

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155503	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2015
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NAME OF PROVIDER OR SUPPLIER EXCEPTIONAL LIVING CENTER OF BRAZIL	STREET ADDRESS, CITY, STATE, ZIP CODE 501 S MURPHY AVE BRAZIL, IN 47834
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: May 7, 8, 12, 13, and 14, 2015.</p> <p>Facility number: 000514 Provider number: 155503 AIM number: 1002666800</p> <p>Census bed type: SNF/NF: 90 Total: 90</p> <p>Census payor type: Medicare: 10 Medicaid: 59 Other: 21 Total: 90</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE			

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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Bldg. 00	<p>PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure a careplan had been developed for a resident who had stress incontinence for 1 of 2 residents reviewed for rehabilitation potential (Resident #118) and a careplan had been developed for the use of an anti-platelet medication for 2 of 5 residents reviewed for unnecessary medication use (Resident #25, Resident #35).</p> <p>Findings include:</p> <p>1. a. Resident #25's clinical record was reviewed on 5/14/2015 at 1:16 p.m. Diagnosis included, but were not limited</p>	F 279	-This plan of correction constitutes Exceptional Living Center of Brazil's written allegation of compliance for the deficiencies cited during the annual survey conducted May 7, 2015 through May 14, 2015. Submission of this Plan of Correction does not constitute an admission that a deficiency exists or was cited correctly. This Plan of Correction is being submitted to meet state and federal requirements. The Exceptional Living Center of Brazil respectfully requests consideration of this Plan of Correction for paper compliance. Plan of Compliance Date: 6-12-15 F279 Develop Comprehensive Care Plans	06/12/2015			

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	<p>to cerebrovascular disease, hypertension, and congestive heart failure.</p> <p>Physician's May 2015; orders indicated Plavix (antiplatelet, a drug used to prevent blood clots) 75 mg daily (start date 10/22/2014) .</p> <p>Review of the May 2015, medication administration records for Resident #25 indicated medications included, but were not limited to: Plavix 75 mg daily for congestive heart failure.</p> <p>Review of careplans provided by the DON (Director of Nursing) on 5/14/2015 at 1:00 p.m., indicated no careplan in place for the use of an antiplatelet medication.</p> <p>On 5/14/2015 at 2:20 p.m., an interview with the Director of Nursing indicated Resident #25 does not have a careplan in place for the use of Plavix. At that time, she indicated there should be a careplan for the use of an anti-platelet.</p> <p>The Lippincott Manual of Nursing Practice, 34th edition, copyright 2014, indicated Plavix is used in the treatment of patients at risk for ischemic events-recent MI (myocardial infarction), recent ischemic stroke, peripheral artery</p>		<p>1. Resident #25 -Resident's-Care Plans were reviewed for accuracy and updated to accurately reflect the individual resident's current status including Plavix. Completed by a licensed nurse on 05/28/2015. Resident # 35- Resident's-Care Plans were reviewed for accuracy and updated to accurately reflect the resident's current status including the use of Plavix. Completed by a licensed nurse on 05/28/2015. Resident # 118-Resident's Care Plans were reviewed for accuracy and updated to accurately reflect the resident's current status including stress incontinence. Completed by a licensed nurse on 05/28/2015. 2. The Care Plans for all current residents will be reviewed for accuracy by a licensed nurse and updated to accurately reflect each resident's current status. To be completed by 06/11/2015. 3.Care Plans will be reviewed daily Monday through Friday by the Interdisciplinary Team, will be updated as needed to reflect each individual resident's current status. The MDS Coordinators, Unit Managers, Social Services, Activities and Dietary Manager have been re-educated to the Care Plan Policy on 06/11/2015 by the Director of Nursing or designee. (See attachment A) 4. An audit of 5 residents Care Plans will be conducted by the Director of</p>		

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	<p>disease, acute coronary syndrome, and to prevent adverse cardiac events in coronary stent implantation. Black Box Warning: Monitor patient for increased bleeding, limit invasive procedures.</p> <p>On 5/14/2015 at 12:20 p.m., the Administrator provided the Careplan policy dated 7/21/2013, and indicated it was the policy currently being used by the facility. The policy indicated: "...Procedure: 1. Assess or evaluate resident upon admission and initiate a plan of care for key problems or potential problems identified.....6. Upon resident assessment completion, individualized care plan will be updated to include any new information.....9. Update resident's care plan as changes occur..."</p> <p>1.b. Resident #35's clinical record was reviewed on 5/13/2015 at 11:30 a.m. Diagnoses included, but were not limited to hypertension and coronary artery disease.</p> <p>Review of the May 2015, medication administration record indicated medication included, but were not limited to: Plavix 75 mg (milligram) daily for hypertension (an anti-platelet drug used to prevent blood clot formation).</p>		<p>Nursing or designee for accuracy and to be updated to reflect the resident's current status. Any concerns will be addressed at the time the concern is identified. Monitoring will be done weekly for 4 weeks, every 2 weeks, monthly for 3 months and then quarterly for 6 months. Any concerns identified will be addressed at that time. The results of the audits will be submitted and reviewed monthly by the Quality Assurance Committee for further recommendation. (See attachment B) 5. Date of compliance: 06/12/2015</p>		

