

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155826	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/20/2015
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NAME OF PROVIDER OR SUPPLIER  EVERGREEN CROSSING AND THE LOFTS	STREET ADDRESS, CITY, STATE, ZIP CODE 5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00186109 and IN00182367.</p> <p>Complaint IN00186109 - Unsubstantiated due to lack of evidence. Complaint IN00182367 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 13, &amp; 16-20, 2015</p> <p>Facility number: 013280 Provider number: 155826 AIM number: 201270670</p> <p>Census bed type: SNF: 32 SNF/NF: 10 Residential: 3 Total: 45</p> <p>Census payor type: Medicare: 25 Medicaid: 6 Other: 14 Total: 45</p>	F 0000		

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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F 0248 SS=D Bldg. 00	<p>Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 23, 2015 by 29479.</p> <p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was encouraged to attend or participate in activities of interest for 1 of 1 resident reviewed for activities (Resident #31).</p> <p>Finding includes:</p> <p>During an interview on 11/17/2015 at 12:00 p.m., Resident #31's family member indicated the facility staff did not encourage the resident to attend activities and provide assistance to attend them. She indicated Resident #31 had been kept in bed most of the time and the staff did not provide music for her to</p>	F 0248	Resident #31 no longer resides at the facility. The Administrator re-inserviced the activity staff on 11/25/15 regarding the need for one on one activities for residents who do not participate in group activities and/or where one on one activities are appropriate based on resident need. As well as the location to document group and one on one activity participation and the need to encourage/assist residents to attend activities of their interest. The Activity Director audited each resident activity assessment to ensure appropriate activities are implemented as well as to identify other residents who would benefit from one on one activities. The Activity Director or designee will	12/18/2015

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	<p>listen to while in her room. She indicated Resident #31's interests included: jazz music, watching and listening to basketball games and television game shows.</p> <p>During an observation on 11/16/2015 at 9:36 a.m., Resident #31 was observed lying in bed with her eyes closed. Music or television was not available to the resident at this time.</p> <p>During an observation on 11/16/2015 at 2:39 p.m., Resident #31 was observed lying in bed with her eyes open as the television was turned on. The resident was not positioned to view the television.</p> <p>During a continuous observation on 11/19/2015 from 10:30 a.m. to 11:00 a.m., Resident #31 was observed with her eyes closed while sitting in her wheelchair across from nursing station.</p> <p>During an observation on 11/19/2015 at 2:14 p.m., Resident #31 was observed lying in bed on her back, eyes looking toward the ceiling, as a Western show played on the television.</p> <p>During an observation on 11/19/2015 at 3:57 p.m., Resident #31 was observed lying in bed on her left side, eyes looking toward the window as the television</p>		<p>audit six resident records weekly for eight weeks, four resident records for eight weeks and two resident records for eight weeks to ensure activity preferences are appropriately offered and documented. The above mentioned audits will be presented to the Quality Assurance Committee monthly for six months for additional recommendations.</p>	

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	<p>played. At this time a Jazz musician was observed playing a saxophone in the common area of the facility for a group activity.</p> <p>Resident #31's record was reviewed on 11/18/2015 at 1:00 p.m. Resident #31's diagnosis included, but was not limited to, dementia.</p> <p>A Minimum Data Set (MDS) assessment, dated 8/24/2015, indicated Resident #31 was cognitively impaired with a Brief Interview for Mental Status (BIMS) score of 7 out of 15 and required extensive assistance from staff with transfers and locomotion on the unit.</p> <p>A MDS assessment, dated 6/2/2015, indicated Resident #31 found it somewhat important to keep up with the news, do things with groups of people, do her favorite activities, and go outside to get fresh air when the weather was good. Resident #31 found it very important to participate in religious services or practices.</p> <p>An Activity care plan, dated 4/21/2015, indicated Resident #31 was dependent on staff for activities and social interaction related to her immobility. Current interventions included Resident #31 would engage in activities of interest</p>			

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	<p>such as: daily visits with staff, daily bread, listening to soft music in her room, arts and crafts, bible study, daily devotional services in her room, and watching news programs in her room. Resident #31 would need assistance of an escort to activity functions and should be invited to scheduled monthly activities. If Resident #31 declined participation in organized activities, her television was to be turned on to the music channel in her room to provide sensory stimulation.</p> <p>A document titled "Guest Care Choices," dated 6/1/2015, indicated Resident #31 had chosen to participate in group and one on one activities during the day and evening.</p> <p>A significant change Activities Assessment, dated 6/1/2015, indicated Resident #31 enjoyed arts and crafts, family and friends, the outdoors, gospel and soft music, reading the bible, bible study, church services, socializing with others, basketball games, Bingo, family and comedy music, news and current events, and televised church services and family movies. The assessment indicated Resident #31 enjoyed listening to soft music playing in her room.</p> <p>A document titled "Individual Resident Daily Participation Record," dated</p>			

