

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2016
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NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: February 23, 24, 25, 26, 29, 2016.</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Census bed type: SNF/NF: 65 Residential: 09 Total: 74</p> <p>Census payor type: Medicare: 5 Medicaid: 21 Other: 39 Total: 65</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on March 8, 2016</p>	F 0000	Submission of this plan of correction shall not constitute an admission by the Villas of Guerin Woods to the allegations contained in this survey report. This plan of correction is submitted in accordance with the requirements of the state and federal laws.	

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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F 0371 SS=E Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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 record review, interviews and observations, the facility failed to ensure food items were stored in sealed plastic bags and dated after being opened, and outdated/spoiled foods were disposed of in 7 of 7 Villa houses. This deficient practice had the potential to affect 64 of 64 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 2/23/16 between 9:20 a.m. and 11:00 a.m. while accompanied by the Dietary Manager, the following was observed: A. Villa 2: 1. Freezer in kitchen: 2 bags of waffles; 1 bag of pancakes, 2 bags of bread sticks - no open dates on plastic bags. 2. Refrigerator in kitchen: 1 bag of shredded cheese and a bag of lettuce with some brown leaves noted, 1 package of bacon, a bowl of cantaloupe, and a</p>	F 0371	<p>1. No Elders were found to be affected by the deficient practice. 2. All Elders had the potential to be affected by the deficient practice. In Villa 2: in the freezer 2 bags of waffles, 1 bag of pancakes and two bags of bread sticks were thrown away. In the refrigerator in the kitchen 1 bag of shredded cheese, a bag of lettuce, a package of bacon, a bowl of cantaloupe and a package of ham was thrown away. The staff member's shake and bottle of creamer was thrown away. In the dry storage 1/2 bag of Chex Mix, 1/2 bag of BBQ potato chips, 2 bags of Cheerios, 2 bags of Raisin Bran, 1 bag of Rice Krispies, fudge brownie mix, blueberry muffin mix, white cake mix, yellow cake mix, seasoned bread crumbs, 1/2 loaf of white and 1/2 loaf of wheat bread, turkey, beef and country gravy mixes were thrown away. In the freezer a bag of blueberries and a bag of broccoli were thrown away. In Villa 4: in dry storage a bag of</p>	03/30/2016

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	<p>package of ham which was opened to the air - no open dates on plastic bags; 1 glass of a staff member's shake as identified by the compatissant; night shift Compatissant #9's personal bottle of creamer. Interview with the Dietary Manager at this time indicated "Staff's items should be in the fridge in the dry storage room."</p> <p>3. Dry storage room: 1/2 bag of Chex Mix, 1/2 bag of BBQ potato chips; 2 bags of Cheerios, 2 bags of Raisin Bran, 1 bag of Rice Krispies, fudge brownie mix, blueberry muffin mix, white cake mix, yellow cake mix, seasoned bread crumbs, 1/2 loaf of white and 1/2 loaf of wheat bread, turkey, beef and country gravy mixes - all with no open dates.</p> <p>4. Freezer in dry storage - bag of blueberries folded over, leaking and not in a plastic freezer bag, and bag of broccoli - no open dates.</p> <p>B. Villa 4:</p> <p>1. Dry storage room: a bag of marshmallows without an open date or in a plastic bag; white, chocolate and yellow cake mixes, blueberry muffin mixes, cheese sauce mix, poultry gravy mix with no open dates; 3 - 1/2 bags of white bread, 1/2 bag of wheat bread and 2 - 1/2 bags of hamburger buns with no open dates.</p> <p>2. Freezer in dry storage - bags of</p>		<p>marshmallows werethrown away, white, chocolate and yellow cake mixes, blueberry muffin mix, cheese sauce mix, poultry gravy mix were thrown away. 3 1/2 bags of white bread, 1/2 bag of wheat bread and 2 1/2 bags of hamburger buns were thrown away. In the freezer the bags of asparagus, California blend and corn were thrown away. In the refrigerator 1/2 bag of lettuce and a package of corn beef were thrown away. In Villa 3: In the freezer the bags of squash, corn, brussell sprouts and cauliflower and a red velvet cake roll were thrown out. In the refrigerator a 1/2 bag of lettuce was thrown out. In the dry storage room 2 1/2 bags of BBQ chips, 1/2 bag of Cheetos Mix ups, 1/2 bag of bread crumbs, 3 rolls in a bag, 1/2 bag of hamburger buns, 1/2 bag turkey gravy mix, 1/2 bag of Frosted Flakes, 1/2 bag of Cheerios, 2 bags of Nilla Wafers, blueberry muffin mix, white cake mix, 1/2 bag of Oreo cookie pieces and a bag of cocoa mix were thrown away. Villa 5: In the freezer 3 chicken breasts, 1/2 bags each of French fries and hash browns, 1/2 packages of bread sticks and 1/2 bags of peas were thrown away. In the refrigerator 1/2 package of ham, 1/2 package of turkey breast, 1/2 package of roast beef, 3/4 package of smoked turkey breast, 2 1/2 pkgs. of cheese slices were thrown away. Dry storage 1/2 bag of Cheerios, 1/4</p>	

