STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155166	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALPARAISO CARE AND REHABILITATION CENTER	606 WALL ST VALPARAISO, IN 46383

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F000000	This visit was for the Investigation of Complaint IN00160642. Complaints IN00160642-Substantiated. Federal/State deficiencies related to the allegations are cited at F323 and F465. Survey Dates: December 17 & 18, 2014 Facility number: 000083 Provider number: 155166 AIM number: 100289670 Survey team: Regina Sanders RN, TC Heather Hite, RN (December 18, 2014) Caitlyn Doyle, RN (December 18, 2014) Julie Ferguson, RN (December 18, 2014) Census bed type: SNF/NF: 131 Total: 131 Census payor type: Medicare: 17 Medicaid: 106 Other: 8 Total: 131 Sample: 5 These deficiencies reflect State findings	F000000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a post survey desk review on or after January 17, 2015.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	cited in accordance with 410 IAC 16.2-3.1. Quality review completed on December 22, 2014, by Janelyn Kulik, RN.			
F000323 SS=E	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. Based on observation and interview, the facility failed to ensure the residents environment remained free of accident hazards, related to divots in the asphalt, large enough to catch a wheel of a wheelchair, at the Main Entrance of the facility, where the asphalt and the cement walkway from the main doors meet, which has the potential to affect 20 residents identified by the Unit Managers of the East and West Wings as using the doors to exit the facility in their wheelchairs, either independently or with family members/friends.	F000323	**F323 FREE OF ACCIDENTS/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 This tag is being	01/17/2015

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	Findings include: During an observation of the front entrance on 12/17/14 at 8:15 a.m. and 12/18/14 at 9:40 a.m., the asphalt, which borders the entry way cement at the main door of the facility had four areas where large divots/chunks of asphalt were missing. During an interview on 12/18/14 at 9:40 a.m., the Director of Maintenance indicated the parking lot had just been re-asphalted in October. The Director of Maintenance indicated he was unaware of the areas and acknowledged a wheel of a wheelchair could get stuck in the divots. He indicated he would patch the areas immediately. During an interview on 12/18/14 at 11:10 a.m., the Administrator indicated he was unaware of the areas and the Director of Maintenance would patch the areas immediately. This Federal Tag relates to complaint IN00160642. 3.1-45(a)(1)		disputed. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** · The divots in the asphalt were repaired on 12/18/14. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** · Residents residing in the facility have the potential to be affected by the alleged deficient practice. · All cement walk ways were inspected by Maintenance Director to ensure no other divots were identified. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** · The Maintenance Director/designee will check the entry way/walkways weekly to ensure there are no divots and are in good repair. · The Executive Director is responsible to monitor for facility compliance by reviewing the Preventative Maintenance Manual. **How the 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** · The "Physical Plant and Grounds" CQI tools weekly x 4, then monthly thereafter for at least 6 months. · If a threshold of 95% is not met an action plan will	

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			be created. · Data will be submitted to the CQI Committee for review and follow up. · Noncompliance with facility procedures may result in disciplinary action.	
F000465 SS=E	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. Based on observation and interview, the facility failed to ensure residents environment was clean, safe, and sanitary, related to loose cove base, soiled over the bed tables, a soiled bed sheet and pillow case, missing and cracked tiles, filled garbage bags with soiled briefs stored on the floor and soiled briefs in the waste basket, for 5 rooms on two of two units, which had the potential to affect 8 residents who reside in the rooms. (East and West Unit) Findings include: During the initial tour of the facility, on 12/17/14, the following was observed: At 8:30 a.m., there were two residents who resided in room 107, there was a loose cove base on the wall next to the bathroom, 107-door bed and 107-window bed each had an over the bed table which	F000465	**F465 Other Environmental** The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** · There were no residents cited under this regulation, however, the following sanitation areas have been cleaned and/or addressed: o The cove base was repaired and the over bed tables were cleaned. The bag of garbage was removed from room 107. o The over bed table in room 117 was cleaned. o The tile was replaced in room 210. o The soiled linen was removed and the trash emptied in room 204. o The bag of trash was removed from room 202.	01/17/2015

