

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2013
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NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit included the investigation of Complaints IN00120912 and Complaint IN00121990.</p> <p>Complaint IN00120912 - Unsubstantiated due to lack of evidence. Complaint IN00121990 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 25, 26, 27, 28, and March 4, 5, 6, and 7, 2013</p> <p>Facility number: 000558 Provider number: 155523 AIM number: 100267550</p> <p>Survey Team: Susan Worsham, RN-TC Cheryl Mabry, RN Diana McDonald, RN</p> <p>Census bed type: SNF: 73 Total: 73</p> <p>Census payor type: Medicare: 14 Medicaid: 40</p>	F000000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements.</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>Other: 19 Total: 73</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March 15, 2013; by Kimberly Perigo, RN.</p>			

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F000356 SS=C	<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 and interview, the facility failed to ensure the current nursing staffing data was posted on a daily basis as required by state and federal regulations.</p>	F000356	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged	03/08/2013			

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	<p>Findings include:</p> <p>Observation on 2/25/13 at 9:30 a.m., of the posted staff roster indicated the most current data was dated 2/11/12. (14 days past present date)</p> <p>Interview with DON on 2/26/13, indicated the posted staffing data was dated 2/11/13. Having further indicated, the night nurse failed to pull the next staff roster out and post it like they were supposed to.</p>		<p>or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements. F 356: Nurse Staffing Data Posted Corrective action for affected resident: The facility continues to strive to ensure that Nurse Staffing Data is posted daily in accordance with state/federal regulations and facility protocol. As of 2/26/13 the Nurse Staffing Data sheet has been posted in the appropriate area and at the appropriate time. On 2/26/13 the night shift nursing staff were re-in-serviced on facility policy, as to the timely posting of this information. Identification of others at risk: Immediate correction was implemented and patient care was not involved thus no residents were at risk. Measures to ensure this deficient practice does not recur: The nursing staff was re-in-serviced on facility protocol and monitoring measures were put into place to assure compliance is maintained. Monitoring of corrective action: The Director of Nursing and/or her designee monitors to ensure the facility</p>		

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			<p>protocol of posting the daily Nurse Staffing Data form . Monitoring of the Nurse Staffing Data posting will occur 5 times weekly for 2 weeks, then 3 times weekly times for one monthly, then weekly for one month, then monthly times 3 months with resumption of monitoring beginning with 5 times a week if the posting is found to be noncompliant . The result of this monitoring will be reviewed by the Health Facility Administrator, reported and reviewed by the interdisciplinary team. Compliance will be followed by the Quality Assurance Committee quarterly. Compliance date: 3/8/13</p>		

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F000371 SS=E	<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 Based on observation, interview, and record review, the facility failed to serve food under sanitary conditions. In that staff failed to don gloves, as indicated by facility policy, as they served food in the main dining room. (RN #3, CNA #9, CNA #11, CNA #12, CNA #5, and CNA # 6)</p> <p>Findings include:</p> <p>On 2/25/13 at 12:21 p.m., CNA (Certified Nursing Assistant) #5 was observed putting tarter sauce on Resident #24's bun with bare hands. No handwashing was observed nor implementation of glove use.</p> <p>On 2/25/13, Staff present in the dining room (RN #3, CNA #9, CNA #11, CNA #12, CNA #5 AND CNA #6) assisting with the noon meal service, were observed to never wash their hands nor don gloves during meal service.</p> <p>On 3/7/13 at 10:20 a.m., interview</p>	F000371	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements. F 371: Food procure, Store/Prepare/Serve in a Sanitary Manner Corrective action for affected resident:The facility serves food under sanitary conditions. Staff were re in-serviced as to proper hand hygiene, glove use, and sanitary food handling/preparation during food delivery and meal service. Identification of others at risk:Immediate correction was implemented no further errors were found and no residents were at risk.Measures to ensure this deficient practice does not</p>	03/08/2013