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	<p>asparagus, California blend, and corn - no open dates on plastic bags.</p> <p>3. Refrigerator in dry storage - 1/2 bag of lettuce with some brown leaves in bag and a package of corned beef - no open dates on plastic bags.</p> <p>Interview with Compatissant #2 at this time indicated "Everything is supposed to be placed into a plastic bag and dated when opened, not sure everyone does it but they should know to."</p> <p>C. Villa 3:</p> <p>1. Freezer in kitchen: bags of squash, corn, brussell sprouts and cauliflower and a red velvet cake roll with no open dates.</p> <p>2. Refrigerator in kitchen - 1/2 bag of lettuce with some brown leaves - no open date on plastic bag.</p> <p>3. Dry storage room: 2 - 1/2 bags of BBQ chips, 1/2 bag of Cheetos Mix ups, 1/2 bag of bread crumbs, 3 rolls in a bag, 1/2 bag of hamburger buns, 1/2 bag turkey gravy mix, 1/2 bag of Frosted Flakes, 1/2 bag of Cheerios, 2 bags of Nilla Wafers, blueberry muffin mix, white cake mix, 1/2 bag of Oreo cookie pieces, and a bag of cocoa mix - no open dates on plastic bags. The Dietary Manager indicated at this time "I don't even know when the cocoa mix would have been used either."</p> <p>Interview with Compatissant #3 at this time also indicated "All items are supposed to be placed in plastic bags and</p>		<p>bag of crushed Raisin Bran cereal, 1/2 bag of bread crumbs and 1/2 bag of BBQ potato chips were thrown away. Villa 3: Freezer in kitchen 1 large bag of chicken strips, 1/2 bag of sweet potato fries, 2 bags of tator tots, 1 large bag of chicken nuggets, 1/2 bag of fajita chicken strips, 1 large and 1 1/2 bag of turkey cubes, and a 1/2 bag of French fries were thrown away. In the dry storage 2 bags of turkey gravy mix was thrown away. Villa 8: In the freezer a bag of blueberries and 1/2 bag of chicken fajita were thrown away. In the refrigerator in dry storage 1/2 bag of mozzarella cheese was thrown away. In the dry storage 1/2 bag of wheat bread and a bag of 2 hamburger buns were thrown away. Villa 6: In the freezer in the kitchen 1/2 package of waffles, 4 Salisbury steak patties were thrown away. In the freezer in dry storage a bag of hash browns, a large bag of fries, a large bag of mixed vegetables were thrown away. In Villa 7: In the dry storage room 1/2 bag of potato chips, 1/2 bag of Frosted Flakes and 1 bag of raisin bagels were thrown away. In the refrigerator 1/2 pack of ham was thrown away. In the freezer in the dry storage 1 bag of grilled chicken was thrown away. Villa 8: The country gravy mix was thrown away. Villa 6 opened bag of squared diced ham, half consumed bowl of tuna salad, a glass of thickened orange juice, the covered salad, cooked</p>	

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	<p>dated when open. If no open date, then it should be disposed of."</p> <p>D. Villa 5:</p> <p>1. Freezer in kitchen: 3 chicken breasts in a bag with ice in bag, 1/2 bag each of french fries and hash browns (not in plastic freezer bags); 1/2 package of bread sticks, and 1/2 bag of frozen peas - no open dates on bags.</p> <p>2. Refrigerator in kitchen - 1/2 package of ham, 1/2 package of turkey breast, 1/2 package of roast beef, 3/4 package of smoked turkey breast, 2 - 1/2 pkgs of cheese slices - no open dates on plastic bags.</p> <p>3. Dry storage room - 1/2 bag of Cheerios, 1/4 bag of crushed Raisin Bran cereal, 1/2 bag of bread crumbs and 1/2 bag of BBQ potato chips - no open dates. Interview with Compatissant #7 at this time indicated "We are supposed to place anything we open in a plastic freezer or storage bag after rolling it up and then put the date we opened it on the bag."</p> <p>On 2/26/16 between 9:50 a.m. and 11:30 a.m., the following was observed:</p> <p>A. Villa 3:</p> <p>1. Freezer in kitchen - 1 large bag of chicken strips, 1/2 bag of sweet potato fries, 2 small bags of tator tots, 1 large bag of chicken nuggets; 1/2 bag of fajita</p>		<p>hamsandwich, roast beef sandwich, opened package of sliced bacon, container ofOreo pudding, open container of broccoli, open package of salad lettuce, openpackage of provolone cheese, open package of cheddar cheese, open package oflemonade beverage mix and open package of mixed vegetables in the freezer werethrown away. Villa 7: Open package of tater tots in the freezer, open packageof chicken nuggets in the freezer, open package of flour tortillas, openpackage of blueberry muffin mix, open package of fudge brownie mix, open bag ofEnglish muffins, open bag of corn muffin mix, open bag of cooked ham in therefrigerator, open pie shells, opened package of French fries in the freezer,open package of fajita meat in the freezer, open package of chicken breasts inthe freezer, open package of green beans in the freezer and open package ofcauliflower florets were thrown away. All Elders were assessed for any signs orsymptoms of gastro-intestinal discomfort and no Elders were affected by the deficientpractice.</p> <p>3. All staff has been reeducated on the properprocedure of dating, labeling and the storage of refrigerated, freezer and drystorage of food and drink items. Staff were reeducated on a new policydeveloped that prohibits staff in storing personal</p>		

