STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/24/2014

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R000000	This visit was for a State Licensure Survey. Survey Dates: April 23 and 24, 2014 Facility Number: 004428 Provider Number: 004428 AIM Number: N/A Survey Team: Tina Smith-Staats, RN-TC Ginger McNamee, RN Karen Lewis, RN Toni Maley, BSW Census Bed Type: Residential: 32 Total: 32 Census Payor Type: Medicaid: 0 Other: 32 Total: 32 Sample: 7 These State findings are in accordance with 410 IAC 16.2. Quality review completed by Debora Barth, RN.	R000000	Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiences was correctly submitted, and is also not to be construed as an admission against interest by the residence, or any employee, agents, or other individuals who drafted or more be discussed in the response or Plan of Correction. In addition, preparation and submission of the Capital Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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R000091	410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request. Based on observation, record review and interview the facility failed to developed and implement policies regarding residents feeding residents and obtaining physician ordered laboratory test for two residents in a sample of 7. (Resident #R14 and Resident #R32) Findings include: 1. On 4/23/14 at 12:35 p.m., Resident #R29 was observed feeding Resident #R32 carrot sticks in the dining room. At 1:10 p.m., Resident #R29 was observed feeding Resident #R32 her meal in the dining room. During an interview with Resident #R29 on 4/23/14 at 1:39 p.m., she indicated she had been feeding Resident #R32 for "a couple of months after watching her struggle to feed herself for 2 weeks."	R000091	Corrective Action: The resident #32 had a care plan conference held on 3-14-14 during which resident requested to be assisted by friends and family with dining. The facility will maintain oversight, per policy, that "all hands on deck dining" is in place, therefore, resident will be monitored for any adverse effects from feeding assistance, and family and friends will be monitored and offered guidance with feeding assistance. The facility maintains that resident rights prevail in this situation. The facility will approach the resident with the goal to obtain a swallowing study to identify the possiblity of choking. If the resident chooses to continue to have friends/family assist with feeding, the facility will enter into a Negotiated Risk Agreement to allow the resident to maintain choice. The Serevice Agreement/Care Plan will be updated to reflect "All Hands on Deck" dining reflecting that Staff	06/18/2014

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	The clinical record for Resident #R32 was reviewed on 4/23/14 at 2:20 p.m. Diagnosis for the resident included, but were not limited to, multiple sclerosis, seizures, tremors, and depression. An "ASSESSMENT and NEGOTIATED SERVICE PLAN SUMMARY", dated 3/13/14, indicated Resident #R32's sister and friends assist her with eating as needed related to her diagnosis of multiple sclerosis. During an interview with the Director of Nursing on 4/23/14 at 2:55 p.m., additional information was requested related to a policy regarding residents feeding other residents. During an interview with the Administrator on 4/24/14 at 9:59 a.m., he indicated the facility did not have a policy related to residents feeding other residents. 2.) Resident #R14's record was reviewed on 4/23/14 at 10:45 a.m. Resident #R14's diagnoses included, but were not limited to, seizures, congestive heart failure and hypothyroidism. Resident #R14 had a current physician's order for the following laboratory services: a.) Digoxin levels every month. This order originated 12/08/09.		will be available to monitor when Resident is being assisted by friends or family members. Staff will always attempt to assist resident, though facility maintains Resident's Rights will prevail. Identifying other residents: No other residents are found to be affected at this time.Measures/Systemic Changes: Care Services Manager will conduct assessments of residents every 6 months and with change in condition to identify the need for assistance with feeding. Residents identified as needing assistance with feeding will be care-planned appropriately based on resident rights.Monitoring: The Care Services Manager and Executive Director or designees will monitor dining services for compliance. Monitoring will occur by physical presence in dining room observing meals and use of "All Hands on Deck" dining. Regarding resident R14, Corrective Action: Lab Orders were clarified with Primary care provider and will be carried out as ordered.Identifying other residents: Care service Manager conducts routine audits of resident physician orders to ensure orders are followed as indicated.Measures/Systemic Changes: Routine audits conducted by Care Service Manager of physician orders and resident service notes to ensure	

