

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 02/16/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE FALL CREEK LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5011 KESSLER BLVD E INDIANAPOLIS, IN 46220
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: February 15 and 16, 2016</p> <p>Facility Number: 010064 Provider Number: 010064 AIM Number: N/A</p> <p>Census Bed Type: Residential: 47 Total: 47</p> <p>Census Payor Type: Other: 47 Total: 47</p> <p>Sample: 10</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 30576 on February 19, 2016</p>	R 0000		
R 0152 Bldg. 00	<p>410 IAC 16.2-5-1.5(i) Sanitation and Safety Standards - Deficiency (i) The facility shall handle, store, process,</p>			

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>and transport clean and soiled linen in a safe and sanitary manner that will prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to handle soiled linen in a safe and sanitary manner that would prevent the spread of infection for 1 of 2 laundry rooms observed.</p> <p>Findings include:</p> <p>An environmental tour of the facility was conducted with the Maintenance Technician (MT) on 2/16/16 at 10:30 a.m.</p> <p>During the tour, RCA (Resident Care Assistant) #5 was observed rinsing feces soaked linen in a sink in the 3rd floor laundry room. The water was running in the sink while RCA #5 was rinsing the linen. Three clean resident shirts were hanging on hangers directly above the sink at which RCA #5 was rinsing the soiled linen. The room smelled of feces.</p> <p>An interview was conducted with the MT on 2/16/16 at 11:40 a.m. He indicated it did not make sense how RCA #5 was cleaning the linen with clean clothes hanging above her. He indicated there was a larger laundry room in the basement that could be used for such things, since the 3rd floor laundry room</p>	R 0152	<p>Immediate action was taken to address this deficiency. All clean clothing items were removed from the laundry room on 2/16/2016. New "clean" laundry containers were purchased on 2/17/2016 and are in use. They are clearly labeled "Clean Laundry Only". An in-service was started on 2/19/2016 to re-educate the staff on the proper handling of soiled linen and the storage of clean laundry. This in-service will be completed by the staff that handle soiled linen and perform the task of laundry by 3/1/2016. This system will be monitored by the Unit Manager on a daily basis and the Executive Director will conduct random inspections weekly to assure compliance.</p>	03/01/2016

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R 0154 Bldg. 00	<p>was so small.</p> <p>An interview was conducted with the Administrator on 2/16/16 at 12:20 p.m. After discussing the 3rd floor laundry room observation, she indicated no resident's clean clothes should be hanging in the 3rd floor laundry room at all.</p> <p>The How To Handle Contaminated Laundry policy was provided by the MT on 2/16/16 at 11:40 a.m. It indicated the purpose was to handle laundry soaked with blood or other potentially infected materials safely.</p> <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 ceiling vents in a cleanly manner for 2 of 2 vents observed in the 3rd floor dining room, and to maintain a clean and sanitized kitchen environment in the food storage and food preparation and cooking area with the potential to affect 47 of 47 residents that receive food that is stored, prepared and cooked in the kitchen.</p> <p>Findings include:</p>	R 0154	<p>1.The ceiling vents were immediately inspected byThe Maintenance Technician. There was no mold found, nor was there any evidenceof a leak. The vents were found to contain dust and dirt. The MaintenanceTechnician cleaned the vents on 2/16/2016. All vents in the building have beenplaced on a recurring monthly cleaning schedule as part of our PreventativeMaintenance. This task has been added to our computerized maintenance</p>	02/23/2016