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	<p>chicken strips, 1 large and 1 - 1/2 bag of turkey cubes - frost noted in bags, and a 1/2 bag of french fries - no open dates on plastic bags.</p> <p>2. Dry storage room - 2 bags of turkey gravy mix - no open dates.</p> <p>Interview with Compatissant #4 at this time indicated "All food items should have open dates on them in their plastic food bags."</p> <p>B. Villa 8:</p> <p>1. Freezer in dry storage: 1 open bag of frozen blueberries - bag was wet with blueberry juice and not in a plastic freezer bag, and a 1/2 bag of fajita chicken with no open dates.</p> <p>2. Refrigerator in dry storage - 1/2 bag of mozzarella cheese in plastic bag which was not ziplocked and was open to the air.</p> <p>3. Dry storage - 1/2 bag of wheat bread and a bag of 2 hamburger buns - no open dates.</p> <p>C. Villa 6:</p> <p>1. Freezer in kitchen - 1/2 pkg of waffles- plastic bag was open to the air, and 4 salisbury steak patties in a plastic bag with no open dates.</p> <p>2. Freezer in Dry storage room - a bag of hash browns which was open to the air, a large bag of fries, and a large bag of mixed vegetables whose plastic bag was</p>		<p>food or drink items in theElder's kitchen to include not placing personal food or drinks in Elderrefrigerator, freezer or in the dry storage area. Random audits of 20% of the food/drink storageareas will be conducted by the Certified Dietary manager and / or designeesthat food/drink is sealed, labeled and properly dated. The audit will alsoinclude assurance that staff not store personal food/drink items in Villakitchen. (See Exhibit #1) The audits will be done weekly X 3 months, quarterlyfor 3 months and then annually. 4. The administrator will assure the audits areconducted and the results reviewed by the Q.A.P.I. committee monthly X4, thenquarterly X3 to ensure compliance.</p>	

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	<p>also opened to the air. No open dates were noted on the plastic bags.</p> <p>Interview with Compatissant #5 at this time indicated "All items are supposed to be placed in plastic bags and dated when opened."</p> <p>D. Villa 7:</p> <ol style="list-style-type: none"> Dry storage room: 1/2 bag of potato chips, 1/2 bag of Frosted Flakes, and 1 bag of 5 raisin bagels which was opened to the air - no open dates on plastic bags. Refrigerator in Dry storage room - 1/2 pack of ham with no open date. Freezer in Dry storage room - 1 bag of grilled chicken with no open date. <p>Interview with Compatissant #6 at this time indicated "All items are supposed to be bagged in plastic bags and dated as to when it was opened. Otherwise how would one know when it was last used. If not dated, then I would throw it out."</p> <p>On 2/29/16 at 10:34 a.m., the Administrator presented a copy of the facility's current policy titled "Food Storage Guidelines". Review of this policy at this time included, but was not limited to: "When you open a bag of food, take out the amount you need for that meal and immediately place remainder in a zip top storage bag. Take the food out of the opened bag and place</p>			

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	<p>into a zipper storage bag. Use a freezer bag for frozen items and a storage bag for refrigerator or pantry items. Leave powdered items in the bag they come in. Fold the top over and place into a quart storage bag. (Examples: sugars, gravy and dessert mixes.) The next step is to label the item. Write the name of the items, the date and your initials on the label area of the bag. All foods are to be stored as above: Frozen meat, chicken, or fish portions; frozen vegetables, including potato products, sliced or shredded cheese...salad mix, all cake brownie, biscuit, pancake, cornbread or frosting mixes...All gelatin and sauce mixes...Opened bags of potato chips...All other ingredients for recipes: marshmallows, cracker crumbs, vanilla wafers...All personnel food must also be labeled and dated and may not be returned to the refrigerator after opening."</p> <p>On 02/23/16 at 9:45 a.m., during the initial tour of the kitchen in Villa 8 with the Compatissant #10, the following was observed:</p> <p>E. Villa 8:</p> <ol style="list-style-type: none"> 1. Opened country gravy mix bag that did not have an open date. 2. Opened country gravy mix bag that did not have an open date. 			

