

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155631	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/31/2014
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NAME OF PROVIDER OR SUPPLIER WHITE RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 KENNY SIMPSON LN BEDFORD, IN 47421
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 27, 28, 29, 30, and 31, 2014</p> <p>Facility number: 001153 Provider number: 155631 AIM number: 200155900</p> <p>Survey team: Cheryl Mabry, RN-TC Angela Patterson, RN Susan Worsham, RN</p> <p>Census bed type: SNF/NF: 45 Residential: 3 Total: 48</p> <p>Census payor type: Medicare: 3 Medicaid: 36 Other: 6 Total 45</p> <p>Residential sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.3-1.</p>	F000000	Preparation and execution of the plan of correction for the survey does not constitute admission of the truth of facts alleged or the conclusions set forth in statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the Federal and State Law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents; nor are they such character as to limits the providers' capacity to render adequate resident care. This plan of correction serves as the facility's credible allegation that it will be in substantial compliance on or before November 30th, 2014.	

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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F000242 SS=E	<p>Quality review completed on November 13, 2014; by Kimberly Perigo, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on observation, interview, and record review, the facility failed to ensure residents were able to choose what time to wake up in the morning according to their preference in that residents were randomly observed in the hallway and family room asleep in chairs for 12 of 12 resident observed during stage 1 tour and stage 2 resident observation. (Resident #1, Resident #6, Resident #9, Resident #20, Resident #37, Resident #17, Resident #48, Resident #12, Resident #28, Resident #18, Resident #15, Resident #36)</p>	F000242	<p>Resident #1,6,9,20,37,17,48,12,28,18,15, and 36 interviewed along with their family/significant other regarding their preferences including when to get up in the morning. These preferences are identified on resident care plan / C.N.A. assignment sheet and honored.</p> <p>All other residents will be interviewed along with family/significant other if applicable, regarding their preferences by 11/30/14. Resident specific preferences will be identified on the residents care plan / C.N.A.</p>	11/30/2014	

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	<p>Findings include:</p> <p>1). On 10/27/14 at 5:45 a.m., the following residents were observed in chairs asleep in the hallway. (Resident #1, Resident #6, Resident #9, Resident #20, Resident #37, Resident #17, Resident #48, Resident #12, Resident #28, Resident #18, Resident #15, Resident #36)</p> <p>A) Resident #20's clinical record was reviewed on 10/30/14 at 9:15 a.m. The current Minimum Data Set (MDS) assessment dated 10/28/14, indicated a Brief Interview Mental Status (BIMS) score of 0, which indicated Resident #20 was not interviewable. A BIMS score of 8-15, indicated cognitively intact and interviewable.</p> <p>Care plan dated 10/28/14, indicated, "...Resident appears tired and has little energy and is reported to seem to sleep too much at times. May have difficulty sleeping at night at times also. ...Nurse, ...note any problems with sleeping too much,"</p> <p>On 10/29/14 at 3:00 p.m., interview with the MDS coordinator indicated, when asked, How are preferences determined for residence who are not cognitively intact? "We talk to the family." Do you</p>		<p>assignment sheet.</p> <p>Social Services /Admissions along with Care Coordinator will interview residents and their families/significant other at time of admission regarding preferences. Preferences will be reviewed at quarterly care conferences or as resident, family/significant other communicate changes desired. Preferences will be communicated to staff via the care plan/C.N.A. assignment sheet.</p> <p>Education was provided 11/24/14 to appropriate staff regarding resident rights and self-determination in regards to resident preferences and changes. Those unable to attend are required to make up and have completed by 11/30/14.</p> <p>The DON or designee, will audit care plan/C.N.A. assignment sheet for specific preferences within 72 hours of admission for all admissions for next 6 months, and will interview 5 residents and family/significant other regarding satisfaction with staff honoring preferences monthly for 6 months.</p> <p>Audits will continue based on QAPI review of any negative findings. Any negative findings from the audits will be reported to the facility QAPI (Quality Assurance Performance Improvement) Committee meeting monthly.</p>				

