

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155487	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/31/2015
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NAME OF PROVIDER OR SUPPLIER BROWN COUNTY HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 55 E WILLOW ST NASHVILLE, IN 47448
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 27, 28, 29, 30, & 31, 2015</p> <p>Facility number: 000479 Provider number: 155487 AIM number: 100290880</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 11 Medicaid: 67 Other: 33 Total: 111</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	We respectfully request a desk review for paper compliance for this Recertification and State Licensure Survey This plan of correction is to serve as Brown County Health and Living Community's credible allegation of compliance Submission of this plan of correction does not constitute an admission by Brown County Health and Living Community or it's management company 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	
F 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest</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>practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed on ensure a resident was free of a medication error in that a resident received 20 doses of insulin after the insulin had expired for 1 of 1 resident reviewed for insulin administration. (Resident #97).</p> <p>Findings include:</p> <p>On 7/30/2015 at 12:03 p.m., License Practical Nurse #1 (LPN) was observed to dial up a Novolog Flexpen for administration of insulin, prior to lunch, for Resident #97.</p> <p>On 7/30/2015 at 12:03 p.m., an observation of the Novolog Flexpen indicated a documented date opened of 6/12/2015 (48 days opened).</p> <p>On 7/30/2015 at 12:04 p.m., LPN #1 indicated the Novolog Flexpen was opened on 6/12/2015, and was only good for 30 days after being opened. She indicated she should have noticed the Flexpen had expired. LPN #1 was observed to throw the Novolog Flexpen away and to obtain a new Flexpen from the Emergency Drug Kit (EDK).</p>	F 0309	<p>F309 Resident #97's insulin was disposed of during the survey process All insulins were audited during the survey process for expiration and no other expired insulins were found The systemic change includes: -Nurses will view the expiration date of the insulin prior to administering the medication - Unit Managers will audit all insulins stored in the medication carts on a weekly basis to view the expiration dates on all insulins and dispose of any expired insulins Education will be provided for LPN #1 and other licensed nurses regarding the systemic change This inservice will be provided for all newly hired licensed nurses The Unit Manager or designee will complete a QA tool monitoring all insulins stored in the medication carts daily, 7 days a week, for a total of 30 days and weekly thereafter The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100% Frequency and duration of reviews will be increased as needed if compliance is below 100%</p>	08/17/2015	

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	<p>On 7/30/2015 at 2:05 p.m., the Director of Nursing (DON) provided the packing slip dated 6/8/2015, which indicated Resident #97's Flexpen was delivered on 6/8/2015.</p> <p>Resident #97's clinical record was reviewed on 7/30/2015 at 2:05 p.m. Diagnosis included, but were not limited to diabetes. A Physician's order, dated June of 2015, indicated, "Novolog Flexpen insulin pen, 100unit/milliliters (ML) per sliding scale three times a day."</p> <p>On 7/30/2015 at 2:05 p.m., the DON provided the Diabetic Administration Record dated July 2015, for Resident #97. The record indicated, Resident #97 had been administered insulin via the Novolog Flexpen beyond 28 days after the opened date of June 12, 2015 on: 7/11/2015, 7/12/2015, 7/13/2015, 7/14/2015, 7/15/2015, 7/16/2015, 7/17/2015, 7/18/2015, 7/19/2015, 7/20/2015, 7/21/2015, 7/22/2015, 7/23/2015, 7/24/2015, 7/25/2015, 7/26/2015, 7/27/2015, 7/28/2015, 7/29/2015 and 7/30/2015. The Flexpen was administered 20 times, for a period of 20 days.</p> <p>Novolog frequently asked questions was retrieved on 7/30/2015 at 11:30 a.m., from the Novolog website at</p>			

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	<p>www.novolog.com/type-2-diabetes/general-type-2/faqs/frequently-asked-questions.html. The website indicated, "...21. How and where Novolog should be stored ... for up to 28 days and must not be refrigerated ..."</p> <p>On 7/30/2015 at 10:50 a.m., an interview with Resident 97's pharmacy indicated the Novolog Flexpen should be kept for 28 days after being opened.</p> <p>On 7/30/2015 at 2:05 p.m., the DON provided policy "Expiration Dates for Certain Drugs" dated July 2015, and indicated the policy was the one currently being used by the facility. The policy indicated, "...Insulin: 28 days refrigerated/unrefrigerate after the 1st use ..."</p> <p>3.1-37(a)</p>			

