

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2013
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NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN 46755
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F000000	<p>This visit was for the Investigation of Complaints IN00128708 and IN00129048.</p> <p>Complaint IN00128708 Substantiated. Federal/ State deficiencies related to the allegations are cited at F252, F441 and F465.</p> <p>Complaint IN00129048 Substantiated with no deficiencies cited.</p> <p>Survey date: June 3, 2013</p> <p>Facility number : 000529 Provider number: 155482 AIM number: 100267140</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 34 Total: 34</p> <p>Census payor type: Medicare: 3 Medicaid: 25 Other: 6 Total: 34</p>	F000000	<p>This plan of correction is to serve as Kendallville Manor's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Kendallville Manor or their management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations</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>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 5, 2013 by Randy Fry RN.</p>				

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F000166 SS=E	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on interview and record review the facility failed to resolve call light answering concerns within a timely period for 6 residents interviewed for call light response. (Resident #O, Resident #P, Resident #Q, Resident #R, Resident #S, and Resident #T) This had the potential to affect 34 of 34 residents residing in the facility.</p> <p>Findings include:</p> <p>In an interview on 6-3-2013 at 10:10 AM, Resident # P indicated that call lights were not always answered in a timely manner. Resident #P indicated weekend staffing was challenging and he frequently had to wait until he was concerned he would be incontinent for the call light to be answered. Resident #P further indicated the wait for call lights to be answered was often more than 15 minutes.</p> <p>In an interview on 6-3-2013 at 10:16 AM, Resident #O indicated second shift call lights were an issue. Resident #O indicated second shift staffing was not enough to handle the</p>	F000166	<p>It is the practice of Kendallville Manor to follow facility policy in regards to answering call lights.</p> <p>1. Staff has been reeducated on the facility Policy and Procedure on Call Lights. 2. The facility will continue with the evening Concierge program to assist with meal pass, call lights and provide customer service to our residents. 3. During Resident Council meetings, a dept. head will attend and any concerns will be brought to the next morning meeting. 4. The DON or her designee will conduct random audits on all shifts that will be performed on a weekly basis for four weeks, then monthly thereafter. Results of these audits are being reported in the QA Committee Meeting for 6 months for additional recommendations as necessary. (Attachment # 1)</p>	07/03/2013			

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	<p>call lights after supper. Resident #O further indicated the wait for call lights to be answered was frequently more than 10 minutes.</p> <p>In an interview on 6-3-2013 at 10:22 AM, Resident #Q indicated call lights were not answered timely on second shift especially on the weekends. Resident #Q indicated the wait for call lights to be answered was sometimes up to thirty minutes.</p> <p>In an interview on 6-3-2013 at 10:25 AM Resident #R indicated call lights were not answered timely on second shift after dinner and especially on the weekends all shifts. Resident #R further indicated there was an additional CNA on the schedule since March from 4-8 PM, but the staff were overwhelmed during second shift and all shifts on the weekends. Resident #R indicated the wait for call lights to be answered was always different, but he often waited more than 10 minutes.</p> <p>In an interview on 6-3-2013 at 10:38 AM, Resident #S indicated call lights were not answered timely on second shift on the weekends. Resident #S indicated the wait for call lights to be answered was sometimes more than 20 minutes</p>			

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	<p>In an interview on 6-3-2013 at 10:49 AM, Resident #T indicated call lights were not answered timely on second shift on the weekends. Resident #T indicated the wait for call lights to be answered was frequently longer than 15 minutes.</p> <p>A review of Resident Council minutes indicated the following: In March 2013, a concern was voiced regarding call lights being answered slowly on second shift. In April 2013, a concern was voiced regarding needing more staff on second shift, but it was not specific to call lights. In May 2013, a concern was voiced that although call lights had improved on third shift, second shift was still too slow and the facility needed more help. The minutes did not indicate the exact date of the meetings.</p> <p>In an interview on 6-3-2013 at 2:42 PM, the Social Services Director indicated when she had taken notes at the April 2013 meeting, the residents did not indicate why they needed more help on second shift. She further indicated a concierge was put into place for meals to help with customer service and call lights at that time.</p>				

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	<p>In an interview on 6-3-2013 at 4:00 PM, the Administrator indicated the concierge was put into place in March, and call light times had improved since then. The Administrator further indicated no other interventions had been put into place in April or May 2013.</p> <p>This Federal tag relates to Complaint IN00128708.</p> <p>3.1-7(a)(2)</p>				

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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview, and record review, the facility failed to protect residents privacy by knocking on doors for three observed residents. (Resident #U, Resident #V, and Resident #W) This had the potential to affect 34 of 34 residents residing in the facility.</p> <p>Findings include:</p> <p>On 6-3-2013 at 9:38 AM, CNA #3 was observed to enter the room of Resident #U without knocking. the door had been ajar, and the CNA did not announce herself upon entering. The call light was not on.</p> <p>On 6-3-2013 at 10:07 AM, LPN #2 was observed entering Resident #V's room without knocking. The door was fully open, and the call light was not on. Resident #V was observed resting on the bed at the time and sat partially up with a start.</p> <p>In an interview on 6-3-2013 at 11:46 AM, Resident #V indicated staff do</p>	F000241	It is the practice of Kendallville Manor to follow facility policy in regards to providing Resident Privacy. 1. Reeducate Staff on Resident Privacy. 2. The DON or her designee will preform random audits on all shifts weekly for four weeks, then monthly thereafter. Results of this audit will be reported to the facility QA Committee Meeting for 6 months for additional recommendation as necessary. (Attachment # 2)	07/03/2013	

