

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2015
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NAME OF PROVIDER OR SUPPLIER TIPTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 460 FORKS OF THE WABASH WAY HUNTINGTON, IN 46750
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 22 and 23, 2015.</p> <p>Facility number: 003376 Provider number: 003376 AIM number: n/a</p> <p>Census bed type: Residential: 41 Total: 41</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on September 24, 2015.</p>	R 0000		
R 0148 Bldg. 00	<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</p>			

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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	<p>implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(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.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(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 the heating and ventilating systems in a clean condition and free of hazards that may adversely affect the health and welfare of the residents or the public and failed to have the heating and ventilating systems inspected at least yearly. This deficit practice had the potential to impact 41 of 41 residents who reside in the facility.</p> <p>Findings include:</p> <p>During an environmental tour on 9/22/15 at noon with the facility Maintenance Technician, an observation of a black colored substance was located at the base of the inside wall and gray/green colored substance spots were located on the outside wall next to the furnace/air conditioning unit in the furnace room.</p> <p>During an observation on 9/22/15 at 2:10</p>	R 0148	<p>Tipton Place will contract with a heating and airconditioning company to complete annual inspection and maintenance of both heating (in the Fall) and air conditioning (in the Spring) units and the ventilation system to ensure that they are in clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of residents, the public and the staff of the Community.</p> <p>Documentation on the bi-annual cleaning will be maintained in the Life Safety Manual, and in the furnace rooms. **The building does not have a "central exhaust system". (Survey Results noted that Quarterly Checks on the Central Exhaust System had been done). The Maintenance Technician for the building will inspect and provide routine cleaning to interior ceiling air vents and the furnace rooms (four total), and will provide dated/written documentation as</p>	10/22/2015			

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	<p>p.m., the supply air vent located in the ceiling of the formal dining room had a black and gray colored substance on the vent slates that were white in color.</p> <p>During an interview on 9/22/15 at 4:40 p.m. with technicians from a heating and cooling company, they indicated there was mold/biological growth on the supply air vent and inside the duct located in the formal dining room.</p> <p>During an observation on 9/22/15 at 4:45 p.m. of the furnace room located on the west side and to the back of the facility, the service technicians from the heating and cooling company indicated biological growth on the walls of the furnace room, inside the furnace and air conditioning unit and ducts. They also indicated spores were present in the furnace and air conditioning unit and ducts. There was an observation of the spores.</p> <p>During an interview with the heating and cooling service technicians on 9/22/15 at 5:04 p.m., the service technicians indicated there were mold spores/biological growth located in both the supply and return in 6 of the 8 furnace/air conditioning units they inspected. They indicated they were unable to visualize into the entrance of the duct work on 2 of the 8 units.</p>		<p>toany unusual findings to the Executive Director. The MT will document routine inspections / cleanings on his MT Log,which is maintained in the MT Office. Completion of the above will occur by October 22,2015. Reason for IDR: Tipton Place requests an IDR for this deficiency because we believe that the results of SES Consulting's air quality samples will confirm that no issues with mold/microbial growth exist in this building or the air ducts We will submit the report of findings from SES Consulting Tipton Place has hired SES Environmental, a companythat will send an Industrial Hygienist to the Community on Thursday, October 1,2015, to gather internal and external air quality samples, analyze the resultsand will then advise on treatment. The report will be submitted with results as soon as Tipton Place receives it</p>	

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	<p>The heating and cooling service technicians indicated temperature changes in the duct work would cause the growth of mold. They further indicated the duct work was not insulated and that any supply and return duct work needed to be wrapped and then buried with insulation.</p> <p>The service technicians indicated the biological growth/spores possibly could be removed when the heating and air conditioning units and the duct system were cleaned but would not be able to tell until the duct system was inspected further.</p> <p>During an interview with the facility Maintenance Technician on 9/22/15 at 5:30 p.m., he indicated he had cleaned some of the supply and return vents approximately four months ago. They had biological growth on them. He indicated he had told the Executive Director at that time he had thought there was more than just dust and rust on the vents. He further indicated she told him to keep cleaning them.</p> <p>During an interview with the heating and cooling service technicians on 9/22/15 at 5:35 p.m., they indicated if a heating and ventilation system inspection had been</p>			

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	<p>completed, the mold/spores/biological growth would have been found at that time. They indicated to the facility Maintenance Technician that it needed to be dealt with now. The heating and cooling service technicians indicated once heat was added it will make the mold/biological growth worse and once it dried it would spread and contaminate more areas. They indicated it could affect the facility residents because of their decreased immune systems.</p> <p>The heating and cooling service technicians indicated there was biological growth that was dark gray in color and was described as hairy on the supply vent located in the ceiling of the formal dining room and also was located in the flex duct above the supply vent in the ceiling. They indicated when the biological growth began to dry it would get hairy.</p> <p>The heating and cooling service technicians further indicated every common area supply and return air vent and duct had some biological growth in it. They indicated as soon as some heat was added, the biological growth would spread and it would be airborne.</p> <p>During an interview with the Executive Director on 9/23/15 at 10:10 a.m., she indicated the last heating and ventilation</p>			