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	<p>1. An observation of the ceiling was made on 2/16/16 at 12:30 p.m., with LPN #6. There were 2 vents on either side of the sky light. One vent was observed with a grayish green, furry substance in 9 different areas along the vent, ranging in size from a quarter to a golf ball. The other vent was observed with the same grayish green, furry substance in similar areas as the other vent. A large water stain was observed 6 feet away from one of the vents. LPN #6 indicated she'd never noticed the substance on the vents and stated, "It looks like mold." She indicated the facility had water damage next to one of the vents in December of 2015, the last time snow melted. She indicated there was a bucket/can placed in the dining room to collect water.</p> <p>An observation of the 2 vents was made with the Maintenance Technician (MT) on 2/16/16 at 12:40 p.m. He indicated the roof leaked when the snow melted, maybe once this winter season. He indicated he thought the grayish green, furry substance was dirt and could be easily cleaned.</p> <p>2. A random observation of the kitchen was made with the Dietary Coordinator (DC) on 2/15/16 at 10:15 a.m. During the observation tour, the oven located in the kitchen's preparation and cooking</p>		<p>program;TELS. Each month the Maintenance Technician will clean the vents and log thedate in the TELS system. The Maintenance Technician will oversee this processand the Executive Director will inspect the vents during monthly environmentalinspections.</p> <p>2.Daily cleaning schedules are in place for eachshift. The daily cleaning schedule does include cleaning the stove andappliances after each use, sweeping and mopping the floor at the end of thep.m. shift and in between as needed. The ice machine has been added to thedaily cleaning schedule to ensure that it remains clean between monthly deepcleans. The dietary staff was in-serviced on 2/23/2016 on the daily cleaningschedules and dietary expectations to include that no boxes should be stored onthe refrigerator or freezer floor at any time. The Dining Services Coordinatorwill oversee these processes and review and monitor the daily cleaningschedules to ensure compliance on each of his scheduled shifts. The Executive Director will inspect the dailycleaning schedules on a weekly basis.</p>	

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	<p>area had a dry white substance splattered on the bottom sides of the outside walls. At this time, the DC indicated the dry white substance looked like food had splattered from cooking on the stove. He indicated the staff had sautéed on the stove the following day, and it must have splattered onto the oven.</p> <p>An observation of the kitchen was made on 2/15/16 at 11:39 a.m. The oven had dry white substance that was splattered on the bottom sides of the outside walls. An observation of the kitchen was made on 2/15/16 at 1:30 p.m. The oven had dry white substance that was splattered on the bottom sides of the outside walls. An observation of the kitchen was made on 2/16/16 at 10:50 a.m. The oven had dry white substance that was splattered on the bottom sides of the outside walls. An interview was conducted with the DC at 2/16/16 at 11:00 a.m. He indicated that the dry white substance was the same food splatter that was observed on the kitchen tour on 2/15/16 at 10:15 .am. He indicated the kitchen equipment should be cleaned daily, but the oven was missed.</p> <p>3. A random observation of the kitchen was made with the DC on 2/15/16 at 10:15 a.m. The ice machine's lid had a dry beige substance dripped on the corner</p>			

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	<p>edge. As the lid was lifted the dry beige substance had a continued drip on the inside lid and on the inside corner wall of the ice machine. There was also a black substance on the inside top back wall of the ice machine. At this time, the DC indicated the ice machine is cleaned monthly. The last cleaning of the ice machine was done on 1/20/16. He could not indicate what the black substance was, but the dry beige substance might be food.</p> <p>An interview with the DC was made on 2/15/16 at 1:30 p.m. He indicated the dry beige substance had been food that was dripped on the ice machine, and the black substance might have been hard water build up. He indicated, "it wiped off easily." The DC indicated the ice machine might need to be cleaned more often than monthly.</p> <p>A policy was provided by the DC on 2/15/16 at 2:10 p.m. It indicated, "Policy Overview Ice used in the community for any purpose must be manufactured, stored, transported and handled in a sanitary manner. Policy Detail 1. Ice must be produced and stored in a sanitary manner...5. Ice machines must be cleaned and sanitized monthly or according to state-specific regulations."</p> <p>4. A random observation of kitchen was</p>			

