

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
---	--

(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	<p>This visit was for an Recertification and State Licensure Survey.</p> <p>Survey dates: September 15, 16, 17, 18, 21 & 22, 2015</p> <p>Facility number: 000169 Provider number: 155269 AIM number: 100267100</p> <p>Census bed type: SNF: 8 SNF/NF: 129 Total: 137</p> <p>Census payor type: Medicare: 16 Medicaid: 95 Other: 26 Total: 137</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 14454 on September 29, 2015.</p>	F 0000	<p>To Whom It May Concern: On September 15 -22, 2015 a health survey was conducted at East Lake Nursing & Rehabilitation. Attached is a requested IDR for tag F364 and the plan of correction for tags F371 and F441, the creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.</p> <p>Thank you for your time and consideration, Martin Lebbin Executive Director East Lake Nursing and Rehabilitation</p>	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/22/2015	
NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514			
(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 0371 SS=E Bldg. 00	<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, interview and record review the facility failed to prepare food under sanitary conditions in regards to thermometer cleaning and handwashing in 1 of 1 kitchens.</p> <p>B. Based on observation, interview and record review, the facility failed to serve meals in a sanitary manor for 2 of 4 dining rooms observed for meal service. (Main dining room and Memory Care Unit)</p> <p>Finding Includes:</p> <p>A1. On 9/15/15 at 11:15 A.M., Cook # 6 was observed taking food temperatures prior to the noon meal. Cook #6 took the temperature of the mixed vegetables, pureed mixed vegetables, soup, using the same disinfectant wipe in between each food. Cook #6 then took a new disinfectant wipe cleaned the thermometer probe then took the temperature of the lettuce, tomatoes, sliced ham, cheese and beets using the</p>	F 0371	<p>F371 – Food procure, store/prepare/serve - sanitary It is the practice of this provider to procure food from sources approved or considered satisfactory by Federal, State or local authorities; and store, prepare, distribute and serve food under sanitary conditions. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Dietary staff was immediately re-educated, by the Dietary Manager/designee, regarding proper disinfectant procedure for the thermometer probe between each use. Dietary staff was immediately re-educated, by the Dietary Manager/designee, regarding proper length of time to wash hands. Dietary staff was immediately re-educated, by the Dietary Manager/designee, regarding proper handling of food and sanitation while preparing food. Staff was immediately re-educated, by the Dietary Manager/designee,</p>	10/16/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
---	--

