

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/15/2013
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NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: November 4, 5, 6, 7, 8,12, 13, & 15, 2013</p> <p>Facility Number: 000537 Provider Number: 155409 AIM Number: 100267270</p> <p>Survey Team: Patti Allen, SW-TC Marcy Smith, RN</p> <p>Census bed type: SNF/NF: 60 Total: 60</p> <p>Census payor type: Medicare: 08 Medicaid: 50 Other: 2 Total: 60</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 20, 2013; by Kimberly Perigo, RN.</p>	F000000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	

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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F000253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to maintain a resident's room in an orderly and sanitary manner for 1 of 15 resident rooms observed. (Resident #35)</p> <p>Findings include:</p> <p>During an observation of Resident #35's room on 11/5/13 at 9:42 a.m., the following was observed:</p> <p>The floor surrounding the resident's bed was sticky.</p> <p>Areas of a dried brown substance were observed around the bed.</p> <p>A bowl of old, dried cereal, part of a toasted cheese sandwich, and a bowl of something indeterminable, were on a table near the bed.</p> <p>7 layers of linens were on his bed.</p> <p>Brownish and yellowish smears were observed on the sheets of the bed.</p> <p>4 pillows, 2 white pads, toothpaste, broken plastic silverware, an</p>	F000253	<p>1. Resident #35's room was deep cleaned and is being cleaned daily by housekeeping staff. Housekeeper #2 was immediately educated on the guideline regarding cleaning of resident rooms. 2. Through facility rounds no other residents have the potential to be affected. 3. An educational offering will be provided to all Housekeeping staff regarding proper cleaning procedures of resident rooms on December 10, 2013. Observations by the Environmental Management Personnel will occur five times weekly to ensure compliance. 4. The Housekeeping Supervisor or her designee will observe all resident rooms for cleanliness five times weekly for one month, then three times weekly for five months. The results of these observations will be reported to the Quality Assurance and Improvement Committee monthly to determine if monitoring can be discontinued. Monitoring can be discontinued after a 100 percent success rate has been achieved for a one month period. 5. December 15, 2013</p>	12/15/2013	

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	<p>envelope, bubble wrap, a pillow case, and bag of candy were observed on the floor.</p> <p>During an interview with Resident #35 at that time, he indicated they only cleaned his room every 3 days or so and he had to empty his own trash yesterday. He indicated, "I just drop things, I'm a slob. I don't care."</p> <p>The clinical record of Resident #35 was reviewed on 11/12/13 at 10:36 a.m. His diagnoses included, but were not limited to, a broken hip, progressive multifocal leukoencephalopathy (a disease of the brain caused by a virus infection with symptoms of clumsiness and progressive weakness), depression, muscle weakness, muscle spasms, and parasite infection.</p> <p>An annual Minimum Data Set assessment, dated 9/12/13, indicated Resident #35 was independent in his decision making ability.</p> <p>During an interview with housekeeping staff #2, she indicated Resident #35 wouldn't let them clean his room very often. "He doesn't like us touching his things. In the summer, you should see us fanning away the flies when we're in his room."</p>			

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	3.1-19(f)				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure sliding scale insulin was administered as ordered by the physician and blood sugars outside of parameters were called to the physician for 2 of 5 residents who met the criteria for review of unnecessary medications. (Resident #88 and #49)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #88 was reviewed on 11/15/13 at 3:00 p.m.</p> <p>Diagnoses for Resident #88 included, but were not limited to, diabetes mellitus (a metabolic disorder associated with abnormally high levels of blood sugar) and chronic kidney disease.</p> <p>A care plan for Resident #88, dated 10/31/13, indicated a focus of, "The resident has a diagnosis of Diabetes Mellitus." The goal was, "The resident will have no complications related to diabetes daily through next</p>	F000282	<p>1. The clinical records of Resident #88, and Resident #49 have been reviewed and the physician has been notified of blood sugar results outside of call orders for the month of November along with any discrepancies in medication administration. Physician notification and response is noted in the progress notes. Blood sugar results outside of call orders are called to the physician with notification and response noted in the nurse notes. Sliding scale insulin is provided per physician order. 2. All residents being monitored for blood glucose results and all residents receiving sliding scale insulin have the potential to be affected. Blood sugar results, medication administration, and physician notification is completed by licensed nursing staff and monitored by Administrative Staff. 3. An educational offering will be provided to licensed nurses regarding the importance of physician notification and appropriate treatment on December 12, 2013. This offering will include the determination of the dosage of sliding scale insulin and the</p>	12/15/2013			