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	b.) BMP (Basic Metabolic Profile) every 3 months. This order originated 2/14 10. c.) TSH (Thyroid Stimulating Hormone) every year. This order originated 2/4/10. The most current Digoxin level in the resident's record was dated 6/1/13. This lab was ordered to be completed monthly. The most current BMP was dated 6/20/13. This lab was ordered to be completed every three months. The record lacked any TSH results obtained in the last year. On 4/23/14, at 2:00 p.m., the Director of Nursing (DoN) was questioned regarding the facility's policy for laboratory testing. The DoN indicated she would look into the matter and follow up on 4/24/14. During a 4/24/14, 9:46 a.m., interview, the DoN indicated she had talked to her corporate consultant and the facility had no policies regarding laboratory testing, following Physician's orders or residents feeding other residents. The DoN indicated the facility did not have any other specific policies they just followed state rules as their policies.		orders are being followed as ordered. New orders are reviewed to assure compliance as they are recieved.Monitor: Care services Manager and/or designee conducts routine audits at the facility of resident service notes, and physician orders to ensure compliance. 3-way Audit policy is followed by Care Service Manager or Designee Monday thru Friday with weekend follow up on Mondays.	
R000118	410 IAC 16.2-5-1.4(c) Personnel - Deficiency			

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	(c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide. Based on record review and interview, the facility failed to ensure 1 of 10 staff were providing resident care with a current certificate. Findings include: During the employee file review on 4/24/14 at 12.18 p.m., one Certified Nursing Assistant (CNA) was found to be providing resident care without a current CNA certificate. CNA #3 certificate expired 1/15/2014. The Administrator was informed and indicated he would look online for an up to date certificate. During and interview on 4/24/14 at 1:00 p.m., the Administrator indicated he was unable to find a more current certificate online and was attempting to reach the CNA at home. On 4/24/14 at 1:30 p.m., the Administrator indicated CNA #3's certificate had expired and it was not noticed until now. The Administrator	R000118	Corrective Action: The employee identified during this survey to have an expired certificate has received a current and active license. Identifying other residents: Facility maintains that all residents have the potential to be affected.Measures/Changes: Administrator will perform audit via a monthly calendar system to identify licenses nearing expiration. Staff found to have expired license will be removed from schedule until corrective action is taken.How monitored: Monthly calendar regarding license renewals will be reviewed during facility monthly QA/Safety Committee meeting, attended by multi-discipilanary staff, to ensure continued complinace.	06/18/2014

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	indicated CNA #3 had worked night shift on 4/23/14. The schedule for actual worked hours for CNA #3 was requested from 1/15/14 to 4/23/14. On 4/24/14 at 2:20 p.m., the Administrator provided a working schedule for CNA #3 for 1/15/14 to 4/23/14, indicating CNA #3 worked 73 night shifts (10 p.m. -6 a.m.).			
R000241	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure residents readmitted to the facility after a stay at a long term care facility had signed physician's orders for medications for 1 of 7 residents reviewed (Resident #R5) in a sample of 7 and failed to ensure physician's orders were followed for 1 of 7 residents reviewed (Resident #14) in a sample of 7. Findings include: 1. Resident #R5's clinical record was	R000241	Corrective Action: Physicians orders were signed for the residents identified in this survey report.Other residents affected: No other residents were identified/affected.Measures/Systemic Changes: Staff was educated on 3-17-14 as to the requirement for all orders to have a physician/NP signature.Nursing staff instructed to telephone physician upon resident return to facility to verify orders and request signature on orders if not already completed. Orders will be faxed for signature if not signed upon	06/18/2014

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	reviewed on 4/23/14 at 9:35 a.m. The resident's diagnoses included, but were not limited to, history of falls, diabetes mellitus type II, hypertension, and history of displaced left femoral neck fracture. The clinical record indicated the resident had a fall with a displaced left femoral neck fracture on 1/8/14 and was admitted to the hospital. The resident went to a long term care facility for rehabilitation upon discharge from the hospital. Resident #R5 was readmitted to the facility on 3/7/14. The resident had no signed physician orders for medications upon readmission and continued to have no signed physician's orders through 4/24/14. The resident returned with a list of the medications and instructions for the medications from the long term care facility as follows: Atenolol [for high blood pressure] 50 mg give 1 tablet by mouth one time a day. Glyburide micro [to lower blood sugar] 3 mg give 1 tablet by mouth one time a day. Triamterene-HCTZ [for high blood pressure] give 1 capsule by mouth one time a day. Thera-M tablet [multivitamin] give 1 tablet one time a day. Refresh tears 0.5% eye drops instill 1		reciept. Monitoring: Care Service Manager or designee will conduct Monday - Friday daily audits via facility 3 way audit policy on all physician orders to ensure signatures are in place. Unsigned Orders will be faxed to physician for prompt signatures.	

