

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 05/02/2014
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NAME OF PROVIDER OR SUPPLIER  DIGBY PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 167 CR W 240 S LAFAYETTE, IN 47905
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R000000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: May 1, &amp; 2, 2014</p> <p>Facility number: 004392 Provider number: 004392 AIM number: N/A</p> <p>Survey Team: Maria Pantaleo RN TC Rita Mullen RN Bobette Messman RN Holly Duckworth RN</p> <p>Census bed type: Residential: 26 Total: 26</p> <p>Census payor Type: Private: 26 Total: 26</p> <p>Sample: 7 Supplemental: 1</p> <p>These State Residential findings cited are in accordance with 410 IAC 16.2</p> <p>Quality Review was completed by Tammy Alley RN on May 5, 2014.</p>	R000000	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response or 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 conclusions set forth in this allegation by the survey agency.</p>	
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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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R000117	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview the facility failed to ensure staff met requirements of Cardio Pulmonary Resuscitation (CPR) and First Aid training certification. This deficient practice affected 2 of 42 shifts reviewed.</p> <p>Findings include:</p> <p>On 5/2/14 at 10:15 A.M., a review of</p>	R000117	<p>R117 R117 410 IAC 16.2-5-1.4(b) Personnel What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were found to be affected.  How will the facility identify other residents having the potential to be</p>	05/09/2014
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	<p>schedules for all three shifts, dated 4/20/14 through 5/3/14, indicated two shifts were not covered with personnel certified in First Aid and CPR. The shifts were as follows:</p> <p>4/24/14 3:00 P.M.-10:00 P.M., no coverage 4/25/14 3:00 P.M.-10:00 P.M., no coverage</p> <p>During an interview with the Director of Nursing on 5/2/14 at 10:15 A.M., she indicated she was aware those two shifts were not covered by personnel with First Aid and CPR training.</p>		<p><b>affected by the same deficient practice and what corrective action will be taken?</b></p> <p>An audit will be performed to ensure the status of caregivers' CPR and First Aid certification. (attachment A)</p> <p>Training was provided for CPR and First Aid certification to additional staff on Friday, May 9, 2014 (attachment B)</p> <p>The existing schedule was immediately reviewed and verified to have staff in sufficient number, qualifications and training in accordance with the applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. (attachment C)</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b></p> <p>The schedule will be reviewed prior to implementation on a weekly basis by the Administrator and Care Services Manager to ensure that there are staff in sufficient number, qualifications and training in accordance with the applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</b></p>				

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R000147	<p>410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency (d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities.</p> <p>Based on observation and interview, the facility failed to lock the door to the beauty shop where a hot curling iron was found. This had the potential to effect 25 of 26 ambulatory residents.</p> <p>Findings include:</p> <p>During the initial tour of the facility, on 5/1/14 at 9:20 a.m., (a Thursday), the door to the beauty shop was found</p>	R000147	<p>The ED and/or Designee will be responsible for ensuring that staff has the appropriate certification in CPR and First Aid. A copy of staff CPR/ First Aid certifications will be maintained in a binder that can easily be reviewed. The ED and/or Designee will review the binder monthly and take appropriate action to ensure that necessary staff is CPR/ First Aid certified and that those certifications remain current. The staff schedules will be approved by the Executive Director and/or Designee prior to their implementation in order to ensure that there is a minimum of one awake staff person , with current CPR and First Aid certificates, on site at all times.</p> <p><b>R147 410 IAC 16.2-5-1(d) Sanitation and Safety Standards</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> No residents were found to be affected. <b>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p>	05/30/2014

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	<p>unlocked and propped open. A curling iron was hanging from a hook on the west wall, plugged-in and hot. The hours posted on the beauty shop door indicated, "Wednesday by appointment only" and "Saturday 1 p.m. - done."</p> <p>During an interview with the Director of Nursing, on 5/1/14 at 9:25 a.m., she indicated the door should have been closed and locked, and the curling iron unplugged.</p>		<p>The lock on the beauty shop door was changed on May 2 with only the Administrator, Maintenance and Beauty Shop operator in possession of the key until staff was properly in-serviced.</p> <p>Staff will be in-serviced on the safe operation of the beauty parlor, specifically, keeping the door locked and all equipment off when not in use or vacant for any period of time.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b></p> <p>Staff will be in-serviced on the safe operation of the beauty parlor, specifically, keeping the door locked and all equipment off when not in use or vacant for any period of time. Daily task sheets for the staff will be modified to include checking to ensure the door to the beauty shop is secured when vacant.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</b></p> <p>The Ed and/or Designee will perform random weekly rounds of the residence to ensure compliance with the above referenced regulation for a period of six months. Any deficiency will be corrected immediately. Findings will be reviewed and corrected through the Whitlock Place QA process. A Quality Assurance meeting will be held after six months to determine the need for an ongoing monitoring</p>				

