

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155156	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/07/2014
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NAME OF PROVIDER OR SUPPLIER  ARBORS AT MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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F000000	<p>This visit was for the Investigation of Complaint IN00157199.</p> <p>Complaint IN00157199- Substantiated. Federal/State deficiencies related to the allegations are cited at F-323 and F-363.</p> <p>Survey dates: October 6 &amp; 7, 2014</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF: 22 SNF/NF: 117 Total: 139</p> <p>Census payor type: Medicare: 22 Medicaid: 103 Other: 14 Total: 139</p> <p>Sample: 15</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F000000		
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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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F000323 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on October 11, 2104, by Janelyn Kulik, RN.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure protective devices to wheel chairs were in place to prevent injury related to a padded device not in place for 1 of 4 residents reviewed for falls in the sample of 15. (Resident #D) The facility also failed to ensure adequate supervision was in place related to a Housekeeping cart left unattended in the hallway and an open bottle of alcohol sanitizer left unattended on a counter top on 1 of 4 units. (Resident #H) (The Alzheimer's/100 Unit) (Housekeeping Staff #1).</p> <p>Findings include:</p> <p>1. On 10/6/14 at 4:37 p.m., Resident #D was observed sitting in high back wheel chair in the 100 Unit Dining Room. The wheel chair was in the reclined position.</p>	F000323	<p>F323 The facility requests paper compliance for this citation. <i>This Plan/Report of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provide rof the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan/Report is prepared and/or executed solely because it isrequired by the provisions of federal and state law.</i> 1. Immediate actions taken for those residents identified. a. Assistive device orders (foot buddy) checked and device placed on resident as ordered;resident was positioned correctly. b. Hand sanitizer was removed and stored properly. The housekeeper was in serviced on proper storage of hand sanitizer (hazardous items) and disciplinary action was initiated. 2. How the facility</p>	10/27/2014

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	<p>There as a bolster pad over the left arm rest. The were foot and legs rests on the wheel chair. The resident's right knee was bent up with her foot near the seat of the wheel chair. The resident's left foot was hanging down and not resting on he leg rest or the foot rest which were in place. There was no Foot Buddy (device used to keep feet in place) pad in place on the wheel chair.</p> <p>On 10/6/14 at 8:05 p.m., the resident was observed sitting in her high back wheel chair. Foot and leg rests were in place on the wheel chair. There was no Foot Buddy device in place. The resident's pants were rolled up around her knees. The resident's right leg was bent with her right foot on the seat of the wheel chair. The resident's right foot was down towards the floor. Neither leg or foot were on the foot or leg rests on the wheel chair.</p> <p>On 10/7/14 at 8:06 a.m., the resident was observed sitting in her high back wheel chair in the 100 Unit Dining Room. There were no leg rests, foot rest, or any Foot Buddy in place.</p> <p>The record for Resident #D was reviewed on 10/7/14 at 12:18 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's Disease, degenerative</p>		<p>identified other residents: a. Audit was completed of residents with assistive devices orders and application. CNA's will be able to identify assistive devices per the care card. b. Audit of all units and areas has been completed to ensure hazardous items are stored appropriately. 3. Measures put into place/system changes: a. In-servicing of nursing staff regarding assistive devices orders and application. b. In-services will be completed with nursing and housekeeping staff regarding hazardous items storage. (Sign-in sheets attached.) 4. How the corrective action will be monitored: a. Observation rounds will be performed at least 5 times per week on varied shifts to ensure assistive devices are in place and hazardous chemicals are properly stored. DHS/designee and housekeeping supervisor are responsible for oversight of audits. (copies of audit tools attached) b. The results of these audits will be reviewed in the Quality Assurance Meeting monthly for six months. If no trends or patterns are noted (three deficient practices per month is considered a trend)then results will be reviewed quarterly. 5. Compliance date: 10.27.14</p>		