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	drop in right eye two times a day. omeprazole DR [an antiulcer medication] 20 mg capsule give 1 capsule by mouth one time a day. Klor-con 10 milliequivalant tablet give 1 tablet by mouth one time a day. Atorvastatin [for high cholesterol] 10 mg tablet give 1 tablet orally daily at bedtime. Milk of Magnesia suspension [a laxative] give 30 ml by mouth every 24 hours as needed for constipation. Phosphate enema insert 1 applicator full rectally every 24 hours as needed for constipation. Lantus insulin [for diabetes] 100 units/ml vial inject 8 units subcutaneously at bedtime. Mirtazapine [antidepressant] 15 mg tablet give 1 tablet by mouth at bedtime. CP Vanco [an antibiotic] 250 mg/5 ml oral solution give 5 ml orally four times a day (no stop date established yet.) Sertraline HCL [an antidepressant] 100 mg tablet give 100 mg by mouth one time a day. Hydrocodone-APAP 5-325 mg [a pain medication] give one tablet orally every 6 to 8 hours as needed for pain. Diff-stat tab chew [nutritional supplement] give 1 tablet orally once a day. The record indicated the medication list			

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	and instructions were faxed to the resident's physician on 3/11/14 for the physician to review (four days after the resident was readmitted.) The physician faxed the orders back and wanted the hydrocodone-APAP, vanco, phosphate enema, and Diff-stat discontinued. The physician did not sign the faxed orders. This resulted in the resident being in the facility 47 days with no signed physician's orders for medications. The record contained an original Telephone order clarifying the faxed orders to discontinue the hydrocodone-APAP, vanco, phosphate enema, and Diff-stat. The order was not signed by the physician. During an interview with the Director of Nursing on 4/23/14 at 10:50 a.m., she indicated the Telephone order was only written as a communication for pharmacy and they do not send them out to the physician for signatures. She indicated the physician wasn't contacted for order clarifications timely due to the resident being admitted on the weekend. 2. Resident #R14's record was reviewed on 4/23/14 at 10:45 a.m. Resident #R14's diagnoses included, but were not limited to, seizures, congestive heart failure and hypothyroidism. Resident			

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	#R14 had a current physician's order for the following laboratory services: a.) Digoxin levels every month. This order originated 12/08/09. b.) BMP (Basic Metabolic Profile) every 3 months. This order originated 2/14 10. c.) TSH (Thyroid Stimulating Hormone) every year. This order originated 2/4/10. The most current Digoxin level in the resident's record was dated 6/1/13. This lab was ordered to be completed monthly. The most current BMP was dated 6/20/13. This lab was ordered to be completed every three months. The record lacked any TSH results obtained in the last year. During a 2/24/14, 2:00 p.m., interview, the Administrator indicated Resident #R14 had not had any laboratory services since June 2013.			
R000269	410 IAC 16.2-5-5.1(b) Food and Nutritional Services - Noncompliance (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician. Based on observation, interview and record review, the facility failed to have menus for residents with a physician's orders for a mechanical soft diet for 1 of 1 Resident reviewed for menus for modified diets (Resident #R14).	R000269	Corrective Action: The resident was served appropriate meal item. Our protocol is to grind meat, and that was done in this instance.Identifying other residents: Residenst with a mechanically altered diet is identified on a list in the kitchen for the dietary staff to have in	06/18/2014