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	<p>have documentation of getting preference from family for [Name of Resident #20]? "Well not sure her family doesn't come that often. There has been some communication. I will go get [Name of the Activity Director]."</p> <p>B) Resident #37's clinical record was reviewed on 10/30/14 at 9:22 a.m. The current Minimum Data Set (MDS) assessment dated 10/15/14, indicated a Brief Interview Mental Status (BIMS) score of 4, which was not interviewable. A BIMS of 8-15, indicated cognitively intact and interviewable.</p> <p>Care plan dated 8/13/14, indicated, "...Resident has trouble sleeping at night at times, ...Also appears to sleep too much during the daytimes at times..."</p> <p>C) Resident #17's clinical record was reviewed on 10/30/14 at 9:40 a.m. The current Minimum Data Set (MDS) assessment dated 10/29/14, indicated a Brief Interview Mental Status (BIMS) score of 2, which was not interviewable. A BIMS score of 8-15, indicated cognitively intact and interviewable.</p> <p>Resident #17 was observed to be leaning forward in wheel chair asleep.</p> <p>Care plan dated 8/20/14, "Resident has</p>		Compliance date 11/30/14				

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	<p>trouble sleeping at night at times and may display increased restlessness at times...."</p> <p>D) Resident #48's clinical record was reviewed on 10/30/14 at 9:50 a.m. The current Minimum Data Set (MDS) assessment dated 10/13/14, indicated a Brief Interview Mental Status (BIMS) score of 2, which was not interviewable. A BIMS score of 8-15, indicated cognitively intact and interviewable.</p> <p>Care plan dated 10/7/14, indicated "...Resident reports feeling tired and having little energy at times...."</p> <p>E) Resident #6's clinical record was reviewed on 10/30/14 at 9:33 a.m. The current Minimum Data Set (MDS) assessment dated 8/5/14, indicated a Brief Interview Mental Status (BIMS) score of 4, which was not interviewable. A BIMS score of 8-15, indicated cognitively intact and interviewable.</p> <p>Care plan dated 8/1/14, indicated, "...Resident reports that she feels tired and has little energy. ... Observe for problems causing little energy or feeling tired,"</p> <p>2). On 10/27/2014 at 6:00 a.m., an observation of the activity room indicated 5 residents asleep. Resident #18 in a</p>			

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	<p>wheelchair designed to look like a recliner (snoring), Resident #28 in a wheelchair designed to look like a recliner, Resident #15 in a wheelchair, Resident #9 in a broda chair, and Resident #36 in a broda chair. Resident #28 awoke for a moment when spoke to. No staff in activity room. The television was on, no was actively watching the TV and no staff interacting with the residents.</p> <p>3). On 10/27/2014 at 6:25 a.m., an observation of Resident #9, Resident #15, Resident #18, Resident #28, and Resident #36 remain in the activity room sleeping. No staff in the activity room, the television remains on, no one actively watching the television.</p> <p>F) Resident #9's clinical record was reviewed on 10/31/2014 at 11:00 a.m. Diagnoses included but, were not limited to, epilepsy, and hypertension.</p> <p>The admission MDS (Minimum Data Set) assessment, dated 9/11/2014, assessed Resident #9's BIMS (Brief Interview for Mental Status) as not able to be assessed resident is rarely or never understood.</p> <p>G) Resident #15's clinical record was reviewed on 10/30/2014 at 1:52 p.m.</p>						

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	<p>Diagnoses included, but were not limited to, congestive heart failure, dementia, gastroesophageal reflux disorder, chronic obstructive pulmonary disease, and organic brain syndrome.</p> <p>The Significant Change MDS (Minimum Data Set) assessment, completed on 9/27/2014, assessed Resident #15's BIMS (Brief Interview for Mental Status) as not completed, because resident is rarely understood.</p> <p>A care plan dated 7/28/2014, indicated a problem: "Resident reports feeling tired and having little energy at times...."</p> <p>H) Resident #18's clinical record was reviewed on 10/31/2014 at 11:15 a.m. Diagnoses included but, were not limited to end stage renal disease, hypertension, dementia, coronary artery disease, and altered mental status.</p> <p>The quarterly MDS (Minimum Data Set) assessment, dated 7/13/2014, assessed Resident #18's BIMS (Brief Interview for Mental Status) as not able to be assessed resident is rarely or never understood.</p> <p>I) Resident #28's clinical record was reviewed on 10/31/2014 at 11:35 a.m. Diagnoses included but, were not limited to hyperlipidemia, dehydration,</p>			