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	<p>On 5/15/2015 at 1:57 p.m., an interview with the Director of Nursing indicated Resident #35 started the Plavix on 2/5/2015.</p> <p>No careplan in the clinical record for the use of Plavix and risk for bleeding.</p> <p>On 5/13/15 at 2:30 p.m., an interview with the Director of Nursing indicated Resident #35's had no careplan in place for the use of an anti-platelet.</p> <p>The Lippincott Manual of Nursing Practice, 34th edition, copyright 2014, indicated Plavix is used in the treatment of patients at risk for ischemic events-recent MI (myocardial infarction), recent ischemic stroke, peripheral artery disease, acute coronary syndrome, and to prevent adverse cardiac events in coronary stent implantation. Black Box Warning: Monitor patient for increased bleeding, limit invasive procedures.</p> <p>On 5/14/2015 at 12:20 p.m., the Administrator provided the Careplan policy dated 7/21/2013, and indicated it was the policy currently being used by the facility. The policy indicated: "...Procedure: 1. Assess or evaluate resident upon admission and initiate a plan of care for key problems or potential problems</p>			

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	<p>identified.....6. Upon resident assessment completion, individualized care plan will be updated to include any new information.....9. Update resident's care plan as changes occur..."</p> <p>2). Resident #118's clinical record was reviewed on 5/13/15 at 2:30 p.m.</p> <p>Care Area Assessment Summary form dated 6/16/14, indicated, "... Care Area, ... 05. ADL [Activity of Daily Living] Functional/Rehabilitation Potential, ... "</p> <p>This indicated Resident #118 triggered for an ADL care plan.</p> <p>Admission Minimum Data Set (MDS) assessment dated 11/19/14, indicated Resident #118 was not on a toileting program and was always continent of bladder and bowel. The 11/29/14, MDS indicated Resident #118 was occasionally incontinent of bladder and always continent bowel. The 12/12/14, MDS indicated Resident #118 was always continent of bladder and always continent of bowel. The MDS dated 2/27/15, indicated, Resident #118 was frequently incontinent of bladder and bowel. The current MDS dated 4/3/15, indicated Resident #118 had a trial toileting program.</p> <p>On 5/13/15 at 2:07 p.m., LPN #1 indicated Resident #118 was occasionally</p>			

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F 329 SS=E Bldg. 00	<p>incontinent, but aware of when she had to go to the bathroom. Resident #118 has stress incontinence, but the clinical record lacked a care plan for stress incontinence.</p> <p>On 5/13/15 at 3:10 p.m., the Director of Nursing (DON) indicated there was no care plan for Resident #118 indicating care for stress incontinence. "There should be one."</p> <p>On 5/14/2015 at 12:20 p.m., the Administrator provided the Careplan policy dated 7/21/2013, and indicated it was the policy currently being used by the facility. The policy indicated: "...Procedure: 1. Assess or evaluate resident upon admission and initiate a plan of care for key problems or potential problems identified.....6. Upon resident assessment completion, individualized care plan will be updated to include any new information.....9. Update resident's care plan as changes occur..."</p> <p>3.1-35(a)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary</p>			

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	<p>drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure residents who received an anti-psychotropic, anti-depressant, and anti-anxiety medication were monitored for side effects and behaviors for 4 out of 5 residents who were reviewed for unnecessary medication use. (Resident #35, Resident #108, Resident #84 and Resident #106).</p> <p>Findings include:</p> <p>1. The clinical record was reviewed for Resident #108 on 5/13/2015 at 11:00 a.m. Diagnoses included, but were not limited to depression and dementia.</p>	F 329	<p>F329 Drug Regimen is free from Unnecessary Drugs 1.a) Resident #108 Behavioral Monitoring tool and Side Effect Monitoring tool has been updated for the side effects of Cymbalta and was assessed by a licensed nurse on 05/15/2015 with no side effects noted. b) Resident #84 Behavioral Monitoring Sheet and Side Effect Monitoring tool has been updated for the side effects of Alprazolam and Depakote and was assessed by a licensed nurse on 05/15/2015 with no side effects noted. c) Resident #106 Behavioral Monitoring tool and Side Effect Monitoring tool has been updated for the side effects of Olanzapine and Depakote and was assessed by a licensed</p>	06/12/2015

