

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155124	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2015
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NAME OF PROVIDER OR SUPPLIER VERMILLION CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN 47842
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: August 16-21, 2015</p> <p>Facility number: 000052 Provider number: 155124 AIM number: 100290340</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census payor type: Medicare: 8 Medicaid: 62 Other: 6 Total: 76</p> <p>These deficiencies reflect state findings cited in accordance with 410IAC 16.2-3.1.</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for the survey ending August 21, 2015. Due to the low scope and severity of the survey findings, please also find enclosed sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Should additional information be necessary to confirm compliance, feel free to contact me. Respectfully, Melissa Gum Administrator</p>	
F 0247 SS=D Bldg. 00	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview and record review the facility failed to ensure a notification of and reason for a change of room was</p>	F 0247	<p>1. Resident # 81 was affected. The resident was not harmed. The resident's responsible party was notified of the room change. 2. All</p>	09/01/2015

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>completed for 1 of 3 residents reviewed for admission, transfer and discharge. (Resident #81).</p> <p>Finding includes:</p> <p>On 8/17/15 at 2:18 p.m., during an interview Resident #81's daughter/Power of Attorney (POA), indicated her mother had been moved into a different room after returning to the facility from the hospital.</p> <p>On 8/19/15 at 1:35 p.m., Social Service Designee #3 indicated she was responsible for completing the room change notification form and contacting the resident's family when a resident was moved to a different room. She indicated when she was not working, nursing staff completed the form and notification of the family.</p> <p>On 8/19/14 at 1:40 p.m., RN #2 indicated the resident had been moved into a private room on 8/7/15, due to an infectious condition.</p> <p>On 8/19/15 at 3:10 p.m., the Director of Nursing (DON) indicated staff had not contacted the resident's daughter/POA about the resident's move to another room.</p>		<p>residents involved in a room relocation have the potential to be affected. All nurses were in-serviced on the facility's policies on Resident Rights and room transfers, (please see attachment A). 3. As a measure of ongoing compliance the Social Services Director or designee will complete an audit weekly ongoing to ensure all notifications are made per facility policy prior to any room relocations, (please see attachment B). Any discrepancies will be addressed immediately. 4. As a measure of ongoing compliance the Social Services Director or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will berevised, as warranted.</p>				

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	<p>A review of Resident #81's medical record on was completed on 8/19/15 at 11:13 a.m., nurse's notes dated 8/5/15 to 8/8/15, did not indicate the nursing staff contacted the resident's daughter/POA of the infectious condition or the room change.</p> <p>On 8/20/15 at 9:54 a.m., a copy of a current policy titled, "Intrafacility Transfers," dated 9/08, was provided by Social Service Designee #3. The policy indicated, "...Procedures: 5. The content of the Intrafacility notice shall contain: a. Reason for relocation; b. Effective date of relocation and room number...g. Signature of resident and/or family member; h. If signature not applicable, name of person notified and date...6. The notice shall be distributed to the resident, legal representative, and/or family...7. The notice will be placed in the medical record...."</p> <p>A document titled, "Resident Rights," dated 1/2015, was provided by the Corporate Nurse Consultant on 8/21/15 at 11:00 a.m. The document indicated, "...12. Notification of changes...(ii) The facility must also promptly notify the resident and, if known, the resident's legal representative...when there is...(A) a change in room or roommate assignment...."</p>			

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F 0356 SS=B Bldg. 00	<p>3.1-3(v)(2)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to ensure</p>	F 0356	1. No residents were harmed. The correct daily staffing posting was immediately posted upon	09/01/2015

