

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 04/17/2014
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NAME OF PROVIDER OR SUPPLIER HEARTH AT SYCAMORE VILLAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 611 W COUNTY LINE RD S FORT WAYNE, IN 46814
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R000000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: April 16 & 17, 2014</p> <p>Facility number: 011804 Provider number: 011804 AIM number: N/A</p> <p>Survey team: Virginia Terveer, RN, TC Sue Brooker, RD Julie Call, RN</p> <p>Census bed type: Residential: 102 Total: 102</p> <p>Census payor type: Other: 102 Total: 102</p> <p>Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 19, 2014 by Randy Fry 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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R000033	<p>410 IAC 16.2-5-1.2(h)(1-2) Residents' Rights - Noncompliance (h) The facility must furnish on admission the following: (1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility. (2) The most recently known addresses and telephone numbers of the following: (A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services. The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate. Based on observation, interview and record review the facility failed to ensure the toll free telephone number for the Indiana State Department of Health's Complaint Hotline was posted in an area accessible to residents, potentially affecting the 102 Residents who reside in the facility.</p> <p>Findings include:</p> <p>1. During observations on the environment tour on 4/17/14 at 10:00 a.m., the toll free telephone number for the ISDH (Indiana State Department of</p>	R000033	Contact information including phone numbers and addresses for the SDOH and local state agencies in regards to where complaints can be filed were added to the admissions packet on April 18, 2014. Contact information including phone numbers and addresses for the SDOH and local State agencies in regards to where complaints can be filed were added to the accessible mail room on 4/17/14.	04/18/2014

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	<p>Health) Complaint Hotline was not posted with the Resident's Rights, State Ombudsman information, or list of other advocacy agencies.</p> <p>During a second observation on 4/17/14 at 12:15 p.m., the ISDH Complaint Hotline Toll Free telephone number could not be located in accessible areas of the facility.</p> <p>During observations in the common areas of the facility on 4/17/14 from 2:45 p.m. to 3:00 p.m., the posting for the ISDH Complaint Hotline telephone number was not found.</p> <p>During an interview with the facility's Administrator on 4/17/14 at 3:00 p.m., he indicated the ISDH's Complaint telephone number should be listed with the postings of the Resident's Rights. An observation with the Administrator of the Resident Rights postings in the Mail Room, indicated the 1-800 ISDH Complaint telephone number was not included on the postings in the Mail Room for Residents' access.</p> <p>Review of the facility's non-dated "Rights of a Resident" which was provided by the Administrator on 4/17/14 at 4:00 p.m., the document indicated the following: "...Persons may contact the Long-Term</p>			

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	<p>Care Division of the Indiana State Department of Health regarding any problems related to the care rendered ...Complaints. You may file a complaint about a violation of federal or state law with the Indiana State Department of Health, Long Term Care Division by calling (800) 246-8909...."</p> <p>Review of the non-dated, "Indiana Administrative Code...Health Facilities, Licensing and Operational Standards" provided by the Administrator on 4/17/14 at 4:00 p.m., indicated the following: "...The most recently known addresses and telephone numbers, including, but not limited to, the following: A. The department....The ombudsman....protection and advocacy services commission....These shall be displayed in a prominent place in the facility...."</p> <p>An interview with the Administrator on 4/17/14 at 4:10 p.m., indicated the facility provided copies of both stated documents to the new Residents as the Resident Rights during admission to the facility.</p>				

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R000148	<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. (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. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, interview and record review, the facility failed to ensure hazardous chemicals were secured in 1 of 1 laundry room in the Keepsake Village North unit (a memory care unit) which had the potential to affect 12 of 17 ambulatory and confused residents who resided in the unit.</p> <p>Findings include:</p> <p>An observation on 4-16-2014 at 11:32 a.m. indicated the laundry room door was ajar and unattended in the Keepsake Village North unit. The laundry room</p>	R000148	The laundry doors on the memory care units were equipped with self-closing mechanisms to make sure doors are closed when staff exits the room. The doors are also equipped with self locking handles to prevent residents from entering potentially dangerous rooms. Unit staff was inserviced on proper procedure April 18, 2014.	04/18/2014

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	<p>contained a quart sized spray bottle of Tropical Mist (a deodorizer) which was in a bucket under the utility sink.</p> <p>An observation on 4-16-2014 at 12:50 p.m. indicated the laundry room door was ajar and unattended in the Keepsake Village North unit and the Tropical Mist remained in the bucket under the utility sink.</p> <p>An observation on 4-17-2014 at 9:25 a.m. indicated the laundry room door was ajar and unattended in the Keepsake Village North unit. 2 residents were observed to be independently mobile and walking past the unsecured door. The Tropical Mist was in a bucket under the utility sink.</p> <p>An interview with the Keepsake Village Nurse Supervisor #1 on 4-17-2014 at 9:30 a.m., indicated the laundry room door sometimes stays unsecured as staff or a family member were doing laundry.</p> <p>An observation and interview with the Keepsake Village Nurse Supervisor #1 on 4-17-2014 at 2:00 p.m., indicated the laundry room door was ajar in the Keepsake Village North unit and the Tropical Mist spray was moved to a shelf which was in reach. Also observed on the shelf were two 1.2 liter Safe Guard</p>			

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	<p>Foaming Hand Soaps, a 45 ounce container of Arm and Hammer Ultra Boost laundry detergent and a 22 ounce bottle of Shout laundry stain remover. The Nurse Supervisor #1 indicated the laundry room door should have been secured. A review of each container indicated "Caution" and "Keep Out Of Reach Of Children" were printed on the labels.</p> <p>A Tropical Mist MSDS (Material Safety Data Sheet) provided by the Executive Director on 4-17-2014 at 3:30 p.m., indicated "...ingredients of water...80-90%, Isopropyl (alcohol)...< 5%..." First Aid Measures indicated...ingestion-call a physician immediately..." Storage information indicated "...keep out of reach of children...."</p> <p>A Safeguard Foaming Hand Soap MSDS provided by the Executive Director on 4-17-2014 at 3:30 p.m., indicated First Aid Measures for "ingestion...get medical attention if discomfort persists...." Handling information indicated "...keep out of reach of children.</p> <p>An Arm and Hammer laundry detergent MSDS obtained from the website wercs.churchdwight.com with an issue date of 5/15/08 indicated "...potential</p>			

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	<p>health effects for eye...severe irritant...ingestion...nausea and abdominal discomfort...first aid measures...eyes...flush immediately with clean flowing water...for 15 minutes...seek medical attention immediately...ingestion...seek medical attention...."</p> <p>A Shout Laundry Stain Remover MSDS obtained from the website www.gjfood.com/pdf/msds/63_801160.pdf with an issue date of 9-13-2006 indicated "first aid measures...eye contact...flush immediately with plenty of water...if irritation persists...get medical attention...ingestion...immediately drink 1-2 glasses of water or milk...seek immediate medical attention...precautionary information...keep out of reach of children...."</p> <p>A policy "Community Storage and Community use of Dangerous Materials" dated 8-23-2012 and provided by the DON (Director of Nursing) on 4-17-2014 at 3:40 p.m. indicated "...all cleaning agents...used by community staff must be kept in a manner that assures resident protection and not stored in resident accessible areas.</p> <p>A list of ambulatory residents for</p>			

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	Keepsake Village North was provided by the Nurse Supervisor #1 on 4-17-2014 at 3:55 p.m., which indicated 12 residents were ambulatory in the unit.			