

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 07/15/2014
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NAME OF PROVIDER OR SUPPLIER REAGAN PARK SENIOR LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1176 KINGWOOD DRIVE AVON, IN 46123
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R000000	<p>This visit was for an Initial State Residential Licensure Survey.</p> <p>Survey dates: July 14 and 15, 2014</p> <p>Facility number: 013264 Provider Number: 013264 Aim Number: N/A</p> <p>Survey team: Lora Brettnacher, RN, TC Kewanna Gordon, RN</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Census payor type: Other: 33 Total: 33</p> <p>Sample: 5</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 7/17/14 by Brenda Marshall, RN.</p>	R000000		
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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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R000026	<p>410 IAC 16.2-5-1.2(a) Residents' Rights - Noncompliance (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies regarding residents' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents' rights are updated or changed. There shall be documentation that each resident is in receipt of the described residents' rights and responsibilities. A copy of the residents' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.</p> <p>Based on observation and interview, the facility failed to ensure residents rights information was available in a publicly accessible place on the locked memory care unit. This deficient practice had the potential to affect 21 of the 21 residents residing on the secured memory care unit.</p> <p>Findings include:</p> <p>During the initial tour observations of the secured memory care unit on 7/14/14 at 8:45 A.M., resident rights information was not observed.</p>	R000026	Resident rights were posted on the memory care wing of the building immediately after the surveyor suggested that they should be posted within that area of the building. The facility was compliant within the spirit of the licensure rule in that "a copy of resident rights must be available in a publicly accessible area" of the building. Resident rights were posted in two locations of the building, one in the foyer at the main entrance of the building and the other in a binder in the first floor main lounge. In addition, copy of resident rights is given to the resident and/or the resident's	07/15/2014			

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R000273	<p>During an interview on 7/14/14 at 10:30 a.m., the Administrator indicated he was not aware residents rights information needed to be available for the residents who resided on the locked memory care unit.</p> <p>During an interview on 7/15/14 at 11:00 a.m., the Administrator was queried regarding policy and procedures for the posting of resident rights. The Administrator indicated the facility did not have a policy and/or procedure related to the availability of resident rights.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food was securely covered and labeled to identify food items and and/or use by dates, food was checked for proper temperatures, trash containers were covered, and failed to ensure dishwasher temperatures were monitored. This practice had the potential to affect 33 of the 33 residents residing in the facility.</p>	R000273	<p>responsible party at the time of move-in/admission along with all of the other move-in paperwork. In addition, the resident and/or the resident's responsible party signs an acknowledgement that they have been given a copy of said resident rights. The surveyor is incorrect in stating that the facility had no policies/procedures for the posting of resident rights. The policies were located at the time of the survey and post survey in our policy and procedure manual, section one. Therefore, the facility has met this licensure rule. Nonetheless, residents rights have been posted in the memory care wing per surveyor's request.</p> <p>Corrective action applies to all residents: All items that were not labeled, dated or were not securely covered have been discarded. All food items are securely covered, labeled to identify the food item, and are dated properly. Food served to residents is checked for proper temperatures. All temperature logs are maintained for proper temperature of coolers, freezers, and dishwasher temperature.</p>	07/16/2014			