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	<p>joint disease, anxiety, and psychosis.</p> <p>The current Physician order were reviewed. An order written on 6/23/14 indicated the resident was to be up in high back wheel chair with a Foot Buddy ( a padded device placed on the legs of a wheel chair to cover the metal legs and foot rests) in place.</p> <p>Review of the resident's current care plans indicated a care plan dated 8/21/4 indicated the resident had the potential for falls related to dementia, weakness, and the use of pain medications. Care plan interventions included for the resident to be in high back wheel chair with a Foot Buddy in place.</p> <p>The 8/7/14 Minimum Data Set (MDS) quarterly assessment indicated the resident was rarely or never understood.</p> <p>A CNA Assignment and Worksheet and Pertinent Information page was received from CNA #1 on 10/6/14 at 8:15 p.m. The CNA indicated the information was current. Information for Resident #D indicated the resident was to be up in a high back wheel chair and a Foot Buddy was to be in place to the high back wheel chair.</p> <p>When interviewed on 10/7/14 at 1:26</p>			

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	<p>p.m., LPN #1 indicated she was working in the 100 Unit today and there was no Foot Buddy in place on the resident's wheel chair.</p> <p>When interviewed on 10/7/14 at 2:00 p.m., ADON (Assistant Director of Nursing) #1 indicated the resident was to have the Foot Buddy pad in place on her wheel chair. ADON #1 indicated he spoke with staff caring for the resident and was told the device had been broken for a couple of days. The ADON indicated staff had not informed him the device was broken and not in place.</p> <p>When interviewed on 10/7/14 at 2:08 p.m. the Rehab/Therapy Manager indicated Resident #D should have had a Foot Buddy device in place on the wheel chair. The Manager also indicated the Foot Buddy device was to be in place to prevent cuts and bruises to the resident's legs.</p> <p>2. On 10/7/14 at 1:15 p.m., Housekeeper #1 was observed walking away from her cleaning cart on the first hall on the 100 unit (The secured Alzheimer's unit). The cart was left in the hall way outside of Resident #H's room. Resident #H was sitting in his wheel chair just inside the door way of his room. The Housekeeper continued to walk down towards the third</p>			

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	<p>hall and was not in view of the cart. At 1:17 p.m. Housekeeper #2 was observed coming from another area on the hall. Housekeeper #2 indicated the cart was not her cart. Housekeeper #2 opened the rolled cover on the cart. It was not locked. There was a spray can of furniture polish and a bottle of alcohol gel in the unlocked section of the cart. Housekeeper #2 indicated the cart should have been locked.</p> <p>The record for Resident #H was reviewed on 10/7/14 at 2:45 p.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances and high blood pressure.</p> <p>Review of the 9/6/14 Minimum Data set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired.</p> <p>A 8/13/14 Wandering Risk assessment indicated the resident's score was (16). A score of (16) indicated the resident was at high risk to wander.</p> <p>The resident's current care plans were reviewed. A care plan initiated on 9/1/14 indicated the resident was at risk for wandering due to poor safety awareness</p>			

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F000363 SS=E	<p>and a wandering score risk of (16). The care plan also indicated a score above (11) indicated the resident was at high risk for wandering. Care plan interventions included for the resident to be on secured unit and for staff to observe the resident's whereabouts frequently thru the shift.</p> <p>3. On 10/7/14 at 1:30 p.m. an opened plastic bottle of alcohol Hand Sanitizer was observed on the counter by the sink in the 100 Unit Dining Room on the secured Alzheimer's Unit. There were no staff members in the Dining Unit. At 1:32 p.m., CNA #4 entered the Dining Room and indicated the Hand Sanitizer should not have been left out on the counter.</p> <p>This Federal tag relates to Complaint IN00157199.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p> <p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of</p>			