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	<p>F. Villa 6: On 02/23/16 at 10:00 a.m., during the initial tour of the kitchen in Villa 6 with the Compatissant #11, the following was observed:</p> <ol style="list-style-type: none"> 1. Opened bag of square diced ham with no open date. 2. Tuna salad bowl half consumed with no open date. 3. A glass of thickened orange juice with no pour date. 4. Saran wrap covered salad, with no prepared label date. 5. Cooked ham sandwich meat expired on January 22nd, 2016. 6. Roast beef sandwich meat opened with no open date on the package. 7. Opened package of sliced bacon, with no open date on the package. 8. Opened container of Oreo pudding, with no open date on the package. 9. Opened container of broccoli, with no open date on the package. 10. Opened package of salad lettuce, with no open date on the package. 11. Opened package of provolone cheese, with no open date on the package. 12. Opened package of cheddar cheese, with no open date on the package. 13. Opened package of lemonade beverage mix, with no open date on the package. 14. Opened package of mixed vegetables in the freezer, with no open date on the 			
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	<p>package.</p> <p>G. Villa 7: On 02/23/16 at 10:30 a.m., during the initial tour of the kitchen in Villa 7 with the Compatissant #12, the following was observed:</p> <ol style="list-style-type: none"> 1. Opened package of tater tots in the freezer, with no open date on the package. 2. Opened package of chicken nuggets in the freezer, with no open date on the package. 3. Opened package of flour tortillas, with no open date on the package. 4. Opened package of blueberry muffin mix, with no open date on the package. 5. Opened package of fudge brownie mix, with no open date on the package. 6. Opened bag of English muffins, with no open date on the package. 7. Opened bag of corn muffin mix, with no open date on the package. 8. Opened bag of cooked ham in the refrigerator, with no open date on the package. 9. Opened bag of pie shells, with no open date on the package, and mold growing on the pie shells. 10. Opened package of French fries in the freezer, with no open date on the package. 11. Opened package of fajita meat in the freezer, with no open date on the 			

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F 9999 Bldg. 00	<p>package.</p> <p>12. Opened package of chicken breasts in the freezer, with no open date on the package.</p> <p>13. Opened package of green beans in the freezer, with no open date on the package.</p> <p>14. Opened package of cauliflower florets, with no open date on the package.</p> <p>During an interview on 02/23/16 at 10:30 a.m., Compatissant # 12 indicated when the food is opened from its original container it should have an open date and it should be labeled.</p> <p>3.1-21(i)(3)</p> <p>(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:</p> <p>(1) Residents' rights....</p> <p>(4) Safety and accident prevention.</p> <p>(5) Needs of specialized populations served.</p> <p>(6) Care of cognitively impaired residents.</p> <p>(l) The frequency and content of inservice education and training programs shall be</p>	F 9999	<p>1. No elders affected. All nursing staff in-service training on abuse, dementia, and resident rights to ensure all nursing staff in compliance. 2. All elders have the potential to be effected by employee non-compliance with attendance to in-services. All employees have been in-serviced on Dementia, Resident Rights, and Abuse prevention. 3. All employees were notified that all in-services are mandatory, and disciplinary action could occur for failure to attend monthly in-services. Employees that fail to attend scheduled in-services will</p>	03/30/2016

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	<p>in accordance with the skills and knowledge of the facility personnel as follows. For nursing personnel, this shall include at least twelve (12) hours of inservice per calendar year and six (6) hours of inservice per calendar year for nonnursing personnel.</p> <p>This Rule was not met as evidenced by: Based on interview and record review the facility failed to ensure employees were educated annually per facility policy on abuse, dementia, and resident rights for 2 of 10 employee files reviewed.</p> <p>Findings include:</p> <p>The review of employee records on 02/25/16 between 8:45 a.m., and 9:10 a.m., indicated no documentation of the completion of annual inservice training on abuse, dementia, and resident rights by LPN (Licensed Practical Nurse) # 1 in 2015. The review also indicated Compatissant # 8 failed to perform the annual inservice on abuse in 2015. The last documented inservice on elder abuse was completed by LPN # 1 and Compatissant # 8 on November 20, 2014.</p> <p>During an interview with the DON (Director of Nursing) on 02/25/16 at 12:00 p.m., she indicated LPN # 1 left employment from the facility between</p>		<p>receive 1:1 education on in-service topic by Director of Nursing or Designee in addition to possible disciplinary action. Additional in-service opportunities have been added to accommodate all employee schedules. Tracking form initiated by Human Resources to ensure compliance with required in-service training for each employee. Director of Nursing or Designee will ensure compliance with required in-service training upon hire and at each employee's annual appraisal. (Exhibit #6) Director of Nursing or Designee will audit tracking form monthly x12 4. The administrator will assure the audits are conducted and the results reviewed by the Q.A.P.I.committee monthly X4, then quarterly X3 to ensure compliance</p>	

