

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2012
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NAME OF PROVIDER OR SUPPLIER BEARDSLEY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 27833 CR 24 ELKHART, IN 46517
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R0000	<p>This visit was for the Investigation of Complaint IN00116010 and Complaint IN00116531.</p> <p>Complaint IN00116010: Substantiated. State residential deficiencies related to the allegations are cited at R0030, R0090 and R0148.</p> <p>Complaint IN00116531: Substantiated. State residential deficiencies related to the allegations are cited at R0030.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: September 24-25, 2012</p> <p>Facility number: 004353 Provider number: 004353 AIM number: N/A</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: Residential: 21 Total: 21</p> <p>Census payor type: Other: 21 Total: 21</p>	R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
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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>Sample: 9</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 26, 2012 by Bev Faulkner, RN</p>						

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R0030	<p>410 IAC 16.2-5-1.2(e)(1-6) Residents' Rights - Noncompliance (e) Residents have the right to be provided, at the time of admission to the facility, the following:</p> <p>(1) A copy of his or her admission agreement. (2) A written notice of the facility ' s basic daily or monthly rates. (3) A written statement of all facility services (including those offered on an as needed basis). (4) Information on related charges, admission, readmission, and discharge policies of the facility. (5) The facility ' s policy on voluntary termination of the admission agreement by the resident, including the disposition of any entrance fees or deposits paid on admission. The admission agreement shall include at least those items provided for in IC 12-10-15-9. (6) If the facility is required to submit an Alzheimer ' s and dementia special care unit disclosure form under IC 12-10-5.5, a copy of the completed Alzheimer ' s and dementia special care unit disclosure form.</p> <p>Based on record review and interview, the facility failed to provide clear and understandable documentation in regards to the facility's basic daily rates, facility services, and related charges to families of 4 of 9 residents in sample of 9 residents reviewed for facility services. (Resident:"B," Resident "C," Resident "D," and Resident "E")</p> <p>Finding includes:</p>	R0030	<p>Citation #1 R 030 410 IAC 16.2-5-1.2(e) (1-6) Residents' Rights - Noncompliance We respectfully disagree with the above referenced citation and are asking for re-consideration of this citation based on the attached information by way of paper review. What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected.</p>	10/30/2012			

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	<p>1. The record of Resident "B" was reviewed on 09/24/12 at 11:20 a.m. Resident "B" was admitted to the residential facility on 09/30/11 with diagnoses including, but not limited to, COPD (Chronic Obstructive Pulmonary Disease), HTN (hypertension); CKD (Chronic Kidney Disease), chronic back pain, and depression.</p> <p>A confidential family interview on 09/25/12 indicated the resident was told prior to admission, they would be offered "a deal" on required payment, but had to sign a contract by the 30th of the month. (09/2011). The family was told by the marketing manager, the resident's VA (Veteran's Administration) benefits would cover the cost of stay. The family member indicated the facility began to send payment due bills shortly after admission showing "an astronomical sum." When the family member addressed the issue with the Administrator, at the time, she was assured they did not owe the amount indicated and the corporate office needed to get it straightened out. The family member indicated despite repeated attempts to contact the corporate headquarters, located out of state, the matter was not addressed in a timely manner and had yet to be officially resolved. The family member indicated</p>		<p>Resident's B, C, D, and E had their signed Residency Agreement reviewed with the residents and/or responsible parties as to basic daily rates, services, and charges in a clear, understandable, documented fashion. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Resident's Residency Agreements were reviewed with residents and/or responsible parties as to daily rates, services, and charges to ensure information was clear, understandable, and documented in a manner the residents and/or responsible parties were agreeable. No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director, Residence Sales Manager, and Residence Director were re-educated to our policy and procedure regarding our Residency Agreements when discussing basic daily rates, services, and charges to families and/or responsible parties to ensure continued compliance with the above citation. The Residence Director and/or Designee will be responsible to ensure continued compliance with the following policies and</p>	