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	<p>review." Interventions included, "Diabetes medication as ordered by the doctor...Monitor/document/report to MD [medical doctor]..for [signs/symptoms] of hyperglycemia [high blood sugar]..."</p> <p>A physician's order, dated 10/29/13, indicated Resident #88 was to receive accuchecks (a finger stick blood test to measure blood sugar) 4 times per day.</p> <p>A physician's order, dated 10/29/13, indicated Resident #88 was to receive Humalog insulin (a medication to help control high blood sugar), 100 units per milliliter, three times a day with meals according to the following sliding scale:</p> <p>BS(blood sugar) of 140-154 = 1 unit, BS of 155-169 = 2 units BS of 170-184 = 3 units BS of 185-199 = 4 units BS of 200-214 = 5 units BS of 215-229 = 6 units BS of 230-244 = 7 units BS of 245-259 = 8 units BS of 260-274 = 9 units BS of 275-289 = 10 units BS of 290-304 = 11 units BS of 305-319 = 12 units BS of 320-334 = 13 units BS of 335-349 = 14 units</p>		<p>appropriate documentation. The educational offering will be included in the orientation packet for newly employed licensed nurses. Audits of blood glucose results will occur daily to ensure compliance. 4. The Director of Nursing or her designee will monitor blood sugar results, sliding scale medication administration, and physician notification for all residents receiving blood glucose testing and/or sliding scale insulin daily for one month and then once weekly for five months. The results of these observations will be reported to the Quality Assurance and Improvement Committee monthly to determine if monitoring can be discontinued. Monitoring can be discontinued after a 100 percent success rate has been achieved for a one month period. 5. December 15, 2013</p>				

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	<p>BS of 350-364 = 15 units BS of 365-379 = 16 units BS of 380-400 = 17 units BS of 401+ = 18 units and call the MD.</p> <p>A Medication Administration Record for November, 2013, for Resident #88, indicated the following:</p> <p>11/2/13 6:00 a.m. BS = 320. 7 units of insulin were given. Should have received 13 units. 11/3/13 6:00 a.m. BS = 297. No units of insulin were given. Should have received 11 units. 11/4/13 6:00 a.m. BS = 363. No units of insulin were given. Should have received 15 units. 11/4/13 9:00 p.m. BS = 433. No documentation was found, which indicated the physician was notified of this BS over 401. 11/6/13 11:00 a.m. BS = 301. No units of insulin were given. Should have received 11 units. 11/13/13 6:00 a.m. BS = 271. 10 units of insulin were given. Should have received 9 units. 11/14/13 11:00 a.m. BS = 247. No units of insulin were given. Should have received 8 units. 11/15/13 6:00 a.m. BS = 222. 10 units of insulin were given. Should have received 6 units.</p>			

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	<p>11/15/13 11:00 a.m. BS = 215. 8 units of insulin were given. Should have received 6 units.</p> <p>2. The clinical record of Resident #49 was reviewed on 11/12/13 at 11:38 a.m.</p> <p>Diagnoses for Resident #49 included, but were not limited to, diabetes mellitus (a metabolic disorder associated with abnormally high levels of blood sugar) and neuropathy.</p> <p>A care plan for Resident #49, dated 6/6/13, indicated a focus of, "The resident has a diagnosis of Diabetes Mellitus." The goal was, "The resident will have no complications related to diabetes daily through next review." Interventions included, "Diabetes medication as ordered by doctor."</p> <p>A recapitulated physician's order for August, 2013, with an original date of 3/18/13, indicated Resident #49 was to have accuchecks three times a day.</p> <p>A recapitulated physician's order for August, 2013, with an original date of 3/18/13, indicated Resident #49 was to receive NovoLog insulin three</p>			