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	Findings include: Resident #R14's record was reviewed on 4/23/14 at 10:45 a.m. Resident #R14's diagnoses included, but were not limited to, seizures, congestive heart failure and hypothyroidism. Resident #R14 had a current physician's order for a mechanical soft diet. This order originated 4/5/10. During a 4/24/14, 12:30 p.m., meal observation, no mechanical soft meat was noted on the oven. During an interview at this time, the Food Services Supervisor indicated she intended to grind the meat Resident #R14 orders. When questioned about a menu or spread sheet or portion sized guide for a mechanical soft diet, the Food Services Supervisor indicated there was no menu for mechanical soft diets she just used her judgement and knowledge of the diet type.		easy view.Measures/Systemic changes: Meats are placed in food processor and altered to the consistency of mechanical soft. Portion sizes do not vary from that of a regular diet, unless physician orders indicate otherwise, or by resident choice. Resident meals are checked by the Chef prior to being served to the resident for correct diet.Monitoring: The Care Services Manager and/or designee is present at meal service to ensure diet orders are appropriately followed in addition to the Chef checking each meal that is served by the list that is kept updated by the Care Service Manager or designee as it changes.The facility requests IDR for this "deficieny" as stated below - we feel our policy is appropriate for Assisted Living. 269 (b) The menu or substitutions, or both, for all meals shall be approved by a registered dietitian. IDR Diet List: All of the diet plans are reviewed by a registered dietitian to ensure that quality is provided and nutritional needs are met. All diets are moderate in sodium, fat and cholesterol, and planned to appropriately distribute the amount of carbohydrate in three meals throughout the day making special diet orders unnecessary. Healthy eating practices are encouraged with all residents. Because of the promotion of choice and independence with	

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			many of the residents and visitors coming and going at will to and from the facility, strict adherence to any diet is ultimately up to the individual resident. Staff members will work with the physician to encourage and educate a resident when eating behaviors indicate a potential health risk. 4. **Mechanical Soft Diet** – Modifications include ground meat and foods that are soft to chew. Residents on a Mechanical Soft Diet receive the same or comparable soft food items and portion sizes as the Regular Diet.	
R000273	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. Based on observation, interview and record review, the facility failed to ensure food was prepared and served under sanitary conditions regarding food temperatures, dish handling and the cleanliness of kitchen equipment. This deficient practice had the potential to impact 32 of 32 residents who ate meals prepared in the facility kitchen. Findings include: 1. During 4/23/14, 8:35 a.m. and 12:30 p.m. kitchen sanitation tours the	R000273	Corrective Action: The 3 compartment sink drain was fixed on day two of the survey and the stove (inside and out including drip container) was cleaned immediately after the meal service was completed. Kitchen staff will be retrained on proper hand washing and glove use, final preparation food temperatures and utilizing the kitchen cleaning checklist by Executive Director or designee by May 30, 2014. Quotes to repair or replace the chipped countertop will be completed by May 30, 2014.Other Residents: No residents were specifically identified as having	06/18/2014

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	following sanitation and food distribution concerns were observed: a.) The surface of the stove had black on brown residue around the burners and on the back splash. b.) The stove fronts and handles had sticky residue. c.) The insides of both ovens had food spills and drips baked on. d.) The drip pan located under the burners on the stove was covered in a wet liquid brown and black substance covering the entire surface of the drip pan. f.) The center island food preparation table counter top was chipped around the edges. g.) The edge of the can opener base where the can opener was mounted to the counter top had a heavy thick food residue surrounding the entire base. h.) The fronts of the cabinets had sticky gold, tan, brown residue on the surfaces and around the handles. i.) The three compartment sink, used for washing pots, pans and large kitchen		been affected, the facility maintains residents could potentially be affected.Measures/Systemic Changes: Daily cleaning schedule and morning walkthrough will be followed. Dietary aide task sheets updated routinely and staff re-educated on implementation. Food Service Supervisor will inspect kitchen sanitation and cleanliness daily. To include, but not limited to, stovetop, grill and shelf above stove daily. Can opener equipment, cabinets, and drip pan will be inspected daily by Food Service Supervisor or designee.Monitor: Administrator, and/or designee will monitor via audits and visits a minimum of weekly to inspect the sanitation of the kitchen.	