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	<p>the facility does not provide clear and understandable, itemized invoices and changes are made without notice. The family member indicated the situation has caused a great deal of stress since her family member's admission.</p> <p>2. The record of Resident "C" was reviewed on 09/24/12 at 12:10 p.m. Resident "C" was admitted to the residential facility on 01/20/11 with diagnoses including, but not limited to, dementia, hypothyroidism; anemia, leukemia, and CVA (Cardio-Vascular Accident).</p> <p>A confidential family interview on 09/25/12, indicated the resident was admitted to the facility and assigned a basic fee per day. The family member indicated the resident's needs had changed and although the facility had answered questions in regards to billing to her satisfaction, fees were assessed and the family had to initiate the inquiry regarding changed fees. The family member indicated the facility "usually" can answer billing questions. The family member indicated when the assessed needs improved, she had to initiate the fee inquiry, which did result in a credit to her family member's account. The family member indicated the administrative staff changes frequently and it affects</p>		<p>procedures. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director and/or Designee will provide families with explanation as to basic daily rates, services, and charges in a clear, understandable, documented fashion prior to admittance, semi-annually, and upon a change of condition utilizing the Service Level Assessment and/or Residency Agreement to ensure continued compliance. Findings will be reviewed monthly by the Regional Director of Operations and/or Designee through our QA process for a period of six months in to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>By what date will the systemic changes be completed? October 30, 2012</p>				

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	<p>consistency. The family member indicated the lack of information was stressful.</p> <p>3. The record of Resident "D" was reviewed on 09/24/12 at 1:30 p.m. Resident "D" was admitted to the residential facility on 11/30/11 with diagnoses including, but not limited to, CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease), supra-pubic catheter, chronic pain, bilateral lower leg edema and cellulitis, and a (R) lung mass. Resident "D" was identified as alert and oriented.</p> <p>Resident "D" was interviewed on 09/23/12 at 10:00 a.m. Resident "D" indicated the facility does not clearly and completely explain billing and service fees for stay and services. The resident indicated he is a veteran and receives physician services through VA (Veterans Administration). Resident "D" indicated his residential fees are also to be covered by VA benefits but the issue remains unresolved since admission. Resident "D" indicated people will tell him and his spouse something and the next time another person is now hired in their place.</p> <p>4. The record of Resident "E" was reviewed on 09/24/12 at 2:00 p.m. Resident "E" was admitted to the</p>			

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	<p>residential facility on 09/16/11 with diagnoses including, but not limited to, HTN (hypertension) and history of blood CA (cancer).</p> <p>A confidential family interview on 09/25/12 indicated the resident filled out an application prior to admission. A marketing person went over the finances at the time and indicated her family members social security would cover his stay until his VA (Veterans Administration) benefits took effect. The family member indicated there was a "big rush to get me in the system" for her family member. The family member indicated she is paying for all medications and incidentals. The family member indicated no matter what the balance was, after payment, billing invoices show an unpaid balance. The family member indicated statements indicating \$9,000 due since 01/2012. The family member indicated she has never been given an itemized account or an acceptable answer to her billing questions. The family member indicated there is continual changes in BMO (Business Office Manager) for the facility. Although the family member is the POA (Power of Attorney) for Resident "E", the corporate billing goes to the resident at the facility. The facility opens any corporate logo mail Resident "E" receives and then faxes the</p>			

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	<p>family member the amount due. The family member indicated despite repeated requests, the facility "will not send" the statements directly to her. The family member states the amount of stress this has caused is unacceptable.</p> <p>The WD/DNS (Wellness Director/Director Nursing Services), hired 08/06/12 was interviewed during the entrance conference. The WD indicated the facility had no current Administrator and was not involved with the billing of resident services.</p> <p>The RC (Regional Consultant) was interviewed on 09/25/12 at 1:40 p.m. The RC provided a printout of the current residents billing. The billing sheet did not clearly define fees and credits in a clear and concise manner.</p> <p>The facility provided, on 09/25/12, "Assisted Living Concepts, Inc., MOVE-IN DATA PACKET." The 100 page packet contained a 1 page list, "APPENDIX C: OPTIONAL SERVICES: 01/2012" which indicated the following along with a fixed charge rate: "Late Fees and other charges Replacement Keys Seasonal Apartment cleaning Room Transfer Fee"</p>						