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	<p>times daily according to the following sliding scale:</p> <p>BS of 200-250 = 2 units BS of 251-300 = 4 units BS of 301-350 = 6 units BS of 351 - 400 = 8 units.</p> <p>The physician was supposed to be notified if the resident's blood sugar was less than 70 or over 400.</p> <p>A Medication Administration Record for August, 2013, for Resident #49, indicated the following:</p> <p>8/2/13 11:00 a.m. BS = 522. There was no documentation in Resident #49's record, which indicated the physician had been notified of this BS over 400.</p> <p>8/13/13 6:00 a.m. BS = 487. There was no documentation in Resident #49's record, which indicated the physician had been notified of this BS over 400.</p> <p>8/14/13 11:00 a.m. BS = 308. No insulin was documented as given.</p> <p>8/24/13 11:00 a.m. BS = 228. No insulin was documented as given.</p> <p>8/25/13 11:00 a.m. BS = 210. No insulin was documented as given.</p> <p>During an interview with the Director of Nursing on 11/12/13 at 4:45 p.m., she indicated the nurses should notify</p>			

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	<p>the physician when residents' blood sugars are outside call parameters, and they should document in the residents' progress notes the physician was notified. She indicated any insulin given according to sliding scale orders should be documented on the Medication Administration Records.</p> <p>3.1-35(g)(2)</p>			

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F000371 SS=E	<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 and record review, the facility failed to serve food in a sanitary manor. This had the potential to effect 60 of 60 residents who eat from the facility kitchen. (CNA #2, and Cook #3.)</p> <p>Findings Include:</p> <p>During an observation of the lunch meal on 11/5/13 at 12:20 p.m., CNA (Certified Nursing Assistant) #2, was observed to take resident's biscuit remove it from the bag, lay it on her bare hand, slice it open, and put butter on it. Then go to other resident at the table and do the same thing. CNA #2 sit down and started feeding the resident at the table.</p> <p>During an observation of the service of noon meal on 11/15/13 at 12:20 p.m., Cook #3 was observed preparing grilled cheese with gloved hands, then went to the refrigerator open it up remove a chef salad, cut slices of tomatoes, handle corn bread</p>	F000371	<p>1. All residents had the potential to be affected by this practice. Cook # 3 and CNA #2 were immediately educated on proper food preparation and serving practices. 2. All residents had the potential to be affected. 3. An educational offering will be provided to all Dietary staff on the proper ways to prepare, distribute and serve food in a sanitary manner on December 6, 2013. In addition all staff will participate in an educational offering regarding proper distribution and serving of food on December 11, 2013. The educational offering will be included in orientation for all new staff . Observations by Management Personnel will occur five times weekly to ensure compliance. 4. The Dietary Manager or her designee will perform random observations of food preparation and service to include all meal times including weekend meals five times weekly for one month, three times weekly for five months. The results of these observations will be reported to the Quality Assurance and Improvement Committee monthly to determine if monitoring</p>	12/15/2013	

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	<p>slices, then handle the grilled cheese to cut in half and place on the plate, while wearing the same gloves. Cook #3 then took off gloves washed hands and put on new gloves. Then she continue to cook the grilled cheese go to other part of the kitchen and get a large box of plastic wrap, get other chef salad out of refrigerator, handle hot dog buns, slices of corn bread, and handle grilled cheese to cut in hale plate, wearing the same gloves.</p> <p>After the service line was done, an interview with Dietary Manager, indicated the cook should have their washed hands and changed gloves when she went from one item to other.</p> <p>A facility policy titled, Glove and Hand Washing Procedures, dated 2010, provided by the Administrator on 11/15/13 at 2:00 p.m. indicated, "...4. Employees will wash hands before and after handling foods, after touching any part of the uniform, face, or hair, and before and after working with an individual resident. 5. Gloves are to be used whenever direct food contact is required.... 7. Gloves are changed any time hand washing would be required. This includes when leaving the kitchen for breaks, or to go to another location in</p>		<p>can be discontinued. . Monitoring can be discontinued after a 100 percent success rate has been achieved for a one month period. 5. December 15, 2013</p>		

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	<p>the building, after handling potentially hazardous raw food; or if the gloves become contaminated by roughing the face, hair, uniform, or other non-food contact surface, such as door handles and equipment."</p> <p>3.1-21(i)(3)</p>			

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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review, and interview, the facility failed to</p>	F000441	1. Residents #11, #49, #40, and #55 have been assessed for	12/15/2013			