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	had dried liquid stains on the top of the table. There was a tied clear bag of garbage, which contained soiled briefs, stored on the floor in front of the closet. At 8:34 a.m., there was one resident who resided in room 117, there was an over the bed table which had dried food substance on the top of the table. At 9:15 a.m., there were two residents who resided in room 210, there were two missing tiles and cracked tiles on the floor under the window. At 9:25 a.m., there were two residents who resided in room 204, there were soiled linens on the floor and a soiled brief in the wastebasket. During an interview at the time of the observation, LPN #1 indicated no one has gotten in the room to clean it yet. At 9:30 a.m., there was one resident who resided in room 202, there was a clear garbage bag, which contained a soiled brief and other trash, stored on the floor next to the dresser in the room. At 9:55 a.m., the soiled brief remained in the wastebasket in room 204 and the garbage bag with the soiled brief remained on the floor in 202.		**How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** · All residents have the potential to be effected by the alleged deficient practice. · ED/designee inspected all resident rooms to ensure rooms are functional, safe, in good repairs and in a clean condition. · All sheets and pillow cases were inspected for cleanliness by the Housekeeping Supervisor. · During Customer Care rounds, as well as nursing rounds per shift daily all resident rooms will be reviewed for trash, soiled linen and safety concerns. Findings will be documented on the Nursing Rounds Checklist and the Customer Care Rounds Sheets and will be addressed immediately. · Unit Managers/charge nurses monitor resident care by making rounds on their units each shift. Concerns are addressed with the nursing aide, as needed. · The Director of Nursing Services is responsible to monitor for facility compliance and reviews the Nursing Rounds Checklists daily. · The Customer Care Rounds Sheets will be reviewed during daily meetings by the ED/designee for compliance. **What measures will be put into place or what systemic changes**	

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	During an interview on 12/17/14 at 11:05 a.m., CNA #2 indicated soiled briefs were to be placed in a plastic bag and removed from the room and taken to the Soiled Utility Room. During an observation on 12/18/14 at 8 a.m., the over the bed table for 107D had a pink sticky substance spilled on the top of the table. There was a reddish substance spilled on the bottom sheet of the bed and a pillow laying on a folding chair, which had a dried brown substance on the pillow case. There was an empty glass of thickened reddish fluid dried to the side of the glass, with a date on the lid of 12/17/14 sitting on top of the counter away from the bed. The resident had a breakfast tray in front of her, which did not contain a red or pink substance. The over the bed table for 107W had dried brown liquid stain and had cherry cobbler (served for supper on 12/18/14) spilled on the top of the table. During an interview at the time of the observation, the East Unit Manager acknowledged the reddish substance on the resident's bottom sheet and the substances on the over the bed table. During an observation on 12/18/14 at 8:15 a.m., room 210 had two clear garbage bags on the floor in front of the		**you will make to ensure that the deficient practice does not recur** · All staff will be educated on the use of the Maintenance Request Form, Food Service and room cleanliness by the CEC/designee by 1/17/15. · Customer Care Reps will document on the Customer Care Rounds Sheet daily areas needing addressed. The sheets will be reviewed daily in the morning and afternoon meetings to ensure repairs and cleanliness are completed. · The Preventative Maintenance schedule will be utilized by the Maintenance Director. Documentation on room repairs will be noted in the Preventative Maintenance book. **How the 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** · The Executive Director will review the Preventative Maintenance Book monthly to ensure compliance. · The "Physical Plant and Grounds" CQI tools weekly x 4, then monthly thereafter for at least 6 months. · If a threshold of 95% is not met an action plan will be created. · Data will be submitted to the CQI Committee for review and follow up. · Noncompliance with facility	

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	closet, which contained soiled briefs. During an observation on 12/18/14 at 8:30 a.m., the two clear garbage bags, which contained the soiled briefs, remained on the floor in room 210. During an interview on 12/18/14 at 11:10 a.m., the Director of Nursing indicated the staff were to place the soiled briefs in a plastic bag and remove them from the room and take to the Soiled Utility Room. This Federal Tag relates to complaint IN00160642. 3.1-19(f)		procedures may result in disciplinary action.	