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	<p>November 2015, indicated Resident #31 participated in television and current events or news. The record lacked evidence she had been provided her assessed preferences for activities and lacked evidence she had been provided activities for the dates of: 11/1/2015, 11/2/2015, 11/3/2015, 11/5/2015, 11/6/2015, 11/7/2015, 11/8/2015, 11/10/2015, 11/11/2015, 11/13/2015, and 11/15/2015.</p> <p>A document titled "Individual Resident Daily Participation Record," dated October 2015, indicated Resident participated in dominoes games and television. The record lacked evidence she had been provided her assessed preferences for activities and lacked evidence she had been provided activities for the dates of: 10/1/2015 through 10/19/2015 and 10/26/2015 through 10/31/2015.</p> <p>During an interview on 11/18/2015 at 11:54 a.m., Activities Assistant #10 indicated Resident #31 had not attended a group activity in two weeks.</p> <p>During an interview on 11/19/2015 at 2:38 p.m., the Activities Director indicated Resident #31 was only cognitively able to listen to group activities. She indicated she had been</p>			

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	<p>unaware if music had been provided for Resident #31 while in her room. She indicated Resident #31 had spent much of her time in her room and watched television. She indicated she could not provide documentation one on one activities had been provided for Resident #31. She indicated Resident #31 had not been provided the activities to meet her individualized needs.</p> <p>During an interview on 11/19/2015 at 3:57 p.m., Certified Nursing Assistant (CNA) #12 indicated she was not aware of any activities that Resident #31 participated in or music and hobbies the resident enjoyed. She indicated Resident #31 stayed in bed the majority of her shift and had not been provided one on one activities or attended group activities. She indicated Resident #31 would respond to staff interaction.</p> <p>During an interview on 11/19/2015 at 3:39 p.m., the Administrator indicated the facility utilized a document titled "Activity Assessment and Plan," undated, as their current activities policy. This document indicated residents of the facility were assessed for the following: "Demographics, interests, clinical condition, leisure functioning, and activity plan...."</p>			

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F 0371 SS=E Bldg. 00	<p>3.1-33(a) 3.1-33(b)(8) 3.1-33(c)</p> <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 Based on observation, interview, and record review, the facility failed to ensure foods were labeled with open dates for 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received food from the kitchen.</p> <p>Finding includes:</p> <p>During the initial kitchen observation on 11/13/15 from 9:30 a.m. to 9:52 a.m., with the Dietary Manager (DM) present, the following food items were observed open and stored in the walk in refrigerator or the walk in freezer: hash browns, tator tots, cheese, butter, chicken base, and frozen mixed vegetables. The items lacked opened or use by dates.</p> <p>During an interview on 11/13/2015 at</p>	F 0371	<p>Upon noting the undated hash browns, tater tots, cheese, butter, mixed vegetable and chicken base, the Dietary Manager discarded these items.</p> <p>The Dietary Manager re-inserviced the dietary staff on 11/25/15 regarding the need to date food items.</p> <p>The Dietary Manager or designee will audit the food storage areas to ensure proper dating of food items three times per week for eight weeks, then two times per week for eight weeks, then weekly for eight weeks to ensure that food items are appropriately dated.</p> <p>The above mentioned audits will be presented to the Quality Assurance Committee monthly for six months for additional recommendations.</p>	12/18/2015

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R 0000  Bldg. 00	<p>9:48 a.m., the Dietary Manager indicated opened food items should have been labeled with an opened date.</p> <p>A policy titled "Refrigerator and Freezer Storage Chart" and identified as current by the Director of Nursing on 11/19/15 at 1:25 p.m., stated, "Food will be properly stored so that it decreases the risk of food borne illness and nutritional quality is maintained. Once an item is opened, it will be covered and dated with 'opened on' date. Expiration dates printed on the manufacturer apply until the product is opened. Once opened, use these time limits unless the manufacturer's date is earlier. The day of opening/preparation counts as day one...."</p> <p>3.1-21(i)(3)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 3</p> <p>Sample: 4</p>	R 0000		

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R 0273  Bldg. 00	<p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods were labeled with open dates for 1 of 2 kitchen observations. This deficient practice had the potential to affect 3 of 3 residents who received food from the kitchen.</p> <p>Finding includes:</p> <p>During the initial kitchen observation on 11/13/15 from 9:30 a.m. to 9:52 a.m., with the Dietary Manager (DM) present, the following food items were observed open and stored in the walk in refrigerator or the walk in freezer: hash browns, tator tots, cheese, butter, chicken base, and frozen mixed vegetables. The items lacked opened or use by dates.</p> <p>During an interview on 11/13/2015 at 9:48 a.m., the Dietary Manager indicated opened food items should have been labeled with an opened date.</p>	R 0273	<p>Upon noting the undated hash browns, tater tots, cheese, butter, mixed vegetable and chicken base, the Dietary Manager discarded these items. The Dietary Manager re-inserviced the dietary staff on 11/25/15 regarding the need to date food items. The Dietary Manager or designee will audit the food storage areas to ensure proper dating of food items three times per week for eight weeks, then two times per week for eight weeks, then weekly for eight weeks to ensure that food items are appropriately dated. The above mentioned audits will be presented to the Quality Assurance Committee monthly for six months for additional recommendations.</p>	12/18/2015

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	A policy titled "Refrigerator and Freezer Storage Chart" and identified as current by the Director of Nursing on 11/19/15 at 1:25 p.m., stated, "Food will be properly stored so that it decreases the risk of food borne illness and nutritional quality is maintained. Once an item is opened, it will be covered and dated with 'opened on' date. Expiration dates printed on the manufacturer apply until the product is opened. Once opened, use these time limits unless the manufacturer's date is earlier. The day of opening/preparation counts as day one...."			