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	<p>Alzheimer's, hypertension, and congestive heart failure.</p> <p>The quarterly MDS (Minimum Data Set) assessment, dated 9/4/2014, assessed Resident #28's BIMS (Brief Interview for Mental Status) as not able to be assessed resident is rarely or never understood.</p> <p>J) Resident #36's clinical record was reviewed on 10/31/2014 at 12:00 p.m. Diagnoses included but, were not limited to Alzheimer's, diabetes mellitus, and hypertension.</p> <p>The annual MDS (Minimum Data Set) assessment, dated 7/22//2014, assessed Resident #36's BIMS (Brief Interview for Mental Status) as not able to be assessed resident is rarely or never understood.</p> <p>3) On 10/27/14 at 7:20 a.m., the following residents were observed to remain asleep in their chairs in the dining room. (Resident #20, Resident #48, Resident #37, Resident #1, Resident #12)</p> <p>K) Resident #1's clinical record was reviewed on 10/30/14 at 10:15 a.m. The current Minimum Data Set (MDS) assessment dated 9/12/14, indicated a Brief Interview Mental Status (BIMS) score of 3, which was not interviewable. A BIMS cored 8-15, indicated</p>			

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	<p>cognitively intact and interviewable.</p> <p>Care plan dated 9/15/14 indicated "... Resident reports feeling tired and having little energy at times...."</p> <p>L) Resident #12's Clinical record was reviewed on 10/30/14 at 9:00 a.m. The current Minimum Data Set (MDS) assessment dated 6/6/14, indicated a Brief Interview Mental Status (BIMS) score of 1, which was not interviewable. A BIMS score of 8-15, indicated cognitively intact and interviewable.</p> <p>Care plan dated 10/27/14, indicated, "... Resident reports feeling tired and having little energy and also reports trouble sleeping at times...."</p> <p>There were no careplan's for preferences on when the resident would like to get up in the morning. There was no documentation the family was contacted about preferences on when to get residents up in the morning. The MDS did not indicated on admission nor annually the residents' preferences on getting up in the morning for any of the residents reviewed.</p> <p>4). On 10/31 at 6:15 a.m., observed the following residents in the family room without supervision and asleep in chairs.</p>			

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	<p>Resident #12, Resident #37, and Resident #48.</p> <p>On 10/30/2014 at 2:49 p.m., an interview with CNA #2 indicated they (staff) determine who to get up and who to go to bed by residents who exhibit behaviors get up last and are put to bed first. Residents who are wet, slipping in their chair, or are asleep in their chairs get put to bed also. When asked who determines how to get up residents who are not cognitively intact she indicated the nurses or the CNA's.</p> <p>On 10/29/14 at 11:30 a.m., interview with the Director of Nursing (DON) indicated, when asked if the facility had resident preference sheets, "Well it would be care planned or and on the Certified Nursing Assistant (CNA) assignment sheets. We only have 2 residents that like to sleep late. We have a form on admission, but then we fill out the assignment sheet." If there are no preference on the assignment sheet how do you know what the preference was? "They let us know, and if nothing on the sheet then there is no preference." What do you do if they can't tell you their preference? "We would have asked family on admission."</p> <p>On 10/29/14 at 3:30 p.m., interview with</p>						

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	<p>the Activity Director indicated when asked if there was a resident preference sheet completed on admission, "Yes we ask questions that are on the MDS." How would you know the sleep and wake preferences? "It's on the MDS. I ask how important is it. Very important, important." The MDS does not have a question indicating time. How do you determine the time? "I just ask the questions on the MDS." How often do you update preferences? "Annually." "It is documented in the resident ECS." When asked what ECS meant indicated, "I don't know electronic documentation." Residents who can't relay their preferences how do you know. "Staff assessment, talking with the people who are involved in residents care. For those of who were admitted and can't state preferences we ask the family. I would normally put preference are unknown if family not able to say" Who determines when residents get up or when they go to bed? "I think that is a nursing question after I do the initial evaluation, then it is up to nursing."</p> <p>On 10/30/14 at 8:30 a.m., interview with the Administrator indicated when asked how are resident preference honored if they are not able to express preferences for getting up? "On admission we would ask the family. We ask the questions that</p>			

