

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 5, 6, 7, 10, 11 & 12, 2015</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 7 Medicaid: 52 Other: 13 Total: 72</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Signature HealthCARE of South Bend requests that this plan of correction be considered its credible allegation of compliance for the deficiencies cited. However, preparation and/or execution of this plan of correction does not constitute admission or agreement by the facility to the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is submitted to meet requirements established by state and federal law. Signature HealthCARE of South Bend respectfully requests that this Plan of Correction and any supporting documentation be considered for desk review. We allege date of compliance to be September 11, 2015.</p>	
F 0371 SS=F Bldg. 00	<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</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>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>A. Based on observation, interview and record review the facility failed to prepare pureed meals under sanitary conditions, related to hand washing, in 1 of 1 kitchen.</p> <p>B. Based on observation, interview and record review, the facility failed to serve food in a sanitary manner regarding washing of hands in 1 of 3 dining rooms. (Assisted Dining Room)</p> <p>Finding Includes:</p> <p>A.1. On 8/5/15 at 11:00 A.M., Employee # 3 was observed using plastic spoon to stir a liquid in a measuring cup she then lifted the lid on the trash can with her bare hand, threw away the spoon, then continued to make 10 pureed meats without washing her hands.</p> <p>During an interview on 8/5/15 at 2:35 P.M., the DM (Dietary Manager) indicated that "... she should have washed her hands after lifting the trash lid before preparing the pureed meals..."</p> <p>On 8-12-15 at 1:33 P.M., review of the current "Dietary Services - Hand Washing" policy, dated October 2009,</p>	F 0371	<p>F 371</p> <p>It is the intent of the facility to procure, store, prepare, and serve food under sanitary conditions.</p> <p>Q1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>A1: No specific resident was identified to be affected.</p> <p>Q2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>A2: All residents had the potential to be affected. Stakeholders will complete hand washing education and a hand washing competency under the direction of the Staff Development Coordinator by 9/10/2015. All dietary, nursing, and management stakeholders who serve food in the dining rooms, in addition to hand washing competency, will complete food sanitation and handling education under the direction of the Dining Services Director by 9/10/2015. 100% compliance will be achieved.</p> <p>Q3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>A3: Stakeholders will complete hand washing education and a hand washing competency by 9/10/2015.</p>	09/11/2015

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	<p>received from the Administrator at this time, indicated "...1. All hands are washed:...(b) before starting work in the kitchen and service areas. (c) after handing soiled dishes and utensils. (d) after taking out the garbage, putting away stock, or cleaning. (e) before and after handling foods..." The Administrator indicated at this time handwashing should be done for 20 to 30 seconds.</p> <p>B.1. On 8/5/15 between 12:24 P.M., and 12:58 P.M., during the lunch meal in the Assisted Dining Room the following was observed:</p> <p>At 12:30 P.M. CNA #7 (Certified Nursing Assistant) was observed to wash her hands for 11 seconds, then serve a hall tray to a resident.</p> <p>At 12:33 P.M., CNA #4 was observed to wash her hands for 8 seconds, then serve a hall tray to a resident.</p> <p>At 12:35 P.M., CNA #4 was observed to wash her hands for 10 seconds, then serve a hall tray to a resident.</p> <p>On 8-12-15 at 1:24 P.M., review of the current "Clinical - Handwashing" policy, dated 12-2010, received from the DON (Director of Nursing) at this time, indicated "...Appropriate times for staff</p>		<p>All dietary, nursing, and managementstakeholders who serve food in the dining rooms, in addition to hand washingcompetency, will complete food sanitation and handling education by 9/10/2015.DON, or designee, will complete unannounced hand washing checks with a sample ofat least 5 stakeholders daily x7 days, weekly x4 weeks, and then randomly x3months to ensure hand washing compliance. Dining Services Director, or designee,will complete at least one unannounced meal preparation observation at varyingmealtimes daily x7 days, three times per week x4 weeks, and then randomly x3months. The Dining Services Director will complete at least one dining roomservice observation at varying mealtimes daily x7 days, at least 3 dining roomobservations per week at varying meal times x 4 weeks, and then randomlythereafter, to ensure appropriate preparation and handling of food during mealservice. Department Managers will observe, reinforce, and provide correctionand education as needed.</p> <p>Q4: How the corrective action(s) will be monitored to ensurethe deficient practice will not recur, i.e., what quality assurance programwill be put into place;</p> <p>A4: DON, or designee, and Dining Services Director, ordesignee, will keep observation and audit notes to review for trends. Resultswill be</p>	