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R 0240 Bldg. 00	<p>made with Dietary Manager on 2/15/16 at 10:15 a.m. The walk-in freezer was observed with 2 closed boxes sitting on the floor, and a few crinkled french fries scattered on the floor. At this time, the DC indicated the boxes should not be sitting on the floor they should have been placed on a shelf, and the french fries should have been picked up and thrown away.</p> <p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.</p> <p>Based on interview and record review, the facility failed to follow a Resident's plan of care/service plan by not coordinating medication services for 1 of 5 residents reviewed for Physician's Orders (Resident #37).</p> <p>Findings include:</p> <p>The clinical record for Resident #37 was reviewed on 2/15/16 at 1:30 p.m. The diagnoses for Resident #37 included, but were not limited to, end stage dementia and status post colostomy.</p>	R 0240	An audit was conducted by the Health & Wellness Director on 2/24/2016 to ensure that all medication is currently available for all residents. The Health and Wellness Director will continue to audit on a weekly basis to ensure compliance. An in-service on Medication Availability and Medication Administration was started on 2/19/2016 for all licensed nurses and will be completed by 3/5/2016. A letter will be mailed to all current responsible parties providing medication to the facility by 3/5/2016. The letter will reiterate	03/05/2016

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	<p>A Personal Service Plan, dated 12/14/15, indicated, "...Order and coordinate medication between family, health care providers and pharmacy; Provide assistance with administration of medication as needed...."</p> <p>The January 2016 Physician's Orders indicated an order for donepezil (Aricept-medication for dementia) 23 mg (milligrams) to be given daily at 7 p.m.</p> <p>The MAR (medication administration record) indicated Resident #37 did not receive her donepezil on the following dates: 1/17/16, 1/18/16, 1/19/16, 1/20/16, 1/21/16, 1/22/16 & 1/23/16.</p> <p>The back of the MAR indicated the following: 1/19/16 at p.m...."Aricept n/a [not available] family notified & pharmacy..." 1/20/16 at 7 p.m...."Aricept n/a [not available] family (dtr [daughter]) notified & pharmacy..." 1/21/16 at 7 p.m...."Aricept n/a [not available] family (dtr) notified &</p>		<p>Brookdale's Medication Availability policy. The facility will order, per policy, a 7 day supply of medication if the medication is not brought in by the responsible party within 2 days of the depletion of the current prescription. Any new orders will need to be received the same day or a 7 day supply will be ordered by the facility. This process will be overseen by the Health and Wellness Director.</p>	

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	<p>pharmacy..."</p> <p>No other documentation related to the missed medication was located in the clinical record.</p> <p>During an interview with the Director of Health and Wellness (DHW), on 2/15/16 at 2:21 p.m., she indicated the Resident's daughter picked up the Resident's medication at a local pharmacy and would provide the facility with the medication. The DHW further indicated she should've been personally notified after 3 days so she can ensure the Resident had the medication to take.</p> <p>ON 2/16/16 at 10:19 a.m., the DHW indicated the family member was not able to pick up the medication and deliver the medication to the facility in a timely manner. The DHW indicated should've been notified after 3 days and she could've ensured the Resident had the medication to take.</p> <p>A policy titled, Medication & Treatments, dated 3/1/03, was received from the DHW on 2/15/16 at 2:50 p.m. The policy indicated, "...It is [name of corporation]'s policy that all currently ordered medications will be available to the resident...."</p>			