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	<p>The comprehensive Minimum Data Set (MDS) assessment dated 3/30/2015, assessed Resident #108 as taking an anti-depressant medication the last 6 out of 7 days.</p> <p>Physician's order dated 5/13/2015, indicated Resident #108 medications included but, were not limited to: Cymbalta (an anti-depressant) 30 milligrams once a day. The original start date was 4/24/2015. Resident #108 had previously been on Celexa (an anti-depressant) 40 milligrams once a day, but was switched on 4/24/2015, to Cymbalta due to the dangers associated with Celexa in patients with dementia. Resident #108 was admitted to the facility on 3/23/2015, and was on Celexa at the time of admission. The original start date for the Celexa is unknown.</p> <p>The Wolters Kluwer Nursing 2015 Drug Handbook, 35th edition, copyright 2015, list side effects for Cymbalta include, but are not limited to: "dizziness, fatigue ... somnolence, suicidal thoughts ... diarrhea ... nausea ... vomiting ... weight gain or weight loss. ..." and, side effects for Celexa include, but are not limited to: "somnolence, insomnia, suicide attempt, anxiety, agitation, dizziness ... depression ... orthostatic hypotension ... nausea,</p>		<p>nurse on 05/15/2015 with no side effects noted. d) Resident #35 Behavioral Monitoring tool and Side Effect Monitoring tool has been updated for the side effects of Duloxetine and Lorazepam and was assessed by a licensed nurse on 05/15/2015 with no side effects noted. 2. The Behavior Monitoring tool and Side Effect Monitoring tool for current residents with behaviors and/or receiving psychoactive medications were updated by a licensed nurse on 05/15/2015 to include the behavior related to the use of the medication and the monitoring of side effects for each psychotropic drug. 3. Behaviors and potential side effects for psychotropic medications are monitored and documented every shift by licensed nursing staff. The Director of Nursing Services , Unit Managers and MDS Coordinators we educated on the Behavioral and Psychotropic Side Effect Monitoring process by the Regional Director of Clinical Services on 05/27/2015 All nurses will be re-educated on the Behavioral Monitoring program and how to complete the Behavioral Monitoring tool and Side Effect Monitoring tool in regards to the episodes of behaviors and potential side effects related to the use of psychoactive medications as of 06/11/2015 by the Director of Nursing or designee. (See</p>		

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	<p>diarrhea ... vomiting ... increased or decreased weight ..."</p> <p>Current care plan undated, indicated, "PROBLEM: Resident requires the use of an anti-depressant due to depression and is at risk for adverse reactions APPROACH: Observe for adverse side effects such as: somnolence, insomnia, dizziness, dry mouth, nausea, constipation Observe for change in mood or behavior"</p> <p>The clinical record lacked documentation which indicated side effects and behaviors were being monitored daily on Resident #108's Cymbalta and Celexa.</p> <p>On 5/13/2015 at 12:00 p.m., the Administrator provided the Behavior Data History log undated, for Resident #108 which indicated the behavior of exit seeking was monitored one time in March, two times in April and three times in May, increased anxiety was monitored one time in March, two times in April and three times in May and putting non eatable things in mouth was monitored one time in April.</p> <p>During an interview, on 5/13/2015 at 1:04 p.m., License Practical Nurse #1 (LPN #1) indicated she knows her residents very well and she would notice</p>		<p>attachments C and D) 4. An audit of 5 residents with behaviors and/or on psychotropic medications will be conducted by the Director of Nursing or designee to determine that the Behavioral Monitoring tool and Side Effect Monitoring tool are in place and documentation is completed for the residents individualized behaviors and each potential side effects for each psychotropic medication ordered, weekly for 4 weeks, every 2 weeks for 8 weeks, monthly for 3 months and then quarterly for 6 months. Any concerns identified will be address at that time. The results of the audits will be submitted and reviewed monthly by the Quality Assurance Committee for further recommendation. (See attachment E) 5. Date of compliance 06/12/2015</p>	

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	<p>if they experienced any side effects from medications such as tongue thrusting or smacking lips. LPN #3 further indicated they chart by exception on behaviors. If they do not have behaviors, they do not chart that day. 2. The clinical record was reviewed for Resident #84 on 5/13/15 at 11:55 a.m. The resident was re-admitted to the facility on 1/27/15. Diagnoses included, but were not limited: anxiety and bipolar disorder.</p> <p>The physician's orders for Resident #84 indicated the following:</p> <p>On 3/20/15, the resident was ordered alprazolam (antianxiety medication) 0.25 mg (milligrams) daily.</p> <p>On 11/11/14, the resident was ordered Depakote ER (extended release) 1000 mg at bedtime, for bipolar disorder.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2014, list side effects for alprazolam include, but are not limited to: insomnia, anxiety, dizziness, depression, suicide, diarrhea, vomiting, increased or decreased weight. The side effects for Depakote include, but are not limited to: amnesia, depression, chest pain, hypertension, hemorrhage (bleeding), and tinnitus (ringing in the ears).</p>			

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	<p>The clinical record lacked documentation which indicated side effects and behaviors were being monitored daily for Resident #84's alprazolam and Depakote.</p> <p>A review of Resident #84's Behavior Data History indicated the following:</p> <p>The resident displayed 1 behavior of refused care in January.</p> <p>The resident displayed 1 behavior of threatening remarks in February.</p> <p>The resident displayed 2 behaviors of rude demands in March.</p> <p>There was no data available for April nor May.</p> <p>During an interview on 5/14/15 at 3:05 PM, the DON (Director of Nursing) indicated the facility charts behaviors only when the resident displays a behavior. She further indicated that the facility has no documentation of side effect monitoring for Resident #84's medications and the facility did not have a policy for monitoring residents for side effects nor behaviors.</p> <p>3. The clinical record was reviewed for Resident #106 on 5/14/15 at 1:05 p.m.</p>			

