

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/21/2014
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 14, 15, 16, 17, 20 and 21, 2014</p> <p>Facility Number: 000523 Provider Number: 155496 AIM Number: 100266930</p> <p>Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Pamela Williams, RN Amy Miller, RN</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 7 Medicaid: 65 Other: 13 Total: 85</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on October</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
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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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F000323 SS=D	<p>29, 2014, by Brenda Meredith, R.N.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to keep hazardous chemicals locked up while unattended for 2 of 7 halls. (400 hall and 700 hall)</p> <p>Finding includes:</p> <p>On 10-14-2014 at 11:49 A.M., observation was conducted of a housekeeping cart, inside an unlocked storage room on the 400 hall, with the side door unlocked. Inside the unlocked cabinet was a spray bottle of Windex glass cleaner, 2 spray bottles of Quat (sanitizing spray) and one unmarked spray bottle of a pink liquid. During an interview, at this time, LPN #4 indicated, "...most people on this unit are</p>	F000323	<p>We respectfully request desk review for this citation. F 323 1. The housekeeping cart located on the 400 hall is now secured, and the storage room door is secured. The wall cabinet located in the 700 hall shower room is now secured. 2. The doors, cabinets and housekeeping carts which provide access to areas containing hazardous materials have been inspected and are in proper operating condition.3. The Staff Development Coordinator or designee will in-service the staff on the procedure for keeping doors, cabinets and housekeeping carts locked, to disallow access to hazardous materials. Staff will ensure unsupervised areas which may contain hazardous materials are locked when unsupervised. 4. The Director of Maintenance or designee will inspect facility doors, cabinets and</p>	11/10/2014			

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	<p>mobile...there are 16 residents on this locked dementia unit...." During an interview, at this time, Housekeeper #15 indicated, "...the door on the cleaning cart is usually locked and the storage unit door is usually locked...I don't know why I didn't lock them this time...."</p> <p>On 10-14-2014 at 1:10 P.M., an observation was made in the unlocked 700 hall shower room, of a spray bottle labeled Quat in an unlocked wall cabinet. During an interview, at this time, the DON (Director of Nursing) indicated, "...that [the Quat] is supposed to be locked up...."</p> <p>On 10-17-2014 at 2:30 P.M., an observation was made, in the unlocked 700 hall shower room, of a spray bottle labeled Quat in an unlocked wall cabinet. During an interview, the Maintenance Supervisor indicated, "...that is supposed to be locked up...it is broken again...."</p> <p>On 10-21-2014 at 12:45 P.M., record review of the Employee Safety Responsibilities: General policy indicated, "...General:...Chemicals:...Be sure that all chemical substances are in labeled containers and stored properly and apart from food...." An interview was conducted at this time with the Executive Director. The Executive</p>		<p>housekeeping carts 5X/week to ensure such area are locked and secured as needed. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee Meeting. The PI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. 5. Date of completion: 11/10/14</p>	

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F000371 SS=F	<p>Director indicated, "...there are about 16 people on that unit [locked dementia unit] and most are mobile...housekeeping should keep chemicals behind a locked door when not attended...."</p> <p>3.1-45(a)(1)</p> <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 ensure food was properly stored and dated, prepared and distributed under sanitary conditions. This deficiency had the potential to affect 83 of 83 residents (who received meals from 1 of 1 kitchens)</p> <p>Findings include:</p>	F000371	<p>We respectfully request desk review for this citation.</p> <p>F 371 1. The undated/outdated items have all been disposed of. Dishes are currently placed face down when going through the dishwasher. The two ice machines have been cleaned. The back wall of the stove has been cleaned. The needed repairs to walls and flooring have all been completed, and the floor has been cleaned. Employees are in</p>	11/10/2014

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	<p>* On 10/14/14 between 10:50 A.M. and 11:20 A.M., during initial kitchen tour with Dietary Manager, the following was observed:</p> <p>* In the dry storage area: 12 cans of Carnation Evaporated Milk dated use by 4/20/14, was observed on the shelf. The Dietary Manager indicate at this time "... this should not be used, it should be thrown out...."</p> <p>* On the bread rack: 2 loaves of Aunt Millie's wheat bread dated use by 10-11-14 was observed. The Dietary Manager indicated at this time "...this should be thrown out...."</p> <p>* In the vegetable refrigerator: 1 half bag of open, undated lettuce.</p> <p>* In the baked good freezer: Open box of Hershey's chocolate ice cream containing 9 individual servings with no date.</p> <p>* In the dishwasher area: 8 scoops were observed drying on the clean side of the dishwasher, upright with dirty water in them. The Dietary Manager indicated at this time "...dishes should be face down when going through the dishwasher...."</p> <p>* Two (2) ice machines were observed to</p>		<p>compliance with the policy for hairnets and hand-washing. The puree machine has been replaced.2. The remaining food items have been inspected for proper storage and any needed corrections have been made to environmental and sanitation conditions in the kitchen. 3. The Nutrition Services Manager or designee will in-service the Dietary staff on the procedure for proper food storage, including dating opened food items and disposal of outdated items. Dietary staff will also be in-serviced on hairnet usage, hand-washing, dish-washing procedures, kitchen sanitation, the need for repair or replacement of damaged equipment, and the procedure for notifying maintenance of any issues the need to be addressed</p> <p>4. The Administrator or designee will conduct 5X weekly audits of the kitchen to ensure food storage procedures are being followed. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee Meeting. The PI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p> <p>5. Date of completion: 11/10/14</p>	

