

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2016
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NAME OF PROVIDER OR SUPPLIER LYND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 E MCGALLIARD RD MUNCIE, IN 47303
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202282.</p> <p>Complaint IN00202282 - Substantiated. State deficiencies related to the allegations are cited at R0064, R0406 and R0407.</p> <p>Survey Dates: June 14 and 15, 2016.</p> <p>Facility Number: 004428 Provider Number: 004428 AIM number: N/A</p> <p>Census Bed Type: Residential: 46 Total: 46</p> <p>Census Payor Type: Other: 46 Total: 46</p> <p>Sample: 4</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on June 15, 2016.</p>	R 0000	<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 an employees, agents or other individuals who drafted or may be discussed in the 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</p>	
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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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R 0064 Bldg. 00	<p>410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident.</p> <p>Based on interview and record review, the facility failed to protect the residents' property from loss and or theft. This deficient practice effected 2 of 3 residents reviewed for misappropriation of property.</p> <p>Findings included:</p> <p>1. The clinical record for Resident B was reviewed on 6/14/2016 at 1:25 p.m. Diagnoses for Resident B included, but were not limited to, degenerative arthritis of the lumbar spine and peripheral artery disease.</p> <p>Review of the facility self reportable incident, dated 5/7/2016, indicated on 5/7/2016 Resident B's family member observed, via a video recording, a staff member rolling Resident B's walker near</p>	R 0064	<p>0064</p> <p>1.Immediate action: The staff member involved in the incident with Resident B is no longer employed at the community.</p> <p>2. Identification of residents with the potential to be affected. Current residents have the potential to be affected by thealleged deficient practice.</p> <p>3. Systemic changes An in-service was held on 6/20/16, by the executive director , for current staff, regarding resident rights and misappropriation, and reporting requirements, to assure proper compliance with reporting and protecting residents' property from loss and theft. Monitoring</p> <p>4.The Executive Director is responsible for sustained compliance. The Executive Director will continue to monitor and investigate violations of</p>	06/27/2016

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	<p>the bathroom door. The staff member was then observed taking Resident B's purse from the walker and carrying the purse into the bathroom for approximately 90 seconds. The staff member then returned the purse to the walker and returned the walker next to Resident B. The family reported twenty dollars missing from Resident B's purse. The time of the video recording was 5/7/2016 at 3:30 a.m. The police were called and a report was filed. The staff member was suspended and subsequently terminated from employment. Charges against the staff member were also filed.</p> <p>During an interview on 6/14/2016 at 2:29 p.m., Resident B's daughter indicated the family had placed the security cameras in the resident's room because Resident B had fallen. The family also feared Resident B might start wandering around at night.</p> <p>During an interview on 6/14/2016 at 2:00 p.m., the Executive Director indicated the staff member involved in the incident with Resident B had been a facility employee for approximately three years without any previous incidents.</p> <p>2. The clinical record for Resident C was reviewed on 6/14/2016 at 1:52 p.m. Diagnoses for Resident C included, but</p>		<p>resident rights, including misappropriation of resident items. Allegations of the violations will be reported to appropriate parties, with results of the investigation reported to the resident and/or responsible party. We will continue to report any incident meeting the criteria of abuse as well as protect the residents in all areas of their rights. Monitoring will be ongoing.</p> <p>5.Completion date 6/27/2016</p>		

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R 0406 Bldg. 00	<p>were not limited to, anxiety, depressive disorder, osteoporosis and sensory urge incontinence.</p> <p>Review of a facility self reportable incident, dated 2/9/2016, indicated on 2/9/2016 the Executive Director was informed of missing earrings and fifty dollars from Resident C's room. Resident C's daughter indicated, on the afternoon of 2/4/2016, the family had put fifty dollars in Resident C's wallet in her purse and hung the purse on the bed post. The family further indicated when the purse was checked on 2/8/2016, the money was missing. The police were notified, but no suspects were identified during the investigation.</p> <p>410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases</p>			

