

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/08/2014
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NAME OF PROVIDER OR SUPPLIER AZALEA HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 LAFAYETTE PKWY FLOYDS KNOBS, IN 47119
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 7 and 8, 2014</p> <p>Facility number: 012161 Provider number: 012161 AIM number: NA</p> <p>Survey team: Gloria J. Reisert, MSW/TC Trudy Lytle, RN Jenny Sartell, RN</p> <p>Census bed type: Residential: 63 Total: 63</p> <p>Census payor type: Other: 63 Total: 63</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on July 9, 2014, by Brenda Meredith, R.N.</p>	R000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under law under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please consider paper compliance.	

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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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on record review, observations and interviews, the facility failed to ensure staff were washing their hands using proper hand washing techniques and changing gloves to maintain safe food handling; florescent ceiling lights and ceiling vents were in good repair; and food prep and serving areas were free from personal and opened cups of soda. The facility also failed to ensure left over foods were properly stored to avoid contamination and risk of food-borne bacteria. This deficient practice had the potential to affect 63 of 63 residents who currently received meals from the kitchen during 2 of 2 survey days. (July 7 and 8, 2014)</p> <p>Findings included:</p> <p>On 7/7/14 9:35 a.m., during initial kitchen tour, 2 fluorescent light bulb covers above the food preparation area were observed to be cracked at the ends with brown edges.</p> <p>At 9:45 a.m., during an interview with Cook #3, she indicated she did not know</p>	R000273	<p>R273 Food and Nutritional Services-Deficiency. R273 Requires the facility to ensure staff are washing their hands using proper hand washing techniques and changing gloves to maintain safe food handling. The facility will ensure florescent ceiling lights and ceiling vents were in good repair; and food prep and serving areas were free from personal and opened cups of soda. The facility will also ensure left over foods were properly stored to avoid contamination and risk of food-borne bacteria in accordance with state and local sanitation and safe food handling standard, including 410 IAC 7-24 1. The facility will ensure this requirement is met through the following corrective measures. Applicable staff members observed/reported to have breached various practices were addressed and re-educated. a.)Staff will wash their hands using proper handwashing techniques and changing gloves to maintain safe food handling; b.) The florescent ceiling lights and ceiling vents were cleaned, inspected and are in good</p>	07/17/2014

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	<p>what happened to the fluorescent light bulbs.</p> <p>At 12:15 p.m., while serving lunch, Cook #1 was observed to walk over to the preparation counter and remove saran wrap from a plate. She picked up a hotdog with her gloved right hand, opened the microwave and placed the hotdog inside. She then went back to the serving line, picked up a ladle with her right hand and began scooping spaghetti sauce. She then walked back over to the microwave, removed the hotdog with her right hand and placed it on a bun. She then put her right gloved hand in a bag of potato chips and placed them on the plate. Cook #1 did not remove gloves or wash her hands between tasks.</p> <p>In an interview with Cook #1 on 7/8/14 at 11:30 a.m., she indicated that gloves should be changed each time a different food is prepared.</p> <p>During a food preparation and meal service observation on 7/8/14 between 11:30 a.m. and 12:30 p.m., the following was observed:</p> <p>- 11:32 a.m., salads were observed being prepared right below the 2 fluorescent light bulb covers with cracked edges.</p>		<p>condition. c.) The food prep and serving area are free from personal and opened cups of soda. d.) The left over food will be properly stored to avoid contamination and risk of food-borne bacteria e.) The ice bin will be maintained to prevent contamination and staff will retrieve ice in a manner to prevent contamination. 2. All residents have the potential to be affected. All staff have been re-in-serviced on the concerns identified, including but no limited to, proper technique of hand washing and gloving as per policy, proper storage of left over food, proper use of the ice bin to prevent contamination, as well as practices to be upheld in the food prep and the serving area to remain free from personal and opened cups of soda/liquid drinks. The administrator or her designee will ensure the flourecent light and ceiling vents are in good repair by completing rounds. 3. Policy and Procedures were reviewed and no changes were necessary. The staff were re-educated and trained in regards to hand washing techniques and changing glove technique to maintain safe food handling. The staff was also educated on how to properly store left over food to avoid contamination and risk of food-borne bacteria, and proper use and maintenance of the ice bin. 4. In an effort to ensure</p>	

