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 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
R000000	This visit was for a State Residential Licensure Survey. Survey dates: September 25 and 26, 2014 Facility number: 10757 Provider number: 10757 AIM number: N/A Survey team: Julie Ferguson, RN, TC Caitlyn Doyle, RN Heather Hite, RN Jennifer Redlin, RN (9/25/14) Census bed type: Residential: 60 Total: 60 Census payor type: Other: 60 Total: 60 Residential Sample: 9 These state findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 28, 2014, by Janelyn Kulik, RN.	R000000	This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
R000151	410 IAC 16.2-5-1.5(h) Sanitation & Safety Standards -Noncompliance (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations. Based on record review and interview, the facility failed to ensure a resident's pet was up to date on veterinary exams and required immunizations for 1 of 4 resident pets residing in the facility. This had the potential to affect the 24 residents who resided in the Clare Bridge building. Findings include: The veterinary record for "Samantha" the cat, residing in Room D1 in the Clare Bridge building, was reviewed on 9/25/14 at 12:10 p.m. The record was dated 10/26/12. Services provided on that date included an annual examination and annual FVRCPC booster. The medical history indicated a "Rabies, Feline, 3 yr" booster last administered on 9/8/11. Interview on 9/25/14 at 1:50 p.m. with the Health and Wellness Director (HWD), indicated she had spoken with the resident's family and 10/26/12 was the last visit to the veterinarian. Further indicated the exam status, FVRCPC	R000151	***R-0151 Sanitation & Safety Standards – Noncompliance*** **What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** "Samantha", the cat, received her annual exam on September 26, 2014, and received a three (3) year Rabies booster at that time. Samantha is current with all her immunizations. **How the facility will identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken.** All resident pet records have been audited by the Health and Wellness Director(s). The results of that audit reflect that all pet immunizations are current, and up to date. No additional action will be taken at this time. **What measures will be put in place or what systemic changes will the facility make to make sure the alleged deficient practice does not occur.** A tickler file has been created so that both the Health and Wellness Director(s) and the Executive Director will	09/26/2014

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 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
	booster, and Rabies booster were not up to date. A policy titled "Pet Policy" was provided by the Executive Director (ED) on 9/25/14 at 12:00 p.m. and deemed as current. The policy indicated, " ... C. Resident Pets: 1. The resident's pet must be current and have regular examinations and vaccinations by a licensed veterinarian ...."		monitor pet medical histories to ensure all immunizations are up to date. **How will the corrective actions be monitored to ensure that the deficient practice will not reoccur, i.e, what quality assurance programs will be put in place**. All residents moving into the community with a pet will provide current immunization and medical history to ensure compliance. In addition, the Executive Director will review pet records on a monthly basis to ensure compliance. **By what date will these systemic changes be put into place**. September 26, 2014 and ongoing.	
R000270	410 IAC 16.2-5-5.1(c)(1-3) Food and Nutritional Services - Deficiency (c) The facility must meet: (1) daily dietary requirements and requests, with consideration of food allergies; (2) reasonable religious, ethnic, and personal preferences; and (3) the temporary need for meals delivered to the resident ' s room. Based on observation, record review, and interview the facility failed to ensure modified diets were prepared properly according to the recipe. This had the potential to affect 3 residents who resided in the Clare Bridge Assisted Living Unit who received modified diets/food prepared in the Clare Bridge Kitchen. (Clare Bridge Kitchen)	R000270	***R-0270 – Food and Nutritional Services – Noncompliance*** **What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** During the survey process, three residents at Clare Bridge were receiving texture modified diets. While the texture was correct for each of these diets, the meals were not prepared following the proper	10/01/2014

