

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 01/12/2012
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NAME OF PROVIDER OR SUPPLIER RIVER CROSSING INDEPENDENT ASSISTED LIVING COMMUN	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MARKET ST CHARLESTOWN, IN 47111
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 11, 12, 2012</p> <p>Facility number: 012007 Provider number: 012007 AIM number: N/A</p> <p>Survey Team: Dorothy Navetta, RN TC Gloria Reiser, MSW Avona Connell, RN Donna Groan, RN</p> <p>Census bed type: Residential: 67 Total: 67</p> <p>Census payor type: Other: 67 Total: 67</p> <p>Sample: 7 Supplemental sample: 2</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 20, 2012 by Bev Faulkner, RN</p>	R0000	<p>This plan of correction shall serve as our allegation of compliance with the rules for licensure as a Residential Care Facility. The responses to these alleged citations are submitted as a legal requirement and in no way construe an admission to the legitimacy of any of the assertions made in this document - it is made as a legal requirement only. River Crossing alleges it is in compliance with the Residential Care Regulations.</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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R0144	<p>(a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure furnishings in common areas (3 of 4 lounges) and halls (6 of 6 halls), laundry room, and 1 of 67 (Resident #61) resident rooms were odor free, clean and free from dust for 1 of 2 survey days. This deficient practice had the potential to affect 67 of 67 residents currently residing in the facility.</p> <p>Findings includes:</p> <p>1. During the initial tour on 1/11/2012 between 9:25 a.m. and 10:00 a.m., the following was observed:</p> <p>a. Light dust was in the resident Laundry room on the window sill frames.</p> <p>b. Heavy dust was on the picture frames between Room 116 and 117.</p> <p>d. Dust was in the ceiling vent and heavy dust was on 2 chair frames outside Room 117.</p> <p>e. Heavy dust was on the picture frames between the maintenance room and Room 119; between Rooms 118 and 120;</p>	R0144	<p>1)The following items were completed on 1/11/2012 Laundry room sill frames were dusted, All picture frames were dusted, All ceiling vents were dusted, Wooden and stuffed chair frames were dusted, Bookcases were dusted, Mirrors and Clocks were dusted, Weight Chair was dusted, Sail Boat was dusted. Subsequently, the following has been completed: Fish Tank has been cleaned, Weather stripping was repaired, Family of resident in 228 was requested to remove the couch.</p> <p>2) A review of any other common areas was completed to assure dusting and cleaning was meeting standards.</p> <p>3) A comprehensive cleaning schedule has been developed by the Administrator and as the items are completed, they will be signed off on and turned in to the Administrator Weekly.</p> <p>4) The Administrator, or designee, will complete 5x per week audits for three months to assure new cleaning schedules are being followed. If audits are going well, they will be reduced to weekly for the remainder of the year.</p>	02/17/2012			

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	<p>between Rooms 120 and 122; between Rooms 121 and 123; between Rooms 122 and 124; between 127 and 129; between 130 and 131; on 2 picture frames between 123 and 125 and 2 picture frames between 124 and 126; and on 2 mirrors between 125 and 127.</p> <p>f. Heavy dust was on 1 wooden chair frame and 2 over size stuffed chair frames in the lounge by Room 130. The wood chair frame also had a sticky substance on it.</p> <p>g. Dust was on flower picture frame across from Room 202.</p> <p>h. Heavy dust was on bird frames between Room 203 and maintenance room.</p> <p>i. Dust that rolled to the touch was on the mirror between Rooms 206 and 208.</p> <p>j. Dust was on the hanging Serenity Prayer between Room 205 and 207.</p> <p>k. Dust was on the picture frame between Rooms 207 and 209; between Rooms 212 and 213; between rooms 213 and 214 and between 214 and 215.</p> <p>l. Library lounge near Room 214 - dust was noted on 4 wooden chair frames, 2 over stuffed chairs, and 2 book cases.</p>			

