

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 11/06/2014
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 S A ST RICHMOND, IN 47374
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: November 5 and 6, 2014</p> <p>Facility number: 010888 Provider number: 010888 AIM number: N/A</p> <p>Survey team: Barbara Gray, RN-TC Leslie Parrett, RN Diana Sidell, RN Angel Tomlinson, RN</p> <p>Census bed type: Residential: 41 Total:41</p> <p>Census payor type: Other: 41 Total: 41</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 10, 2014 by Cheryl Fielden, RN.</p>	R000000	<p>This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</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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R000148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, interview and record review, the facility failed to maintain grounds in a clean condition in that debris and larger items were strewn around the dumpster for 1 of 1 observations, and multiple paper and other debris were strewn in and around the pond for 3 of 3 observations. This had the potential to affect 41 of 41 residents.</p> <p>Findings include:</p>	R000148	<p>1. Corrective Action for affected/cited resident</p> <p>There was no negative outcome with residents. The community grounds were cleared of trash and debris to include common grounds, the dumpster area and around the pond immediately.</p> <p>1. How to Identify Other Residents/Associates with potential</p>	11/19/2014

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	<p>During an observation, on 11/5/14 at 2:11 p.m., the dumpster area was observed with the Dietary Manager. The area was enclosed by a tall wooden fence. Inside the fence there were 3 sets of rubber gloves on the ground, paper drinking cups, a large white bucket half full of water, a large clear and white light fixture cover leaning against the wooden fence, assorted plastic debris, piles of pine needles, leaves, and foot tall weeds along the fence.</p> <p>During an interview, on 11/6/14 at 10:16 a.m., the Maintenance Technician indicated dietary is supposed to pick up around the dumpster, and regarding the pine needles, leaves, and weeds the lawn care company should be going in there and blowing the leaves out, checking for weeds and weed eating.</p> <p>During observations, on 11/5/14 at 11:20 a.m., 11/6/14 at 9:25 a.m., and 11/6/14 at 10:16 a.m., multiple papers and other debris were observed strewn in and around the pond. On 11/6/14 at 10:16 a.m., the Maintenance Technician indicated he does monthly grounds tour, and the things he can reach with a reacher, he cleans from the pond, and will get a rope and hook if he has to pull out a shopping cart or a bicycle.</p>		<p>for similar events:</p> <p>A complete survey of the grounds was completed to ensure no other trash or debris was in the area.</p> <p>1.Systemic Changes you will make:</p> <p>An all staff in service was completed on November 19, 2014 to educate associates on maintenance of community grounds to include removal of trash or debris on community grounds.</p> <p>1.Monitoring Q.A. plan:</p> <p>An audit and survey of the community grounds done weekly by the ED will ensure compliancy.</p> <p>Audit outcomes will be reviewed at upcoming Quality Assurance Meetings. The Executive Director will be responsible for directing additional action, based on audit findings.</p>				

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R000154	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the area under the two compartment sink in the kitchen was free from litter and rubbish for 1 of 1 observation and this had the potential to affect 41 residents served from the kitchen.</p> <p>Findings included:</p> <p>During an observation, on 11/5/14 at 2:11 p.m., the stainless steel floor of the base cabinet, under the two compartment sink in the kitchen, had a cut out area approximately 3 feet by 16 inches that exposed the cement floor underneath, and was observed with the following lying on the cement floor;</p> <ul style="list-style-type: none"> - 3 discarded dish cloths - one small piece of pink insulation - one small white insect trap - one small black insect trap - one rusty nail 	R000154	<p>1. Corrective Action for affected/cited resident</p> <p>There was no negative outcome with residents. All items in base cabinet, under the two compartment sink in the kitchen were cleared of all items and a signed was placed alerting staff not store items in this area. This area was added to the kitchen sanitation checklist.</p> <p>1. How to Identify Other Residents/Associates with potential for similar events:</p> <p>A complete survey of the kitchen was completed by the ED to ensure areas were clean and free of little or rubbish.</p> <p>1. Systemic Changes you will make:</p>	11/19/2014			

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	<p>- one large blue plastic dish pan with a dried residue from where the sink had leaked</p> <p>- one piece of white plasterboard approximately 3 inches by 4 inches</p> <p>- scattered debris of gray, brown and black crumbles.</p> <p>The Dietary Manager indicated at that time the plasterboard had come off the wall behind the sink, and "Every now and then the sink leaks".</p> <p>During an interview, on 11/6/14 at 10:43 a.m., the Maintenance Technician indicated the area under the sink has been like that a little over 2 years.</p>		<p>Dietary staff and Maintenance have been in-serviced on November 19, 2014 on keeping the kitchen clean and free of litter and rubbish.</p> <p>1. Monitoring Q.A. plan</p> <p>The ED will perform daily kitchen sanitation inspections using the kitchen sanitation checklist.</p> <p>Audit outcomes will be reviewed at upcoming Quality Assurance Meetings. The Executive Director will be responsible for directing additional action, based on audit findings.</p>				