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	<p>The list also indicated the following areas, each with a "variable" charge rate:</p> <ul style="list-style-type: none"> "Basic Cable Beauty & Barber Parking Guest Suite Additional Housekeeping Incontinent Products Nursing Supplies Pendant (a call system device) Personal Hygiene Items Telephone Sharps Container" <p>The interviews with family members indicated charges were not itemized on statements and the facility did not answer inquiries timely.</p> <p>This Residential finding relates to Complaint IN00116010 and Complaint IN00116531.</p>						

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R0089	<p>410 IAC 16.2-5-1.3(e)(1-2)(f) Administration and Management - Noncompliance (e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1): (1) health facility; or (2) hospital-based long-term care unit; at a time. (f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf. Based on interview, the facility failed to employ a licensed Administrator.</p> <p>Findings include:</p> <p>During the entrance conference, on 09/24/12 at 9:00 a.m., with the WD (Wellness Director/ RN), indicated the facility did not currently have an Administrator. The WD, hired 08/06/12, indicated the reference person was the RC (Regional Consultant). The WD indicated the former Administrator had left the facility employment the first week in September. The WD indicated the RC was available for phone consults and on an as needed basis in the facility.</p> <p>The RC was interviewed on 09/25/12 at 1:30 p.m. The RC indicated the corporation had offered the position of Facility Administrator to a candidate and were awaiting a reply.</p>	R0089	<p>Citation #2 R 089 410 IAC 16.2-5-1.3(e) (1-2) (f) Administration and Management Noncompliance We respectfully disagree with the above referenced citation and ask for re-consideration of this citation based on the attached information by way of paper review. What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. A licensed Administrator was appointed over the community immediately after the departure of the former Licensed Administrator on Sept 5, 2012. The State Department of Health was notified of the change on Sept 5, 2012 via the faxed Indiana specific "The Administrator or Director of Nursing Change Form" with verified fax transmission of occurrence. How the facility</p>	10/30/2012			

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			<p>will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The community maintains that a Licensed Indiana Administrator coverage plan was in place prior to the departure of the former Residence Director on September 5, 2012. The Regional Director of Operations is aware as to the above referenced requirement and will ensure continued compliance. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Regional Director of Operations and/or Designee will ensure that an Indiana Licensed Administrator coverage plan is in place at the community in the event we have knowledge of an expected vacancy. In the event of an unexpected vacancy the Indiana State Department of Health will be notified with immediate recruitment by the Human Resource Department for the position. Findings will be reviewed by the Regional Director of Operations and/or Designee</p>		

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			monthly through our QA process for a period of six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan By what date will the systemic changes be completed? October 30, 2012	

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R0090	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any</p>			

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	<p>subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on interviews and record review, the facility failed to follow the facility's Policy and Procedures and report to ISDH (Indiana State Department of Health) an incident of gas odor in the kitchen area which resulted in the fire department responding and the evacuation of residents outside the building.</p> <p>Finding includes:</p> <p>On 09/24/12 and 09/25/12, confidential interviews were held with residents, family members, staff, including, but not limited to: LPN, RN, PCAs, (Personal Care Assistants), and office personnel. The facility had a WD (Wellness Director-RN) and no acting Administrator at the time of the survey. The Administrator at the time of the incident was no longer employed at the facility. A confidential interview, on 09/24/12, indicated the former Administrator was directed by the corporate office to not report the incident and the fire department should not have been called. A confidential interview indicated the</p>	R0090	<p>Citation #3 R 090 410 IAC 16.2-5-1.3(g)(1-6) Administration and Management Noncompliance</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. The incident was reported to the Indiana State Department of Health as to the occurrence.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director,</p>	10/30/2012