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F 0431 SS=D Bldg. 00	<p>to wash hands...before handing a resident's food or food tray...." The DON indicated at this time, "...my expectation would be to wash their hands for 20 to 30 seconds...."</p> <p>3.1-21(i)(2)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p>		<p>reported to the QAPI Committee monthly x3 months and then quarterly x2quarters. Further action plans may be developed and implemented as decided upon by the committee.</p> <p>Q5: By what date the systemic changes will be completed. A5: September 11, 2015.</p>	

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	<p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were stored securely for one of 5 medication carts on the 100 hall. The facility also failed to secure a medication, leaving it at the bedside, for one resident. (Resident #98)</p> <p>Findings include:</p> <p>On 8-6-15, at 12:44 P.M., during an observation of Resident #98's room, an ointment, Iodosorb Cardexomer Iodine cream, used for wound care, was found on the bedside table.</p> <p>On 8-7-15, at 10:10 A.M., an observation was made of the same ointment on the bedside table in Resident #98's room.</p> <p>On 8-10-15, at 9:30 A.M., an observation was made of the same ointment on a shelf in Resident #98's room.</p> <p>On 8-11-15, at 10:30 A.M., an observation was made of the same</p>	F 0431	<p>F 431</p> <p>It is the intent of the facility to label and store medications in accordance with regulatory requirements and professional standards.</p> <p>Q1: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>A1: Resident #98 – biological reported by the surveyor to have been in the resident's room was removed.</p> <p>Q2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>A2: No other residents have the immediate potential to be affected. Resident rooms were searched for any unsecured biologicals to ensure facility-wide compliance.</p> <p>Q3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>A3: Nursing staff will be educated on the proper storage of biologicals and proper locking of medication and</p>	09/11/2015

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	<p>ointment on a shelf in Resident #98's room.</p> <p>On 8-12-15, at 12:45 P.M. to 12:52 P.M., an observation of an unlocked treatment cart on the 100 hall was made. The treatment cart was not attended and had medications inside. There were 5 residents in the hall during the observed timeframe. The DON (Director of Nursing) indicated, at 12:52 P.M., the medication and treatment carts should be locked when not attended. The DON further indicated that medications of any kind should not be left in residents rooms unattended.</p> <p>On 8-12-15 at 1:24 P.M., a record review of the policy "Medication Administration-Storage of Medication" with an effective date of 12-2010, received from the DON at this time, indicated, "Procedure...2. Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications [such as medication aides] are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access."</p> <p>3.1-25(m)</p>		<p>treatment carts when notattended under the direction of the Staff Development Coordinator by 9/10/2015.100% compliance will be achieved. DON, or designee, will conduct random auditsfor correctly stored biologicals and locked medication and treatment cartsdaily x7 days, weekly x4 weeks, and randomly thereafter. These audits willcontinue to be a part of daily nursing administration compliance rounds.</p> <p>Q4: How the corrective action(s) will be monitored to ensurethe deficient practice will not recur, i.e., what quality assurance programwill be put into place;</p> <p>A4: DON, or designee, will keep and review audits fortrends. Results will be reported to the QAPI Committee monthly x3 months andthen quarterly x2 quarters. Further action plans may be developed andimplemented as decided upon by the committee.</p> <p>Q5: By what date the systemic changes will be completed.</p> <p>A5: September 11, 2015</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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