

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/15/2014
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NAME OF PROVIDER OR SUPPLIER RIVER CROSSING ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MARKET ST CHARLESTOWN, IN 47111
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R000000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: April 14 and 15, 2014</p> <p>Facility number: 012007 Provider number: 012007 Aim number: N/A</p> <p>Survey Team: Gloria J. Reisert, MSW</p> <p>Census bed type: Residential: 103 Total: 103</p> <p>Census payor type: Other: 103 Total: 103</p> <p>Sample: 7 Supplemental sample: 1</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review completed on April 22, 2014, by Brenda Meredith, R.N.</p>	R000000	<p>The Community is committed to ensuring compliance with all applicable regulations. The submission of this Plan of Correction (POC) is required by state regulations and represents our efforts to address the issues raised in the inspection report. The submission of this POC should in no way be interpreted to mean that we concur with the accuracy of the inspector's findings and conclusions or waive our rights to an Informal Dispute Resolution if deemed appropriate.</p>	
R000144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interviews, the</p>	R000144	<p>1) The following items were corrected, repaired and a plexi glass kick plate was placed over the lower</p>	05/15/2014

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>facility failed to ensure resident apartment and resident laundry room doors and door frames on the outside to the halls and hallway walls were free from holes and deep grooved scratches with splintering rough to the touch edges during 1 of 1 environmental tours. This deficient practice affected 2 of 2 resident laundry rooms and 7 of 100 occupied apartments (apartments 223, 206, 204, 123, 103, 321 and 320). The facility also failed to ensure the floor carpet located at the pool table was free of snags.</p> <p>Findings included:</p> <p>During the environmental tour on 4/15/14 between 2:00 and 2:45 p.m., the following was observed:</p> <ol style="list-style-type: none"> <li>1. Laundry room door diagonal of Apartment 223, had 3 deep gouges across the lower third of the door which were rough to the touch. The right inside door jam had splintered jagged wood. A dinner plate sized area of ceiling wall plaster was cracked and bubbling in places and was rusted. 25 bags of adult undergarments were on a shelf directly below this area. The back wall had a 6 inch by 2 inch area above the baseboard of hanging gouged plaster.</li> <li>2. Apartment 223 - had a 6 inch gouge across lower third of door which was rough to the touch.</li> <li>3. Apartment 206 - The right side of the door had a 2 inch by 1/2 inch rough to the touch chip in the wood.</li> <li>4. Apartment 204 - had a gouge across the door with a dime sized area on the right side of the door of chipped missing wood with</li> </ol>		<p>portion of the door to protect from future damage, the gouges on the laundry room diagonal from #223 were repaired, the gouge on apartment door #223, the chip on apartment door #206, the gouge on apartment door #204, the gouges on apartment door #103, the gouge on the 300 unit laundry room door, the gouge on apartment door #321, the chips on apartment #320.</p> <p>The following items were corrected and repaired, the door jam on the laundry room door across from apartment #223, the door jam on apartment #204, the door jam on apartment #123, the 300 unit hall laundry room door jam.</p> <p>The following items were corrected and repaired, the dinner plate sized area of ceiling in the laundry room diagonal of Apartment #223 and the back wall 2 inch gouged area above the baseboard, the gouge on the wall between apartment #132 and #133, the dent in the wall outside the sun room, the dented areas above baseboard by 300 hall mailboxes. The ceiling vent in the 300 unit laundry room was cleaned.</p> <p>The following items were corrected and repaired, the snag across from Apartment #323 and the loop of loose string fibers by the pool table.</p> <ol style="list-style-type: none"> <li>2) An audit of all doors, walls, carpet, and ceiling vents was completed and any necessary repairs were completed.</li> <li>3) Audit of all doors, walls, carpet, and ceiling vents by administrator or designee will be completed bi-monthly for the remainder of the year, document findings and maintenance will be notified of repairs needed.</li> </ol> <p>Completion Date: May 15, 2014</p>	