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	<p>The resident was admitted on 12/29/14. Diagnoses included, but were not limited to: insomnia and depression.</p> <p>The physician's orders for Resident #106 indicated the following:</p> <p>On 2/26/15, the resident was ordered olanzapine (antipsychotic medication) 10 mg (milligrams) at bedtime. On 5/11/15, the dosage was decreased to olanzapine 5 mg at bedtime.</p> <p>On 1/12/15, the resident was ordered Depakote Sprinkles 125 mg twice a day for episodic mood disorder. This medication was increased on 2/9/15, to Depakote Sprinkles 125 mg three times a day.</p> <p>The Wolters Kluwer Nursing 2014 Drug Handbook, 34th edition, copyright 2014, list side effects for olanzapine include, but are not limited to: neuroleptic malignant syndrome (life-threatening neurological disorder), tardive dyskinesia (incurable and involuntary movements), dizziness, orthostatic hypotension (blood pressure that drops with standing), chest pain, hypertension, increased salivation, weight gain, and increased cough. The side effects for Depakote include, but are not limited to: amnesia, depression, chest pain, hypertension, hemorrhage (bleeding), and tinnitus (ringing in the</p>			

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	<p>ears).</p> <p>The clinical record lacked documentation which indicated side effects and behaviors were being monitored daily for Resident #106's olanzapine and Depakote.</p> <p>A review of Resident #106's Behavior Data History indicated the following:</p> <p>The resident displayed 3 behaviors of hitting staff, 5 behaviors of refused care, and 1 behavior of dumping food in January.</p> <p>There was no data available for February, March, April nor May.</p> <p>During an interview on 5/14/15 at 3:05 PM, the DON (Director of Nursing) indicated the facility charts behaviors only when the resident displays a behavior. She further indicated that the facility has no documentation of side effect monitoring for Resident #106's medications and the facility did not have a policy for monitoring residents for side effects or behaviors.</p> <p>4. Resident #35's clinical record was reviewed on 5/13/2015 at 11:30 a.m. Diagnoses included, but were not limited to anxiety and depressive disorder.</p>			

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	<p>Review of the May 2015, medication administration record indicated Resident #35's medications included, but were not limited to:</p> <p>duloxetine 90 mg daily for chronic pain syndrome lorazepam 0.5 mg twice daily for anxiety</p> <p>On 5/15/2015 at 1:57 p.m., an interview with the Director of Nursing indicated Resident #35 started the:</p> <p>duloxetine 90 mg daily on 2/24/2015. lorazepam 0.5 mg twice daily on 2/5/2015.</p> <p>The Lippincott Manual of Nursing Practice, 34th edition, copyright 2014, indicated the medication duloxetine hydrochloride was used for the treatment of major depressive disorder, neuropathic pain, and generalized anxiety disorder. Black Box Warning: Monitor patient for increased depression, including agitation, irritability, and increased suicidal ideation. Adverse effects included, but were not limited to: dizziness, somnolence, tremor, blurred vision, insomnia, anxiety, suicidal ideation, agitation, irritability, increase blood pressure and heart rate, nausea, dry mouth constipation, diarrhea, hepatotoxicity, vomiting, and decreased appetite. Interventions included, but were not limited to: Monitor patient for</p>			

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	<p>signs of hepatotoxicity-darkend urine, right upper quadrant pain, flu like symptoms, elevated liver enzymes.</p> <p>The Lippincott Manual of Nursing Practice, 34th edition, copyright 2014, indicated the medication lorazepam was used for management of anxiety disorder. Adverse effects included, but were not limited to: sedation, depression, lethargy, apathy, light headedness, disorientation, anger, hostility, cardiovascular collapse, hypertension and hypotension, edema, dry mouth, nausea, muscular disturbances.</p> <p>A careplan dated 9/24/2015, indicated a Problem: Resident requires the use of anti-anxiety medications due to anxiety and is at risk for adverse reaction. Goal: Resident will have no signs and symptoms of adverse reaction associated with the use of anti-anxiety medication thru next review: Interventions included, but were not limited to: Notify charge nurse of noted problems for further evaluation and possible notification of the physician and responsible party. Observe for adverse effects such as drowsiness, light-headedness, depression, dry mouth, diarrhea, and constipation. Observe for changes in mood/behavior.</p> <p>A careplan dated 6/13/13, indicated a</p>			