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	<p>Cook #1 was observed preparing these salads and while wearing gloves, she reached in a large bowl, grabbed a handful of salad and placed in small bowls. She removed the metal tray where she was placing the salads on with both gloved hands and placed it on the serving cart sliding it onto the cart with her hand under the tray. She then picked up an empty metal tray and began the process over. She did not don new gloves or wash her hands.</p> <p>- 11:40 a.m., an observation of a ceiling vent over the preparation area in the kitchen noted to be water to be dripping. During this observation, both Cooks were observed to be preparing lunch salads for the residents directly below this vent. A soft drink, uncovered, in a Styrofoam glass with a straw was observed in the food preparation area.</p> <p>- 11:45 a.m., the lid of the ice bin was noted to be left open by Dietary Aide # 3. She was then observed to put on gloves, after having served 11 drinks already.</p> <p>- 11:48 a.m., Cook #1 was observed to walk outside. She returned at 11:57 a.m., walked to the sink and washed her hands for 7 seconds.</p> <p>- 11:58 a.m. the Maintenance Supervisor</p>		<p>ongoing compliance, the administrator or her designee will utilize a monitoring tool every meal for 4 weeks on scheduled days of work, then daily for one meal daily for two weeks, then at random meal times thereafter to ensure staff is using proper hand washing and glove changing techniques. The administrator or her designee will also monitor to ensure proper storing of left over food to avoid contamination and risk of food-borne bacteria, monitor for correct use/maintenance of the ice bin, as well as ceiling lights and vents are in good repair. Should concerns be observed, immediate corrective action shall be taken. The audits will be reviewed and will be adjusted accordingly if warranted on the basis of the finding and corrective actions.</p> <p>Addendum: When the results of the observations and corrective actions taken (if any) are reviewed by the Administrator, it is at the discretion of the Administrator to revise the plan accordingly and document rationale as to that decision. For example, should the negative observations increase, frequency of observations would increase, training would recur, etc. Should the negative observations decrease, frequency of observations would decrease at the discretion of the committee. Observations would continue until the Administrator determines</p>	

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	<p>was observed to lean over the open ice bin to measure the temperature of the water in the dispenser. Sixteen (16) staff, residents and family members were also observed to pass by or lean over the ice bin to get drinks, straws or ice. One family member was observed to lean over the ice bin 4 times. The Administrator was also observed to get ice for a resident without closing the ice bin lid.</p> <p>- 12:02 p.m., Cook #2 was observed to leave the serving area, open the refrigerator with her gloved hands, removed a small bowl covered with saran wrap and placed it on a plate to be served. She then walked over to the serving and began breaking biscuits up with gloved hands. Cook #2 did not change gloves or wash hands.</p> <p>- 12:04 p.m., Dietary Aide # 3 washed her hands using cold water only for 6 seconds. She then turned off the water with wet hands and dried them on a paper towel. She lifted the trash can lid, threw away the paper towel and opened the paper towel dispenser and added a package of paper towels. She lifted the trash can lid with her clean hands to throw away the outer paper wrapping from the paper towels. She then proceeded to pick up a plate of food for a resident and walked over to another</p>		<p>observations indicate continued compliance with the deficient practices which supported the original citation, but would continue ongoing not less than quarterly.</p>	