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	<p>have lime build up on inside edge and outside walls. The Dietary manager indicate at this time that, "... these should be clean and not have lime build up on them...."</p> <p>* The back wall of the stove was observed to have a burnt crusted brown substance on it. The Dietary Manager indicated at this time "... I don't know what that is...I've tried and tried to scrub that off but had no success...."</p> <p>* A 4 inch hole in the wall next to the stove.</p> <p>* The wall next to the doorway to the ice machines had cracked and peeling paint.</p> <p>* Missing tile under the coffee pot counter.</p> <p>* One broken tile and several loose tiles in the doorway between the kitchen and the dishwasher room. Missing back splash tile across from hand washing sink and next to stove.</p> <p>* Dirty floor under the kitchen equipment, around edges of the floor, and on top of back splash tiles.</p> <p>* Employee #6 was observed with her</p>			

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	<p>hairnet slide off of right side of her head with loose hair hanging of the left side of her head. An interview with the dietary Manager at this time indicated that "... hairnets should be worn in such a manner to cover all the persons hair..."</p> <p>On 10/14/14 at 12:22 P.M., CNA #2 was observed washing his hands then adjusted the water temperature, wash hands, adjust the water temperature, then washed hands for 5 seconds, dried his hand, then served a resident a lunch tray.</p> <p>On 10/14/14 at 12:24 P.M., CNA #3 was observed washing her hands for 15 seconds.</p> <p>On 10/14/14 at 12:26 P.M., CNA #2 was observed to was his hands for 15 seconds.</p> <p>During an interview on 10/15/14 at 11 30 A.M., the ED (Executive Director) indicated "... we are just piecing the tiles together to fix them...."</p> <p>During an interview on 10/15/14 2:20 P.M., the ED indicated "...food should be dated and closed on kitchen storage shelves....holes in the wall are a big issue and I'm not sure what we can really do about that, without doing a major remodel of the kitchen, I'm not sure what to do...."</p>			

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	<p>On 10/17/14 at 12:40 P.M., a second tour of the kitchen was conducted with the Dietary Manager and the following was observed:</p> <p>Broken floor tiles to the left of and in front of the ice machine door and in front of the microwave counter.</p> <p>During an interview on 10/20/14 at 2:30 P.M., Employee #7 indicated that "... hand washing should be for at least 20 seconds, in between paitent contact and in between serving resident trays...."</p> <p>On 10/21/14 at 10:13 A.M., review of the policy " Hand Hygiene/Hand washing" dated 8/31/11 provided by the Director of Nursing indicated" ...Hand Hygiene is to be performed...before and after eating or handling food...2. Rub hands together with vigorous friction for 20 seconds...."</p> <p>During an interview on 10/21/14 at 10:14 A.M., the Dietary Manager indicated "... hands should be washed for twenty seconds... after serving three trays...if you touch a resident or any part of your self...if you touch the sink faucet the 20 seconds starts over...."</p> <p>On 10/21/14 at 11:42 A.M., review of the policies titled "Food and Supply Storage"</p>			

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	<p>dated 8/31/12 and Personal Hygiene and Handling Food" dated 2/28/14 provided by the ED indicated "...Use by: date is the last date recommended for the use of the product... 2. a... food products that are opened and not completely used or prepared at facility and stored, the product should be labeled as to it's contents and use by date.... 8. Hair Restraints...b. Hair is to be fully contained inside the covering..."</p> <p>2. On 10/15/14 at 9:50 A.M., during observation of puree meals in the kitchen, the puree machine was observed to have a crack in the lid and a missing piece of plastic from the center of the lid. An interview with Employee # 14 at this time indicated "... I have to hold my hand over the center of the lid to keep food from coming out...." The Dietary Manager indicated at this time that "...a new puree machine has been ordered...."</p> <p>During an interview on 10/21/14 at 11:42 A.M., the Dietary Manager indicated, "... I thought we had a new machine on order but we do not...."</p> <p>3.1-21(i)(2)</p>				

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F000465 SS=D	<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.</p> <p>Based on observation and interview, the facility failed to ensure an unlocked shower room was maintained in a sanitary manner in that a soiled toilet was stored in a plastic bag. This was observed on 1 of 7 halls. (700 hall)</p> <p>Findings include:</p> <p>On 10-14-2014 at 1:10 P.M., an observation was made in the 700 hall shower room of an unattached toilet wrapped in a large clear plastic garbage bag. A hole was torn in the plastic bag and inside the toilet was a substance that was brown and dried. An interview was conducted, at this time, with the DON (Director of Nursing). The DON indicated, "...this room should be locked...."</p>	F000465	<p>We respectfully request desk review for this citation.</p> <p>F 465 1. The toilet in the 700 hall shower room has been cleaned and reattached.</p> <p>2. All toilets in the facility have been inspected and are cleaned and in good working condition.3. The Staff Development Coordinator or designee will in-service the staff on the procedure for notifying maintenance of any issues that need to be addressed, and housekeeping staff will be in-serviced on ensuring areas are properly cleaned and sanitized.</p> <p>4. The Director of Maintenance or designee will inspect facility toilets to ensure toilets are securely attached and properly cleaned. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee</p>	11/10/2014

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	<p>On 10-21-2014 at 12:45 P.M., during an interview, the Executive Director indicated, "...the toilet has been unattached for about a month...usually staff will fill out an intrafacility request form for repairs...I guess I would be the person monitoring the common areas...."</p> <p>3.1-19(f)</p>		<p>Meeting. The PI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p> <p>5. Date of completion: 11/10/14</p>		