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	<p>January, 2015 and May, 2015. The LPN returned to work at the facility and failed to ask for training in abuse, dementia, and resident rights. The DON indicated education was placed in Villa # 1 for employees to complete, but the LPN failed to pick up the material. The DON also indicated she liked to let employees take on the responsibility of finishing the educational material themselves. The DON did not indicate why Compatissant # 8 did not complete the annual abuse training.</p> <p>During an interview with the Administrator and DON on 02/29/16 at 1:19 p.m., the Administrator indicated the facility was looking at ways to improve or get the staff to attend inservices. She also indicated they were trying to offer the in-services on different days of the week and times of the day, but there were times when no staff showed up. She also indicated the facility incorporated inservice completion into the staff evaluations and raises, but this incentive still didn't seem to work. The DON indicated the LPN and Compatissant have both worked full-time. The DON indicated the LPN was considered a new hire in May, 2015, but the new hire in-services were not completed.</p>			

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R 0000 Bldg. 00	On 02/29/16 at 3:30 p.m., the DON provided a document, indicating the facility followed the state requirements for inservices on abuse, resident rights and dementia.	R 0000	Submission of this plan of correction shall not constitute an admission by the Villas of Guerin Woods to the allegations contained in this survey report. This plan of correction is submitted in accordance with the requirements of the state and federal laws.	
R 0093 Bldg. 00	410 IAC 16.2-5-1.3(j)(1-4) Administration and Management - Noncompliance (j) If professional or diagnostic services are to be provided to the facility by an outside resource, either individual or institutional, an arrangement shall be developed between the licensee and the outside resource for the provision of the services. If a written agreement is used, it shall specify the following: (1) the responsibilities of both the facility and the outside resource; (2) the qualifications of the outside resource staff; (3) a description of the type of services to be provided, including action taken and reports of findings; and (4) the duration of the agreement. Based on record review and interview, the facility failed to ensure the physician	R 0093	1. LPN#2 contacted contracted lab to obtain a copy of Elder #5 labs for May and Oct.2015. Both	03/30/2016

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	<p>was notified of abnormal test results for 1 of 7 residents reviewed for diagnostic services. (Resident #5)</p> <p>Findings include:</p> <p>The clinical record for Resident #5 was reviewed on 2/29/16 at 11:10 a.m. Diagnoses included, but were not limited to, atrial fibrillation and pacemaker placement.</p> <p>The physician orders for February 2016 indicated the following: "SERUM DIGOXIN [medication used to slow the heart rate] LEVEL EVERY 6 MONTHS DUE: MAY, OCT [October]...."</p> <p>The clinical record lacked the lab results for May 2015 and October 2015.</p> <p>During an interview on 2/29/16 at 11:55 a.m., LPN (Licensed Practical Nurse) #2 indicated he/she did not know why the lab results were not in the chart. LPN #2 indicated he/she would notify the lab and have them fax to the facility.</p> <p>On 2/29/16, at 12:00 p.m., LPN #2 provided a copy of the document titled, "[name of lab provider]...Last Reprint...02/29/2016 11:23 [11:23 a.m.]...Reported...10/19/2015 13:54 [1:54 p.m.]...Report Status...Final...Test</p>		<p>were obtained and within normal limits. Diagnostic tracking tool implemented immediately upon notification of missing lab (Exhibit #2). All nurses in-serviced on use of diagnostic tracking tool. Physician notified. No adverse reaction noted. Elder #5 physician order received to check digoxin level now, and continue routine lab every 6 months. 2. All Elders physician orders for diagnostics reviewed. No other elders affected. All labs in place and current with physician notification. All new lab orders are tracked daily on implemented tracking tool and reviewed every morning by DON or designee. 3. All nurses in-serviced on use of diagnostic tracking tool. Director of Nursing and Assistant Director of Nursing obtained electronic lab record access from contracted diagnostic company. Fax machine obtained for Residential Villa to ensure prompt receipt of all diagnostics. To ensure compliance, the diagnostic tracking tool will be used daily to ensure all labs have prompt follow up. Director of Nursing or designee will review diagnostic tracking form daily for proper use of tracking diagnostics. The Director of Nursing or Designee will audit tracking tool weekly x4 weeks and monthly x6 months (Exhibit #3). The Diagnostic Auditing Tool will be reviewed each month x6 months during Continuous Quality</p>	

