

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155223	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2014
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NAME OF PROVIDER OR SUPPLIER WATERS OF COVINGTON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 E LIBERTY ST COVINGTON, IN 47932
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F000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Survey dates: February 4, 7, 10-13, 2014</p> <p>Facility number: 000128 Provider number: 155223 AIM number: 100289650</p> <p>Survey team: Laura Brashear, RN, TC Mary Weyls, RN (2/7/14, 2/10-2/13/2014) Karen Hartman, RN Brenda Marshall, RN (2/7/14)</p> <p>Census bed type: SNF/NF: 100 Total: 100</p> <p>Census payor type: Medicare: 24 Medicaid: 62 Other: 14 Total: 100</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on February 19,</p>	F000000	<p>We are requesting a Desk Review for the Plan of Correction. Preparation and/or execution of the plan of correction in general, or this corrective action in particular does not constitute and admission agreement by the facility of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective are prepared and/or executed in compliance with state and federal laws.</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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F000356 SS=D	<p>2014.</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview,</p>	F000356	What corrective action(s) will be	02/13/2014			

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	<p>and record review, the facility failed to post the information of the number of licensed and unlicensed nursing staff, directly responsible for resident care per shift on a daily basis, include the number of residents in the facility, and post daily staffing for each shift for 2 of 2 observations of posted facility staffing. This deficit practice had the potential to affect 100 of 100 residents residing in the facility.</p> <p>Findings include:</p> <p>1. During an observation on 2/4/14 at 11:00 a.m. of the facility's daily staffing was observed on the receptionist's desk. The posting lacked the resident census information and number of nursing staff. The form titled "Report of Nursing Staff Directly Responsible for Resident Care" for each shift had three columns of information for Day, Evening, and Night shifts. The first column titled "Licensed Nursing Staff (RN)" had documentation of "8 #FTEs". (Full time employees). The second column titled "Licensed Nursing Staff (LPN)" included "40 #FTEs". The third column titled "Unlicensed Nursing Staff" included "60 #FTEs". The resident census was blank.</p>		<p>accomplished for these resident found to have been affected by the deficient practice: No specific residents were identified as affected during survey. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: No residents identified as being affected. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: A new form containing the required information was implemented and put into place during the survey visit. How the corrective action(s) will be monitored to ensure that deficient practice will not recur, i.e. what quality assurance program will be put into place: Administrator/director of nursing or designee shall monitor for compliance through weekly audits 3 times a week for 8 weeks, 2 times a week for 8 weeks and then weekly for 16 weeks. All results of these audits will be delivered to the QA committee for review. The QA committee shall provide suggestions if necessary. All corrections and systemic changes will be completed by Feb 13, 2014.</p>				

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	<p>2. On 2/13/14 at 12:10 p.m. the posting was not observed. On 2/13/14 at 12:10 p.m., the Staffing Coordinator, responsible for posting of the information, was interviewed. The Coordinator indicated she had not done the posting for the day, and quickly filled out the form. The Staffing Coordinator failed to include the facility census on the form. The same type of information was documented on the form as the 2 /4/14 form. At that time the Coordinator was asked to explain what the posted information meant. The staff member indicated the 8 #FTEs (Full time employees) under the RN column meant there was one RN on duty for 8 hours. For LPNs the 40 meant there were 5 LPNs who worked 8 hour shifts for a total of 40 hours. The 60 unlicensed nursing staff would have meant there were 8 CNAs working 7.5 hours each for a total of 60 hours.</p> <p>On 2/13/14 at 3:00 p.m. the Administrator was interviewed. The Administrator indicated the facility did not have a written policy regarding the posting information.</p> <p>3.1-(i)(4)</p>			
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F000371 SS=F	<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 under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure refrigerated foods and opened frozen foods were stored under sanitary conditions, labeled with open or "use by" dates and failed to ensure expired food items were discarded for 1 of 1 kitchen observations. This deficient practice had the potential to affect 99 of 100 residents of the facility.</p> <p>Findings include:</p> <p>During the initial Dietary tour on 2/4/14 beginning at 10:30 a.m. with Cook #2 the following was observed:</p> <p>1. A stand up refrigerator was observed with a large plastic container filled with peas with no use by date. Six plastic, gallon containers of salad dressings (Italian, French light and heavy), sweet relish, pickles, and barbeque sauce had expiration dates of July 1,</p>	F000371	<p>What corrective action(s) will be accomplished for those resident found to have been affected by the deficient practice: 1) All products with past expiration dates where discarded. 2) All dietary staff re-in-serviced on proper storage of personal items. 3) Dietary staff re-in-serviced on properly labeling and dating of products with open or use by dates. 4) Dietary staff re-in-serviced on proper storage of raw meats, new signs of proper food storage posted throughout the dietary department. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: No residents other than those identified in the survey were found to be potentially affected by this issue. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Dietary manager/Rd or designee will monitor all dietary storage for proper dates and storage on routine basis. How the</p>	02/19/2014
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	<p>2013.</p> <p>2. A second stand up refrigerator had two cups of decaffeinated iced tea that did not have covers. A large iced coffee drink was in the refrigerator. Cook #2, indicated "that is mine, I always use this refrigerator."</p> <p>3. On 2/4/14 at 11:30 a.m. with Cook #1, the walk in freezer had opened bags of: three fish patties, five hamburger patties, five pounds of diced white turkey, and 15 pieces of chicken legs and wings. The bags were not labeled or dated with open or use by dates.</p> <p>4. On 2/4/14 at 11:45 a.m. with Cook #2, the walk in refrigerator was observed with four 10 pound, thawed, uncooked turkey breast roasts in original plastic wrap. The roasts were on a metal refrigerator storage rack above a five pound package of shredded lettuce, two three pound plastic containers of fresh strawberries, and two large onions.</p> <p>Upon interview of Cook #1 on 2/4/14 at 11:45 a.m., the cook indicated "We were going to use these roasts for Sunday dinner, but we took them</p>		<p>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: Dietary manager or designee will monitor for compliance daily using food storage check list, RD will monitor and submit written report to HFA monthly. HFA or designee, shall monitor compliance through weekly audits 3 times a week for 8 weeks, 2 times a week for 8 weeks, then weekly for 16 weeks. All results will be submitted to quality assurance committee for review.. All corrections and systemic changes will be completed by Feb 19, 2014.</p>		

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	<p>out of the freezer and noticed they were not pre-cooked, so we just put them in the refrigerator to use for another meal." The cook indicated they are not suppose to be stored over vegetables and fruit. On 2/4/14 at 1:30 p.m., interview with the Administrator indicated " They know better than that, I guess I will have to start my own check system."</p> <p>The facility's current policy titled "Food Storage", dated 2011, and received from the Administrator on 2/13/14 at 12:55 p.m., included, but was not limited to,"1. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded... 2. Store raw animal foods such as eggs, meat, poultry, and fish separately from cooked and ready-to-eat food. If they cannot be stored separately, place raw meat, poultry and fish items on shelves beneath cooked and ready-to-eat items. If multiple shelves are available, the raw animal food with the highest final cooking temperatures should be stored on the lowest level, i.e. poultry and stuffed foods..."</p> <p>3.1-22-(i)(3)</p>				

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