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 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
	Findings include: During an observation in the Clare Bridge Kitchen on 9/25/14 at 12:45 p.m., Cook #1 was observed preparing the modified diets. Cook #1 took one scoop of the regular texture prepared beef burgundy from a serving pan and put it in the blender. Cook # 1 took one scoop of the regular texture prepared roasted potatoes from a serving pan and put it in the blender. Cook #1 took one scoop of the regular texture prepared green beans from a serving pan and put it in the blender. Cook #1 then turned on the blender for five seconds. Cook #1 took one scoop of the blended food out of the blender and put it in a serving bowl. The food in the bowl was observed to be a mechanically altered consistency. Cook #1 then added one scoop of the regular texture prepared beef burgundy from a serving pan and put it in the blender. Cook #1 turned on the blender for 10 seconds. Cook #1 took one scoop of the blended food out of the blender and put it in a serving bowl. She then took another		recipe. Recipes for all modified diets will be posted in both kitchens to ensure proper preparation. **How the facility will identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken.** All residents, ordered by a physician to receive a modified diet, will be clearly posted in the kitchen and communicated to all dietary staff to ensure compliance. All recipes, for modified diets, will be posted for easy access/review during meal preparation. **What measures will be put in place or what systemic changes will the facility make to make sure the alleged deficient practice does not occur.** All dietary staff will be re-educated on the proper technique, and recipe, to ensure all texture modified diets are prepared following the proper recipe. Care staff will also be educated that proper recipes must be followed when texture modified diets are prepared. **How will the corrective actions be monitored to ensure that the deficient practice will not reoccur, i.e, what quality assurance programs will be put in place**. Daily the Dining Services Coordinator, or their designee, will verify that the listing of residents receiving modified diets is clearly posted in the kitchen, and all resident are	

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 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
	scoop of the blended food out of the blender and put it in another serving bowl. The food in the bowls was observed to be a pureed consistency. Cook #1 then began to prepare the regular diet plates. Review of the Daily Diet Modification Summary Report for the texture modified diet, dated 9/25/14, indicated the beef burgundy should have been ground up using the blender. The roasted potatoes should not have been put in the blender but served soft with gravy, and the green beans should not have been put in the blender but served tender. The Daily Diet Modification Summary Report for the pureed diet, dated 9/25/14, indicated the beef burgundy, roasted potatoes, and green beans should have each been pureed separately according to the recipe. During an interview on 9/25/14 at 3:20 p.m., the Dietary Manager indicated the recipes should have been followed for preparing the modified diets. He indicated the Daily Diet Modification Summary Report has the recipes on it and are available in each kitchen. He further indicated each food item should have		receiving the appropriate textured diet. Health and Wellness Director(s) will review all diets during assessments to ensure all residents are receiving the proper diet, as ordered by the resident's physician. **By what date will these systemic changes be put into place**. Immediately, and ongoing.	

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 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
	been pureed individually and served as separate items.			
R000414	410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, record review and interview the facility failed to distribute food under sanitary conditions related to touching residents' plates without gloves or hand washing for 1 of 1 meals observed. This had the potential to affect 3 of the 36 residents who received their meals in the main Brookdale dining room. Findings include: During a lunch observation on 9/25/14 at 12:52 p.m. the following was observed: Lead RCA (Resident Care Assistant) #1 used the door keypad, put in the code, and opened the door to let the mailman out. Lead RCA #1 then went back to the serving window in the Brookdale main dining room and touched three residents	R000414	***R-0414 Infection Control–Noncompliance*** **What corrective action (s) will be accomplished for those residents found to have been affected by the alleged deficient practice?** All staff will be re-educated on the importance of proper hand washing techniques and the importance of sanitation procedures. **How the facility will identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken.** Sanitation and hand washing guidelines will be posted in the Nurses' Station reminding staff of the importance of these policies. **What measures will be put in place or what systemic changes will the facility make to make sure the alleged deficient practice does not occur.** Sanitation policies and	10/15/2014

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 09/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PLACE VALPARAISO	2601 VALPARAISO ST VALPARAISO, IN 46383

(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
	plates with her thumb. She was observed to be touching the inside ridge of the plates. Lead RCA #1 did not wash her hands or use hand sanitizer and was not wearing gloves. Interview with Lead RCA #1 on 9/25/14 at 12:55 p.m., indicated she should have washed her hands before handling the plates of food. A facility policy on Hand Washing dated 12/12, and received as current from the Health and Wellness Director in training, indicated "...1. Hand washing is to be done:.. *After contact with soiled or contaminated articles...."		hand washing will be reviewed each month at All Staff meetings. These meetings are led by the Executive Director and Health and Wellness Director(s). **How will the corrective actions be monitored to ensure that the deficient practice will not reoccur, i.e, what quality assurance programs will be put in place**. The Health and Wellness Director(s), Executive Director, or their designee will assist during meals to ensure compliance with all sanitation policies. **By what date will these systemic changes be put into place**. October 15, 2014 and ongoing.	