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	utensils, drain emptied directly into the floor back flow drain instead of flushing the water out through standard pipes that exited the facility. When the sink was emptied a small pool of bubbles formed on the floor covering the drain grate. The drain emptied slowly and the entire sink could not be emptied at one time. 2. During the 4/23/14, 8:40 a.m., breakfast meal service observation, Cook #1 was serving the hot breakfast meal. During an interview at this time, Cook #1 indicated she had not taken food temperatures prior to meal service. She indicated she was new to the position and did not know she should take temperatures prior to serving food. A test tray was obtained directly from the oven serving area and Cook #1 tested the temperatures of the food items. The food temperatures were as follows scrambled eggs 118 degrees Fahrenheit (F), sausage patty 126 degrees F and sausage gravy and biscuits 126 degrees F. 3. During a 4/23/14, 8:45 a.m., interview, Cook #1 indicated she was unaware the drip pan could be removed from the stove and cleaned. 4. During a 4/23/14, 1:45 p.m., dish washer operation observation, Dietary Aide #2 was running the dish washer.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 04/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	She handled soiled plates with food residue using gloved hands. Then she went to the clean side of the dish washing station and, using the same soiled gloved hands, removed the clean plates and bowls and placed them in the clean dish area. When interviewed at this time, Dietary Aide #2 indicated she should have washed her hands before touching the clean dishes. Dietary Aide #2 continued to use the soiled gloved hands to place dishes on the clean dish area after the interview and had to be instructed the dishes needed rewashed prior to use. 5. Review of a undated, current, facility policy titled "Cooling Temp", which was provided by the Food Services Supervisor on 4/24/14 at 10:15 a.m., indicated the following: "155 Degrees: Ground meat; tenderized meat; ground seafood; eggs(if hot held)." Review of a current, 4/2013, facility policy/procedure titled "Daily Cleaning Schedule and Morning Walk-thru" and a current, 1/2/14, facility policy/procedure titled "Dietary Aide Task sheets", which were both provided by the Food Services Supervisor on 4/24/14 at 9:45 a.m. and identified as the current cleaning schedules indicated the following: a.) The Food Services Supervisor should			

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	inspect kitchen sanitation and cleanliness daily. b.) The Food Services Supervisor should inspect the stove top, grill and shelf above the stove daily. c.) The can opener should be inspected without a time schedule. d.) The fronts of the cabinets should be inspected without a time schedule. e.) The drip pan and inside of the ovens were not listed on any schedule. 6. During a 4/24/14, 10:10 a.m. interview, the Food Services Supervisor indicated all 32 of the facility's residents have meals prepared in the facility kitchen.			
R000407	410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on record review and interview, the facility failed to established an infection control program that enables the facility to analyze patterns of known	R000407	Corrective Action: Surveyor was provided with documentation regarding Infection control, bloodborne pathogens, Sharps Attestation, Universal	06/18/2014

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	infectious symptoms. Findings include: During the entrance conference on 4//23/14 at 9:48 a.m., with the Administrator and the Director of Nursing, information concerning the Infection Control Program was requested. The Administrator provided a policy, dated 3/01, entitled "Universal Precautions/Bloodborne Pathogens". The policy did not address the process for an infection control tracking program. During an interview with the Director of Nursing on 4//24/14 at 10:05 a.m., the Director of Nursing indicated the facility did not have a program that tracked and trended infections throughout the facility. She indicated she did not tract liked infections nor the geographical locations of infectious onsets. The infection control program was limited to physician, and family notification. No further information was provided.		Precautions In services, as they have been provided. Tracking System instituted by Care Service Manager. Identifying others: No resident was identified during this survey event. All residents have potential to be affected by infection.Meausres/Systemic Changes: The facility will utilize a copy of floorplan monthly to track and identify area(s) of infection and possible root cause to ensure proper measures are in place to control and track. Any infection that may be communicable will be noted on the floorplan. Care Service Manager or designee will monitor weekly or more often during times of acute illness for pattern indicating spread of infection. The facility conducts annual immuniztion clinic for all residents and staff. State and local health departments are consistently notified of any infection outbreaks at this facility.Monitor: Care Services Manager and/or designee shall monitor via tracking tool indicated above weekly and more often during times of acute illness.	