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R 0273 Bldg. 00	<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 and interview, the facility failed to maintain sanitary temperatures per the manufacture instructions on a dishwasher, and maintain appropriate food storage for opened refrigerated food products. This had a potential to affect 47 of 47 that receive food that is stored, prepared, and cooked in the kitchen.</p> <p>Findings include:</p> <p>1.) A random observation of the kitchen was made with the Dietary Coordinator (DC) on 2/15/16 at 10:15 a.m. The dishwasher was ran through an entire wash and rinse cycle. The wash cycle had reached 152 degrees Fahrenheit, and the rinse temperature had reached 180 degrees Fahrenheit. The manufacture printed label on the wash temperature gauge indicated the wash cycle was to reach 160 degrees. The rinse temperature</p>	R 0273	<p>1. The dish machine was inspected by Ecolab on 2/16/2016. Ecolab confirmed that our dish machine is a "Stationary Rack, Dual Temperature" machine and the wash temperature of the machine should be at a 150 degree minimum for the wash cycle and 180 degree minimum for the rinse cycle. Ecolab also confirmed that there is a NSF approved data plate on the machine that verifies this information. There was a sticker placed on the machine that stated that the wash cycle should beat 160 degrees. Ecolab confirmed that the sticker should not have been on our machine and Ecolab removed and disposed of the sticker. Ecolab tested our dishmachine and confirmed that we were running at the accurate temperatures. Based upon the information from Ecolab, we were in compliance with the temperature for both the wash cycle and the rinse cycle each time it was observed by the state inspector. Our Dietician also</p>	02/23/2016

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	<p>gauge indicated the rinse was to reach 180 degrees.</p> <p>An interview was conducted with the DC at 2/15/16 at 10:20 a.m. He indicated he is suppose to get a new dishwasher, because it had been getting clogged. He indicated he could not indicate when he would be receiving it. The DC indicated he additionally uses a "wash" temperature strip that turns orange when the temperature reaches 180 degrees Fahrenheit during the wash cycle. This strip indicated,..."Dishwasher Temperature Test Strip..Pass when the blue bar turns orange 180 degrees Fahrenheit..."Manufacture instructions on packaging indicated, "attach to kitchen utensil. Place on dishwasher rack. Run dishwasher cycle." The wash and rinse cycle was ran by the DC at this time for a second time with a temperature wash strip. It was wrapped on a utensil and placed inside the dishwasher. The wash cycle gauge indicated the temperature had reached 152 degrees during this cycle. The rinse cycle gauge indicated the temperature had reached 192 degrees during the rinse cycle. The temperature wash strip was removed after both cycles, and it indicated 180 degrees by turning the blue line on the strip orange in color. A random observation was made of the</p>		<p>confirmed this information during her audit on 2/19/2016. An in-service was conducted with all dietary staff on 2/23/2016 to review this information. The Temperature Logs are in place and the Dining Services Coordinator will review the logs each scheduled shift to ensure compliance. Any deviation from the minimum temperatures will be addressed immediately by notifying the Executive Director and placing a service call to Ecolab.</p> <p>2. The dietary staff was in-serviced on 2/23/2016 on the proper storage and labeling of all food items. The Dining Services Coordinator will conduct daily inspections to assure that all food items are stored and labeled per regulation.</p>	

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	<p>kitchen with the DC on 2/15/16 at 11:39 a.m. The dishwasher was ran, and the wash gauge indicated the wash cycle had reached 155 degrees, and the rinse gauge indicated the rinse cycle had reached 190 degrees. A wash temperature strip was also placed in the dishwasher during this time and was not removed until both cycles completed. The blue line on the wash strip had turned orange indicating the dishwasher had reached 180 degrees. An interview was conducted with the DC at 2/15/16 at 11:50 a.m. He indicated he was not sure how the wash temperature strip distinguishes the difference between the cycles when the strip is left in the dishwasher for both wash and rinse cycles.</p> <p>An observation was made of the kitchen with the DC on 2/15/16 at 1:30 p.m. The dishwasher was ran with a wash temperature strip and stopped during the wash cycle. The blue stripe on the wash temperature strip did not turn orange. The wash gauge indicated the temperature had reached 155 degrees during the wash cycle, and the rinse temperature gauge indicated the temperature had reached 190 degrees during the rinse cycle. The dishwasher was ran a 2nd time with a wash temperature strip and stopped during the wash cycle. The strip did not</p>			