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	<p>Findings include:</p> <p>During a tour of the kitchen on 7/14/14 from 9:00 a.m., until 9:45 a.m., the refrigerator in the prep station was observed to have spilled, dried liquid on the bottom shelf of the unit. There were improperly dated and labeled food items as follows:</p> <p>a tin pan loosely wrapped in saran wrap that Cook #1 indicated was blue cheese dated "6/22" with no further labeling; a tin pan loosely wrapped in saran wrap labeled "kraut" dated "7/7"; a tin pan with an unidentified congealed substance dated "7/9"; a plastic container that Cook #1 indicated was pancake batter labeled "7/7"; a tin pan loosely rapped in saran wrap that Cook #1 indicated was Alfredo sauce dated "7/8";</p> <p>The reach in refrigerator was found to have the following improperly stored items:</p> <p>a loosely wrapped tray of "lemon bars", as identified by Cook 1 with no cover and undated; a measuring cup with dried cranberries, as identified by Cook 1 with no cover and undated; a tin pan loosely covered with plastic</p>		<p>Systemic changes: All items are labeled, dated, and securely covered Logs are kept current for food temperatures served to residents, dishwasher temperatures, and all coolers and freezers. Logs are maintained on a daily basis in regard to completion of nightly cleaning schedules. Monitoring of corrective actions: Food service manager or designated food service staff member will audit all food storage areas on a daily basis to ensure proper labeling, proper dating, and secure coverings. Food service manager or designated food service staff member will monitor all temperature logs on a daily basis. Food service manager or designated food service staff member will review the nightly cleaning schedule log and observe kitchen on a daily basis to ensure the kitchen is operated with 410 IAC 7-24. All systemic changes completed by 7-16-14</p>				

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	<p>wrap that Cook #1 identified as "tuna salad" with no date; formed meat wrapped in plastic wrap with no date or identifying label; potatoes with no date or identifying label; watermelon in a bowl uncovered with no date or identifying label;</p> <p>The walk in freezer was found to have the following improperly stored items:</p> <p>a tin identified by the Director of Dietary Services (DDS) "beef" wrapped in individual plastic wrap with no date or identifying label; pre made frozen biscuits uncovered with no date; strawberry ice cream with the cover closing in on it with no open date or discard date; boxes on the floor, including coconut cream pie; open bag of mixed vegetables with no date and bag open to air.</p> <p>The walk in refrigerator was found to have the following improperly stored items:</p> <p>a loosely covered tin pan that the DDS, identified as spinach, dated as "7/11" with no label; boxes labeled potatoes on the floor; tin pan labeled "saucrougth [sic] prep</p>						

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	<p>date 6-22 use by 7-1"; raw meat identified by the DDS as hamburger meat stored on the same shelf as cooked pasta, breaded chicken strips and chicken patties; cooked pasta dated 7/1/14; previously frozen "breaded chix [sic] strips" wrapped in plastic wrap dated 7/5/14; previously frozen "chix [sic] patty" wrapped in plastic wrap dated 7/5/14; congealed item dated 7/9/14 identified by the DDS as "possibly gravy" with no identifying label.</p> <p>A trash can with no lid covering the contents was located in the food service bar located near the entry of the kitchen. A second trash can with no lid was observed next to the grill in the food service area of the kitchen. A third trash can with no lid was observed next to the ice machine.</p> <p>At 11:55 a.m., on 7/14/14 a tin pan of mayonnaise was sitting uncovered on the countertop and a fly was observed flying around near it.</p> <p>A temperature log dated "June 2014", was observed on the wall in the dishwashing area. This log did not have any temperature information written on it.</p>			

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	<p>A review of a document entitled, "HaccP-Based SOPS", received from the administrator on 7/14/14 at 11:55 a.m., had temperatures recorded for "oatmeal" and "gravy" for each day in June with no other food items recorded. For the month of July "oatmeal" and "gravy" were noted from July 1st through July 11th, with no other food items recorded.</p> <p>During an interview with Dietary Aide #2 on 7/14/14 at 9:40 a.m. he indicated he did not keep a temperature log for the dishwashing machine temperatures of for the three compartment sink. He indicated he had only been employed by the facility and had not been trained to complete this information.</p> <p>During an interview with the DDS on 7/14/14 at 9:40 a.m., She indicated the items found during the tour of the kitchen were not stored properly. She indicated temperature logs should have been kept for tracking of the dishwashing machine. She was asked if staff were keeping track of temperature logs on the food service line to which she indicated they had only been partially recorded.</p> <p>A policy and procedure related to food handling and storage was requested from the administrator on 7/14/14 at 12:30</p>			

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	p.m., and he indicated he did not have a specific policy, the kitchen was to follow the state guidelines for operating the kitchen.				