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	<p>are on the MDS." How often are preference updated? "I think it's quarterly and with any change in condition. If they have a preference it is placed on the CNA assignment sheet and care plan."</p> <p>On 10/30/14 at 8:49 a.m., the MDS coordinator indicated, "I believe [Name of the Activity Director] is working on talking to the families about preference now. We are working on that now." How do the CNA's know who to get up in the morning? Is there an order? "The CNA's don't have a specific order. They just get the residents up." If the residents are not awake and the CNA's get them up and in chairs should they know that the resident is not alert and should be left asleep? "Probably."</p> <p>On 10/30/14 at 9:50 a.m., interview with the Administrator and MDS (Minimum Data Set) coordinator present indicated, "We use the [Resident Assessment Instrument] RAI and the MDS questions to determine preference. If the family is involved we would asked them. I can't say it's documented. If they are still asleep they should be left in bed. Some residents we have to get up, because of structured routine with the dementia residents. If they are not aroused they would put them back to bed. I wasn't</p>			

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	<p>here or else I would have had them put back to bed."</p> <p>On 10/31/14 at 6:20 a.m., interview with CNA #1 indicated, when asked how do you know which residents to get up first in the morning, "Usually we just start at one end and work our way down the hall." What do you do when residents are still asleep and won't get up? "We take and lay them down. " How do you know if a resident wants to be up at 6:00 a.m., or earlier? "We asked the one's that can tell us. Then we will let them sleep." How do you determine who to get up time for the resident's who can't tell you? " The one's that can't we know we have to start somewhere." Observation at that time indicated, 3 residents up in wheel chair, broda and geri chair asleep in the family room. (Resident #12, Resident #37, Resident #48)</p> <p>On 10/27/14 at 8:59 a.m., the DON provided Resident Rights policy undated, and indicated that was the current policy used by the facility. The policy indicated, "...Quality Of Life, ... b. ... The resident has the right to ..1. Choose activities, schedules, ...consistent with his or her ...assessment, ..."</p> <p>On 10/30/14 at 9:48 a.m., the Administrator provided Policies &</p>						

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F000371 SS=F	<p>Procedures Nursing revision date 11/2013, and indicated that was the current policy used by the facility. The policy indicated, "...Preferences for Customary Routine and Activities. ...If resident is unable to complete, attempt to complete interview with family member or significant other. ..." There were no questions indicating morning wake up times.</p> <p>3.1-3(u)(1) 3.1-3(u)(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 A.) Based on observation, the facility failed to have dietary staff follow facility policy related to the washing of hand when entering and exiting the kitchen, and anytime they had made contact with a resident and/or their food. B). Based on observation and record review, the facility failed to ensure proper handwashing was completed in the</p>	F000371	The facility does procure food from approved sources based on Federal, State and Local authorities and does store, prepare and distribute food under sanitary conditions. Dietary Manager and Dietary Aides were coached regarding hand washing. Education including Food Safety and Sanitation ; the basics, Basic Orientation for Dietary Aide, Hand Washing as well as a return	11/30/2014			