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	<p>turn orange. The wash gauge indicated the temperature had reached 152 degrees. The rinse gauge indicated the temperature had reached 200 degrees. The DC indicated he might have the wrong temperature strips. The strip turns only orange at 180 degrees, and the wash cycles are not reaching 180 degrees nor do they have too.</p> <p>An observation was made of the kitchen with the DC on 2/16/16 at 10:50 a.m. The dishwasher was ran through a wash and rinse cycle. The wash gauge indicated the temperature had reached 151 degrees during the wash cycle, and the rinse temperature gauge indicated the temperature had reached 180 degrees during the rinse cycle. The dish washer was immediately ran a 2nd time. The wash gauge indicated the temperature had reached 158 degrees during the wash cycle, and the rinse temperature gauge indicated the temperature had reached 185 degrees during the rinse cycle.</p> <p>At this time, the dishwasher's February temperature logs were reviewed with the DC. The February logs indicated the wash cycle temperatures recorded had not reached the manufacture's recommended temperature of 160 degrees on the following dates at each meal times: 2/9/16 159 degrees at breakfast, 155</p>			

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NAME OF PROVIDER OR SUPPLIER BROOKDALE FALL CREEK LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5011 KESSLER BLVD E INDIANAPOLIS, IN 46220
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	<p>degrees at lunch</p> <p>The February's logs indicated the dishwasher's rinse cycle temperatures recorded had not reached the manufacture's recommended temperature of 180 degrees on the following dates at each meal times:</p> <p>2/2/16 171 degrees at breakfast, 170 degrees at lunch, 170 degrees at dinner 2/3/16 170 degrees at breakfast, 170 degrees at lunch, 170 degrees at dinner 2/3/16 170 degrees at breakfast, 170 degrees at lunch, 170 degrees at dinner 2/5/16 172 degrees at breakfast, 170 degrees at lunch, 172 degrees at dinner 2/6/16 175 degrees at breakfast, 176 degrees at lunch, 173 degrees at dinner 2/7/16 175 degrees at breakfast, 176 degrees at lunch, 170 degrees at dinner 2/8/16 179 degrees at lunch 2/10/16 179 degrees at breakfast, 178 degrees at lunch, 173 degrees at dinner 2/11/16 176 degrees at breakfast, 169 degrees at lunch, 171 degrees at dinner 2/12/16 170 degrees at breakfast, 170 degrees at lunch, 171 degrees at dinner 2/13/16 170 degrees at breakfast, 170 degrees at lunch, 170 degrees at dinner 2/14/16 - no temperatures were taken 2/15/16 176 degrees at breakfast, 175 degrees at lunch, 175 degrees at dinner</p> <p>An interview was conducted with the DC</p>			

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	<p>on 2/16/16 at 11:00 a.m. He indicated he feels the gauges might be broken. He indicated he has ran the dishwasher multiple times this morning, and the wash and rinse temperatures have reached the manufactures requirements of 160 degrees for the wash cycle and 180 degrees for the rinse cycle. The temperature logs indicate the rinse cycle is not reaching the recommended temperature of 180 degrees. The DC indicated the Maintenance Tech would have the information on when the new dishwasher was ordered, and when it would be arriving.</p> <p>An interview was conducted with the Maintenance Tech on 2/16/16 at 12:45 p.m. He indicated he was unaware the kitchen was in need of a new dishwasher.</p> <p>2.) A random observation of kitchen was made with DC on 2/15/16 at 10:15 a.m. The walk-in refrigerator was observed at this time. There was an opened package of orange block cheese sitting on a shelf. The open date written on the package of the cheese was 2/12/16. The exposed part of the cheese was a shade darker in orange color than the rest of the cheese that was covered. The DC indicated the cheese should have been wrapped after it was opened. He removed the block of cheese from the refrigerator and</p>			

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	discarded it in the trash. There was another observation of an opened bag of white semi-firm globed food substance sitting in a pool of liquid on the box of eggs. There was no open date on the bag. The DC indicated the white substance was eggs and should have been closed. He discarded the open bag of eggs in the trash.						