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
	155203		02/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST VILLAGE	203 SPARKS AVE JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit included the the Investigation of Complaint IN00190406. Complaint IN00190406-Unsubstantiated due to lack of evidence. Survey dates: February 3, 4, 5, 8, 9, 10, & 11, 2016 Facility number: 000110 Provider number: 155203 AIM number: 100271120 Census bed type: SNF: 15 SNF/NF: 115 Total: 130 Census payor type: Medicare: 39 Medicaid: 82 Other: 9 Total: 130 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	Please find the enclosed plan of correction for the survey ending 2/11/16 Submission of this plan of correction does not constitute admission or agreement to the facts alleged or correction set forth on the statement of deficiencies The plan of correction is prepared and submitted because of requirement under state and federal law Please accept this plan of correction as our credible allegation of compliance Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction the documentation serves to confirm the facility's allegation of compliance Thus, the facility respectfully requests the granting of paper compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality review completed by 30576 on February 15, 2016			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview, and record review, the facility failed to follow the care plan of applying non-skid strips in front of the toilet for 1 of 4 resident's reviewed for accidents. (Resident #123) Finding includes: Resident #123's clinical record was reviewed on 2/9/16 at 9:34 a.m. The resident had diagnoses including, but not limited to delirium, anxiety, and insomnia. On 9/2/15, a care plan was developed for Resident #123 for "Resident is at risk for fall due to: unsteady gait, cognitive decline" with approaches that included, but was not limited to: "Non-skid strips in front of toilet." The care plan had been	F 0282	F282 - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; it is the practice of this facility to employ qualified persons in accordance with each resident's written plan of care. Non skid strips were re-applied to floor in front of resident #123 toilets. - 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; All Residents have the potential to be affected by this practice. The DNS/Designee conducted an audit on 2/11/16 to ensure non skid strips were appropriate and in place based on care plan. No other residents were identified with missing non skid strips. - What measures will be put into place or what systemic changes	03/07/2016

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	reviewed quarterly and was considered to be a current problem. Progress notes dated 9/2/15 and 1/29/16 indicated Resident #123 had a fall in front of the toilet on both of the dates of 9/2/15 and 1/29/16. During observations on 2/9/16 at 10:21 a.m., and 2/10/16 at 1:25 p.m., no non-skid strips were observed in front of Resident #123's toilet. During an interview on 2/10/16 at 2:24 p.m., the DON (Director of Nursing) and the Maintenance Supervisor indicated Resident #123 should have had non-skid strips in front of his toilet. The policy and procedure dated, 4/2014, titled, "IDT Care Plan Review" was received from the Director of Nursing on 2/10/16 at 1:30 p.m. It included, but was not limited to the following: "...The Care plan will include measurable goals and resident specific interventions based on resident needs and preferences to promote the residents highest level of functioning including medical, nursing, mental and psychosocial needs..." 3.1-35(g)(2)		will be made to ensure that the deficient practice does not recur; licensed staff will be in-serviced on or before 2/25/16 by the Clinical Education Coordinator on the Fall Management Program. During the in-service the facility will review new system for validating care plan intervention for non skid strips by adding this to the treatment record for daily monitoring. - How 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;and The DNS or designee will complete the Fall Program CQI tool weekly x 4weeks and monthly ongoing. The audits will be reviewed during the facility's CQI meeting and issues will be addressed and the above plan will be altered accordingly as needed. If 100% compliance is not achieved a action plan will be implemented.	

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F 0371 SS=E Bldg. 00	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 record review, observation and interview, the facility failed to ensure cereal bowls were free of food debris and were dry when used for other meals beside breakfast. This deficient practice affected 127 of 130 residents who received meals from the kitchen. Finding includes: During a lunch observation on 2/8/16 at 11:55 a.m., the cook was observed to pick a soup bowl from the rack to serve the cucumbers and baked beans. As she turned the bowls in the top rack over to serve, the bowls were observed to be soiled with either oatmeal or cream of wheat or were still wet inside. The Dietitian proceeded to remove the top rack of bowls and brought them back to the dishroom to be run thru the machine again. Upon further check of the next 7 racks of bowls, these bowls were also soiled with food debris or were still wet inside. This affected 8 of 10 racks of bowls containing 16 bowls each.	F 0371	F371 - What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; it is the practice of this facility to store, prepare, distribute and serve food under sanitary conditions. On 2/8/16 the 18 racks of bowls were removed from the serving area and ran through the dish machine. These bowls were inspected by the Dietitian and the Dietary Manager before using them on the serving line and all bowls were properly cleaned and stored. - 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; what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; All residents have the potential to be affected by this practice. On 2/10/16 Gordon Food Service was contacted and conducted maintenance to the dish machine and replaced the line for the rinse aid to ensure dishes were drying adequately. On 2/10/16 the dietary manager	03/07/2016

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	In an interview with the Consultant Dietitian on 2/9/16 at 3:05 p.m., she indicated that the expectation was for the bowls to be allowed time to dry between meals and were checked after coming out of the dishmachine to ensure they were clean before being stored and/or used. She indicated the dietary department had been having a difficult time getting the food carts back off the floor by nursing and were having to go and get them which wasn't always allowing them to be washed and allowed to dry in a timely manner before being used again. In an interview with the Dietary Manager on 2/9/16 at 3:35 p.m., she indicated that her expectation was for the line to be checked to ensure the bowls/dishes were clean. She also indicated the Dietitian had inserviced the dietary staff on the spot yesterday and will have them sign the form to indicate this. The Dietary Manager further indicated she had (name of Company) come in and check the rinse agent during which he primed it a little. "New racks have also arrived for the dishmachine but still needed to be uncrated. This is not a normal occurrence for the bowls to still be wet and/or soiled like they were. Things happen but they are supposed to be checked at the end to be sure they are		re-educated the employee on Cleaning Dishes Policy and Procedure. - What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; All Dietary staff were in-serviced on 2/10/16 and 2/11/16 on Cleaning Dishes and Dish Machine Policy and Procedure.The dietary manager or designee will complete the kitchen sanitation/environmental review checklist after each meal for 4 weeks and then monthly for 6 months. - how 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;and. The consultant dietitian will complete the Dietitian Sanitation Review tool monthly on going. The audits will be reviewed during the facility's CQI meeting and issues will be addressed and the above plan will be altered accordingly as needed. If 100% compliance is not achieved an action plan will be implemented.	

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	clean." On 2/10/16 at 1:09 p.m., the Dietary Manager presented a copy of the Dietary Aide Job Description. Review of the Job Description at this time, included, but was not limited to: "Summary of Position Functions: The Dietary Aide perform designated work and cleaning responsibilities in accordance with sanitation standards. Essential Position Functions:...Collects soiled trays and washes dishes...Cleans workspaces, cooking and serving equipment, trays, and dishes according to department procedures. Loads and unloads the dishwasher. Stores clean equipment and dishes..." 3.1-21(i)(3)			