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	<p>Problem: Resident requires the use of an anti-depressant due to depression, anxiety, and pain and is at risk for adverse reactions. Goal: Resident will have no signs and symptoms of adverse reactions thru next review. Interventions included, but were not limited to: Notify charge nurse of noted problems for further evaluation and possible notification of the physician and responsible party. Observe for adverse side effects such as; somnolence, insomnia, dizziness, dry mouth, nausea, and constipation. Observe for change in mood or behavior</p> <p>A careplan dated 5/20/2013, indicated a problem resident is at risk for a decline in mood due to a DX (diagnosis) of depression. Goal: Resident will be free of the signs and symptoms of depression through next review. Interventions included, but were not limited to: Observe for any decline/change in socialization. Observe for changes in behavior.</p> <p>During an interview, on 5/13/2015 at 2:30 p.m., the Director of Nursing (DON) indicated the facility only charts for behaviors by exception and they do not have documentation which indicated they monitor the residents daily for behaviors</p>			

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F 371 SS=F Bldg. 00	<p>and side effects of medications. No target behaviors were indicated for Resident #35.</p> <p>On 5/14/2015 at 12:00 p.m., the DON indicated the facility does not have a policy for monitoring side effects nor behavior monitoring for medications.</p> <p>3.1-48(a)(3)</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 labeling of unidentifiable foods for 1 of 1 dry storage room, boxes of food were off the floor, and open or use by date on food for 1 of 1 walk in freezer, labeling of unidentifiable food, dating of stored cooked food, and covering of drinks on carts for 1 of 1 walk in refrigerator, staff used proper handwashing in the kitchen as indicated by facility policy, Retail Food Establishment Sanitation</p>	F 371	<p><u>F371 Food Procure, Store/Prepare/Serve-Sanitary</u></p> <p>1. The open unidentifiable aluminum bag located in the dry storage room on the shelf was sealed and marked by the Dietary Manager at the time identified on 05/07/2015. 2. The 25 pound bag of Thick and Easy powder inside a cardboard box in the dry storage room was sealed by the Dietary Manager at the time identified on 05/07/2015 3. The 25 pound box of cauliflower and okra walk in freezer was picked up and stored appropriately by the Dietary Manager on 05/07/2015</p>	06/12/2015

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	<p>Requirements Manual, and Center for Disease Control. This deficient practice had the potential to affect 90 of 90 residents being served from the kitchen. (Cook #1, Dietary Aide #1)</p> <p>Findings include: On 5/7/15 at 10:40 a.m., the following were observed during the kitchen tour with the Dietary Manager present:</p> <p>1). An open unidentifiable aluminum bag was in the dry storage room on the shelf. The Dietary Manager (DM) indicated it was Vanilla Wafers.</p> <p>2). A 25 pound bag of Thick and Easy powder unsealed and open inside a cardboard box in the dry storage room. The DM was observed to seal the bag at that time. "They must have left open on night shift."</p> <p>3). A 25 pound box of cauliflower and okra was on the floor in the walk in freezer.</p> <p>4). A plastic bag of hamburger patties had been opened with no open or use by date.</p> <p>5). A metal pot covered with aluminum foil was observed on the shelf with no label in the walk in refrigerator. The DM indicated after looking inside, it was</p>		<p>per facility. 4. The plastic bag of hamburger patties date was sealed and dated by the Dietary Manager at the time the identified on 05/07/2015 5.A contents of the metal pot covered with aluminum foil located on a shelf in the walk in refrigerator was disposed of by the Dietary Manager at the time identified on 05/07/2015. 6.The pack of roast beef was disposed of by Dietary Manager at the time identified on 05/07/2015. 7. The large metal bowl with yellow food inside in the walk in refrigerator was labeled as pureed pudding by the DM at the time identified on 05/07/2015 8. The 2 trays of tea on a cart in the walk in refrigerator were disposed of on 05/07/2015 by dietary staff. 9. Dietary Aide #1 and Cook #1 was re-educated by the Staff Development Coordinator/designee regarding "Proper Hand Washing per facility policy and procedure on how to properly Store, prepare, distribute and serve food under sanitary conditions. 05/26/2015 2. Current residents were assessed by a licensed nurse as of 06/03/2015 to determine any adverse affects related to food/drink storage. No current trends or concerns identified. 3.a. All Dietary staff will be educated by Dietary Manager or designee on facility's policies and procedures for Date Marking Ready -to Eat, Potential Hazardous Food and Food</p>	