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	<p>not always knock and she wished they did because it bothered her.</p> <p>On 6-3-2013 at 2:08 PM, CNA #4 was observed entering the room of Resident #W without knocking. The call light was not on. The CNA did not announce herself upon entering.</p> <p>In an interview on 6-3-2013 at 2:26 PM, resident #W indicated it would be nice if the staff knocked before entering.</p> <p>In an interview on 6-3-2013 at 3:10 PM, LPN #1 indicated staff were supposed to knock on doors prior to entering resident's rooms to preserve resident privacy.</p> <p>This Federal tag relates to Complaint IN00128708.</p> <p>3.1-3(t)</p>				

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F000441 SS=F	<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, interview, and</p>	F000441	It is the practice of Kendallville Manor to follow facility policy in	07/03/2013			

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	<p>record review, the facility failed to store linens in a manner that prevented infection potentially affecting 34 of 34 residents on two of two hallways in the facility.</p> <p>Findings include:</p> <p>1. During environmental tour on 6-3-2013 at 9:15 AM, in the 100 hall shower room, clean linens were observed in a clean linen cart inside the shower room. The items on the cart included two fitted sheets, one flat sheet, 2 washcloths, and one towel.</p> <p>In an interview on 6-3-2013 at 9:15 AM, the Maintenance Director indicated the linens were always stored in the shower area.</p> <p>2. During environmental tour on 6-3-2013 at 9:23 AM, in the 200 hall shower, a trash bag was noted on the floor. The bag was tied shut and appeared to contain trash, but on further inspection was observed to contain a towel and other bath items.</p> <p>In an interview on 6-3-2013 at 9:23 AM, the Maintenance Director indicated the staff had given a shower earlier and were not supposed to leave dirty linen on the floor.</p>		<p>regards to infection control and the prevention or transmission of disease and infection. It is the facility's policy to follow the policy in relation to the storage of the linen carts. 1. Staff has been reeducated on proper storage of linen carts 2. The DON or her designee will conduct audits with random sampling on all shifts weekly for four weeks, then monthly thereafter. Results of these audits will be reported in the QA Committee Meeting for 6 months for additional recommendation as necessary. (Attachment # 3 & # 4) It is the practice of Kendallville Manor to follow facility policy in regards to infection control and the prevention or transmission of disease and infection. It is the facility policy to follow the Soiled Linen Handling Policy. 1. Staff has been reeducated on the proper handling of soiled linens in the shower rooms. 2. The DON or her designee will conduct audits with random sampling on all shifts weekly for four weeks, then monthly thereafter. Results of these audits will be reported in the QA Committee Meeting for 6 months for additional recommendation as necessary (Attachment # 5)</p>		

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	<p>A current undated policy provided by the Administrator on 6-3-2013 at 1:30 PM indicated linen was not to be stored in the shower rooms at any time. There was no indication in the policy linen was to be placed in the dirty linen hamper after use.</p> <p>This Federal tag relates to Complaint IN00128708.</p> <p>3.1-19 (g) (1)(2)(3)</p>			

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F000465 SS=F	<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, interview, and record review, the facility failed to maintain clean shower rooms on two of two halls in the facility potentially affecting 34 of 34 residents.</p> <p>Findings include:</p> <p>1. During environmental tour on 6-3-2013 at 9:15 AM, in the 100 hall shower room, a black dried substance that could be removed was observed in the northwest corner of the second shower stall along the floor and caulking about 10 inches in length.</p> <p>In an interview on 6-3-2013 at 9:15 Am, the Maintenance Director indicated the area was dirty and hard to keep clean and the black looked like old mold.</p> <p>2. During environmental tour on 6-3-2013 at 9:23 AM, a black moist substance was observed in the northeast corner of the 200 hall shower room. The substance could be easily removed, and affected three 6 by 6 inch tiles on the wall.</p>			F000465	<p>It is the practice of Kendallville Manor to follow policy in regards to providing a safe, functional, sanitary and comfortable environment for residents, staff and visitors. 1. The staff has been reeducated on the shower cleaning policy which indicates that daily cleaning to include surfaces are cleaned and disinfected. 2. The DON or designee will audit the cleaning schedule and the 100 and 200 hall showers with random sampling weekly for four weeks, then monthly thereafter. 3. Results of these audits are being reported in the QA Committee Meeting for 6 months for additional recommendation as necessary. (Attachment # 6 & # 7)</p>		07/03/2013

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	<p>In an interview on 6-3-2013 at 9:23 AM, the Maintenance Director indicated the tiles should not have had the black on them.</p> <p>In an interview on 6-3-2013 at 10:42 AM, LPN #1 indicated all 34 residents currently residing in the facility utilized the shower rooms.</p> <p>A current undated policy provided by the Administrator on 6-3-2013 at 1:30 PM indicated the shower rooms were to be cleaned daily by housekeeping. The policy further indicated surfaces were to be cleaned and disinfected.</p> <p>This Federal tag relates to Complaint IN00128708.</p> <p>3.1-19(f)</p>			