(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
	<p>same wipe in between each food.</p> <p>On 9/17/15 at 11:04 A.M., Cook #5 was observed to wash her hands for 8 seconds then continued to puree potatoes.</p> <p>On 9/17/15 at 11:20 A.M., Cook #5 was observed pureeing hamburger patties, then licked her finger and paged through the recipe book, then continued to puree the hamburgers without washing her hands.</p> <p>B1. On 9-15-2015 from 11:45 A.M. to 12:30 P.M., an observation was made of the lunch meal in the main dining room. The following observations were made:</p> <p>CNA (Certified Nursing Assistant) #12 was observed serving a meal tray to a resident. CNA #12 picked up the plate by placing her thumb on the rim of the plate. CNA #12 served 2 bowls and 2 glasses by placing her hand over the top of the bowls and glasses with her fingers touching the rim of the bowls and glasses.</p> <p>LPN (Licensed Practical Nurse) #15 was observed serving a meal tray to a resident. LPN #15 was observed to place her hand over the top of 1 bowl and 2 glasses with her fingers touching the rim of the bowl and glasses as she placed</p>		<p>regarding proper serving techniques when placing resident plates, bowls and glass ware.</p> <p>Memory Care staff was immediately re-educated, by the Dietary Manager/designee, regarding proper serving techniques when placing resident plates, bowls and glass ware.</p> <p>The residents did not experience any negative outcomes related to the deficient concern.</p> <p>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:</p> <p>All residents have the potential to be affected.</p> <p>Dietary staff will be in-serviced, by the Dietary Manager/designee, regarding proper disinfectant procedure for the thermometer probe between each use.</p> <p>Dietary staff will be in-serviced, by the Dietary Manager/designee, regarding proper length of time to wash hands.</p> <p>Dietary staff will be in-serviced, by the Dietary Manager/designee regarding proper handling of food and sanitation while preparing food.</p> <p>All staff responsible for serving meals will be in-serviced, by the Dietary Manager/designee, regarding proper serving techniques when placing resident plates, bowls and glass ware.</p> <p>What measures will be put into place or what systemic changes will</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/22/2015	
NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514			
(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			
	<p>them on the table.</p> <p>RNA (Restorative Nursing Assistant) #16 was observed serving 3 meal trays to 3 different residents. RNA #16 served the plates with her thumb on the rim of the plates.</p> <p>LPN #14 was observed serving a meal tray to a resident. LPN #14 served the plate by placing her thumb on the rim of the plate and 2 bowls and 1 glass by placing her hand over the top of the bowls and glass.</p> <p>B2. On 9/15/15 between 12:18 P.M., and 12:45 P.M., the following was observed during the lunch meal service in the Memory Care dining room:</p> <p>At 12:20 P.M., NA #2 (Nursing Assistant) was observed serving a resident a glass of chocolate milk to resident with her fingers on the top edge of the glass.</p> <p>At 12:23 P.M., NA #2 was observed serving a resident a lunch plate with her thumb on the inside edge of the plate.</p> <p>At 12:26 P.M., NA #2 was observed serving a resident a lunch plate with her thumb on the inside edge of plate.</p>		<p>be made to ensure that the deficient practice does not recur:</p> <p>The Dietary Manager/designee will monitor, at each meal, the proper disinfectant procedure for the thermometer probe between each use.</p> <p>The Dietary Manager/designee will monitor the proper length of time to wash hands.</p> <p>The Dietary Manager/designee will monitor, at each meal, the proper handling of food and sanitation while preparing food.</p> <p>The Dietary Manager/designee will monitor, at each meal, the proper serving techniques when placing resident plates, bowls and glass ware.</p> <p>If concerns are noted, the Dietary Manager/Executive Director/Designee will be notified immediately for corrective action.</p> <p>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;</p> <p>To ensure ongoing compliance with this corrective action, the Dietary Manager/designee will be responsible for completion of the CQI tools titled, "Meal Service Observation" and "Kitchen Sanitation/Environmental Review" daily for 2 weeks, weekly for 2 weeks and monthly for six months. If threshold of 100% is not met, an action plan will be developed. Findings will be submitted to the CQI</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
---	--

(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
	<p>At 12:29 P.M., NA #2 was observed placing a food tray on residents unwrapped silverware, then removed the food from the tray, placing it in front of a resident .</p> <p>At 12:30 P.M., NA #2 was observed serving a glass of apple juice to resident with her fingers on the top edge of the glass.</p> <p>During an interview on 9/21/15 at 2:00 P.M., the DM (Dietary Manager) indicated " ...handwashing should be done for at least 20 seconds, or sing happy birthday twice... yes they should wash her hands after she licked her fingers... food thermometers should be wiped with a new wipe after each food temperature is taken...."</p> <p>On 9/21/15 at 2:10 P.M., review of the current policy titled " Hand Washing" provided by the DM, last updated 11/14, indicated " ... 3... scrubbing all areas thoroughly minimum of 20 seconds of friction."</p> <p>On 9/21/15 at 2:15 P.M., review of the current policy titled " Food Temperatures " provided by the DM, last updated 7/15, indicated "... 6... remove the thermometer from the food item and immediately clean with a fresh alcohol</p>		<p>Committee for review and follow up. By what date the systemic changes will be completed: Compliance date: 10/16/15</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
---	--