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	<p>facility was evacuated at the direction of the fire department. Interviews indicated the incident occurred approximately 1 month ago.</p> <p>Two residents, who requested confidentiality, and were identified on the initial tour, on 09/24/12 with LPN #5 as alert and oriented, referred to an incident where the facility was evacuated. The WD, who was identified during the survey as the person in charge in the facility, was queried on 09/24/12 in regards to the incident. The WD indicated the facility had not incurred any reportables since his employment, on 08/06/12. The WD indicated there was no written information regarding the "gas leak."</p> <p>Resident "C1" was interviewed on 09/24/12 and indicated the fire department was called for a "gas leak." Resident "C1" indicated the facility was evacuated with residents being moved outside and the fire department responded. Resident "C1" indicated the former Administrator did the right thing.</p> <p>Resident "C2" was interviewed on 09/24/12 and indicated the fire department was notified and the residents were evacuated to the outside. Resident "C2" was interviewed on 09/25/12,</p>		<p>Wellness Director, and staff were re-educated to our policy and procedure regarding incident reporting, and the Indiana State Department of Health Reporting requirements as to potential adverse events. The Residence Director and/or Designee will be responsible to ensure continued compliance with the above referenced citation.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Wellness Director and/or Designee will perform random weekly reviews of incident reports and service notes to ensure continued compliance with our policies and procedures and state reportable guidelines for a period of six months. The Regional Director of Operations and/or Regional Director of Quality Care Management will audit records quarterly to ensure continued compliance. Findings will be reviewed through our QA process after six months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>By what date will the systemic changes be completed? October 30, 2012</p>				

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	<p>following an interview with the Regional Consultant, and again, indicated the residents were moved to outside the building.</p> <p>Confidential interviews with four family members, on 09/24/12 and 09/25/12, indicated the facility had evacuated residents to the outside of the building and the Administrator had contacted them and explained what had occurred. Family members had no concerns in regards to the Administrator's response and actions.</p> <p>Confidential interviews with staff members, on 09/24/12 and 09/25/12, indicated the building was evacuated due to a strong gas odor emitting from the kitchen. No definite date for the incident was established by any of the staff interviewed. The interviews indicated the fire department identified the burners on the gas stove had become clogged following recent repairs to the ceiling, resulting in dust accumulation. The burners were thoroughly cleaned. Staff interviewed indicated there had been no further problems following the fire departments investigation. Staff interviewed indicated the Administrator initiated the call to the fire department and had initiated appropriate action.</p> <p>The RC (Regional Consultant) was</p>						

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	<p>interviewed on 09/25/12 at 1:30 p.m. The RC indicated there was no written investigation and the facility followed the facility's, "ASSISTED LIVING CONCEPTS DECISION TREE FOR INCIDENT REPORTING." The RC indicated the facility had a copy of and followed the ISDH "REPORTABLE UNUSUAL OCCURRENCES" guidelines. The RC, at the time, provided copies of both Policy and Procedures. The RC indicated the incident would not be considered reportable and the facility should not be cited for something a former Administrator failed to do. The RC indicated the former Administrator did not interact with the corporation as a "team player." The RC indicated the facility was not evacuated, but the residents were moved to the hallway opposite the kitchen.</p> <p>Review of the "ASSISTED LIVING CONCEPTS DECISION TREE FOR INCIDENT REPORTING: 11/01/2010", indicated: "An incident is any unusual occurrence that results in actual or potential injury to a resident, visitor, staff member or property. A Universal Incident Report form should be completed for incidents, and should be completed as soon as possible after an incident occurs. The employee who observes or first becomes</p>			

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	<p>aware of an incident should begin the Universal Incident Report."</p> <p>This Residential finding relates to Complaint IN00116010.</p>				

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R0148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, record review and interviews, the facility failed to ensure a clean and sanitary apartment as evidenced by heavily soiled and stained carpeting in the apartment and hall entrance, chipped walls, exposed wall corners, and flies for 1 of 1 residents in a sample of 7 apartments observed. (Resident "D")</p> <p>Findings include:</p> <p>During the initial tour, on 09/24/12 between 9:20 a.m. and 9:50 a.m., while accompanied by LPN #5, the area outside the apartment of Resident "D" was noted</p>	R0148	<p>Citation #4 R 148 410 IAC 16.2-5-1.5(e) (1-4) Sanitation and Safety Standards Deficiency</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? Resident D had his carpet cleaned, and walls repaired and painted. The Community contracted with an outside agency to provide pest control regarding flies.</p> <p>How the facility will identify other residents having the</p>	10/30/2012			