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	<p>ensure glucometers were cleaned, gloves were worn and hands were washed when accuchecks were performed, as indicated by facility policy for 4 observations. This had the potential to affect 28 residents. (LPN #1, Residents #11, #49, #40, and #55)</p> <p>Findings include:</p> <p>During an observation on 11/12/13, the following was observed:</p> <p>At 5:15 p.m., LPN (Licensed Practical Nurse) #1 removed 2 accucheck (a fingerstick blood test to measure blood sugar) monitors from his medication cart, rubbed them with a sanitizer sheet for 5 seconds, and immediately dried them off with 2 tissues. He entered the room of Resident #11, checked her blood sugar with an accucheck monitor, and returned to the medication cart. He did not wear gloves during this procedure, nor wash his hands, nor use hand sanitizer before or after entering the resident's room.</p> <p>At 5:21 p.m., LPN #2 picked up the 2nd accucheck monitor, entered the room of Resident #49, checked her blood sugar and returned to the medication cart. He did not wear</p>		<p>potential infection and none has been noted. LPN #1 was immediately educated on the guideline regarding glucometer cleaning and was able to demonstrate the appropriate technique. 2. All residents being monitored for blood glucose results have the potential to be affected. Blood sugar results and glucometer cleaning are completed by licensed nursing staff using the appropriate technique as designated in the facility's guideline. 3. An educational offering will be provided to licensed nurses regarding the necessary steps involved in glucose testing and glucometer cleaning on December 12, 2013. The educational offering will include a validation of the skill of glucometer cleaning. The educational offering will be provided to newly employed licensed nurses. Random observations by Administrative Nursing Personnel will occur to ensure compliance. 4. The Director of Nursing or her designee will observe blood glucose testing and glucometer cleaning for five randomly selected residents that receive blood glucose testing on each shift one time weekly for six months. The results of these observations will be reported to the Quality Assurance and Improvement Committee monthly to determine if monitoring can be</p>		

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	<p>gloves during this procedure, nor wash his hands, nor use hand sanitizer.</p> <p>At 5:28 p.m., LPN #2 again cleaned the accucheck monitors for 4 seconds with 2 sanitizer sheets, and immediately dried the monitors with tissues. At 5:32 p.m., he entered the room of Resident #40, assisted her from a lying to a sitting position in her bed, checked her blood sugar with one of the accucheck monitors and returned to the medication cart. He did not wear gloves during this procedure, nor wash his hands, nor use hand sanitizer.</p> <p>At 5:36 p.m., LPN #2 entered the room of Resident #55, checked her blood sugar and returned to the medication cart. He did not wear gloves during this procedure, nor wash his hands, nor use hand sanitizer.</p> <p>During an interview with LPN #2 at that time, he indicated he did not wear gloves when he performed accuchecks. Further information was requested from him regarding whether he ever washed his hands between residents. He indicated at that time he had some hand sanitizer in the medication cart. He removed</p>		<p>discontinued. Monitoring can be discontinued after a 100 percent success rate has been achieved for a one month period. 5. December 15, 2013</p>	

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	<p>the sanitizer from the cart and applied some to his hands. He indicated, "I use it about every 3rd patient."</p> <p>A census sheet, received from the Director of Nursing (DON) on 8/15/13 at 8:53 a.m., indicated 28 residents were residing on Love Hall on 11/12/13 at 5:15 p.m. She indicated LPN #2 was caring for all 28 residents at that time.</p> <p>A facility policy, received from the DON on 11/13/13 at 10:40 a.m., titled "Glucometer Cleaning," dated 7/1/11, indicated, "It is the intent of this facility to properly sanitize glucometers between resident use...Procedure: Wear gloves during fingerstick glucose monitoring...Change gloves between resident contacts...Perform hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) immediately after removal of gloves and before touching other medical supplies intended for use on other residents...Complete sanitization of glucometers by wiping with approved disposable wipes between resident use..."</p> <p>Directions on the container of disposable wipes used to clean the glucometers indicated, "To Disinfect</p>			

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	<p>and Deodorize: To disinfect nonfood contact surfaces only: Use a wipe to remove heavy soil. Unfold a clean wipe and thoroughly wet surface. Treated surface must remain visibly wet for a full two [2] minutes...Let air dry..."</p> <p>3.1-18(l)</p>			