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R000156	<p>410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards - Deficiency (m) The facility's food supplies shall meet the standards of 410 IAC 7-24.</p> <p>Based on observation, record review and interview, the facility failed to ensure that food was labeled and dated and stored in the freezer, dry storage area and refrigerator in one of one kitchens in the facility. This deficiency had the potential to harm 26 residents out of 26 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 5/1/2014 at 9:20 a.m., the following observations were made:</p> <ol style="list-style-type: none"> <li>The freezer was observed to have open and undated items: 5 chicken patty packages, 1 premade cookie package, 4 steaks packages, 1 peas and carrots package, 2 fish patty packages, 1 hot dog package, 1 cube steak package, 1 hash brown package, and 1 squash package.</li> <li>The dry storage area was observed to have a package of pasta opened and not dated.</li> </ol>	R000156	<p>plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p><b>R156 410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> No residents were found to be affected. <b>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> Staff was trained on the proper storage, dating and labeling of food. The Chef and assistant chef were reeducated on the proper completion of logs, equipment temperatures, and quaternary oasis 146. (Attachment) <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Dining Services staff was re-educated to appropriate food storage guidelines per our policy and procedure. The Dining Services staff was also re-educated on the proper completion of logs, equipment temperatures, and quaternary oasis 146. A daily walk- through of the</p>	05/09/2014

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	<p>3. The refrigerator was observed to have items not dated: 8 fruit cups, packages of oranges, lemons, cut and sliced squash, cut and sliced mushrooms, cut and sliced bell pepper, cut and sliced onions, cut and sliced tomatoes, ham sandwich, tomato soup and salad.</p> <p>4. The refrigerator was observed to have outdated: large tub of chili, and 1 tub of banana bread batter.</p> <p>5. The refrigerator was observed to have open and not dated items: 1 package of bacon, 1 package of sprouts, 2 cheese packages, and 5 (2) quart pitchers of liquid.</p> <p>An interview on 5/1/2014 at 10:05 a.m., with the Chef and the Assistant Chef, they indicated all items should be labeled in the freezer, dry storage area and the freezer. They indicated open food should have been dated and stored and all items in the refrigerator and freezer needed to be dated.</p> <p>The facility policy for "Dining and Nutrition Services" dated 1/1/2013 indicated items should be dated before being stored, all prepared food should be dated, all frozen food should be labeled</p>		<p>kitchen area will be completed by the dining services staff. The walk-through will include checking food storage areas to ensure food is covered, labeled, and dated. It will also include that outdated or expired food will be discarded. The Dining Services staff will complete the equipment temperature logs as required. The Executive Director and/or Designee will be responsible for ensuring compliance with the above regulation.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur.</b> The Residence Director and/or Designee will perform random weekly audits of food storage areas to ensure continued compliance for a period of 6 months. Findings will be reviewed through the Digby Place QA process after 6 months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p>				

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	<p>and dated.</p> <p>6. On 5/1/2014 at 2:00 p.m., a record review of April kitchen appliance temperature log indicated no refrigerator and freezer temperature checks were completed on 4/15, 4/16, 4/27, and 4/28/2014.</p> <p>On 5/1/2014 at 2:00 p.m., a record review of April kitchen appliance temperature log indicated no record of dishwasher temperature checks was completed on 4/16, 4/27 and 4/28/2014.</p> <p>On 5/1/2014 at 2:00 p.m., a record review of April kitchen appliance temperature log indicated the quaternary oasis 146 test was not completed on 4/15/2014.</p> <p>During an interview with the Administrator on 5/1/2014 at 2:30 p.m., he indicated the April kitchen appliance temperature log for freezer, refrigerator, dishwasher and quartemary oasis 146, had not been completed for 4/15, 4/16, 4/27 and 4/28/2014</p> <p>The facility policy for "Dining and Nutrition Services" dated 1/1/2013 indicated gauges on refrigerators, freezers, and the dish machine must be checked daily and the results of the check recorded on the kitchen appliance</p>			

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	temperature log.			