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	<p>multiple gouged areas on the door jam - all rough to the touch.</p> <p>5. The wall between Apartment 132 and 133 - had a 4 inch gouge in the wall 2 inches above the baseboard.</p> <p>6. Apartment 123 - the right side of the door by the hinges and the door jam had deep gouges in the wood which were rough to the touch.</p> <p>7. Apartment 103 - deep gouges of splintered wood on both sides of the door and door frames which were rough to the touch.</p> <p>8. The hall wall outside the Sun Room had a 7 inch by 2 inch dent in the plaster.</p> <p>9. 300 unit Laundry room across from Apartment 324 - the right side of the door to the hall had a 8 inch by 1/2 inch deep gouge in the wood which was rough to the touch. The left side of the door on both sides had a 1 inch of splintered wood. The inside slats of the ceiling vent had a heavy build-up of gray dust.</p> <p>10. Apartment 321 - had a 2 1/2 inch by 2 inch gouge with missing wood that was also splintered and rough to the touch. There were also multiple chips in the wood that were rough to the touch. During an interview with the resident at this time, she indicated that the door was like this because it did not stay open long enough to get through the door. She indicated that she had had a stroke which left her with no feeling on the right side and that as she went through he door it would try to close and she would then hit it with her wheelchair.</p>			

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R000154	<p>11. Apartment 320 - right side of the door had 1/2 inch by 1/2 inch chips in the door which were rough to the touch.</p> <p>12. 300 Mailbox wall above the baseboard had 2 dented areas in the plaster which measured 3 inches by 1 inch and 4 inches by 1/2 inch.</p> <p>13. Across from Apartment 323 in the middle of the hall were 2 inch snags in the carpet which created a loop big enough to catch a shoe.</p> <p>14. The right side of the pool table had a 6 inch snag in the floor carpet with loose string fibers that created a loop big enough to catch a foot. During an interview with a resident playing pool at the time, he indicated that there were several gentlemen who liked to come down every evening to enjoy a couple games of pool.</p> <p>During the final exit meeting with the Administrator and Department Heads on 4/15/14 at 4:30 p.m., they indicated that the chipped wood and gouges to the doors and door frames were a constant problem with the residents who used the electric wheelchairs and were unsure how to correct the issue.</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, record review and interview, the facility failed to ensure ceiling,</p>	R000154	<p>1) The following items were corrected all ceiling vents were cleaned in kitchen and dining room.</p> <p>The following items were cleaned, repaired and</p>	05/15/2014