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	<p>Name...DIGOXIN...Result...0.42...L [low]...Normal Range...0.9-2.0 ng/ml [nannogram/milliliter]...."</p> <p>On 2/29/16, at 2:10 p.m., LPN #2 provided a copy of the document titled, ""[name of lab provider]...Last Reprint...02/29/2016 14:01 [2:01 p.m]...Reported...05/14/2015 18:15 [6:15 p.m.]...Report Status...Final...Test Name...DIGOXIN...Result...0.40...L [low]...Normal Range...0.9-2.0 ng/ml [nannogram/milliliter]...."</p> <p>During an interview on 2/29/26 at 2:12 p.m., LPN #2 indicated he/she would notify the physician for a digoxin lab not in therapeutic range. LPN #2 indicated he/she would date and time when the physician was notified, write new orders if any, and notify the family.</p> <p>During an interview on 2/29/16 at 2:25 p.m., LPN #2 indicated he/she notified the physician of the May 2015 and October 2015 digoxin results and there were no new orders.</p> <p>On 2/29/16 at 2:25 p.m., the Medical Records Coordinator provided a copy of the policy and procedure titled, "DIAGNOSTIC SERVICES", and indicated as current. It included, but was not limited to, the following: "...Purpose:</p>		Improvement meeting with the Medical Director. 4. The administrator will assure the audits are conducted and the results reviewed bythe Q.A.P.I. committee monthly X4, then quarterly X3 to ensure compliance.	

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R 0242 Bldg. 00	<p>To ensure that appropriate diagnostic services are available...Policy: It is the policy...to provided or make arrangements for prompt laboratory, radiology and other diagnostic services...Standards: 1. Diagnostic services will be performed only upon physician order. If tests are ordered by a consulting physician, the Elder's physician as well as the consulting physician will be notified of the test results...11. Licensed nurses are responsible for documenting the performance of laboratory tests and test results if performed in-house and physician notification in the nurses' notes...13. Laboratory and radiology providers will promptly provide The Villas with a copy of all test results of diagnostic services which will be maintained in the Elder's medical record...14. Upon notification of the diagnostics service, the nurse in charge will notify the Elder's physician of abnormal lab results...."</p> <p>410 IAC 16.2-5-4(e)(2) Health Services - Offense (2) The resident shall be observed for effects of medications. Documentation of any undesirable effects shall be contained in the clinical record. The physician shall be notified immediately if undesirable effects occur, and such notification shall be documented in the clinical record. Based on interview and record review,</p>	R 0242	1. Elder#5 immediately had	03/30/2016

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	<p>the facility failed to follow physician orders to assess a residents heart rate prior to administration of digoxin [medication used to slow the heart rate in patients with atrial fibrillation] and failed to administer digoxin per physicians order for 1 of 7 residents reviewed for medication administration. (Resident #5)</p> <p>Findings include:</p> <p>The clinical record for Resident #5 was reviewed on 2/29/16 at 11:10 a.m. Diagnosis included, but was not limited to, atrial fibrillation.</p> <p>The physician order, dated 10/14/14, indicated the following: "Digox [Digoxin] 125 MCG [micrograms] TABLET...Give 1 tablet orally once a day...." The physician order also indicated to administer the medication at 6:00 a.m. and to check the heart rate prior to administration.</p> <p>The Medication Administration Record (MAR), for October 2015, indicated Resident #5's heart rate was not checked 4 out of 31 days prior to the administration of digoxin.</p> <p>The MAR for November 2015 indicated Resident #5's digoxin medication was not given 11 out of 30 days and the heart rate</p>		<p>digoxin level drawn per lab. No adverse reaction noted. All nurses will be re-educated on proper administration of digoxin (Exhibit #4). This will include instructionon monitoring apical pulse for 1 minute prior to administering the medicationand holding dose if pulse is less than 60. Nurses will document pulse andmedication given in the medication administration record and notify M.D. ifdose held. Elder #5 pulse is being monitored prior to receiving digoxin daily. 2. Nooter elder was affected. All elder's physician orders were reviewed. No otherelders currently have orders for digoxin. All new physician orders are revieweddaily by the Interdisciplinary Team and high risk medications such as digoxin will be reviewed by the Director of Nursing or designee. 3. In order to ensure all elders have proper documentation of medicationadministration, all nursing staff has completed re-education on properadministration of digoxin. This includes instruction on monitoring apical pulse for 1 minute prior to administering the medication. As well as nurses will hold dose if pulse isless than 60. Nurses will document pulse and medication given in the medicationadministration record and notify M.D. if dose held. Implementation of Digoxin monitoring tool (Exhibit #5).To</p>				