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	<p>tomatoes.</p> <p>6). A pack of roast beef was observed open and wrapped in aluminum foil on the shelf in the walk in refrigerator with no open or used by date.</p> <p>7). A large metal bowl was observed with yellow food inside with no label on the shelf in the walk in refrigerator. The DM indicated that was pureed pudding.</p> <p>8). There were 2 trays of tea on a cart in the walk in refrigerator uncovered. The DM indicated the glasses should be covered and she was observed to exit the walk in refrigerator, get plastic wrap and cover the glasses.</p> <p>9). On 5/13/15 at 10:10 a.m., Dietary Aide #1 (DA) was observed to put the lid on the trash can in the kitchen and roll it over by the double convection oven. DA #1 was observed to hand wash for 3 seconds. DA #1 preceded to get a coffee filter to make coffee. DA #1 walked over and opened the kitchen door, touched her face and then picked up crackers off the kitchen floor. DA #1 walked over to the trash can and threw away the crackers. No handwashing was observed. DA #1 was observed to stock sugar packets and coffee creamers on a tray. DA #1</p>		<p>Storage. Completed 05/28/2015. (See attachment F and G and I)</p> <p>b. All Dietary staff will be re-educated and observed by the Staff Development Coordinator or designee for following the facility policy and procedure regarding "Proper Hand Washing". Completed by 06/07/2015 (See attachment H and I) The Dietary Manager or designee will observe daily for compliance with Food sanitation and storage polices, and hand washing technique. Any concerns identified will be addressed at that time</p> <p>4. The Dietary Manager or designee will monitor through observation and audit to determine that Date Marking Ready-to -Eat, Potentially Hazardous Food and hand washing is done per facility policy and procedure 3 meals per day 7 days per week for 3 months. 3 meals per day 5 days per week for 3 months. 3 meals per day 3 times per week for 3 months and 3 meals at random 3 times per week for 3 months. Any concerns will be identified and addressed at that time. A summary of findings will be submitted to the Administrator or designee for review when the audits are completed. The results will then be submitted and reviewed by the Quality Assurance Committee for further recommendations. (See attachment J)</p> <p>5. Date of compliance 06/12/15</p>		

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	<p>indicated, she should handwash when touching the trash can, picking up anything off the floor. "No, I didn't do that."</p> <p>10). On 5/13/15 at 10:25 a.m., Cook #1 was observed to close the outside dumpster lids and door. Cook #1 entered the kitchen and handwashed for 10 seconds. Cook #1 indicated, "I should handwash for 20 seconds."</p> <p>On 5/13/15 at 10:20 a.m., the Dietary Manager (DM) provided policy "HAND WASHING" dated 2/5/12, and indicated the policy was the one currently used by the facility. The policy indicated, "... Procedure: ... A. When to Wash Hands: After touching bare human body parts, ...After handling soiled equipment or utensils, ... as often as necessary to remove soil and contamination, ...After engaging in other activities that contaminate the hands, ... B. How to Wash Hands: ... Scrub for a minimum of 10-15 seconds within the 20-second hand washing procedure. ..."</p> <p>On 5/14/15 at 10:46 a.m., the Administrator (ADM) provided policy "Marking Ready -to-Eat, Potentially Hazardous Food" dated 6/20/12, and</p>			

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	<p>indicated the policy was the one currently used by the facility. The policy indicated, "... 1. label with the product name, and the date, it is prepared or opened, and a use-by-date. ...2. Follow Federal, State and local health department requirements, ... 7. Indicate with a separate label the date prepared, the date frozen, ..."</p> <p>On 5/14/15 at 10:46 a.m., the Administrator (ADM) provided policy, "Food Storage" dated 6/18/12, and indicated the policy was the one currently used by the facility. The policy indicated, "Procedure: ... K. Food is stored a minimum of 6 inches above the floor ... M. Leftover food is stored in covered containers, ... Each item is clearly labeled and dated before being refrigerated. ...N. Refrigerated Food Storage: ... 6. All foods should be covered, labeled and dated.9. All foods will be stored off the floor. ...O. Frozen Foods: ...4. All food should be covered, labeled and dated. ...8. All foods will be stored off the floor."</p> <p>"RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENTS TITLE 410 IAC 7-24" dated November</p>			

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F 372 SS=B Bldg. 00	<p>13, 2004, indicated 410 IAC 7-24-177 Food storage Sec. 177. (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing the food as follows: ... (3) At least six (6) inches above the floor. (5) In packages, covered containers, or wrappings, ..."</p> <p>Center for Disease Control at www.cdc.gov/handwashing/, dated December 16, 2013 indicated, " When should you wash your hands?Before, during, and after preparing food, ...After touching garbage, ... How should you wash your hands? Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. ... "</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to ensure proper disposal of garbage as indicated by facility policy and the 410 IAC Retail Food Establishment Sanitation Requirements Manual for 2 of 2 outdoor</p>	F 372	F372 <u>Dispose Garbage and Refuse Properly</u> 1. Cook #1 immediately closed the lid of one dumpster and the 2 doors of the other dumpster at the time each were identified on 05/13/2015. Current residents were assessed	06/12/2015			