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	<p>sprinkler heads and stove hood vents were clean and free of greasy dust build-up, cabinets and electrical outlet covers were in good repair, condiment bottles in the refrigerator were clean on the outside, plastic bags of frozen food items were sealed to prevent freezer burn, and cleaning materials were not placed next to food items during 3 of 3 kitchen/dining room observations. This deficient practice had the potential to affect 103 of 103 Residential Residents who currently received meals from the facility kitchen.</p> <p>Findings included:</p> <p>A. During the initial Kitchen Tour on 4/14/14 between 10:05 a.m. and 10:30 a.m., the following was observed:</p> <ol style="list-style-type: none"> <li>1. The left ceiling vent over the plate warmer, microwave and the steam table had condensation on the vents with a heavy build-up of gray dust around it.</li> <li>2. The Cornell release window shade pulley box and chain and the wall above it all had a build-up of gray dust on them.</li> <li>3. The right ceiling vent, wall in front below the vent and the wall above the cabinet next to the vent had a build-up of gray dust on them. The vent was also noted to be rusted.</li> <li>4. The ceiling vent in front of the prep sink by the coffee maker had a light coating of gray dust on it and was rusted also.</li> <li>5. A jug of Thousand Island Dressing and a jug of Tartar Sauce inside the door reach-in refrigerator both had spillage across the cap and around the edges and side of the cap and jug. A server present at the time was</li> </ol>		<p>Painted all ceiling vents in the kitchen and dining room.</p> <p>The following items were corrected, the Cornell release window shade pulley box and chain and wall above were cleaned.</p> <p>The following items were corrected, the right side of the steamer unit, as well as entire steamer unit was cleaned.</p> <p>The following items were corrected, the vents of the range hood were cleaned by an outside vendor.</p> <p>The following items were corrected, the dust across the serving window was cleaned.</p> <p>The following items were corrected, the ceiling above the thermostat control was cleaned.</p> <p>The following items were corrected, all sprinkler heads were cleaned.</p> <p>The following items were corrected and repaired, the 2 door cabinet by the sink was replaced. The cabinet doors 4, 5, and 6 from the serving/storage cabinet were replaced.</p> <p>The following items were corrected and repaired the entire kitchen ceiling was repaired, sanded down and painted which in the process repaired and corrected the 6 inch crack in the ceiling by the vent in front of the refrigerators.</p> <p>The following items were corrected and repaired a corner protector was placed to protect the corner from future damage, where the 2 chips in plaster on the right side corner of the wall where the thermostat control is.</p> <p>The following items were corrected and repaired, the electrical plate cover to wall socket was replaced on 4/15/2014.</p> <p>The following items were corrected, the jug of Thousand Island dressing and the jug of tartar sauce were cleaned.</p> <ol style="list-style-type: none"> <li>2) An audit of the kitchen was completed and no other items were identified.</li> <li>3) Updated cleaning schedule developed. In-serviced all dietary staff on cleaning schedule.</li> <li>4) In-serviced all dietary staff on the proper</li> </ol>	

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	<p>unable to say when they were last used but did indicate the jugs should not have been stored in the refrigerator like that without being wiped off first.</p> <p>6. The right side of the steamer unit had a build-up of brown greasy dust on it.</p> <p>7. The 2 ceiling vents in front of the reach-in freezers and refrigerators were observed to be rusted and have a build-up of gray dust on them and on the ceiling surrounding the vents.</p> <p>8. The vents of the range hood were observed to have a heavy build-up of brown greasy dust on them.</p> <p>9. The 2 door cabinet by the sink next to the ice machine - both doors missing door knobs and each were missing a 1 inch strip of wood which would have included the knobs and allowed the cabinet to properly secure the doors closed and not expose the chemical stored inside the cabinet.</p> <p>10. Inside one of the freezers, an open bag of chicken strips was observed.</p> <p>During an interview with the Dietary Manager at this time, she indicated "Accidents will happen. One of the staff ran the cart into the cabinets and broke the doors. Not sure when it was."</p> <p>B. During a kitchen observation on 4/15/14 between 11:35 am and 12:15 p.m., the following was observed:</p> <p>1. The same observations of the broken cabinet doors, heavy dust and rust on the ceiling and range hood vents and side of</p>		<p>storage of food items, including dating of items once open.</p> <p>5) In-serviced all dietary staff on the proper storage of hazardous materials.</p> <p>6) No residents were found to be affected.</p> <p>7) Dietary Manager or designee will audit the designated cleaning five times a week for a month and then weekly for the remainder of the year.</p> <p>8) Administrator to audit the dietary department monthly for remainder of the year, for repairs needed, correct storage of food items, and proper storage of hazardous material.</p>	

