

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155695	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/17/2016
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NAME OF PROVIDER OR SUPPLIER  RIVERSIDE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 W FRANKLIN ST ELKHART, IN 46516
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 13, 14, 15, 16 and 17, 2016</p> <p>Facility number: 003075 Provider number: 155695 AIM number: 200364160</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 6 Medicaid: 63 Other: 15 Total: 84</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on June 24, 2016.</p>	F 0000		
F 0280	483.20(d)(3), 483.10(k)(2)			

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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SS=D Bldg. 00	<p><b>RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</b></p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to ensure a resident was invited to participate in all care plan reviews for 1 of 2 residents reviewed for choices. (Resident #77)</p> <p>Finding includes:</p> <p>During an interview on 6-13-2016 at 2:13 P.M., Resident #77 indicated she had not been involved in her own care planning. Resident #77 indicated she never attended a care plan meeting on her own behalf, and had not been invited to her Care Plan reviews.</p> <p>During an interview on 6-15-2016 at 3:33</p>	F 0280	<p><b>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. 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 on or after July 17, 2016. F280- Right to Participate Planning Care-Revise Care Plan</b> It is the practice of this provider to allow each resident and the resident's family and/or legal representative the right to participate in planning care and treatment or changes in care and treatment. <b>What</b></p>	07/17/2016	

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	<p>P.M., the SSD (Social Service Director) indicated there was no record the resident had been invited to attend a Care Plan review since admission on 11-16-2015. She indicated the facility had not had a Care Plan review for Resident #77 since 3-22-2016.</p> <p>On 6-16-2016 at 8:00 A.M., the SSD indicated the resident attended one Care Plan review since admission, and the resident should be invited to all of her Care Plan reviews.</p> <p>On 6-15-2016 at 3:08 P.M., the MDS (Minimum Data Set) Coordinator provided the policy titled, American Senior Communities, IDT Care Plan Review, dated 1-2010 and reviewed on 4-2014, and indicated this was the policy currently used by the facility. The policy indicated, "It is the policy of this facility that each resident will have a comprehensive care plan developed based on comprehensive assessment...Resident, resident's families, or others as designated by resident will be invited to care plan review...."</p> <p>3.1-35(d)(2)(B)</p>		<p><b>corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> Resident #77 and her family/legal representative have been explained their right to participate in the care planning process and have recently attended a care plan review meeting. <b>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:</b> All residents currently residing at the facility have the potential to be affected by this finding. A facility audit will be completed by the DNS/SSD and/or designee to ensure that all residents and resident's family and/or legal representative that are scheduled for an upcoming care plan review have received proper notice and invitation to participate in this review. The ED/DNS and/or designee will be responsible for informing all residents and resident's family and legal representative of their right to participate in the care plan review process. Any resident, resident's family and/or legal representative expressing a desire to participate in a care plan review will be offered one at that time. Verbal reminders, written reminders and/or telephone calls will be completed by SSD/designee for residents scheduled for</p>		

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			<p>upcoming care plan reviews as appropriate. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> All members of the IDT and care plan team will be in-serviced and re-educated by the ED/DNS or designee on Resident Rights related to invitations to care plan reviews and encouragement to participate in care plan reviews as they desire and/or when scheduled. This in-service will be conducted on or before 7/17/16. Verbal reminders, written reminders and/or telephone calls will be completed by SSD/designee for residents scheduled for upcoming care plan reviews as appropriate. <b>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:</b> Ongoing compliance with this corrective action will be monitored through the facility CQI Program. The ED/SSD or designee will be responsible for completion of the CQI Audit tool titled, "Care Plan Review weekly for 4 weeks and monthly for six months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and followup. <b>By what date the systemic changes will be completed:</b></p>	