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	<p>resident and placed her hands on her uniform pant legs while she spoke to the resident. She then picked up two drinks to deliver to two residents. At this point, she applied hand sanitizer.</p> <p>- 12:21 p.m., Cook #1 was observed to remove her gloves. She bent over and reached for a box of gloves and placed her bare hand in the ice machine. She walked over to the sink and washed her hands for 8 seconds.</p> <p>- 12:30 p.m., the Administrator was observed to close the ice bin lid after filling a glass with ice. Cook #1 was observed to be passing out desserts to the residents with gloved hands carrying a large tray from the bottom. As she was passing the desserts, she stopped to talk to the residents at one table. As she was leaving that table, the Cook patted a resident's arm and shoulder and then resumed passing out the desserts with the same gloved hands.</p> <p>- 12:35 p.m., the Cook was then observed to then lean on the back of a residents' chair with her gloved hand while she spoke with the table. She then resumed passing out the desserts with the same gloved hands. No change of gloves or washing of hands was observed.</p>			

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	<p>At 1:00 p.m., the Administrator provided the following current facility policies: Personal Hygiene, Glove Use/Kitchen Sanitation, Hand Washing Policy and Glove Use & Meal Service.</p> <p>Review of the Personal Hygiene at this time included, but was not limited to: "Dietary Employees and/or clients shall practice optimal personal hygiene to minimize contamination of food and /or residents. Procedure: 1. Hand washing procedures as specified in the handwashing policy shall be practiced by all employees/clients. ...9. Personal drinks are prohibited in food preparation areas. Drinks that are in the kitchen must be stored away from food preparation areas and must have a lid with a straw."</p> <p>Review of the Glove Use/Kitchen Sanitation at this time included, but was not limited to: "Single use gloves shall be: 1) Used for only one task, such as working with ready-to-eat food or with raw animal food...3) Discarded when...b. Interruptions occur in the operation. Food employees shall wash their hands immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following: 1) After touching bare human body parts</p>			

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	<p>other than clean hands and clean, exposed portions of the arms - pushing chairs up...10) After engaging in other activities that contaminate the hands.</p> <p>NOTE* Employees shall conduct handwashing of the hands and arms for at least 20 seconds."</p> <p>This policy was used on 3/20/14 as a dietary inservice. Review of the signature page indicated that Cook #2 had attended this inservice.</p> <p>Review of the Hand Washing Policy at this time included, but was not limited to : "Policy: It is the policy of the Dietary Department to prevent the spread of infection through proper handwashing. Hand sanitizer may not be used. Procedure: 1. Hands are washed:...d. Before and after handling foods...g. After visiting with residents...2. Handwashing Procedure:...d. Hands must be washed for a minimum of 20 seconds. e. Rinse thoroughly. f. Wipe dry with disposable paper towels. g. Turn off water faucet with paper towels. h. Do not lift garbage can lid with hands to dispose of paper towel."</p> <p>Review of the Glove Use & Meal Service Policy at this time included, but was not limited to: "Policy: In an effort to protect food products from contamination, all</p>			

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	<p>produces should be served using utensils. Procedure:...5. Hands should be washed thoroughly between tasks....10. If an employee handles raw food, leaves and enters the kitchen, touches equipment handles (ie. refrigerators, trash can lids) or touches any area of their body - they MUST immediate wash their hands."</p> <p>During an interview with the Administrator at 1:20 p.m., she indicated the sleeves around the fluorescent lights were cracked. She indicated she did not generally look at those and had only looked at them this morning when staff made her aware of it. She also indicated the sleeves were 5 years old and had not been changed.</p> <p>- At 1:20 p.m., the lunch served to the residents, between 12:00 p.m. and 12:30 p.m., was observed to remain on the steam table open to the air. The items consisted of: a pan of biscuits, a partial pan of chicken stew and salad. A volunteer as identified by the Director of Nursing at this time, was observed to walk behind the serving counter in the Main Dining Room, reach into the pan of biscuits, take one and then walk over to get a glass of ice.</p> <p>During an interview at 1:30 p.m., Cook #1 indicated it was one pf the perks</p>			