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	<p>accurate staffing was posted on a daily basis for 2 of 6 days reviewed for positing of staff information. The deficient practice had the potential to affect 76 of 76 residents living at the facility.</p> <p>Findings include:</p> <p>On 8/16/15 at 6:14 p.m., staffing information posted on the bulletin board in the hallway outside of the business office was dated 8/14/15.</p> <p>On 8/21/15 at 1:17 p.m., staffing information posted on the bulletin board in the hallway outside of the business office was dated 8/20/15.</p> <p>During an interview on 8/21/15 at 1:26 p.m., the Corporate Nurse Consultant indicated the DON (director of nursing) was supposed to post the nursing information daily. She indicated it had not been done on 8/21/15.</p> <p>During an interview on 8/21/15 at 1:27 p.m., the ADON (assistant director of nursing) indicated staffing information was supposed to be posted by the skilled nurse on the weekends.</p> <p>A policy dated 10/2014, identified as current, titled, "Posting of Daily Nursing</p>		<p>noting it was missing for the correct date. Adequate staff was in place to care for residents. 2. All residents have the potential to be affected. All nurses were in-serviced on the facility's policy on the daily staffing posting,(please see attachment B). 3. As a measure of ongoing compliance the DON or designee will complete an audit daily for 30 days, then three times weekly for 3 months,then weekly ongoing to ensure the correct daily staffing posting is posted daily, (please see attachment C). Any discrepancies will be addressed immediately. 4. As a measure of quality assurance the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised, as warranted. Addendum:Please indicate how facility will ensure daily staffing is posted if oversight does not occur daily. The charge nurse assigned to the skilled unit is responsible to post the daily staffing posting. The DON or designee will perform oversight audits to ensure the correct daily staffing posting is posted daily for 30 days, then three times weekly for three months, then weekly ongoing, (please see attachment C). Addendum: Please submit a POC that indicates how a daily task will be monitored to ensure daily completion if monitoring does not continue daily beyond</p>	

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F 0371 SS=D Bldg. 00	<p>Staffing Hours," provided by the Corporate Nurse Consultant on 8/21/15 at 1:37 p.m., Policy: "Facility personnel will ensure daily posting of the total numbers of actual hours worked by licensed and non-licensed nursing personnel directly responsible for resident care per shift." Procedure: included but not limited to,"...1. Director of Nursing, or designee, will complete the Daily Nursing Staffing form in a clear and legible manner each day...2. The form will be posted in a designated area that is prominent and readily accessible to residents and visitors...."</p> <p>3.1-13(i)(4)</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 food was stored and served in a sanitary manner for 2 of 2 kitchen observations. This had the potential to affect 72 of 76 residents who ate prepared food in the</p>	F 0371	<p>the first 30 days. The oversight auditing will be completed by the DON or designee to ensure the correct daily posting is posted daily for 30 days, then three times weekly for three months, then weekly ongoing. Should a problem be noted during said monitoring the plan will be revised accordingly with more frequent monitoring.</p> <p>1. No residents were harmed. The dietary aides involved were immediately re-educated on the facility's policies on Glove Use and Meal Service, Proper Food Handling on the Tray Line, and Storage of Foods Under Sanitary Conditions. 2. All residents have</p>	09/01/2015

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	<p>kitchen.</p> <p>Findings include:</p> <p>1. During an initial kitchen tour on 8/16/15 at 6:10 p.m., with Dietary Aide #10, five pink pies were observed in the cooler, without covering, label, or dates.</p> <p>2. On 8/21/15 at 11:30 a.m., Dietary Aide #5, was on the tray service line and assisted with serving the noon meal. The aide was not wearing gloves. The aide left the service line three times and retrieved items from the oven, refrigerator, and storage area. The aide returned each time and resumed meal service without washing hands.</p> <p>On 8/21/15 at 9:15 a.m., the Dietary Manager indicated the pies in the refrigerator on 8/16/15 were for the next day's meal service and should have been covered, labeled, and dated.</p> <p>A facility policy titled "Storage of Foods under Sanitary Conditions," dated 11/2014, provided by the Dietary Manager on 8/21/15 at 9:32 a.m., included "Procedure: 1. All food items stored in the refrigerator must be labeled and dated if NOT scheduled to be served at the next meal. 2. All food items should be placed in seamless containers</p>		<p>the potential to be affected. All dietary staff were in-serviced on the facility's policy on Glove Use and Meal Service, Proper Food Handling on the Tray Line, and Storage of Foods Under Sanitary Conditions (please see attachment F). 3. As a measure of ongoing compliance the Dietary Manager will complete an audit daily on regularly scheduled days for 30 days, then three times weekly for 30 days, then weekly ongoing to ensure staff follow the Glove Use and Meal Service, Proper Food Handling on the Tray Line, and Storage of Foods Under Sanitary Conditions policies, (please see attachment G). Any discrepancies will be addressed immediately. 4. As a measure for quality assurance the Dietary Manager or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>				