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	<p>steamer were again observed. An open pot of cheese sauce was observed on the stove at this time.</p> <p>2. An open bag of country fried steaks was observed in the freezer. When brought to the Dietary manager's attention at this time, she then proceeded to wrap the bag in plastic wrap and place them back into the freezer.</p> <p>3. An carton of Liquiware Machine Detergent was observed to be brought into the kitchen. The Dietary Manager opened the box, dated the bottles and placed 2 gallon jugs of the detergent on the counter next to cartons of frozen pies and trays of cake the servers were in the process of serving to the residents.</p> <p>An interview with the Dietary Manager at this time indicated she had just gotten an order in and was putting it away.</p> <p>4. A 6 inch crack in the ceiling by the vent in front of the refrigerators and freezers was observed with paint the was peeling and bubbling.</p> <p>5. The entire kitchen ceiling had multiple areas of chipped ceiling paint that was hanging down at times ranging in size from 2 inches to 18 inches in length. These areas were in front of the stove and over 2 prep counters which had uncovered plates of pies and cakes on them.</p> <p>6. The electrical plate cover to a wall socket above the bun warmer was observed to be cracked with missing pieces. An interview with Cook # 2 at this time indicated that he was not aware of the wall plate being cracked like that as usually the tray lids were stacked</p>			

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	<p>on top of the bun warmer and hid it. He indicated that he was only here a month and this was the first time he had noticed it since the tray lids were always there.</p> <p>All concerns were discussed with the Dietary Manager at the end of the observation. She indicated the range hood was cleaned by an outside service every 6 months and believed they were due in soon, but that if they needed to be done sooner, permission from Corporate would have to be obtained first. She also indicated that it was maintenance's job to clean the ceiling vents every 6 months and was unsure when the last time they were done.</p> <p>During an interview with the Administrator on 4/15/14 at 3:00 p.m., she indicated that the former Maintenance Director did clean the ceiling vents in the kitchen before he left but was unsure when or where he documented it that he had done them. She indicated that it should have been documented though.</p> <p>C. During the environmental tour between 2:00 and 2:24 p.m. on 4/15/14 of the Main Dining Room, the following was observed:</p> <ol style="list-style-type: none"> <li>1. Door 4 from the left side of the serving/storage cabinet was observed hanging off the hinges. Door 5 had a 2 inches by 1 inch hole in the door and Door 6 had a 1.5 inch by 1 inch hole in its door. These holes and hanging door had not been observed earlier.</li> <li>2. Gray dust was observed across the top of the serving window to the kitchen.</li> <li>3. The air vent diagonal of the salad bar had a moderate coating of brown-black dust</li> </ol>			

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R000273	<p>inside.</p> <p>4. The ceiling above the thermostat control had 12 brown splatters on it.</p> <p>5. The right side corner of the wall where the thermostat control were had 2 chips in the plaster - one was a 1 inch chip and the other was a 2 1/2 inch by 1 inch chip.</p> <p>6. 2 of 7 sprinkler heads had cobwebs on them.</p> <p>Review of the Corporate "Food Service Safety Rules" presented by the Administrator on 4/15/14 at 1:41 p.m., included the following: "...16 Equipment: A. Immediately notify the Food Services Director in writing of any broken tools, equipment or utensils...18 Chemicals...E. Store and use chemicals to prevent contamination of any food products...." The Administrator also indicated all Food Service personnel had signed these rules.</p> <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 record review, observation and interview, the facility failed to ensure male dietary employees with facial hair wore protective coverings and dietary wore hair coverings which kept their hair totally covered to prevent food contamination; and failed to ensure bowls and cups were not picked up from the inside when serving food or drinks to residents; during 4 of 4 kitchen and/or</p>	R000273	<p>1) No residents were found to be affected by any of the items mentioned here, but all residents could have been affected. The following actions were taken and have been completed.</p> <p>2) All dietary and nursing staff were in-serviced on safe food handling standards including proper hair containment, proper use of gloves, and proper hand washing requirements.</p> <p>3) Dietary Manager or designee will audit 5 meals per week for 4 weeks and then 1 meal weekly for 1 year to ensure that all food preparation and</p>	05/15/2014