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F 0323 SS=D Bldg. 00	<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. Based on observation, interview, and record review, the facility failed to ensure residents were free of accident hazards in that a resident was observed to be under the hair dryer in the beauty shop while wearing oxygen for 1 of 1 resident randomly observed receiving services in the beauty shop. (Resident #170)</p> <p>Findings include:</p> <p>On 7/30/2015 at 9:50 a.m., Resident #70 was observed sitting under a hair dryer in the beauty shop with an oxygen nasal cannula on and a portable oxygen tank sitting on the back of her chair.</p> <p>On 7/30/2015 at 9:51 a.m., Beautician #1 indicated Resident #170 did have oxygen on and she would have the nurse take it off immediately.</p> <p>On 7/30/2015 at 9:52 a.m., the Administrator was observed telling Beautician #1 that Resident #170 could not be in the beauty shop with oxygen on.</p>	F 0323	F 323 Resident #170's oxygen (which was off) was removed from the beauty shop immediately during the survey process All residents utilizing oxygen on a continuous basis and visit the beauty shop have been identified No other residents with oxygen on have been in the beauty shop The systemic change includes the beautician will provide a schedule of any resident that will be seen in the beauty shop and nursing will inform the beautician if a resident utilized continuous oxygen and should not be utilizing a hair dryer and an alternate method will be used to dry the resident's hair Education was provided to staff, including Beautician #1, regarding the policy and procedure for use of oxygen and hairdryers This education will continue for any newly hired staff and annually hereafter The Administrator or designee will audit the beauty shop for use of oxygen and hairdryers twice a day when the beauty shop is open The beauty shop is not open on weekends This audit will continue for 30 days, then weekly for a total of 12 months of monitoring The results of these reviews will be	08/17/2015

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	<p>Resident #170's clinical record was reviewed on 7/30/2015 at 11:00 a.m. Diagnosis included, but were not limited to end stage cardiovascular disease. A Physician's order dated 7/16/2015, indicated Resident #170 was ordered to receive, "Oxygen 5 liter/minimum continuous per nasal cannula every shift."</p> <p>A careplan initiated on 7/30/2015, with current goal date through 10/30/2015, for Resident #170 indicated a focus of: "...RESIDENT REQUIRES THE USE OF OXYGEN ... do not place any oxygen device near any electrical heaters or heat source ... do not use/apply oxygen in beauty shop or around any heat source ... keep oxygen equipment and tubing at least 5 feet away from any source of heat ..."</p> <p>On 7/30/2015 at 10:00 a.m., an interview with Beautician #1 indicated Resident #170 should not be in the beauty shop with oxygen on, but staff brings the resident's down with oxygen on and she just starts doing their hair. She indicated she should have noticed the oxygen was on for Resident #170.</p> <p>On 7/30/2015 at 11:18 a.m., the Corporate Nurse provided the facility's policy, "Oxygen Safety Precautions" undated, and indicated, the policy was the</p>		<p>discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100% Frequency and duration of reviews will be increased as needed, if compliance is below 100%</p>	

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F 0371 SS=E Bldg. 00	<p>one currently being used by the facility. The policy indicated, "...Keep oxygen equipment and oxygen tubing at least five (5) feet away from any source of heat ... never use oil-based face or hair creams, a hair dryer, curling iron, or an electric razor when wearing oxygen ... do not use any flame source within five (5) fee of an oxygen device ..."</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 Based on observation, interview, and record review, the facility failed to ensure kitchen staff dated opened foods and staff stored, cleaned, and maintained kitchen equipment in a sanitary manner for 1 of 1</p>	F 0371	F 371 The kitchen hood above the stove will be cleaned and painted by an outside vendor. The dirty pots stored in a clean area were immediately removed and cleaned during the survey	08/17/2015