(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 0441 SS=D Bldg. 00	<p>swab. Repeat this procedure until all hot food temperatures have been taken...."</p> <p>During an interview on 9/21/15 at 2:33 P.M., the DM indicated "... plates should be served from underneath... cups by the handles and glasses by the stem"</p> <p>On 9/22/15 at 11:30 A.M., review of the current policy titled " Handling Clean Equipment and Utensils" provided by the Director of Nursing, last updated 7/15, indicated "...1... staff will avoid touching the parts that will come into contact with food or mouth...."</p> <p>3.1-21(i)(2)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
---	--

(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
	<p>resident; and</p> <p>(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 transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure clean laundry was transported in a manner to prevent infection by 1 of 1 laundry aids observed for resident laundry delivery. (Employee #7)</p> <p>Finding includes:</p> <p>On 9/18/2015 at 11:14 A.M. to 11:35 A.M., Employee #7 was observed as she delivered clean personal laundry to resident rooms. The employee gathered a resident's clothing from a covered lined cart and carried it on hangers to Room</p>	F 0441	<p>F441 – Infection Control, prevent spread, linens</p> <p>It is the practice of this provider to ensure to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Laundry staff was immediately re-educated, by the Laundry Manager/designee, regarding proper transportation and handling of clean resident laundry. Laundry staff was immediately</p>	10/16/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 09/22/2015	
NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514			
(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			
	<p>414. The clothing was swinging against her body as she walked down from the cart to the room. She hung the clothes in the resident's closet then returned to the clean linen cart, where she retrieved clothing on hangers for Room 415. The clothing rested against her body as she walked to the room and hung the clothes in the closet. As the employee walked back to the cart, she stopped to talk with a resident and put her arm around the resident in a side embrace. Then she continued to the cart and collected clothes to deliver to Room 416. She held the clothes tight against her as she opened the closet door and pushed away clothing in the closet to make room for the clean laundry. Employee #7 returned to the linen cart for a stack of clean folded clothes and held them against her body as she carried them to Room 417, and put them away in the resident's drawer.</p> <p>During an interview on 9/18/2015 at 1:10 P.M., the Infection Control Nurse indicated staff should not hold any laundry against their body. She indicated clothing, and linens should never come in contact with staff transporting clothing and linens to, or from resident's rooms.</p> <p>During an interview on 9/21/2015 at 1:20 P.M., the Laundry Manager indicated</p>		<p>re-educated, by the Laundry Manager/designee, regarding proper transportation and handling of clean linens.</p> <p>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:</p> <p>All residents have the potential to be affected.</p> <p>Laundry staff will be in-serviced, by the Laundry Manager/designee, regarding proper transportation and handling of clean resident laundry.</p> <p>Laundry staff will be in-serviced, by the Laundry Manager/designee, regarding proper transportation and handling of clean linens.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The Laundry Manager/designee will monitor the proper transportation and handling of clean resident laundry.</p> <p>The Laundry Manager/designee will monitor the proper transportation and handling of clean linens.</p> <p>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;</p> <p>To ensure ongoing compliance with this corrective action, the Laundry Manager/designee will be responsible for completion of the CQI tool titled,</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/22/2015	
NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514			
(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			
	<p>staff who deliver clean laundry and linens should never allow the clean items to come in contact with their clothing or body. She indicated the staff had an inservice on how to handle clean linen and how to deliver it to the resident rooms.</p> <p>On 9/21/2015 at 1:32 P.M., the laundry manager presented the document entitled, "Record of Facility Inservice," regarding how to handle clean linen and how to deliver to the the rooms, dated 5/04/2015. The document indicated the employee signatures on the inservice attendance roster. Employee #7 was in attendance.</p> <p>On 9/21/2015 at 10:46 A.M., the facility current policy entitled "Laundry/Linen," and dated 2/2012, was received from the Director of Nursing. The policy indicated, "...Clean linen must be protected from soiling or contamination. Clean lined should be carried away from the body to prevent contamination...."</p> <p>3.1-19(g)(2)</p>		<p>"Laundry/Housekeeping/Cleaning Schedules" daily for 2 weeks, weekly for 2 weeks and monthly for six months. If threshold of 100% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p>By what date the systemic changes will be completed: Compliance date: 10/16/15</p>				