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	<p>m. Dust was on 4 pictures across from Rooms 215, 224, between Rooms 225 and 227; 1 picture frame by Room 216; picture frame between maintenance room and Room 220; picture frame between resident laundry room and maintenance room; 2 picture frames by Room 226.</p> <p>n. The weather stripping was loose near Room 215 at exit door.</p> <p>o. A strong urine odor was permeating from Room 228 into the hall.</p> <p>p. Heavy dust was on the clock between Rooms 232 and 230.</p> <p>q. Heavy dust was on 2 mirrors between Rooms 232 and 234.</p> <p>r. Heavy dust was on the picture frames between Rooms 235 and 236; on the Resident Rights frame, and on the picture frame across from the Dietary Manager's office.</p> <p>s. In the lounge with the pool table, the weight chair had heavy dust on the frame; on 3 picture frames; and the large metal sailboat. The fish tank had dried fish food on it.</p> <p>During an interview with the</p>						

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	<p>Administrator on 1/12/2012 at 12:50 p.m., he indicated there was no specific cleaning schedule, but the housekeeper did have a Job Description that indicated for what she was responsible.</p> <p>At 12:50 p.m., he also presented the signed "Job Description" for the housekeeper, dated 3/17/2009. Review of this job description included, but was not limited to: "SUMMARY OF POSITION FUNCTIONS: The Housekeeping Manager provides cleaning services for a safe, sanitary, comfortable and homelike environment for residents, staff, and the public...ESSENTIAL POSITION FUNCTIONS: Cleans assigned resident apartments, bathrooms, and common areas daily and according to community policy...including: Dusting all furniture, lamps/light fixtures, and blinds...Cleans and sanitizes bathrooms, including toilets and shower stalls; Clean insides of windows and mirrors..."</p> <p>2. On 1/11/12 between 9:40 a.m. and 9:50 a.m., a strong urine odor was noted outside of Room 228. On 1/12/12 at 9:30 a.m., with the Executive Director, the room was examined and he indicated the carpet was cleaned twice last night. There was still an odor and it burnt the nose and eyes. At 12:13 p.m., with the Clinical Director, the room was again checked. A</p>			
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	strong odor was detected coming from the black leather sofa. The Clinical Director indicated she would contact Resident 61's family member to discuss the concern.			
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R0145	<p>(b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents.</p> <p>Based on observation, interview and record review, the facility failed to ensure equipment was cleaned as per manufacturer's instructions for 1 of 1 ice machines. This deficient practice had the potential to effect 67 of 67 current residents.</p> <p>Findings include:</p> <p>On 1/11/12 at 9:35 a.m., during observation of the dietary department, the ice machine was noted to be soiled with a slick reddish substance on the inner deflector. In interview with the Dietary Manager at this time, she indicated dietary staff only clean the outside of the machine. She indicated there was only one ice machine in the facility.</p> <p>The facility provided the manufacturer's instructions for "Sanitizing and Water System Cleaning" on 01/11/12 at 10:30 a.m. The instructions included, but were not limited to: "Cleaning Schedule: Scrub the door and frame edges once a week with soap and water. Sanitize the bin interior once a month. Clean the water system and air cooled condenser a minimum of twice a year. If in an area of high mineral concentration</p>	R0145	<p>1) The exterior (door and frame) were cleaned on 1/11/12 and the interior bin was cleaned on 1/16/12. In addition, the Ice Machine was cleaned professionally (water system and condenser) on 1/24/12.2) No other ice machines are on the premises.3) This cleaning has been set on a cleaning schedule.4) The Dietary Supervisor, or designee, will audit the cleaning of the ice machine weekly for the remainder of the year.</p>	02/17/2012			

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	in the water supply, clean water system 4 times a year. The ice machine will perform at its best when kept clean. There are three areas to keep clean: The water system including the water reservoir, distributors and evaporator surface; the bin controls; and the air cooled condenser filter and the condenser itself."			
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R0306	<p>(g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information:</p> <ol style="list-style-type: none"> (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. <p>Based on record review and interview, the facility failed to ensure controlled substance records were documented with the reason for destruction and number of medications destroyed in accordance with federal, state and local laws for 1 of 7 residents records reviewed for medications in a sample of 7. (Resident #40)</p> <p>Findings include:</p> <p>The clinical record for Resident #40 was reviewed on 1/11/12 at 1:25 p.m. The resident's diagnoses included but were not limited to cancer of the lung, kidney, lymph nodes and throat, diabetes type II and chronic obstructive pulmonary disease. Physician order changes led to</p>	R0306	1 and 2) With the medications already destroyed, nothing further can be accomplished at this time.3) All facility employed nurses have been inserviced on the importance of listing the reason for destruction and number of medications (amounts) destroyed.4) The Clinical Director, or designee, will audit all drug destruction records one time per week for the remainder of the year, to assure reason for destruction and number/amount of medications destroyed is properly recorded.	02/17/2012			