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	<p>system inspection was on 10/3/11.</p> <p>She indicated there was no policy on heating and ventilation system inspections. She indicated the Maintenance Log titled "Assisted Living Concepts Property Management" listed the maintenance services required for the building.</p> <p>The Executive Director indicated the heating system test has not been completed this year and the central exhaust has not been completed quarterly as scheduled on the maintenance log. She indicated she was unsure of the last time it was completed and did not have any maintenance logs for 2014.</p> <p>She further indicated it was never brought to her attention of the biological growth or mildew on the walls of the furnace room located on the west side of the building or of any biological growth on the supply/return air vents that the maintenance technician had cleaned.</p> <p>The Executive Director indicated she did observe spores in the duct system attached to the furnace and air conditioning unit located on the west side of the building. She further indicated she observed evidence of mold in the supply/return duct system when the</p>			

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	<p>heating and cooling technician shined a flashlight into the vents of the common areas.</p> <p>During a review of the Maintenance Log titled "Assisted Living Concepts Property Management", dated 2015, provided by the Executive Director on 9/23/15 at 10:10 a.m., it indicated the following:</p> <p>"...3.0 Mechanical Systems... Check central exhaust system (operation & filters) ...Schedule...quarterly...Performed by...Outside Vendor...."</p> <p>"...Heating System Test - Must be completed between Sept 1 and Oct. 15...Schedule...annually...Performed by Outside Vendor...."</p> <p>It indicated the central exhaust system and the heating system was not checked or tested January through August 2015.</p> <p>During an interview with Midwest Division Vice President on 9/23/15 at 2:15 p.m., he indicated the annual heating and ventilation systems inspection should have been completed and was not. He further indicated the biological growth should have been caught.</p> <p>No further documentation was provided</p>			

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R 0214 Bldg. 00	<p>at exit.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to ensure an evaluation of resident's individual needs on a semi-annual basis for 2 of 7 residents reviewed for completion of assessments. (Resident 5</p> <p>Findings include:</p> <p>1. Review of Resident 5's clinical record began on 9/23/15 at 9:15 a.m. Diagnoses included, but were not limited to, atrial fibrillation, hypertension, and edema.</p> <p>Resident 5 was admitted to the facility on 9/15/14. A "Nursing Comprehensive Evaluation", assessing the resident's individual needs, was completed at that time. There were no other needs evaluations in the resident's clinical record.</p>	R 0214	The Care Services Manager (DON) shall be responsible for ensuring that a Nursing Comprehensive Evaluation (Wellness Baseline) is completed with each Negotiated Service Plan (NSP) Twice annually, scorecard is completed by the Regional Team to ensure compliance with regulations.	10/22/2015

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	<p>2. Review of Resident 7's clinical record began on 9/23/15 at 11:12 a.m. Diagnoses included, but were not limited to, hypertension, congestive heart failure, gout, neuropathy, and Type 2 diabetes.</p> <p>A "Nursing Comprehensive Evaluation", assessing the resident's individual needs, was last completed on 1/8/15. There were no other needs evaluations in the resident's clinical record.</p> <p>Review of a policy titled, "Nursing Comprehensive Evaluation", dated 7/1/14, and provided by the Director of Nursing on 9/23/15 at 2:30 p.m., indicated the following:</p> <p>"...The Nursing Comprehensive Evaluation is an assessment of a resident's physiological, psychological, and social history and current status... ...I. Each resident will have an initial Nursing Comprehensive Evaluation...in accordance with state regulations..."</p> <p>During an interview, on 9/23/15 at 11:05 a.m., the Director of Nursing indicated Resident 5 had not had a needs evaluation completed since the time of admission to the facility.</p> <p>During an interview, on 9/23/15 at 1:35 p.m., the Director of Nursing indicated</p>			

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R 0216 Bldg. 00	<p>Resident 7 had not had a needs evaluation completed since 1/8/15. She further indicated she was aware of the requirement regarding completion of this evaluation every 6 months to ensure resident placement in the facility was appropriate.</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on observation, interview, and record review, the facility failed to ensure evaluation of resident's weight was completed at admission for 1 of 7 residents reviewed for monitoring of resident's weight. (Resident 3)</p> <p>Findings include: Resident 3 was observed on 9/22/15 at</p>	R 0216	The Care Services manager (DON) shall be responsible for ensuring that weights are obtained, whether in the community or outside the community (i.e., hospital) for those residents whose weight cannot be obtained with equipment available within the community. Twice annually, Scorecard is completed by the Regional Team to ensure	10/22/2015

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	<p>2:05 p.m. in his room, sitting in his wheelchair, watching television.</p> <p>Review of Resident 3's clinical record began on 9/22/15 at 2:30 p.m. Diagnoses included, but were not limited to, Parkinson's disease, diabetes, and orthostatic hypotension.</p> <p>Resident 3 was admitted to the facility on 8/15/15. There was no weight obtained during the admission evaluation, nor was a weight obtained following admission.</p> <p>Review of a policy titled, "Weights and Vital Signs Assessment", dated 7/1/14, provided by the Director of Nursing on 9/23/15 at 2:30 p.m., indicated the following:</p> <p>"...I. The weight and vital signs of residents will be measured at move-in, monthly...."</p> <p>During an interview, on 9/23/15 at 9:15 a.m., the Director of Nursing indicated the facility has not been able to weigh Resident 3 since admission because the facility's scales could not accommodate the resident's wheelchair. She further indicated the facility was aware of this at the time of admission and the facility had not made further attempts to weigh Resident 3. She also indicated no plan</p>		compliance with regulations	

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	had been developed to monitor Resident 3 for weight loss.				