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	<p>kitchen and dining area as the facility policy indicated, this had the potential to affect 45 of 45 residents who receive meals from the kitchen.</p> <p>C.) Based on observation and record review, the facility failed to ensure staff used proper handwashing when entering the kitchen and retrieving non spill drinking cup as indicated by the facility policy and Center for Disease control for 2 of 2 randomly observed residents being assisted with breakfast tray in the dining room in that the Dietary Manager was not observed to handwash. (Resident #9, Resident #22) (Dietary Manager)</p> <p>Findings include:</p> <p>A). On 10/29/14 at 12:30 P.M., the Dietary Manager and Dietary Aide #1 was observed not to wash their wash hands upon entering and exiting the kitchen numerous times during the serving of lunch. Dietary Aide #1 was observed at 12:35 p.m., coming out of the kitchen, conversed with a resident, then go back into the kitchen, pull a dessert off a covered tray, went back in to kitchen, again not washing hands, returned to dining room with 2 more bowls of dessert and a banana returned to the kitchen, was observed washing hands (less than 20 seconds) bring container of</p>		<p>demonstration of hand washing skill will be completed by all dietary staff by 11/30/14. The facility will continue to orient new staff to facility hand washing policies and continue to include return demonstration to ensure skill competency. Director of Nursing or designee will audit dietary staff in kitchen and dining area 10 times a week, at random meals and on weekends for 30 days, then 5 times a week, at random meals and on weekends for 60 days, then 2 times weekly, at random meals and weekends for a duration of 6 months of monitoring to ensure compliance. Continued audit will be based on QAPI review of any negative findings. Negative findings will be reported to facility QAPI committee monthly meeting. IDR of F 371 is respectfully requested as no harm, no food touched, facility following food code and staff were not identified touching persons, bare skin, or raw food that would cause cross contamination. There have been no food borne illness at facility. Dietary Manager did enter and exit kitchen to dining area during survey process. When observed entering to obtain cups for residents, she obtained cups from bottom, rims or mouth pieces were not touched and she presented them to the c.n.a. in a way that would not have contaminated them. She as well</p>	

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	<p>covered fruit to the dining room window, and proceed to wipe her nose on her right shoulder sleeve of her scrub top and did not re-wash hands.</p> <p>B.) On 10/27/2014 at 7:35 a.m., an observation of Dietary Aide #1 wiping counter tops in the main dining room, then entered the kitchen, passed the handwashing sink, and picked up empty trays preparing to serve residents in the main dining room food. Then began serving residents. No hand washing was observed.</p> <p>C). On 10/27/14 at 7:45 a.m., observed the Dietary Manager to leave the dining room and enter the kitchen to retrieve 2 non spill sippy cups from the kitchen area. No handwashing was observed upon entering the kitchen. The Dietary Manager came out of the kitchen and gave the 2 cups to CNA #1 who was assisting Resident #9 and Resident #22 with breakfast.</p> <p>On 10/30/14 at 11:00 a.m., the Administrator provided "PERSONAL CLEANLINESS" policy undated, and indicated that was the policy currently used at the facility. The policy indicated, "...B. FOOD EMPLOYEES shall use the following cleaning procedure, ... 3. Rub together vigorously for at least 10 to 15</p>		<p>enters kitchen to go to her office and perform desk duties not food prep and would not have been required to perform hand washing. Dietary aide did rub /scratch her nose using her shoulder by shrugging but did not contaminate her hands in this process. Dietary Staff have been provided re education on hand washing and will have completed return demonstration by 11/30/14.</p>				

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	<p>seconds...When to Wash. ... FOOD EMPLOYEES shall clean their hands and exposed portions of their arms ... immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, ... A. After touching bare human body parts other than clean hands and clean, exposed portions of arms...F. During FOOD preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks. ... I. After engaging in other activities that contaminate the hands."</p> <p>On 10/31/14 review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated "...Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them"</p>			

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F000441 SS=D	<p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and</p>			

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	<p>transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that infection control practices were followed as the facility policy indicated, in that a Licensed Practical Nurse (LPN) did not remove gloves and hand sanitize or hand wash after cleansing a pressure ulcer and before applying the treatment for 1 of 1 observation of treatment implementation for a pressure sore. (Resident #13) (LPN #1)</p> <p>Findings include:</p> <p>On 10/28/2014 at 11:14 a.m., observed LPN #1 to implement a physician prescribed treatment to Resident #13's pressure ulcer. After cleansing the stage 2 (top most layer of skin is broken) pressure ulcer, LPN #1 applied the calmoseptine cream (moisture barrier) to the bilateral buttocks of Resident #13 with the same gloves used to cleanse the wound.</p> <p>On 10/28/2014 at 11:20 a.m., an interview with LPN #1 indicated, she should have removed her gloves, washed her hands, and reapplied clean gloves between cleansing the wound and applying the calmoseptine.</p>	F000441	<p>The facility does have an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>LPN # 1 was coached and re-educated regarding washing hands as indicated by facility policy.</p> <p>Education with return demonstration was provided to nursing department regarding the facility policy and procedure for proper hand washing on 11/24/14 with completion of all by 11/30/14. Hand washing education will continue to be reviewed with new staff and validation of skill competency during orientation process.</p> <p>Facility director of nursing or designee will observe proper hand washing during treatment 4 times over next 30 days for LPN #1 and additionally 10 other licensed staff randomly across all 3 shifts and weekends over next 30 days, then she will observe 5 licensed staff monthly at random across all 3 shifts and weekends during treatment for 60 days, then 2 times monthly at random across all 3 shifts and on weekends for a duration of 6</p>	11/30/2014