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	<p>and infection.</p> <p>Based on observation and interview, the facility failed to ensure infection control practices were maintained to provide a safe and sanitary environment to help prevent the potential for the development and transmission of disease and infection. This deficient practice had the potential to effect 1 of 4 residents reviewed for infection control practices. (Resident E)</p> <p>Findings include:</p> <p>During an observation on 6/14/2016 at 11:24 a.m., LPN #3 was observed walking past the open door to Resident E's room. The bathroom door was open and visible from the hallway. Extended oxygen tubing was noted on the bathroom and living area floor. The oxygen tubing was connected to an oxygen concentrator. LPN #3 was interviewed to determine if the tubing seen was oxygen tubing. LPN #3 responded that it was oxygen tubing and that Resident E used it as needed. LPN #3 then continued walking down the hallway. LPN #3 then returned to Resident E's room and picked up the oxygen tubing and placed it behind the oxygen concentrator in the bathroom. LPN #3 pushed the tubing further behind the concentrator with his foot. The oxygen tubing remained on the floor</p>	R 0406	<p>406</p> <p>1.Immediate action: The O2 tubing and cannula was replaced on 6/15/2016. LPN #3was in-serviced on infection control practices regarding handling and storageof oxygen tubing on 6/6/016 by Community Services Manager, Claudette Priest .</p> <p>1.Current residents on oxygen have the potential to be affected by the alleged deficient practice. There are 7 residents who utilize oxygen at Lynd Place. Each of these were checked to assure Oxygen tubing was stored in a sanitary manner.</p> <p>1.Systemic Changes: Nursing staff was re-inserviced on 6/20/26 by CSM, Claudette Priest on proper handling and storage of oxygen tubing and cannulas.</p> <p>1.Monitoring: The charge nurses will be responsible to check daily that oxygen tubing is stored in a sanitary manner. The Community Services Manager will monitor oxygen tubing storage routinely during rounds to assure sustained compliance. Monitoring will be ongoing.</p> <p>1.Completion Date June 27, 2016</p>	06/27/2016			

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R 0407 Bldg. 00	<p>behind the concentrator. LPN #3 left the room.</p> <p>During an interview on 5/15/2016 a 8:24 a.m., the Director of nursing indicated the oxygen tubing should not have been on the floor and LPN #3 should not have used his foot to reposition the tubing. "That's not acceptable." The Director of Nursing indicated the tubing would be replaced.</p> <p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.</p> <p>Based on record review and interview, the facility failed to established an infection control surveillance system to monitor, investigate, document and analyze the occurrence of nosocomial</p>	R 0407	<p>407</p> <p>1. Immediate action: The ED and CSM were re-trained on infection control monitoring,policies and procedures, on 6/16/201 by the Regional Director of Care</p>	06/27/2016

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	<p>infections, recommend corrective actions and review findings at least monthly. This deficient practice has the potential to effect 46 of 46 residents who currently reside in the facility.</p> <p>Findings include:</p> <p>During the entrance conference on 6/14/2016 at 8:50 a.m., with the Executive Director the Infection Control Program was requested. The Executive Director provided an infection control "Care Services Resource Guide". The guide lacked any information related to infection control surveillance or data review, nor did it address an infection control program. The Executive Director stated: "Infection control is only monitored if there is some sort of outbreak - a bunch of people coming down with the same thing."</p> <p>During an interview with the Director of Nursing on 6/15/2016 at 8:24 a.m., the Director of Nursing indicated the facility did not have a program that tracked and trended infections throughout the facility nor did the facility review infection control data at least quarterly. She indicated she did not track liked infections nor the geographical locations of infectious onsets. "We look at infection control if we have a large</p>		<p>Services(RDCS).</p> <p>1.Other residents who may be affected: Current residents have the potential to be affected by the alleged deficient practice.</p> <p>1. Systemic changes: Nursing staff in-serviced oncompletion of the infection control log daily on 6/20/2016 by Community Services Manager, Claudette Priest. The infection control log was implemented on 6/20/2016.</p> <p>1.Monitoring: The CSM is responsible for sustained compliance. The ED and/or designee will monitor the infection control logs daily on routine business days x 4 weeks, then weekly x4 weeks, then bi-weekly for 4 weeks. Monitoring results will be discussed during QI meetings. The QI committee will determine if continued monitoring is necessary based on 3 consecutive months of sustained compliance. Monitoring; The Executive Director will monitor routinely on an ongoing basis to assure that all infections are recorded and acted upon immediately. Date of completion; June 27, 2016</p>				

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	<p>number of residents with the same thing." No further information was provided at that time.</p> <p>During an interview on 6/15/2016 at 10:00 a.m., The Executive Director and the Director of Nursing presented a surveillance form titled "Infection Tracking Tool". The Director of Nursing indicated this form had not been used by the facility. No other information was provided.</p>			