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	<p>with the DON (Director of Nursing) indicated that staff should not touch food at anytime with bare hands. She indicated everyone who serves food in the dining room and is going to assist residents with their food, should wear gloves.</p> <p>3.1-21 (i)(3)</p>		<p>recur: 2/26/13 staff in-servicing sessions commenced with policy review, demonstration and discussion regarding the facility protocol for hand washing , glove use and sanitary food handling/preparation. The DON or designee monitors hand hygiene and infection prevention practices as part of the Quality Assurance program and re-educates individually as needed to assure understanding in addition to annual staff education. No further noncompliance of this policy was identified at this time nor during the rest of the survey.Monitoring of corrective action: The Director of Nursing and/or her designee has been and continues to monitor to assure proper infection control practices including protocol of hand hygiene , glove usage and sanitary food handling during any resident food handling/meal service. Monitoring of hand hygiene, glove use, and sanitary food handling is ongoing and will occur 5 times weekly for 2 weeks, then 3 times weekly for one month, then monthly as part of the ongoing facility annual Infection Prevention / Infection Control Quality Assurance program. The result of this monitoring will be reviewed by the Health Facility Administrator, reported and reviewed by the interdisciplinary team. Compliance will be followed by</p>		

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			<p>the Quality Assurance Committee quarterly. Compliance date: 3/8/13</p> <p>Survey Event ID: 4K1211 Survey Date: March 7, 2013</p> <p>On March 28, 2013, the Division of Long Term Care received your plan of correction in response to the survey completed March 7, 2013. The following is an addendum to the plan of correction.:</p> <p>F0371 - Hand washing, glove use, and sanitary food handling and preparation education will be provided through new employee orientation and annually. Education will be provided when an opportunity for improvement is determined through the QA monitoring process.</p>		

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F000431 SS=C	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that all drugs and biologicals</p>	F000431	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by	03/08/2013			

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	<p>used in the facility had documentation of the correct open date in accordance with currently accepted professional principles for 4 of 4 medication carts observed.</p> <p>Findings include:</p> <p>During observations on 2/28/13 at 8:29 a.m. (# 4 cart), 2/28/13 at 11:28 a.m. (#1 cart), 3/4/13 at 8:44 a.m. (#2 cart), and at 3/4/13, at 8:50 a.m. (#3 cart), indicated all the medication carts had open medication bottles of Insulin, insulin pens, eye drops, nose sprays, and liquid medications. Observation of the opened medications indicated they lacked a date, to indicate the date the medication was opened.</p> <p>Interview with RN #3 on 4/3/13 at 8:44 a.m., indicated that all opened medication bottles are have a documented date to indicate the date the medication was opened.</p> <p>3.1-25 (j)</p>		<p>Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements. F 431: Proper Labeling of Drugs & Biologicals Corrective action for affected resident: Medications are labeled properly in accordance with state/federal regulations. 3/8/13 medications were audited to assure medications vials /containers of injectables, eye gtts, etc are labeled with date when opened on the medication vial/container in addition to the outer packaging. 3/7/13 the nursing staff were re-in-serviced on proper labeling of drugs and biologicals with a focus on including proper labeling with date opened and put into use. Identification of others at risk: Medications were immediately audited 3/7/13 to assure labels included the date when opened on the product vial/ container as well as the outer packing with no residents at risk. Measures to ensure this deficient practice does not recur: 3/7/13 all medications were rechecked to assure labeling of the medication container and outer container</p>		

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			<p>with the dates opened and put into use. The licensed nursing staff was re-in-serviced on 3/7/13 and 3/8/13 as to facility protocol and monitoring measures were put into place to assure compliance. Measure to assure proper labeling of medications includes monthly monitoring by contracted pharmacy staff and Director of Nursing or designee to assure proper labeling including the open date on the medication container as applicable.</p> <p>Monitoring of corrective action: The Director of Nursing and/or her designee monitors to ensure medications and biologicals are properly labeled with the date opened and put into use on both the outer packing and inside container. Monitoring by the Director of Nursing or designee will occur 3 times weekly for 2 weeks, then 2 times weekly for one month, then monthly times 3 months and will continue ongoing with pharmacy technician auditing monthly and quarterly facility Medication Storage Abaqis audit as part of facility QA process. The result of this monitoring will be reviewed monthly by the Health Facility Administrator and reported and reviewed by the interdisciplinary team. Compliance will be followed by the Quality Assurance Committee quarterly. Compliance date: 3/8/13</p> <p>Survey Event ID: 4KI211 Survey Date: March 7, 2013</p>		

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			<p>On March 28, 2013, the Division of Long Term Care received your plan of correction in response to the survey completed March 7, 2013. The following is an addendum to the plan of correction.:</p> <p>F0431 - Proper labeling of drugs and biological including proper labeling with date opened will be provided to each nurse in the new hire orientation and as indicated such as opportunity to improve the process is noted through the QA process</p>	