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	<p>On 10/31/2014 at 11:00 a.m., the Director of Nursing (DON) provided the WHEN? Your 5 Moments For Hand Hygiene, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "...2. Before clean/aseptic procedure...When? clean your hands immediately before accessing a critical site with infectious risk for the patient (e.g. a mucous membrane, non-intact skin...Situation when Moment 2 applies:...b)...applying ointment on vesicle...3. After body fluid exposure risk Why? To protect you from colonization or infection with patient's harmful germs and to protect the health-care environment from germ spread. When? Clean your hands as soon as the task involving an exposure risk to body fluids has ended (and after glove removal) Situations when moment 3 applies: a) when the contact with a mucous membrane and with non-intact skin ends."</p> <p>Review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated, "...Wet your hands with clean, running water (warm or cold), turn off the tap,</p>		<p>months of monitoring to ensure compliance. Continued audit will be based on QAPI review of any negative findings. Negative findings will be reported to facility QAPI committee monthly meeting.</p>				

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R000000	<p>and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them ..."</p> <p>3.1-18(l)</p> <p>The following residential findings were cited in accordance with 410 IAC 16.2-5.</p>	R000000	<p>Preparation and execution of the plan of correction for the survey does not constitute admission of agreement by the provider of the truth of facts alleged or the conclusions set forth in statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the Federal and State Law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents; nor are they such character as to limits the providers' capacity to render adequate resident care. This plan of correction serves as the facility's credible allegation that it will be in substantial compliance on or before November 30th,</p>	

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R000091	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance</p> <p>(h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following:</p> <ol style="list-style-type: none"> (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. <p>The policies shall be made available to residents upon request.</p> <p>Based on interview and record review, the facility failed to ensure a written policy was available upon admitting residential residents into the facility to indicate qualifications to maintain residential status in the facility for 3 of 3 residential residents reviewed. (Resident #60, Resident #61, Resident #62)</p> <p>Findings include:</p> <p>On 10/29/14 at 12:30 p.m., interview with the Administrator requested policy on residential admittance and qualifications for continued stay. The Administrator indicated, when asked was there a policy on residential admittance and continued stay at residential level, "No, we don't have a policy."</p>	R000091	<p>2014.</p> <p>Facility does complete admission agreement that provides range of services provided, resident rights, information concerning facility operations and administration at time of admission. Facility as well completes an Individual Service Plan for each residential resident at time of admission to ensure facility can meet their needs in a residential setting per IAC regulation.</p> <p>Residential Individual Service Plans are completed quarterly and based on results continued placement is identified as appropriate. If higher level of care identified, referral will be initiated to ensure resident needs are met.</p> <p>Audit of current residential records reflect admission agreements and ISP's are in place for all current residents.</p>	11/30/2014

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R000247	<p>410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure when medications had not been properly administered as indicated by the facility policy the physician had been notified and the error documented in the clinical record, in that a Registered Nurse (RN) #1 gave a steroid inhaler before the bronchodilator, didn't have the resident rinse and spit after the steroid inhaler, didn't wait between inhalation treatments, and didn't notify the physician of the medication error, for 1 of 3 residents observed for medication administration. (Resident #61) (RN #1).</p> <p>Findings include:</p> <p>On 10/27/2014 at 7:00 a.m., observed RN (Registered Nurse) #1 to administer medications to Resident #61. RN #1</p>	R000247	<p>Administrator or designee will audit all new admissions to residential within 72 hours to ensure agreement and ISP are in place for 12 months to ensure ongoing compliance.</p> <p>The facility does provide medication administration and the provision of residential nursing care as ordered by their resident's physician and supervised by licensed nurse on premises.</p> <p>RN #1 was counseled in regards to Medication/Treatment error policy and specific review of MDI use. Resident #61's record reflects medication error and physician notification. There were no order changes and no adverse effects identified.</p>	11/30/2014