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F 0465 SS=E Bldg. 00	<p>with tight-fitting lids..."</p> <p>The facility policy titled "Glove Use & Meal Service," dated 11/2014, provided by the Dietary Manager on 8/21/15 at 1:59 p.m., included but was not limited to, "...10. If an employee handles raw food, leaves and enters the kitchen, touches equipment handles (i.e. refrigerators, trash can lids) or touches any area of their body-they MUST immediate [sic] wash their hands..."</p> <p>3.1-21(i)(3)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview the facility failed to ensure the environment was maintained in good repair for 3 of 4 hallways (200, 300, and 400 halls.)</p> <p>Findings include:</p> <p>During an environmental tour with the Maintenance Supervisor on 8/21/15 beginning at 2:00 p.m. and ending at 2:25 p.m. the following were observed:</p>	F 0465	<p>1. No residents were harmed. In the bathroom of room #261, the toilet bolts were replaced, the missing floor tiles and wall tiles were replaced, and cabinets were replaced. In the bathroom of room #320, the cabinet was replaced. In room #405, the wall was repaired and the bathroom cabinet was replaced. 2. All residents have the potential to be affected. The Maintenance Director completed rounds throughout the facility and noted</p>	09/01/2015

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	<p>200 Hall:</p> <p>Room #261: The bathroom toilet was supported by two rusty bolts, floor tiles were missing by the toilet, tiles were missing on the bathroom wall, the bathroom cabinet doors would not completely shut, were marred, and one of the door knobs was missing on the cabinet door.</p> <p>Room #262: Bathroom tiles were missing, the bathroom cabinet was marred and the doors would not shut completely.</p> <p>300 Hall:</p> <p>Room #320: The bathroom cabinet was marred and the doors would not completely shut.</p> <p>Room #322: The bathroom faucet knob was broken, the cabinet was marred and the doors would not completely shut.</p> <p>400 Hall:</p> <p>Room #405: The wall next to the bed was observed to be marred, the bathroom cabinet was marred, the doors would not completely shut, and two door knobs were missing on the cabinet door.</p>		<p>any items requiring repair. Any needed repairs noted will be competed in a prioritized manor. All staff will be in-serviced on the facility policy on reporting necessary repairs, (please see attachment D). 3. As a measure for ongoing compliance the Maintenance Director or designee will complete facility preventative maintenance rounds weekly ongoing, (please see attachment E). The Administrator will review the audit weekly and ensure the repairs are completed in order of priority. 4. As a measure of quality assurance the Maintenance Director or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p> <p>Addendum: Please indicate how items that need repair were addressed for rooms 262 and 322. In room 262 the bathroom tiles and cabinet were replaced. In room 322 the faucet and cabinet were replaced.</p>	

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	<p>In an interview on 8/21/15 during the environmental tour, the Maintenance Supervisor indicated he performed weekly preventative maintenance rounds. He indicated the bathroom cabinets were the original cabinets and needed to be replaced, but was only budgeted to redo one bathroom a month. The Maintenance Supervisor indicated the facility had a work order system. He indicated staff would complete a work order form when issues were found. He indicated he would gather and review the work orders every day.</p> <p>3.1-19(f)</p>				