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	<p>waste dumpsters.</p> <p>Findings include:</p> <p>On 5/13/15 at 10:25 a.m., with Cook #1 present the outside trash dumpsters were observed to have one dumpster with the lid open and the other dumpster had 2 doors open. Cook #1 indicated the lids and doors should be closed. Cook #1 was observed to close the lid and doors at that time. There was no trash observed on the ground.</p> <p>On 5/14/15 at 10:46 a.m., the Administrator provided policy "MAINTENANCE DEPARTMENT ...Garbage/Recycle" dated 7/1/99, and indicated the policy was the one currently used by the facility. The policy indicated, ..."Garbage and recycle dumpsters shall ... have lids/doors closed at all times when not in use. ..."</p> <p>"RETAIL FOOD ESTABLISHMENT SANITATION REQUIREMENT Manual 410 IAC 7-24," dated November 13, 2004, indicated,410 IAC 7-24-385 Outside receptacles Sec. 385. (a) Receptacles and waste handling units for refuse, recyclables, and returnables used with materials containing food residue and used outside the retail food establishment shall be designed and</p>		<p>by a licensed nurse as of 06/03/15 to determine any adverse effects related to the dumpster lid and doors being open. No current trends or concerns identified. 2. Current residents were assessed by a licensed nurse as of 06/03/15 to determine any adverse effects related to the dumpster lid and doors being open. No current trends or concerns identified. 3. The Maintenance Supervisor placed signage stating "keep lids closed at all times when not in use" on the dumpster with the lids and signage stating "Keep doors closed at all times when not in use" on each door of the other dumpster. All Employees were re- educated by the Executive Director or designee regarding the facility policy and procedure for "Garbage/Recycle" and was completed on 05/22/2015. All new employees will be educated by the Maintenance Director or designee regarding the facility policy and procedure for "Garbage/Recycle" during orientation. (See attachment K and L) 4. The Maintenance Supervisor or Designee will monitor through observation of the dumpsters to determine that dumpster lids and doors are kept closed. . The monitoring will be done 5 times per week X1 month and then monthly X 11 months. Any concerns will be reported to the Administrator or designee at the time identified. A summary of</p>		

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F 465 SS=E Bldg. 00	<p>constructed to have tight-fitting lids, doors, or covers. ...410 IAC 7-24-392 Covering receptacles Sec. 392. (a) Receptacles and waste handling units for refuse, ... shall be kept covered: ...(2) with tight-fitting lids or doors if kept outside the retail food establishment. ..."</p> <p>3.1-21(i)(5)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to ensure maintenance staff maintained a sanitary, functional, and comfortable environment for 12 of 35 residents' rooms observed during stage 1 environmental tour.</p> <p>Findings include:</p> <p>On 5/14/15 at 2:12 p.m., during environmental tour with the Maintenance Supervisor (MS) the following was observed:</p> <p>1). Room 106 had tears and scuffs in the</p>	F 465	<p>findings will be submitted and reviewed monthly by the Quality Assurance Committee for further recommendation. (See attachment M) 5. Date of compliance 06/12/15</p> <p>F465 Safe/Functional/Sanitary/Comfortable Environment 1. Room 106-Tears and scuffs in the vinyl floor next to the bed by the window will be repaired and cleaned by Maintenance Supervisor or designee by 06/05/2015. Room 110-Chipped and peeling paint under the light above residents bed by window, under the light at foot of the bed by the window and walls with scuff marks were cleaned and painted by Maintenance Supervisor or designee on 05/13/2015. Room 113-Missing floor tile at the</p>	06/12/2015			

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	<p>vinyl floor next to the bed by the window.</p> <p>2). Room 110 had chipped and peeling paint under the light above resident's bed by the window and above the clock. Chipped paint under the light at the foot of the bed by the window and walls had scuff marks.</p> <p>3). Room 113 had missing floor tile at the entrance of the room in front of the closet.</p> <p>4). Room 115 window ledge was broken.</p> <p>5). Room 116 had masking tape in the upper left corner of the window, tile on the bathroom floor by the door was broken. The headboard and footboard of the bed by the window wood was splitting. The dresser closest to the door had wood missing from the bottom.</p> <p>6).Room 118 had a broken window ledge, floor tile beside the recliner chair was broken and the air condition unit casing was broken.</p> <p>7). Room 120 had gashes in the wall behind the recliner, the air conditioner casing was loose, and the toilet bowl lid was cracked. The Maintenance Supervisor indicated the entire toilet</p>		<p>entrance of the room in front of closet will be replaced by Maintenance Supervisor or designee by 06/05/2015 Room 115-The broken window ledge will be replace by Maintenance Supervisor or designee by 06/05/2015. Room 116- The window with masking tape in upper left hand corner will be repaired by Maintenance Supervisor or designee by 06/05/2015. The tile on the bathroom floor by the door will be replaced by Maintenance Supervisor or designee by 06/05/2015. The bed with the splitting headboard and foot board was replaced by Maintenance Supervisor on 05/28/2015. The dresser closest to door that had wood missing from the bottom was replaced by Maintenance Supervisor on 05/28/2015. Room 118- The broken window ledge will be replace by Maintenance Supervisor or designee by 06/05/2015. The broken floor tile by the recliner will be replaced by Maintenance Supervisor or designee by 06/05/2015. The broken air conditioner casing will be replaced by Maintenance Supervisor or designee by 06/05/2015. Room 120- The gashes in the wall behind the recliner was repaired by Maintenance Supervisor or designee on 05/26/2015. The loose Air Conditioner casing will be repaired by the Maintenance</p>		