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	<p>handed Resident #61 the Advair (inhaled steroid) inhaler. Resident #61 inhaled the medication. RN #1 then handed Resident #61 Combivent (bronchodilator, helps to open the airway) inhaler and Resident #61 inhaled the medication. RN #1 gave Resident #61 a cup of water and oral medications. Resident #61 swallowed his medications and drank the water. No observation of rinsing or spitting following the Advair inhaler. No time elapsed between the respiratory inhalers.</p> <p>On 10/27/2014 at 7:10 a.m., an interview with RN #1 indicated RN #1 should have used the Combivent first the Advair second, should have waited between the two inhalers, and should have had Resident #61 rinse and spit after the Advair.</p> <p>Resident #61's clinical record was reviewed on 10/29/2014 at 11:00 a.m. Diagnoses included but, were not limited to, chronic obstructive pulmonary disease.</p> <p>The Lippincott Nursing 2014 Drug Handbook, 34th edition, copyright 2014, indicated for use of Advair, "Administration Inhalation...After administration, have the patient rinse his mouth without swallowing."</p>		<p>Licensed Nurses were provided education on Medication/Treatment error policy as well as specific review of MDI use and procedures with completion by all on or by 11/30/14. Education of policies /procedures will continue with newly hired licensed nursing staff during orientation process.</p> <p>Facility Administrator or designee, will audit administration of MDI use 3 times a week for 30 days, then 1 time a week for 60 days, then 1 time monthly for duration of 12 months to ensure compliance specific to MDI procedure. Facility Administrator or designee, will audit Medication/Treatment errors for documentation in individual records as identified for 60 days then records 1 time monthly for a duration of 12 months to ensure continued compliance.</p> <p>Compliance date 11/30/14</p>	

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R000298	<p>On 10/29/2014 at 3:30 p.m., an interview with the Director of Nursing indicated she was aware of the medication error on Resident #61. When asked if the physician had been notified she indicated, the physician had not been notified and the medication error report had not been filled out. At that time she indicated she would have RN #1 fill out the medication error report and notify the physician now.</p> <p>On 10/29/2014 at 4:00 p.m., the Director of Nursing (DON) provided the Specific Medication Administration Procedures, dated 8/2010, and indicated the policy was currently used by the facility. The procedure indicated, Procedures...K....Short acting beta agonist [Combivent] should be administered before other medication to help open the airways for better medication distribution....2. Wait one (1) to two (2) minutes before administering the next inhaled medication. L. Have resident rinse his/her mouth and spit out the rinse water...."</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and</p>						

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	<p>procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on interview and record review, the facility failed to ensure the pharmacy reviewed the residents drug regimen every 60 days for 3 of 3 residents residing in the residential facility. (Resident #60, Resident #61, Resident #62).</p> <p>Findings include:</p> <p>1.) Resident #60's clinical record was reviewed on 10/30/2014 at 11:00 a.m. Diagnoses included but, were not limited to, Korsakoff dementia, hyperlipidemia, and depressive disorder.</p> <p>2.) Resident #61's clinical record was reviewed on 10/29/2014 at 11:00 a.m. Diagnoses included but, were not limited to, chronic obstructive pulmonary disease, coronary artery disease, and diabetes mellitus.</p> <p>3.) Resident #62's clinical record was reviewed on 10/30/2014 at 9:00 a.m. Diagnoses included but, were not limited to, Autism, gastroesophageal reflux disease, and hypertension.</p>	R000298	<p>The facility does provide Health Services including a consultant pharmacist that reviews the drug handling and storage practices of facility, provides consultation regarding ordering, storing, administering and disposing of drugs ... reports in writing any irregularities in dispensing or administration and reviews the drug regimen of each resident at least once every 60 days.</p> <p>Consultant pharmacist did review resident #60, #61 and #62's drug regimen on 10/31/14 and will be reviewing at least once every 60 days from this visit.</p> <p>Facility Administrator or designee will audit residential records monthly for consultant pharmacist review of drug regimen for a duration of 12 month to ensure ongoing compliance.</p> <p>Compliance date 11/30/14</p>	11/30/2014			