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	<p>Sciences; be prepared in advance; and be followed.</p> <p>Based on observation, record review, and interview the facility failed to ensure menus were followed related to menued items not served to 7 residents with Physician orders for Therapeutic Diets in 1 of 2 Dining Rooms on the Alzheimer's Unit. (Residents #C, #E, #M, #N, #P, #R, and #S)</p> <p>Finding include:</p> <p>1. The Evening meal service was observed in the 100 Unit Dining Room on the Alzheimer's Unit on 10/6/14 at 5:45 p.m. A Dietary staff member delivered a green food cart to the Dining Room at 5:45 p.m. Staff members removed foiled covered containers from the food cart and placed the containers on a rolling cart. There were containers of chicken pieces, purred meat and beans mixture, lettuce, corn salad, creamed corn, lettuce, small round tomatoes, and grilled cheese sandwiches. There were also plastic bags of taco chip delivered with the food cart. There were no soft tortilla shells or any containers of pureed tortillas delivered to the Dining Room. The was no Spread Sheet or Dietary menu sent with the food cart.</p> <p>Nursing staff members began placing</p>			F000363	<p><b>F363</b></p> <p><b>The facility requestspaper compliance for this citation.</b></p> <p><i>This Plan of Correction isthe center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correctiondoes not constitute admission or agreement by the provider of the truth of thefacts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/orexecuted solely because it is required by the provisions of federal and state law.</i></p> <p><b>1) Dietary staffwere in serviced on October 9 on the need to provide all menu items for eachtype of diet. In servicing included the correct use of meal tickets andspreadsheets. Copies are attached.</b></p> <p><b>2) How the facilityidentified other residents:</b> All residents hadthe potential to be affected by the alleged negligent practice. No adverseimpact was noted. Staff education and monitoring of food carts has beeninstituted.</p> <p><b>3) Measures put into place/</b></p>		10/27/2014

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	<p>food items on individual plates at 5:55 p.m. Other staff members then passed the plates to the residents.</p> <p>Resident #M was served a plate with two scoops of pureed food. One scoop was the pureed meat and beans mixture and the other scoop was pureed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>Resident #S was served a plate with two scoops of pureed food. One scoop was the pureed meat and beans mixture and the other scoop was pureed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>Resident #P was served a plate with two scoops of pureed food. One scoop was the pureed meat and beans mixture and the other scoop was pureed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>Resident #C was served a plate with two scoops of pureed food. One scoop was the pureed meat and beans mixture and the other scoop was pureed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>Resident #N was served a plate with small pieces of chicken with shredded</p>		<p><b>System changes:</b></p> <p>Food cart audits have been instituted to ensure that menuspreadsheets are being followed and that all therapeutic diet needs are provided for. Random audits will be conducted 5 times per week; each meal will be monitored at least one time per week. Monitoring tool/s attached. The Dietary Director (newly hired) will monitor the audit tools and report to the QAPI Committee each month.</p> <p><b>4) How the corrective actions will be monitored:</b></p> <p>The results of these audits will be reviewed in the QAPI Meeting monthly x3 months, then quarterly x1 for a total of 6 months. If no trends or patterns are noted (three deficient practices per month is considered a trend), then results will be reviewed quarterly.</p> <p><b>5) Date of compliance:</b> 10/27/14</p>	

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	<p>cheese on it. There was no lettuce on the the chicken or on the plate. The resident also received creamed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>Resident #R was served a plate with small pieces of chicken with shredded cheese on it. There was no lettuce on the the chicken or on the plate. The resident also received creamed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>Resident #E was served a plate with small pieces of chicken with shredded cheese on it. There was no lettuce on the the chicken or on the plate. The resident also received creamed corn. The resident was not served any other pureed vegetable or any pureed tortilla shell.</p> <p>2. The record for Resident #M was reviewed on 10/7/14 at 8:35 a.m. The resident's diagnoses included, but were not limited to, vascular dementia, anxiety, and cardiovascular disease.</p> <p>Review of the current Physician's orders indicated there was an order for the resident to receive a general diet with pureed texture foods. Review of the 10/1/14 Minimum Data Set (MDS) quarterly assessment indicated the</p>			

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	<p>resident's BIMS (Brief Interview for Mental Status) score was (1). A score of (1) indicated the resident's cognitive patterns were severely impaired. The MDS assessment also indicated the resident required supervision of staff with set up help for eating. The MDS assessment also indicated the resident received a mechanically altered diet.</p> <p>3. The record for Resident #S was reviewed on 10/7/14 at 12:07 p.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances and depressive disorder.</p> <p>Review of the current Physician's orders indicated there was an order for the resident to receive a general diet with pureed texture foods and nectar thickened liquids. Review of the 9/18/14 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (2). A score of (2) indicated the resident's cognitive patterns were severely impaired. The MDS assessment also indicated the resident required extensive assistance with of one staff member for eating. The MDS assessment also indicated the resident received a mechanically altered diet.</p> <p>4. The record for Resident #P was</p>			

