

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 01/04/2013
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NAME OF PROVIDER OR SUPPLIER CHRISTINA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN 46131
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>This visit was in conjunction to the Investigation of Complaint IN00121829.</p> <p>Survey dates: January 2, 3, and 4, 2013</p> <p>Facility number: 004017 Provider number: 004017 AIM number: N/A</p> <p>Survey Team: Dinah Jones, RN - TC Marcy Smith, RN (January 2, 2013) Patti Allen, BSW</p> <p>Census bed type: Residential: 61 Total: 61</p> <p>Census payor type: Other: 61 Total: 61</p> <p>Sample: 5</p>	R0000		

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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	<p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 15, 2013; by Kimberly Perigo, RN.</p>			

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R0054	<p>410 IAC 16.2-5-1.2(x) Residents' Rights - Deficiency (x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents' personal and clinical information was kept confidential. This had the potential to effect 61 of 61 residents residing in the facility.</p> <p>Findings include:</p> <p>On 1/3/13 at 10:50 a.m., the medication cart was observed in the hallway outside of room 138. The cart was unattended. The Medication Administration Record binder was open and Resident #37's medication orders were visible. The resident's name, birthdate, diagnoses, diet order, allergies, admission date, room number, medications, and name of</p>	R0054	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Cite #1 R 054 410 IAC 16.2-5-1.2(x) Residents' Rights - Deficiency What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The identified Resident's record file was</p>	02/15/2013			

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	<p>physician were visible. An empty medication blister pack and an empty pill bottle were observed with order labels and personal health information visible.</p> <p>A copy of Resident's Rights, that each resident received and signed upon admittance, was reviewed on 1/3/13 at 2:00 p.m. The Resident's Rights indicated residents have the right to have all personal and health related information kept private and confidential.</p> <p>In an interview with the Assistant Residence Director on 1/3/13 at 3:30 p.m., she indicated having been aware the Medication Administration Record binder had been left open and unattended on the cart. She indicated, "I shut the binder and told [Licensed Practical Nurse name], you know better."</p>		<p>immediately closed so the confidentiality of the record was protected. No other residents were found to be affected. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Areas where the potential risk existed for personal and confidential records to be observed were monitored and no other residents were found to be affected. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? The Wellness Director re-educated current staff at Christina House to our policy and procedure regarding maintaining resident confidentiality and the above referenced regulation regarding Resident rights. The Wellness Director and Residence Director will monitor med carts and areas where potential risk exists to ensure confidentiality of resident records. The Wellness Director and Residence Director will be responsible to monitor community and ensure continued compliance with Indiana state regulation R054 410 IAC 16.2-5-1.2(x) Residents' Rights. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put</p>		

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			<p>in place and by what date will the systemic changes be completed? The Wellness Director and/or Designee will perform random walking daily rounds of the community to ensure continued compliance with the above referenced regulation regarding confidentiality for a period of three months. Audits will be reviewed during the house Quality Assurance process in determination for ongoing monitoring at that time. Findings suggestive of compliance will result in cessation of the monitoring plan once compliance is achieved. Compliance Date: February 15, 2013</p>		

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R0148	<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: (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 and interview the facility failed to ensure the safety of residents by leaving a bottle of hand sanitizer sitting on the unattended medication cart. This had the potential to affect 61 of 61 residents residing in the building.</p> <p>Findings include: On 1/3/13 at 11:00 a.m., the medication cart was observed in a hallway in front of room 138. The medication cart was unattended. On</p>	R0148	<p>Cite #2 R 148 410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards – Deficiency What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be affected. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. No other residents were found to be affected. What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>	02/15/2013			

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	<p>top of the medication cart was a one ounce bottle of hand sanitizer sitting on the right front corner of the cart. The hand sanitizer was dark reddish-pink in color and had a fragrance. Labeling on the bottle indicated the contents were for external use only. Inactive ingredients indicated, water, isopropyl alcohol, and fragrance. Warnings indicated to keep out of reach of children and if swallowed, to get medical help or contact a Poison Control Center right away.</p> <p>In an interview with the Residence Director and the Assistant Residence Director on 1/4/13 at 3:40 p.m., they indicated they were aware the hand sanitizer had been on the unattended cart. They indicated the sanitizer should not have been left on the cart where residents had access to it.</p>		<p>practice does not recur? The Residence Director re-educated staff as to the necessity to maintain an environment that is free of hazards that may adversely affect the health and welfare of the residents or the public as required by State regulation R148 410 IAC 16.2-5-1.5(e)(1-4). Staff re-education also included utilization of hand sanitizer and importance of ensuring it is secured when not in use. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put in place and by what date will the systemic changes be completed? The Residence Director and/or Designee will conduct random daily walking rounds of community to ensure continued compliance with the above referenced regulation for a period of three months. Audits will be reviewed during the house Quality Assurance process in determination for ongoing monitoring at that time. Findings suggestive of compliance will result in cessation of the monitoring plan once compliance is achieved.</p>		

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R0154	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to maintain clean dining room Tables in one (1) of one (1) dining room. This had the potential to affect 61 of 61 residents residing in the facility.</p> <p>Findings include:</p> <p>On 1/4/13 at 10:00 a.m., a resident who wished to remain confidential voiced their concerns about the dining room table cloths being visibly soiled on the tables. The resident indicated staff served the residents on these tables daily without cleaning the cloths or replacing the table cloths. The resident indicated, "would you like to eat off these dirty table clothes?"</p> <p>On 1/4/13 at 9:15 a.m., a telephone interview with a family member indicated that the tables cloths were always soiled and the floors were</p>	R0154	<p>Citation #3 R 154 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards – Deficiency What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be affected. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. No other residents were found to be affected. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Residence Director re-educated staff as to the necessity to maintain physical plant standards in accordance with the Indiana state regulation R 154 410 IAC 16.2-5-1.5(k) Sanitation and Safety. The staff will replace dining table clothes as needed after every meal served. The Residence Director and/or Dining Services Coordinator will monitor to ensure compliance. The Residence Director also developed and implemented a</p>	02/15/2013			

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	<p>sticky and dirty.</p> <p>On 1/4/13 at 2:00 p.m., an observation of 18 of 18 dining tables being set up for the evening meal indicated there were 12 table cloths that were visibly soiled, they had food particles, crumbs, and dried stains. One table was without a table cloth. The dining room floor had pieces of food, and crumbs from both breakfast and lunch.</p> <p>On 1/4/13 at 3:15 p.m., during an interview with the Residence Director, he indicated the tables were soiled and needed to be clean. He indicated the facility did not have a written policy for changing the table cloths. The staff are to clean the table cloths before setting them up for the next meal, and change the table cloth if necessary, otherwise they are changed after the last meal of the day. He indicated this had the potential to affect 61 of 61 residents residing in the facility.</p>		<p>third shift cleaning schedule that is to be completed by staff to ensure cleanliness of the dining room. The Residence Director will be responsible to ensure continued compliance with our cleaning standards and expectations. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put in place and by what date will the systemic changes be completed? The Residence Director and/or Designee will conduct random daily walking rounds of community to ensure continued compliance with the above referenced regulation for a period of three months. Audits will be reviewed during the house Quality Assurance process in determination for ongoing monitoring at that time. Findings suggestive of compliance will result in cessation of the monitoring plan once compliance is achieved. Compliance Date: February 15, 2013</p>				

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