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NAME OF PROVIDER OR SUPPLIER WHITE RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3710 KENNY SIMPSON LN BEDFORD, IN 47421
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R000349	<p>Review of the clinical records for Resident #60, Resident #61 and Resident #62 indicated a pharmacy review dated 7/1/2014. The clinical records lacked documentation of any pharmacy review since 7/1/2014.</p> <p>On 10/29/2014 at 4:30 p.m., the Director of Nursing provided the Executive Summary of Consultant Pharmacist's Medication Regimen Review, dated 7/1/2014, for Resident #60, Resident #61, and Resident #62. The DON indicated this was the last review the pharmacy had completed.</p> <p>On 10/29/2014 at 4:00 p.m., an interview with the Director of Nursing (DON) indicated the pharmacy had been doing drug reviews every 90 days, as the facility policy indicated.</p> <p>On 10/30/2014 at 9:35 a.m., an interview with the Administrator indicated the facility pharmacy drug review had been done every 90 days. They had been doing it wrong and the pharmacist was coming today to review the medications.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be</p>			

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	<p>maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure the clinical records were complete, accurate, and readily accessible for 3 of 3 residential residents whose clinical records were reviewed. (Resident #60, Resident #61, Resident #62)</p> <p>Findings include:</p> <p>1.) Resident #61's clinical record was reviewed on 10/30/2014 at 11:00 a.m. Diagnoses included but, were not limited to, Korsakoff dementia, hyperlipidemia, and depressive disorder.</p> <p>2.) Resident #62's clinical record was reviewed on 10/29/2014 at 11:00 a.m. Diagnoses included but, were not limited to, chronic obstructive pulmonary disease, coronary artery disease, and diabetes mellitus.</p> <p>The clinical record lacked documentation of a Mental Health Screening and Pre Admission Screening for Resident #62.</p> <p>Resident #62 admitted to the residential</p>	R000349	<p>The facility maintains clinical records for each resident and they are under supervision of Facility Administrator that ensures records are complete, accurately documented, readily accessible and systematically organized.</p> <p>Resident #62 had mental health screening completed 11/24/14 due to identified inability to locate original documentation. Review of current ISP for resident reflects continued appropriateness residing in Residential Facility.</p> <p>Residents #60, #61 and #62 records will be organized systematically with dividers to provide ease with accessibility/location of items</p>	11/30/2014			

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	<p>facility in 2006.</p> <p>On 10/29/2014 at 1:00 p.m., an interview with Social Services indicated they were looking for the mental health screening and preadmission screening for Resident #62.</p> <p>On 10/29/2014 at 4:00 p.m., an interview with Social Services indicated they had not located the Mental Health Screening nor the Preadmission screening for Resident #62.</p> <p>On 10/30/2014 at 11:35 a.m., an interview with the Administrator indicated they could not locate the Mental Health Screening or Pre Admission Screening for Resident #62. At that time, she indicated he transferred from skilled care to residential in 2006 and it either was not assessed or it had been lost.</p> <p>3). Resident #63's clinical record was reviewed on 10/30/2014 at 9:00 a.m. Diagnoses included but, were not limited to, Autism, gastroesophageal reflux disease, and hypertension.</p> <p>Review of the clinical records for Resident #61, Resident #62, and Resident #63 indicated, the records were not systematically organized and the Social</p>		<p>by 11/30/14.</p> <p>Facility Administrator or designee will audit residential records monthly for continued organization and will audit all new admissions to Residential Facility for Mental Health Screenings and Pre-Admission screenings within 72 hours of admission or earlier for a duration of 12 months to ensure ongoing compliance.</p> <p>Compliance date 11/30/14</p>		

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	Services Director and Administrator had to search for documents that were not available in the clinical records provided by the facility for these residents.				