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F 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure the plan of care was followed for a prescribed dosage of insulin for a resident who required sliding scale insulin. This deficient practice affected 1 of 5 residents reviewed for unnecessary medications. (Resident #94)</p> <p>Finding includes:</p> <p>The clinical record for Resident # 94 was reviewed on 06/15/16 at 2:07 P.M. Resident #94 was admitted on 12/21/15. The diagnoses included, but were not limited to: type 2 diabetes mellitus without complications.</p> <p>A physicians order, dated 12/21/15, indicated "... Humalog [a medication that lowers blood sugar] [insulin lispro] solution; 100 unit/ml [milliliter] amt: [amount] per sliding scale; If Blood</p>			F 0309	<p>Compliance date: 7/17/16.</p> <p><b>F309 – Provide Care/Services for Highest Well Being</b> It is the practice of this facility that each resident receive and the facility provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> Resident #94 physician and family have been updated regarding his blood sugar results and insulin administration. This resident has been receiving medications, accuchecks and insulin administration per physician's order. <b>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:</b></p>		07/17/2016

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	<p>Sugar is less than 60, call MD [medical doctor]. If Blood Sugar is 0 to 109, give 0 Units. If Blood Sugar is 110 to 125, give 1 Units. If Blood Sugar is 126 to 140, give 2 Units. If Blood Sugar is 141 to 160, give 3 Units. If Blood Sugar is 161 to 180, give 4 Units. If Blood Sugar is 181 to 200, give 5 Units. If Blood Sugar is 201 to 240, give 6 Units. If Blood Sugar is 241 to 280, give 7 Units. If Blood Sugar is 281 to 320, give 8 Units. If Blood Sugar is 321 to 360, give 9 Units. If Blood Sugar is greater than 360, give 10 Units. If Blood Sugar is greater than 360, call MD. subcutaneous...Three times a Day; 07:00 AM, 12:00PM, 05:00 PM...."</p> <p>The "Capillary Blood Glucose Monitoring Tool," dated June of 2016, indicated the following blood sugars and insulin administration "... Reading (MG/DL) [Milligram per Deciliter] 06/04/2016 [at] 11a [am] 165 Units of SQ [subcutaneous] 3 U [Unit] abd [abdomen]... 06/06/2016 [at] 7a 155 4 u abd...."</p> <p>During an interview conducted with the Director of Nurses (DON) on 06/17/16 at 10:28 A.M., the DON indicated the correct dose of insulin given for 06/04/2016 should have been 4 units and the correct dose of insulin given for</p>		<p>All residents with orders for and care plans related to blood sugar monitoring and insulin administration have the potential to be affected by this finding. A facility audit will be completed by the Nurse Management Team to identify all residents with orders for and care plans related to blood sugar monitoring/accuchecks, routine insulin administration and sliding scale insulin administration. Physician Orders will be reviewed to ensure that all orders related to blood sugar monitoring and insulin administration have been transcribed correctly. All Medication Administration Records will be reviewed to ensure that all ordered blood sugar monitoring/accuchecks, insulin administration and sliding scale insulin has been recorded and administered per resident specific physician's order. Any errors and/or discrepancies noted will immediately be corrected and promptly reported to physicians and responsible parties.</p> <p><b>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The DNS/Nurse Management Team and/or Weekend Manager will be responsible for daily review of the Medication Administration Record to ensure that all</p>	

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F 0371 SS=F Bldg. 00	<p>06/06/2016 should have been 3 units. The DON indicated residents should be given the prescribed dosage of insulin each time.</p> <p>On 6/17/16 at 10:59 AM, the DON provided the policy titled "Medication Pass Procedure" Skills Validation, review date 03/2013, and indicated this was the policy currently used by the facility. The policy indicated "...Procedure Steps: 2. Medications checked 3 times to verify order with label...."</p> <p>3.1-37(a)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must -</p>		<p>medications including insulin, blood sugar monitoring/accuchecks, insulin administration and sliding scale insulin have been recorded and administered per physician's order. A nursing in-service will be conducted on or before 7/17/16 by the DNS/designee. This in-service will include review of the policy related to medication administration, documentation, transcription of physician's orders and following physician's orders and resident specific care plans.</p> <p><b>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:</b> Ongoing compliance with this corrective action will be monitored through the facility CQI Program. The DNS/designee will be responsible for completion of the CQI Tool titled, "MAR/TAR Review" daily for 4 weeks and weekly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b> Compliance Date: 7/17/16.</p>		