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R000409	<p>offered by the facility to the employees in which they were able to get their meal for free. She further indicated that the main course and other food items, including cheese sandwiches and tuna salad among other things, were left out and available to the employees should they choose.</p> <p>She further indicated the staff could obtain the food themselves from the serving area after dietary staff and residents' left the dining room. She also indicated staff may enter the kitchen area and retrieve food from the refrigerator. She indicated it was possible for residents to also take items from the steam table after the lunch meal was over.</p> <p>During the final exit meeting with the Administrator, Corporate Nurse and the Director of Nursing, on 7/8/14 at 1:45 p.m., the Administrator indicated the food should not have been left on the steam nor should it have been uncovered.</p> <p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be</p>			

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	<p>required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.</p> <p>Based on record review and interview, the facility failed to ensure annual health statements which indicated the residents were free from communicable diseases, including Tuberculosis, were completed at time of admission and annually. This deficient practice affected 3 of 7 residents reviewed for annual health statements. (Residential Residents #1, #2, and #3)</p> <p>Findings included:</p> <p>1. Review of the clinical record for Resident #1 on 7/7/14 at 10:00 A.M., indicated the resident was admitted to the facility on 2/2/13, and had diagnoses which included, but were not limited to: Parkinson's disease and anemia.</p> <p>Documentation was lacking of an annual health statement having been completed by the physician to indicate the resident was free of communicable disease since admission.</p> <p>2. Review of the clinical record for Resident #2 on 7/7/14 at 10:30 A.M., indicated the resident was admitted to the</p>	R000409	R409 Infection Control – noncompliance 1. Residents #4, #2, and #3 were screened for Tuberculosis and skin testing performed and recorded upon admission. Orders obtained from their admitting physician to indicate they show no evidence of tuberculosis in an infectious stage. A health statement indicating the resident has no evidence of tuberculosis in an infectious stage has been obtained for each resident.2. The medical records of all resident were audited to confirm timely skin testing performed and documented, or alternate means (chest x-ray and/or health screen) obtained if the resident is a known positive reactor. Audit confirmed the presence of a health statement indicating the resident has no evidence of tuberculosis in an infectious stage.3. As a means to ensure ongoing compliance, nursing staff has been educated as to resident skin testing as per policy/rule, and the regulatory requirement to have a health statement indicating the resident has no evidence of tuberculosis in an infectious stage upon admission and yearly	07/17/2014

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	<p>facility on 5/7/14, and had diagnoses which included, but were not limited to: Leukoencephalopathy and Pseudobulbar palsy.</p> <p>Documentation was lacking of an annual health statement having been completed by the physician to indicate the resident was free of communicable disease since admission.</p> <p>3. Review of the clinical record for Resident #3 on 7/7/14 at 9:30 A.M., indicated the resident was admitted to the facility on 8/1/12, and had diagnoses which included, but were not limited to: congestive heart failure, diabetes, and coronary artery disease.</p> <p>Documentation was lacking of an annual health statement having been completed by the physician to indicate the resident was free of communicable disease since admission.</p> <p>During an interview with the Resident Care Manager/Director of Nursing (DoN) and the Corporate Nurse on 7/7/14 at 1:30 p.m., they indicated they were unaware of an annual health statement needing to be done every year and thought that the one completed at time of admission was sufficient. The DoN also indicated that unless the box was checked</p>		<p>thereafter. The DON shall be responsible to ensure said testing is completed and/or scheduled for each newly admitted resident and placed on a calendar for annual testing thereafter, as well as health statement documented.4. As a means of quality assurance, the Administrator or her designee shall monitor all new admissions by completing an audit of the new admission chart with 72 hours of admission. Should non-compliance be noted, applicable staff will be re-educated, and disciplinary action taken, as warranted. The DON shall maintain an ongoing calendar and review monthly those residents due for annual testing to ensure said testing is scheduled and completed and corresponding health statement documented as per rule.</p> <p>Addendum: Please note that DON shall review monthly ongoing.</p>				

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	on the admitting physician orders which indicated the resident was free of communicable diseases, it probably did not get carried over to subsequent physician orders and the Medication Administration Records.						