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview, the facility failed to</p>	F000441	Preparation and/or execution of this plan of correction in general,	03/08/2013			

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	<p>ensure the nursing facility's infection control practices were followed related to handwashing and glove use while providing care for 1 of 1 randomly observed residents. (Resident #16) (CNA #8)</p> <p>Findings included:</p> <p>On 3/6/13 at 2:16 p.m., CNA #8 (certified nursing assistant) was observed to enter Resident #16's room to assist LPN #10 during wound care and dressing change. CNA # 8 was observed to not wash her hands upon having entered the room. CNA #8 did put on gloves and began to hold Resident #16 on their side, while LPN #10 implemented the dressing change.</p> <p>After CNA #8 assisted LPN #10, she was observed to wash her hands for 10 seconds. When asked how long she should wash her hands, CNA #8 indicated, "sing birthday song, abc's, 60 seconds, 10 seconds," then after a pause she indicated "20 seconds."</p> <p>On 3/6/13 at 3:00 p.m., interview with CNA #8 indicated when asked what she should do upon entering a resident's room CNA #8 indicated, "knock, introduce self, and tell them what I am about to do." After being</p>		<p>or this corrective action in particular, does not constitute an admission or agreement by Richland Bean Blossom Health Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements. F 441: Hand washing and glove use</p> <p>Corrective action for affected resident:The facility continues to strive to ensure that it's infection control policies are adhered to. On 3/1 and through out 3/8/13 the facility re in-serviced staff as to proper hand washing and glove procedures as per facility policy.</p> <p>Identification of others at risk:Immediate correction was implemented and no residents were at risk.Measures to ensure this deficient practice does not recur: CNA # 8 was coached, and provided return demonstration, of proper hand hygiene before each resident contact. Starting on 3/1/13 return demonstrations were preformed with staff , watching step by step that the facilities protocol for hand washing and glove usage was being maintained properly, staff were encouraged to ask questions during the return</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>asked a second time regarding assisting the Nurse with a dressing change, she indicated she would, "wash hands and put on gloves." When asked if she did as she had indicated, CNA #8 responded, "I did didn't I?" Then indicated that she remembered that she put on gloves without having washed her hands first.</p> <p>The Nursing Facility Procedure for Handwashing, non-dated (when to wash hands) provided by DON on 3/6/13 at 3:00 p.m., indicated:</p> <p>"1. Check for adequate paper towels before starting the handwashing procedure. Wet hands with water. 2. Apply one squirt of soap, using friction, rub hands together, cleaning under nails and between fingers thoroughly. Wash up to your wrist as well. Do this for at least 10 seconds. 3. Rinse hands well without touching the inside of the sink or the faucet (these are always considered soiled) Leave water running. 4. Dry hands well, When finished turn off faucet with paper towel. Discard the towel in an appropriate trash container. ... Before and after each resident contact..."</p>		<p>demonstrations to also aide in ensuring that the policy was understood and implemented completely Monitoring of corrective action: The Director of Nursing and/or her designee has been and continues to monitor and assist with ensuring that the facility protocol of hand washing and glove usage is maintained. Monitoring by one to one return demonstrations of the hand washing and glove use protocols and ongoing monitoring will occur 3 times weekly for 2 weeks, then 2 times weekly for one month, then monthly as part of the ongoing facility Infection Prevention / Infection Control Quality Assurance program. The result of this monitoring will be reviewed by the Health Facility Administrator, reported and reviewed by the interdisciplinary team. Compliance will be followed by the Quality Assurance Committee quarterly. Compliance date: 3/8/13 Survey Event ID: 4KI211 Survey Date: March 7, 2013 On March 28, 2013, the Division of Long Term Care received your plan of correction in response to the survey completed March 7, 2013. The following is an addendum to the plan of correction.: F0441 - Proper hand hygiene education will be provided during new employee orientation and at least annually thereafter. Education will be provided when an opportunity for</p>				

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	<p>On 3/7/13 at 10:20 a.m., the DON presented a revised handwashing Policy and Procedure which indicated, "...wash hands 15-20 seconds in which to wash hands at a minimum..." All other Policy and Procedure remained the same.</p> <p>3.1-18 (I)</p>		<p>improvement is determined through the QA monitoring process.</p>		