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	<p>kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour on 7/28/15 at 10:58 a.m., the following was observed:</p> <p>a. A brown rusty substance was observed on the inside of hood directly above the stove.</p> <p>b. The stand up mixer was observed to be clean and uncovered.</p> <p>c. Two dirty pots were observed to be stored in the clean area. The Dietary Manager was observed to remove the stack of pots and carry them back to the dishwasher area.</p> <p>d. Two containers of molding strawberries were observed in the walk-in refrigerator. The Dietary Manager indicated both of the containers of strawberries had a delivery date of 7/24/15, and she was observed to throw the strawberries away.</p> <p>e. One package of opened macaroni noodles was observed without an open date. The Dietary Manager indicated the noodles did not have an open date and she would throw them away.</p>		<p>process The strawberries in the walk-in refrigerator were disposed of during the survey process The opened macaroni noodles were disposed of during the survey process The two containers of ice cream in the walk-in freezer were disposed of during the survey process The stand up mixer was re-cleaned and covered during the survey process The pots stored in a clean area were audited and no other dirty pots were noted Items in the walk-in refrigerator were audited and no other concerns were noted All dry food storage items and food items in the walk-in freezer were audited and no other concerns were noted The stand up mixer has been kept covered after cleaning The systemic change includes Dietary Manager or designee will monitor items for proper labeling and dating, ensure only clean items in clean area and that the stand up mixer is clean and covered when not in use as part of daily routine. Education will be provided to dietary staff regarding the systemic change This education will be provided to newly hired dietary staff and annually The Dietary Manager or designee will audit for storage of dirty pots in the clean area, food items in the walk-in refrigerator for spoilage, dating of opened food items in the dry food storage area and walk-in freezer and covering of the stand up mixer when clean and not in</p>	

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	<p>f. Two containers of ice cream were observed in the walk-in freezer to be opened and without an open date. The Dietary Manager was observed to throw the ice cream away.</p> <p>On 7/31/15 at 11:47 a.m., the standup mixer was observed clean and uncovered. Cook #1 indicated that it had not been used today, but it should be covered after it's clean. At this time, the Dietary Manager indicated that she was unsure why there was rust on the hood, but the facility was going to update the kitchen equipment. She was unsure when the update would take place.</p> <p>On 7/31/15 at 3:45 p.m., the Administrator provided two outstanding work orders for the facility and both excluded the kitchen.</p> <p>On 7/31/14 at 4:17 p.m., the Administrator indicated that the kitchen was going to have some updating, but she was unsure when the repairs would take place. At that time she provided a "Cap Ex Request" form, dated 7/28/15, and indicated it listed the projects that were to be completed in the kitchen. The project list indicated, "Kitchen Floor/Shelving/Walls ... Site visit made 5/13/15-scope of work completed-sending out for bid-job [sic] ...</p>		<p>use daily (including weekends) for 30 days, then weekly for 30 days and then every other week for a total of 12 months of monitoring The kitchen hood above the stove will be cleaned and painted by an outside vendor within the next 60 days The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100% Frequency and duration of reviews will be increased as needed if compliance is below 100%</p>	

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	<p>Bids are starting to come in for review." The project list did not specify a repair to be completed on the kitchen hood.</p> <p>On 7/31/15 at 4:12 p.m., the Administrator provided the facility policy "Food and Non-Food Storage," revised in 2015, and indicated it was the policy currently being used by the facility. The policy indicated, "... Frozen foods... after opening be sure to ... label and date. ..."</p> <p>On 7/31/15 at 4:23 p.m., the Administrator provided the facility policy "Environmental Sanitation/Infection Control Subject: Dishwashing," undated, and indicated it was the policy currently being used by the facility. The policy indicated, "... 11. Clean and sanitized dishes ... are stored in a clean, dry location that protects them from splashes, dust or other forms of contamination... "</p> <p>On 7/31/15 at 4:25 p.m., the Administrator provided the facility policy "Environmental Sanitation/Infection Control Subject: Cleaning of Mixer," undated, and indicated it was the policy currently being used by the facility. The policy indicated, "... 8. The entire unit is covered with clean plastic wrap to maintain cleanliness and sanitation."</p> <p>3.1-21(i)(3)</p>			