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R 0273 Bldg. 00	<p>was not checked 14 out of 30 days.</p> <p>The MAR for January 2016 indicated Resident #5's digoxin medication was not give 9 out of 31 days and the heart rate was not checked 12 out of 31 days.</p> <p>The MAR for February 2016 indicated Resident #5's heart rate was not checked 12 out of 29 days prior to the administration of digoxin.</p> <p>The clinical record lacked documentation as to why the digoxin was not given.</p> <p>During an interview on 2/29/16 at 1:40 p.m., LPN (Licensed Practical Nurse) #2 indicated the heart rate should be checked prior to the administration of digoxin.</p> <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, interview and observation, the facility failed to ensure food items had dates of when they were opened and chemicals were not stored among cooking oils during 1 of 1 kitchen observations. This deficient practice had the potential to affect 9 of 9 residents currently residing in Assisted Living.</p>	R 0273	<p>ensure compliance, the audits will be completed weekly x 4wks then monthlyx6mo. The audit will be reviewed each month during Continuous Quality Improvement meeting with the Medical Director.</p> <p>4. Theadministrator will assure the audits are conducted and the results reviewed bythe Q.A.P.I. committee monthly X4, then quarterly X3 to ensure compliance.</p> <p>1. No Elders were found to be affected by the deficient practice. 2. All Elders had the potential to be affected bythe deficient practice. In the freezer in the kitchen 4 waffles in a bag, and abag of frozen chicken breasts were thrown away. In the refrigerator a packageof cooked ham was thrown away. In the dry storage room ½ bag of cocoa</p>	03/30/2016

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	<p>Finding included:</p> <p>A. During the initial kitchen tour on 2/29/26 between 10:37 a.m. and 11:00 a.m. while accompanied by Compatissant #1, the following was observed:</p> <ol style="list-style-type: none"> Freezer in the Kitchen: a plastic bag with 4 waffles and a plastic bag of 5 frozen chicken breasts - both with no open date on the bags. Frost was also observed in the bags. Refrigerator in the kitchen: in the drawer was an opened package of cooked ham with no date of when the item was opened, no plastic bag to store it in and the meat had a "spoiled" odor to it. Dry Storage Room: 1/2 bag of cocoa mix, 1/2 bag of butterscotch and 1/2 bag of chocolate morsels, 1/2 package of gravy mix - no open date on the plastic storage bags. In a cabinet under the prep counter island, a 1/2 bottle of Dawn Dishwashing liquid and an 1/8 of a gallon bottle of bleach was observed among the bottles of cooking oils. An interview with Compatissant #1 at this time indicated "These items should have been locked in the cabinet by the sink. Don't know why 		<p>mix, 1/2bag of butterscotch, 1/2 bag of chocolate morsels and 1/2 bag of gravy mix werethrown away. In the cabinet under the prep counter the 1/2 bottle of Dawn dishwashingliquid and a 1/8 of a gallon of bleach were taken and locked in the cabinet bythe sink. All Elders were assessed for any signs or symptom ofgastro-intestinal discomfort and no Elders were affected by the deficientpractice. 3. All staff has been reeducated on the properprocedure of dating, labeling and the storage of refrigerated, freezer and drystorage of food and drink items. Staff was reeducated on keeping chemicals underlock and not stored beside food and drink items. Random audits of 20% of thefood/drink storage areas will be conducted by the Certified Dietary manager and/ or designees that food/drink is sealed, labeled and properly dated. The audit will also include assurance that all chemicals in the kitchen are kept locked up in the cabinet. (See Exhibit #1) The audits will be done weekly X 3 months,quarterly for 3 months and then annually. 4. The administrator will assure the audits areconducted and the results reviewed by the Q.A.P.I. committee monthly X4, thenquarterly X3 to ensure compliance.</p>	