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	<p>to be heavily soiled with dark streaks resembling wheelchair/scooter wheels. Resident "D" was identified as using a scooter to move throughout the facility and as being interviewable.</p> <p>The record of Resident "D" was reviewed on 09/24/12 at 1:30 p.m. Resident "D" was admitted to the facility on 11/30/11 with diagnoses including, but not limited to, CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease), chronic pain, supra-pubic catheter, bilateral leg edema and cellulitis, and a (R) lung mass. Review of the record indicated the resident had scheduled HHC (Home Health Care) visits several times weekly for dressing changes to his lower legs and feet.</p> <p>Resident "D" was interviewed in his apartment on 09/24/12 at 10:00 a.m. Resident "D" indicated self transport on a personal scooter throughout the facility and courtyard numerous times daily and in the evenings. Resident "D" indicated the facility was to replace the carpeting with an alternative flooring, such as vinyl, or laminate and Resident "D" and spouse had offered to cover the cost. Resident "D" indicated his room had a large number of flies and his feet had been found to have maggots earlier this year. The resident indicated his contracted</p>		<p>potential to be affected by the same deficient practice and what corrective action will be taken? Resident rooms were reviewed to ensure continued compliance with the above referenced citation. No other residents were found to be affected.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director, Wellness Director, Maintenance Director, and Housekeeper were re-educated to Indiana state ruling R 148 410 IAC 16.2-5-1.5(e) (1-4) Sanitation and Safety Standards as well as our Residency Agreement as it pertains to housekeeping and maintenance services provided by the community. A housekeeping room cleaning schedule has been developed and implemented to be reviewed via random weekly walk-through inspections by the Residence Director and/or Designee to ensure continued compliance.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director and/or</p>				

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	<p>HHC had addressed with the facility the need for more thorough cleaning of the apartment, and especially the carpet, and had been told the issue would be addressed. Resident "D" indicated nothing had been done. Resident "D" indicated the former Administrator had addressed the issue and the resident believed the problem was going to be resolved.</p> <p>Observations of the studio (sleeping-living-kitchen) area and bathroom of the apartment indicated:</p> <ol style="list-style-type: none"> Two red stained areas on carpet under the window measuring approximately 8" x 6" and 11" x 6". The carpet from the foot of the bed to the resident's TV stand, approximately 8' x 6', heavily matted, soiled, with some areas slightly sticky. Corner of wall between bathroom and sleeping area with no wallboard or plaster resulting in exposed metal corner flashing measuring approximately 14" in height. East interior bathroom, approximately 18" in height from the covebase, wall marred with scratches and chips measuring approximately 26" in length and 2" in width. Chipped covebase along the east interior bathroom wall. Corner between the bathroom sink and shower marred and chipped exposing 		<p>Designee will perform random weekly walk-through inspections of random resident apartments to ensure compliance for a period of six months. Findings will be reviewed through our QA process after six months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>By what date will the systemic changes be completed? Oct 30, 2012</p>				

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	<p>wallboard.</p> <p>7. One of three vanity lights above sink burned out.</p> <p>8. Flies noted throughout the room.</p> <p>The apartment was noted to be cluttered, but not hoarded with personal items. There were no open food containers or exposed drinks observed in the apartment.</p> <p>Review of the HHC notes indicated: "07/19/12:...found maggots between left toes....Assessed toes & (and) found approx (approximately) 10-15 more between toes...Pt has filthy carpet & untidy room...Told him to only have SN (Skilled Nursing) remove dsgs (dressings) @ (at) dsg ^'s (changes)...Spoke c (with) RN @ ALC (Assisted Living Center) re (regarding): recent events."</p> <p>Review of the facility's "Resident Services Notes" indicated: "07/19/12 Home Health Nurse reported maggots in resident's toes."</p> <p>Confidential interviews were held throughout the survey dates of 9/24/12 and 9/25/12, which included residents, RN's, LPN's, PCA (Personal Care Assistants), outside agency RN's, and family members. Confidential interviews, on 09/24/12 and 09/25/12, indicated the facility was aware of the resident's</p>						

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	<p>apartment needing repairs and had indicated to Resident "D" and spouse the needs would be met several months ago, but no action had been taken.</p> <p>An interview with the RC (Regional Consultant), on 09/25/12 at 1:40 p.m., indicated Resident "D" was "delusional" at times. The RC did not indicate any plans were in place to address the apartment. The facility had no Administrator during the survey.</p> <p>This Residential finding relates to Complaint IN00116010.</p>			