a 24 by 14 stain between the nurse's station and hall 2 entry way, 3. There was a 12 inches long carpet stain between the nurse's station and entrance to hall 1, In the hall 1 hallway there was a 9 inch in diameter dark round stain, a 15 inch long stain, a 9 inch long stain, a 24 by 6 inch stain, and a yellow 3 inch in diameter stain, and a 14 inch in diameter round stain. 4. In hall 3 there was an 8 by 12 inch stain and a 9 by 18 inch stain. 5. In hall 2 there was an 11 by 10 inch stain and a 14 inch in diameter 		<p>quarterly basis until the carpet can be replaced or until the facility can acquire a more effective carpet cleaner/extractor. The facility will continue with the daily regimen of vaccuuming the entire area and spot cleaning new spills. Administration will invite vendors of cleaning products to provide the best solution they have available and will switch products if any is found to be more effective than the current products used. Housekeeping staff will clean/extract the carpet at least once per month in between the quarterly professional cleanings by its carpet cleaning contractor. Administration will continue to work towards a goal of finding the funds to replace the carpet within the next 6 months. Administration will forward to the Department documentation of carpet replacement quotations as they are obtained, approval to proceed on carpet replacement from the Board of Directors and documentation of the steps being taken to secure financing for this capital expenditure. IV. MONITORING: The Administrator and the Director of Environmental Services will evaluate the carpet every month until it is replaced to ensure that sufficient cleaning efforts are being employed to maintain it in as much of a homelike manner as possible. More frequent cleanings by facility</p>		

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	<p>round stain.</p> <p>6. In hall 5 there was an 18 by 15 inches dark stain, a 30 by 4 inch stain, a 24 by 12 inch stain, a 28 by 14 inch dark stain, and a 36 inch irregularly shaped stain. All of the stains were near the entrances to both sides of hall 5.</p> <p>In addition, the carpeting was noted to be faded and heavily worn in the high traffic areas around the nurse's stations, and in hall 3 and 5 which were utilized to reach the main dining room.</p> <p>An interview with the Administrator on 9/26/12 at 2:00 P.M., he indicated the carpeting was worn and stained. The Administrator stated, " I was not denying the carpeting is worn and has some stains but it is cleaned and stains and wear don't make it not homelike" He indicated the quote to replace the carpeting was \$30,000 and that was not feasible and "most people do not replace carpeting just because it has stains". ""</p> <p>When queried as to whether any of the large stains noted above could be cleaned from the carpet, the Administrator indicated he was not certain and did not think the stains could be removed.</p>		<p>staff and/or the carpet cleaning contractor will be arranged if necessary. The results of this monitoring will be reviewed in the quarterly QA Committee meetings and will continue until the carpet is replaced.</p>		

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	<p>An interview with the Maintenance Supervisor on 9/26/12 at 2:30 P.M., did not indicate the last time the hallways on halls 1, 2, 3, and 5 were extracted and cleaned by housekeeping.</p> <p>This deficiency was cited on 08/09/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(f)</p>			