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	<p>reviewed on 10/7/14 at 10:13 a.m. The resident's diagnoses included, but were not limited to, dementia and high blood pressure.</p> <p>Review of the current Physician's orders indicated there was an order for the resident to receive a general diet with pureed texture foods. Review of the 9/16/14 Minimum Data Set (MDS) quarterly assessment indicated the resident's cognitive patterns were severely impaired and the resident was rarely or never understood. The assessment also indicated the resident requires extensive assistance of staff for eating. The MDS assessment also indicated the resident received a mechanically altered diet.</p> <p>5. The record for Resident #C was reviewed on 10/7/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances and high blood pressure.</p> <p>Review of the current Physician's orders indicated there was an order for the resident to receive a general diet with pureed texture foods. Review of the 9/9/14 Minimum Data Set (MDS) annual assessment indicated the resident's cognitive skills were severely impaired and the resident was rarely or never</p>				

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	<p>understood. The assessment also indicated the resident required extensive assistance of staff for eating. The MDS assessment also indicated the resident received a mechanically altered diet.</p> <p>6. The record for Resident #N was reviewed on 10/7/14 at 12:55 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's Disease, anemia and chronic airway obstruction.</p> <p>Review of the current Physician orders indicated there was an order for the resident to receive a general diet with mechanically textured foods. Review of the 9/23/14 Minimum Data Set (MDS) annual assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required limited assistance of staff for eating. The MDS assessment also indicated the resident received a mechanically altered diet.</p> <p>7. The record for Resident #R was reviewed on 10/7/14 at 10:38 a.m. The resident's diagnoses included, but were not limited to, senile dementia, depressive disorder, and aphasia (unable to talk).</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Review of the current Physician orders indicated there was an order for the resident to receive a general diet with mechanically textured foods. Review of the 8/28/14 Minimum Data Set (MDS) annual assessment indicate the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance of staff for eating. The MDS assessment also indicated the resident received a mechanically altered diet.</p> <p>8. The record for Resident #E was reviewed on 10/7/14 at 8:30 a.m. The resident's diagnoses included, but were not limited to, dementia and congestive heart failure.</p> <p>Review of the current Physician orders indicated there was an order for the resident to receive a general diet with mechanically textured foods. Review of the 7/28/14 Minimum Data set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident requires extensive assistance of staff for eating. The MDS assessment also</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155156	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/07/2014
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	<p>indicated the resident received a mechanically altered diet.</p> <p>Dietary Cook #1 and Cook # 2 were interviewed on 10/6/14 at 7:35 p.m. Cook #1 indicated she did not prepare of send out any food for 100 Unit dinner meal. Cook #2 indicated she prepared the food for the 100 Unit. Cook #2 indicated she did not puree any tortillas for the pureed diets and did not send any soft tortilla to the unit for mechanical soft diet. Cook #2 also indicated she did not prepare or send a second puree vegetable other then the purred corn. Cook #2 indicated she was going to send tomato juice but did not have it available.</p> <p>When interviewed on 10/7/14 at 9:00 a.m., the Regional RD (Registered Dietitian) indicated the kitchen staff cook and prepare the food items for the Alzheimer Unit and deliver the food containers to the unit. The RD indicated the Nursing staff members put the food on each resident's plate. The RD indicated the Cooks were required to follow the recipes and menus. The RD provided a Spread Sheet for Dinner meal on 10/6/14. The Spread Sheets were reviewed with the RD at this time. The Spread Sheet indicated residents on pureed diets were to be served one scoop of pureed meat and two scoops of pureed</p>			

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	<p>vegetables as they were not to receive the lettuce and tomatoes that were on the chicken taco salad menu. The RD also indicated the residents on pureed diets should have received a pureed soft tortilla as they did not receive the tortilla chips that were on the menu.</p> <p>Continued interview with the RD indicated residents on Mechanical Soft diets were to receive ground meat, and chopped lettuce and tomatoes and also cream corn. The RD also indicated they were to receive a soft tortilla in place of the tortilla chips.</p> <p>This Federal tag relates to Complaint IN00157199.</p> <p>3.1-20(i)(4)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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