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	<p>they were put here." The Compatissant also indicated "When food items are opened, we are supposed to place them in a plastic storage bag and date it to reflect when it was opened."</p> <p>On 2/29/16 at 10:34 a.m., the Administrator presented a copy of the facility's current policy titled "Food Storage Guidelines". Review of this policy at this time included, but was not limited to: "When you open a bag of food, take out the amount you need for that meal and immediately place remainder in a zip top storage bag. Take the food out of the opened bag and place into a zipper storage bag. Use a freezer bag for frozen items and a storage bag for refrigerator or pantry items. Leave powdered items in the bag they come in. Fold the top over and place into a quart storage bag. (Examples: sugars, gravy and dessert mixes.) The next step is to label the item. Write the name of the items, the date and your initials on the label area of the bag. All foods are to be stored as above: Frozen meat, chicken, or fish portions; frozen vegetables, including potato products, sliced or shredded cheese... all cake, brownie, biscuit, pancake, cornbread or frosting mixes...All gelatin and sauce mixes...Opened bags of potato chips...All other ingredients for recipes:</p>			

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R 0349 Bldg. 00	marshmallows, cracker crumbs, vanilla wafers..." 410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on interview and record review, the facility failed to ensure lab results were available in the clinical record to review for 1 of 7 residents reviewed for labs. (Resident #5) Findings include: The clinical record for Resident #5 was reviewed on 2/29/16 at 11:10 a.m. Diagnoses included, but were not limited to, atrial fibrillation and pacemaker placement. The physician orders for February 2016 indicated the following: "SERUM DIGOXIN [medication used to slow the	R 0349	1. Elder#5 physician order received to check digoxin level now. Contacted contracted lab to obtain a copy of Elder #5 labs for May and Oct. 2015. Both obtained and within normal limits. Results received for current stat lab, within normal limits. M.D. notified. Diagnostic tracking tool implemented immediately upon notification of missing lab (Exhibit #2). All nurses in-serviced on use of diagnostic tracking tool Physician notified. Lab results recorded in Elder #5 medical records. No adverse reaction noted. 2. No other Elders affected. All Elders physician orders for diagnostics reviewed. All Elders labs in place and current with physician notification	03/30/2016

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	<p>heart rate] LEVEL EVERY 6 MONTHS DUE: MAY, OCT [October]...."</p> <p>The clinical record lacked the lab results for May 2015 and October 2015.</p> <p>During an interview on 2/29/16 at 11:55 a.m., LPN (Licensed Practical Nurse) #2 indicated he/she did not know why the lab results were not in the chart. LPN #2 indicated he/she would notify the lab and have them faxed to the facility.</p> <p>On 2/29/16, at 12:00 p.m., LPN #2 provided a copy of the document titled, "[name of lab provider]...Last Reprint...02/29/2016 11:23 [11:23 a.m.]...Reported...10/19/2015 13:54 [1:54 p.m.]...Report Status...Final...Test Name...DIGOXIN...Result...0.42...L [low]...Normal Range...0.9-2.0 ng/ml [nannogram/milliliter]...."</p> <p>On 2/29/16, at 2:10 p.m., LPN #2 provided a copy of the document titled, ""[name of lab provider]...Last Reprint...02/29/2016 14:01 [2:01 p.m.]...Reported...05/14/2015 18:15 [6:15 p.m.]...Report Status...Final...Test Name...DIGOXIN...Result...0.40...L [low]...Normal Range...0.9-2.0 ng/ml [nannogram/milliliter]...."</p> <p>On 2/29/16 at 2:25 p.m., the Medical</p>		<p>in medical record. All new lab orders are tracked daily on implemented tracking tool and reviewed every morning by DON or designee. Fax Machine placed in nurse's office. All routine labs will be drawn on Monday and Thursday for accurate tracking.</p> <p>3. All nurses in-serviced on use of diagnostic tracking tool. Director of Nursing and Assistant Director of Nursing obtained electronic lab record access from contracted diagnostic company. Fax machine obtained to ensure prompt receipt of all diagnostics. To ensure compliance, the diagnostic tracking tool will be used daily by nurses to ensure all labs have prompt follow up. Director of Nursing or designee will review diagnostic tracking form daily to ensure proper use of tracking diagnostics. The Director of Nursing or Designee will audit tracking tool weekly x4weeks and monthly x6 months (Exhibit #3).</p> <p>4. The administrator will assure the audits are conducted and the results reviewed by the Q.A.P.I. committee monthly X4, then quarterly X3 to ensure compliance.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2016
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NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Records Coordinator provided a copy of the policy and procedure titled, "DIAGNOSTIC SERVICES", and indicated as current. It included, but was not limited to, the following: "...Purpose: To ensure that appropriate diagnostic services are available...Policy: It is the policy...to provided or make arrangements for prompt laboratory, radiology and other diagnostic services...Standards: 1. Diagnostic services will be performed only upon physician order...11. Licensed nurses are responsible for documenting the performance of laboratory tests and test results if performed in-house and physician notification in the nurses' notes...13. Laboratory and radiology providers will promptly provide The Villas with a copy of all test results of diagnostic services which will be maintained in the Elder's medical record...."			