

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 08/25/2016
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NAME OF PROVIDER OR SUPPLIER LAFAYETTE BICKFORD COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3633 REGAL VALLEY DR LAFAYETTE, IN 47901
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 23 and 24, 2016</p> <p>Facility Number: 004503 Provider Number: 004503 AIM Number: NA</p> <p>Census Bed Type: Residential: 10 Total: 10</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 12.2-5.</p> <p>Quality Review was completed by 21662 on August 26, 2016.</p>	R 0000		
R 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure staff on duty met requirements of first aid for 4 of 42 shifts reviewed.</p> <p>Findings include:</p> <p>On 8/24/16 a review of the staffing schedule for 8/7/16 -8/20/16 indicated the following:</p> <p>On 8/13/16-no staff on duty with first aid training on day, evening and night shifts. On 8/14/16-no staff on duty with first aid training on night shift.</p> <p>During an interview with the Administrator on 8/24/16 at 11:00 a.m., she indicated the staff covering those shifts are agency staff nurses and she was not aware they needed to be first aid</p>	R 0117	<p>No residents were harmed by this deficient practice Re-education provided to Director and RNC to review policies regarding first aide/CPR requirements Audit completed of all employee files to evaluate compliance with policy Class scheduled with third party vendor for First Aid/CPR education Date of completion--9-30-16</p>	09/30/2016

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R 0273 Bldg. 00	<p>certified.</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 and interview, the facility failed to ensure kitchen equipment was maintained in good working order. This deficient practice had the potential to affect 10 of 10 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>During a tour of the kitchen on 8/23/16 at 9:20 a.m., the following was reviewed: The refrigerator/freezer log obtained from the Cook #1 indicated the temperatures for the month of August had 11 of 23 days above the acceptable level. On the following days the temperature was above the indicated level:</p> <p>8/4/16-25 degrees 8/6/16- 10 degrees 8/7/16- 30 degrees 8/8/16- 25 degrees 8/10/16- 30 degrees 8/11/16- 8 degrees 8/12/16-35 degrees 8/13/16-10 degrees</p>			R 0273	<p>No residents were harmed by this deficient practice, although the potential for harm did exist Re-education provided to all kitchen staff to review policies regarding proper temperatures for freezer/refrigerator and correct technique for recording temperatures/adjusting temperatures as needed Kitchen staff to monitor temperatures per policy Third party vendor contacted for service call for freezer repair Director to monitor temperatures daily for next 30 days Vendor to re-visit if temperatures not staying consistently within proper range</p>		09/15/2016

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	<p>8/20/16-10 degrees 8/21/16-2 degrees 8/23/16-2 degrees</p> <p>During an interview with the Kitchen Manager on 8/24/16 at 10:30 a.m., he indicated the process for notification of a problem included notifying the Kitchen Manager, the Administrator, and Corporate Executive Chef. The temperatures were monitored daily by Kitchen staff. Upon notification of the problem, the Kitchen Manager was told to monitor temperatures. No corrective action had taken place to this time.</p> <p>A policy dated 12/2013 on the Refrigerator/Freezer log obtained from the Cook #1 on 8/23/16 at 9:30 a.m., indicated "...Refrigerator =33 degrees to 40 degrees, Freezer = 0 degrees or below...Retain records for 1 year...if temperatures do not meet the standard, notify the Kitchen Manager...."</p>						