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	<p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to store foods in a sanitary manner for one of one kitchen.</p> <p>Findings include:</p> <p>On 6-13-2016 at 8:00 A.M., a tour of the kitchen was conducted with the DM (Dietary Manager). The following were noted:</p> <p>The DM washed his hands for 6 seconds before starting the tour.</p> <p>A scoop was observed in the powdered sugar bin and a small dessert dish was observed in the flour bin. The DM indicated, "Those should not be in there."</p> <p>A milk cooler, with individual pints of milk in milk crates, was observed to smell like spoiled milk and the thermometer had a reading of 44 degrees. A white and brown liquid was observed to be in the bottom of the milk cooler.</p> <p>A large clear container, covered with clear plastic wrap and containing a dozen</p>	F 0371	<p><b>F371 – Food Procure,Store/Prepare/Serve – Sanitary</b> It is the practice of this facility to procure food from sources approved or considered satisfactory by Federal, State or local authorities; and to store prepare, distribute and serve food under sanitary conditions.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> There were nospecifically identified residents affected by this finding. Facility meals are being distributed and served to all residents using sanitary conditions.</p> <ul style="list-style-type: none"> <li>·The DM has been re-educated on proper technique and practice related to hand-washing</li> <li>·Scoops and small dishes have been removed from the food storage containers</li> <li>·The milk coolers have been cleaned and disinfected and are maintaining proper temperatures</li> <li>·All food leftovers are properly labeled and are being stored per facility policy</li> </ul> <p><b>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:</b> All residents have the</p>	07/17/2016

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	<p>peeled hard boiled eggs, was observed in a reach in cooler, undated.</p> <p>On 6-17-2016 at 10:30 A.M., during an interview, the DON (Director of Nursing) indicated, "Hand washing should be 40-60 seconds."</p> <p>The current policy titled, "General Food Preparation and Handling," revised date 04/11, received from the DM on 6-17-2016 at 10:30 A.M., indicated, "...Procedure...17. Leftovers must be dated, labeled, covered, cooled and stored in the refrigerator or frozen for later use...."</p> <p>The current policy titled, "Food Storage," revised date 04/11, received from the DM on 6-17-2016 at 10:30 A.M., indicated, "...Procedure...7. Scoops must be provided for flour, sugar, cereals, dried vegetables, and spices. Scoops are not stored in the food containers...."</p> <p>The current policy titled, "Hand Washing in the Kitchen," revised date 01/16, received from the DON on 6-17-2016 at 11:08 A.M., indicated, "...Procedure...6. The entire process should take 40-60 seconds to complete...."</p> <p>3.1-21(i)(2)</p>		<p>potential to beaffected by this practice. DirectCare staff is utilizing proper technique, facility protocol, properhand washing procedure and infection control practices during meal preparation, food storage and meal service.</p> <p><b>What measures will be put into place or whatsystemic changes will be made to ensure that the deficient practice does not recur:</b> An all staffin-service will be conducted on or before 7/17/16 by the ED/DNS/designee. This in-service will include review of thepolicy related to General Food Prep and Handling, Hand-washing practices and food storage practices. All staff will be re-educated regarding the importance of preparing and servingfood in a sanitary manner as outlined in the facility policy. They will also be re-educated and in-serviced on utilizing proper handwashing technique and infection control practices as well as proper food storage practices.</p> <p><b>How the corrective action(s) will be monitoredto ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> To ensure ongoing compliance with this corrective action, the ED/DM/designee will be responsible for completion of the CQI Audit tools titled, "General Food Preparation and Handing"</p>				

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			daily for 4 weeks and weekly for 6 months" If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQICommittee for review and follow up. <b>By what date the systemic changes will becompleted:</b> Compliance date: 7/17/16.		