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	<p>the following meds being discontinued:</p> <p>Controlled Drug Records were in the clinical record for the following medications:</p> <ol style="list-style-type: none"> 1. Morphine Sulfate IR (Immediate Release) 15 mg (milligram) tab. Hand written "Flushed 12/28/11" with 2 signatures. The Disposition of Remaining Doses was blank. Thirty (30) tabs were dispensed and 4 were signed out to the resident. 2. Oxycodone-Acetaminophen 10-325. Hand written "Flushed 12/28/11" with 2 signatures. The Disposition of Remaining Doses was blank. Thirty (30) were dispensed and 16 signed out to the resident. 3. Morphine Sulf SA (Slow Action) 30 mg tab. Hand written "Flushed 12/28/11" with 2 signatures. The Disposition of Remaining Doses was blank. Thirty (30) tabs were dispensed and none were given to the resident. 4. Morphine Sulf SA 30 mg Tab. Hand written "Flushed 12/28/11" with 2 signatures. The Disposition of Remaining Doses was blank. Sixty (60) tabs were dispensed and 2 were given to the resident. The facility failed to indicate the 			
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	<p>reason for the disposal and the amount of the disposal.</p> <p>In interview with the Clinical Director at this time, when queried about the lack of documentation as to disposition of the controlled substance, she had no response.</p> <p>On 1/12/12 at 12 p.m., the Clinical Director provided the Controlled Substance Policy and Procedure, dated 2005. The policy included, but was not limited to "O. Any discontinued controlled substance will be destroyed in accordance with all applicable state and federal laws."</p>			
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R0349	<p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure physician orders were followed and documented. This affected 1 of 7 sampled residents reviewed for physicians orders. (Resident # 48)</p> <p>Findings include:</p> <p>1. On 1/11/2012 at 1:00 p.m., review of the clinical record for Resident # 48</p>	R0349	<p>1) Notification was made to the physician of not completing the daily weights as ordered.2) No other residents have orders for daily weights, therefore no other residents were affected.3) All licensed nurses employed by the facility have been inserviced to complete a notification sheet whenever a resident has an order for daily weight s and to turn that sheet in to the Clinical Director.4) The Clinical Director, or designee, will audit weekly all residents with orders for daily weights one time per week for the remainder of the year.</p>	02/17/2012			

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	<p>included diagnoses of, but not limited to; depression, hypertension, diabetes mellitus type II, obesity, chronic obstructive pulmonary disease.</p> <p>Physicians orders for 12/01/2011-12/31/2011, included, but were not limited to; "weights every day call if 3 lb (pound) gain in 24 hrs (hours) if 5 lb gain in 1 week." Pharmacy rewrites indicated that the original order was for 1/22/2011.</p> <p>Review of the Medication Administration Record (MAR) for the months of September, 2011, October, 2011, November, 2011, December, 2011 and January, 2012 indicated weights were to be done on the 6:00 a.m.-2:00 p.m. shift. Documentation was lacking that weights had been obtained as ordered.</p> <p>On 1/11/2012 at 1:55 p.m., in an interview with Licensed Practical Nurse (LPN) # 1 she indicated Resident # 48 was not on daily weights.</p> <p>On 1/12/2012 at 10:10 a.m., in an interview with the Director of Nursing (DON) she indicated they did the weights up until August, 2011 and then she is not sure why they stopped doing them. The DON indicated that she could not find any</p>			
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	<p>physician order to discontinue weights prior to 1/11/2012 when they notified physician.</p> <p>On 1/11/2012, the facility obtained a new order to discontinue with the daily weights.</p>			
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