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	<p>dining room observations. This deficient practice had the potential to affect 103 of 103 Residential Residents who ate in the dining room.</p> <p>Findings included:</p> <p>A. During the initial tour of the kitchen on 4/14/14 between 10:05 a.m. and 10:30 a.m., Cook #1 was observed to have facial hair uncovered and was walking around the kitchen near or stopping next to the servers to talk to them while they prepared desserts and salads for the residents. The Dietary Manager was present in the kitchen during this tour.</p> <p>B. During the lunch observation on 4/14/14 between 11:30 a.m. and 11:53 a.m., Cook #1 was observed to pick 4 little vegetable bowls from the inside with his uncovered fingers and place vegetables in them to serve the the residents and picked up 5 soup bowls from the inside with his uncovered fingers to place beef stew in them to serve the residents. At 11:35 a.m., he was queried about whether gloves were to be worn during meal services. He indicated that as long as he did not touch breads and other items like that, gloves were not needed. No handwashing was observed prior to or during the meal service by the Cook.</p> <p>Throughout the rest of the meal service, the Cook was observed to have to stop himself several times from picking up the bowls from the inside with his fingers.</p> <p>Cook #1 was also observed to have no covering over his facial hair while serving 43 residents their lunch meal.</p>		<p>serving areas are maintained in accordance with state and local sanitation and safe food handling standards.</p> <p>4) Clinical Director will observe 5 employees per week for 4 weeks and then 5 employees monthly for one year for proper hand washing techniques.</p> <p>5) Administrator will observe 1 meal per month for remainder of the year, to ensure proper safe handling standards are being followed.</p> <p>Completion Date: May 15, 2014</p>				

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	<p>Server #1 and #2 also failed to have their hair fully covered while serving the residents their lunch and while going in and out of the kitchen to obtain various food items for the residents.</p> <p>The Dietary Manager was present in the kitchen during this observation.</p> <p>C. During the Supper meal observation on 4/14/14 between 4:00 p.m. and 4:10 p.m., Server #3 was observed serving residents coffee and other refreshments in the dining room without covering his facial hair. 2 other servers were observed to not have their hair fully covered by their hair nets.</p> <p>During this observation, a resident who wished to remain anonymous, pointed out the servers also who did not have their hair fully covered. The resident indicated that this has been an ongoing issue and that although it had been reported to management, it still continued. The resident also indicated that the main problem was with the female servers who had their hair in a bun as it prevented the hairnet from totally covering their hair and that sometimes a hair did appear in the food.</p> <p>D. During the lunch observation on 4/15/14 between 11:35 a.m. and 12:15 p.m., 3 servers and Cook #2 were observed to have hair hanging out from beneath their hairnets.</p> <p>- CNA #1 was also observed to pick up 3 Styrofoam cups, each time putting her fingers inside while she wrote their names on the cups and then proceeded to pour coffee in</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/15/2014
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NAME OF PROVIDER OR SUPPLIER RIVER CROSSING ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MARKET ST CHARLESTOWN, IN 47111
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	<p>and cover them with lids. Upon inquiry with the CNA, she denied putting her fingers inside the cups and attempted to demonstrate how she would pick the cups up from the outside.</p> <p>At 12:30 p.m. on 4/15/14, all concerns were discussed with the Dietary Manager. When queried about glove usage when serving, she indicated that because the meal yesterday was mainly served on plates and bowls where nothing needed to be served using the hands, gloves were not needed.</p> <p>Review of the Corporate "Food Service Safety Rules" presented by the Administrator on 4/15/14 at 1:41 p.m., indicated: "...15. Employee Clothing:...B. Hair must be restrained. This may be accomplished by wearing a cap with long hair placed under a cap or pulled back and secured through the hole or by wearing a hairnet. C. Plastic serving gloves must be worn on the line every day for every meal...." The Administrator indicated every dietary employee had to sign these rules. The Administrator also presented additional information from the Corporate's "Dietary Service Operations Manual" which included: "...14. When preparing or serving food, handle all food items as little as possible. If food or utensils must be handled, do so only with clean hands and fingers...Avoid handling the eating surface of glasses, dishes or silverware...."</p>			