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	<p>would have to be replaced.</p> <p>8). Room 121's wall by the window was damaged.</p> <p>9). Room 202's air conditioner unit was missing the face plate and the filter was visible underneath. The wall behind the recliner was gashed in several places. The non skid strips were missing off and the floor had brown residue stains. There were brown stains in the ceiling. The MS indicated he would have the floor care man to remove non skid strip residue from the floor and the air conditioner unit will be replaced. The MS indicated the stains in the ceiling were from old leaks.</p> <p>10). Room 212's floor tile in front of the television was chipped and the bathroom wall had a gash in it. The Maintenance Supervisor indicated the floor tile was really old and was replaced as needed. It was also indicated the wall in the bathroom would have to be fixed.</p> <p>11). Room 218 had masking tape over the top of the air condition, gashes in the wall by the bathroom, and damaged wall by the closet and behind the room door. The MS indicated the air conditioner was newly installed, but weather prohibited completion of installation. "I will complete soon."</p>		<p>Supervisor or designee by 06/05/2015. The cracked toilet bowl lid will be replaced by the Maintenance Supervisor or designee by 06/05/2015. Room 121- The damaged wall by the window was repaired by the Maintenance or designee on 05/26/2015. Room 202- The Air Conditioner unit missing the face plate and visible filter will be replaced by the Maintenance Supervisor or designee by 06/05/2015. The wall gashes behind the recliner were repaired by Maintenance Supervisor or designee on 05/27/2015. The brown residue stains form the removed non skid strips was cleaned by Maintenance staff designee on 05/26/2015. The brown stains on the ceiling were repaired by Maintenance Supervisor or designee on 05/28/2015. Room 212-The chipped floor tile in front of the T.V. will be replaced by Maintenance Supervisor or Designee by 06/05/15. The gash in the bathroom wall was repaired by Maintenance Supervisor or designee on 05/27/2015. Room 218- Air conditioner casing was replaced by Maintenance staff with a new casing on 05/14/2015. The gashes in the wall by the bathroom was repaired by Maintenance staff on 05/27/2015. The damaged wall by the closet and behind the room door were repaired by Maintenance director or designee</p>		

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	12). Room 219 had damaged wall by the closet and the trim behind the door was splitting. The MS indicated the trim behind the door needed a couple of finish nails. 3.1-19(f)(5)		on 05/26/2015. Room 219- The damaged wall by the closet and the trim behind the door that was splitting was repaired by the Maintenance Supervisor or designee on 05/26/2015. 2. All remaining rooms will be checked for needed repairs and the repairs will be completed or scheduled with a contractor as of 06/11/2015. 3. A cleaning schedule to systematically deep clean and perform needed repairs was put into place by the Administrator to include each resident room. The housekeeping staff and Maintenance staff will be re-educated by 06/04/2015 to the cleaning schedule and the facility's room Readiness Assessment form and the Maintenance Concern form to meet the expectation that the facility must provide a safe, functional, environment. (See attachments N and O) 4. An audit will be conducted by the Administrator or designee to determine that the deep cleaning and repair schedule is followed as indicated weekly for 4 weeks, every 2 weeks for 8 weeks, monthly for 3 months and quarterly for 6 months. Any concerns identified will be addressed at that time. The results of the audits will be submitted and reviewed by the monthly Quality Assurance committee for further recommendation. (See	

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F 999 Bldg. 00	<p>3.1-21 FOOD</p> <p>(i) The facility must do the following</p> <p>(2) Comply with 410 IAC 7-24</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Retail Food Establishment Sanitation Requirement manual was available to dietary staff.</p> <p>Findings include:</p> <p>On 5/7/15 at 11:00 a.m., the Dietary Manager (DM) and the Cook #1 were unaware of the Retail Food and Sanitation manual. The Dietary Manager was unable to provide the manual at that time for dietary .</p> <p>On 5/8/15 at 11:55 a.m., the Dietary Manager was unable to provide the Retail Food and Sanitation Requirement manual. She was unaware of this manual.</p>	F 999	<p>attachments N and O) 5. Date of compliance: 06/12/2015</p> <p>F9999 Final</p> <p>Observations-3.1-21 Food 1. The Retail Food Establishment Sanitation Requirement manual was obtained and placed in the kitchen on 05/8/2015 by the Dietary Manager. 2. The Retail Food Establishment Sanitation Requirement manual was obtained and placed in the kitchen on 05/8/2015 by the Dietary Manager. 3. All food services workers and cooks were re-educated about the location of the Retail Food Establishment Sanitation Requirement manual by the Dietary Manager/designee 05/28/2015. (See attachment I) 4. An audit will be conducted to determine that the Retail Food Establishment Sanitation Requirement manual is available to staff by the Dietary Manager or designee weekly for 4 weeks, every 2 weeks for 8 weeks, monthly for 3 months and the quarterly for 6 months. The results of the audits will be submitted and reviewed by the monthly Quality Assurance Committee for further recommendation. (See attachment J) 5. Date of compliance: 06/12/2015 _</p>	06/12/2015

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