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F 0465 SS=E Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>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 staff repaired damaged walls, floors, ceilings, and outlet covers for 13 residents' rooms observed for room furnishings during environmental observation. (Resident #21, Resident # 64, Resident #56, Resident #58, Resident #102, Resident #68, Resident #8, Resident #5, Resident #23, Resident #80, Resident #69, Resident #70 and Resident #41).</p> <p>Findings include:</p> <p>On 7/28/15 at 11:55 a.m., Resident #21's room was observed with multiple holes in the drywall behind the resident's head of the bed.</p> <p>On 7/28/15 at 11:58 a.m., Resident #64's outlet cover above the baseboard heater was observed broken in the bottom left corner. The wall at the head of the bed was observed with gouges in multiple places.</p>	F 0465	<p>F 465 The floors, ceilings and outlet covers for the 13 residents rooms concerns noted during the survey proves have been placed on a maintenance schedule for repairs over the next 30 days All resident rooms and bathrooms will be audited for drywall repairs, outlet covers, floor tile cracked, sinks pulling away from the wall, ceiling tiles, discoloration around the toilet base, trim around toilets, base boards with dents, trim around air conditioners and any repairs needed will be placed on a schedule for repairs The systemic change includes the management team will inspect resident rooms as assigned through the Caring Hearts Program weekly If issues are noted, a work order will be initiated for Maintenance Director or designee follow up and completion. Education will be provided to Maintenance personnel regarding the systemic change and for staff regarding the procedure for placing a maintenance work order The Maintenance Director or designee will audit 3 resident rooms weekly</p>	08/17/2015

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	<p>On 7/28/2015 at 12:10 p.m., Resident #56's room was observed to have multiple gouges in the wall behind the head of the bed.</p> <p>On 7/28/15 at 2:30 p.m., Resident #58's room was observed to have multiple scratches on the wall behind the head of the bed.</p> <p>On 7/28/15 at 2:33 p.m., Resident #102's room was observed to have a broken floor tile by the bathroom and the wall behind the sink had peeled paint.</p> <p>On 7/28/15 at 2:53 p.m., Resident #68's the sink was observed pulling away from the wall behind sink.</p> <p>On 7/29/15 at 9:18 a.m., Resident #8's ceiling tile by the water sprinkler was observed peeling.</p> <p>On 7/29/15 at 9:26 a.m., Resident #5's bathroom floor was observed to have a rusted brown substance around the toilet base.</p> <p>On 7/29/15 at 9:49 a.m., Resident #23's bathroom was observed with a broken floor tile and the wall behind the bathroom sink was observed without paint.</p>		<p>for any needed repairs in drywall, outlet covers, floor tile, sinks, ceiling tiles, discoloration around the toilet base, trim around toilets, base boards and trim around air conditioners and place any needed repairs on a schedule for repair This audit will continue for 30 days and then 1 resident room weekly for a duration of 12 months of monitoring The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100% Frequency and duration of reviews will be increased as needed if compliance is below 100%</p>	

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	<p>On 7/29/15 at 10:04 am., Resident #80's ceiling was observed cracked and peeling by the window, the trim around the toilet in the bathroom was loose from the wall, and a bathroom floor tile was broken.</p> <p>On 7/29/15 at 10:27 a.m., Resident #69's wall behind recliner was observed with multiple holes.</p> <p>On 7/29/15 at 11:17 a.m., Resident #70's room was observed with a hole in the plaster directly behind resident's bed. The baseboard unit on the floor was observed with multiple dents.</p> <p>On 7/29/15 at 3:37 p.m., Resident #41's trim around air conditioner was observed to be loose and detached from the wall.</p> <p>During the Environmental Tour with the Maintenance Supervisor (MS) on 7/31/2015 1:53:40 PM, he indicated, "I will fix all of these as soon as possible." The MS further indicated the staff should fill out a work order if they see a room in disrepair.</p> <p>On 7/31/15 at 3:45 p.m., the Administrator indicated the facility does not have a policy on maintaining rooms, however, the MS uses a weekly scheduling checklist to perform random room audits. She also provided two</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155487	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 07/31/2015
NAME OF PROVIDER OR SUPPLIER BROWN COUNTY HEALTH AND LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 55 E WILLOW ST NASHVILLE, IN 47448		
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	outstanding work orders for the facility, which excluded the residents' room observations. 3.1-19(f)				