

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155441	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/04/2012
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NAME OF PROVIDER OR SUPPLIER  CORYDON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 315 COUNTRY CLUB RD CORYDON, IN 47112
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 2, 3, 4, 2012</p> <p>Facility number: 000338 Provider number: 155441 AIM number: 100287590</p> <p>Survey Team: Avona Connell, RN-TC (April 2, 3, 2012) Donna Groan, RN Dottie Navetta, RN</p> <p>Census bed type: SNF/NF: 29 Total: 29</p> <p>Census payor type: Medicare: 05 Medicaid: 23 Other: 01 Total: 29</p> <p>Sample: 10 Supplemental sample: 03</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 10, 2012 by Bev Faulkner, RN</p>	F0000		
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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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F0253 SS=C	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on observation, record review and interview, the facility failed to ensure the window sills, walls, floors, and blinds in the main dining room were clean and in good repair, and the New Step therapy equipment in the therapy room was clean. This had the potential to affect 27 of 29 residents currently residing in the facility and 6 of 29 currently receiving therapy.</p> <p>Findings include:</p> <p>On 4/3/2012 at 12:00 p.m., and on 4/4/2012 at 9:15 a.m., observation of the main dining room included, but was not limited to:</p> <ol style="list-style-type: none"> <li>Ten (10) window frames had a black substance on the middle, the bottom and the sides. Five (5) of the 10 windows had a heavy, black substance in the middle of top pane and bottom pane.</li> <li>The wall board under the windows had 5 holes of various sizes and depths with the largest measuring approximately 3.5 inches long x 1.5 inches wide x 0.5 inches deep.</li> <li>The trim board under the windows was</li> </ol>	F0253	<p><b>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required. F 253- Housekeeping &amp; Maintenance services. (a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice: All areas were cleaned, dusted, painted, repaired or replaced to include but not limited to:1.) a.) The (10) window frames were cleaned on the middle, bottom and sides to remove the Black substance.b.) The (5) of the (10) windows were cleaned on the pane's in the middle of the top and bottom to remove the Black substance. 2.) The wall board under the windows has been repaired/replaced.3.) The trim board that was pulling away has been repaired.4.) All of the window blinds have been taken down and cleaned to remove various Black spots and dust.5.) The wall that had the</b></p>	05/04/2012			

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	<p>pulling away approximately 0.25 inches from the wall.</p> <p>4. The blinds on the windows had various black spots and dust on the slats.</p> <p>5. The wall, that had the piano against it, had marks of various shapes and sizes indicative of scrape marks, to numerous to count. This total area is approximately 16 feet long x 4 feet high.</p> <p>6. The floor was heavily marked with black and brown scuff marks on the total floor area of dining room.</p> <p>7. The plastic molding around the base of the room was pulling away from the wall in 4 spots.</p> <p>8. The plastic molding around the base of room was soiled with a black substance.</p> <p>On 4/4/2012 at 9:30 a.m., upon observation of the therapy room, a New Step exercise machine was laden with heavy dust, black particles and hair like substance on the main base and front of the machine.</p> <p>On 4/4/2012 at 10:25 a.m., record review of the routine and deep cleaning schedules provided by the Plant Operations Supervisor indicated, but was not limited to; "ROUTINE CLEANING SCHEDULE" "FACILITY AREAS: (Dust, empty garbage, spot clean, mop and/or vacuum) .....Dining Rooms....."</p>		<p><b>piano has been painted to remove the indicative marks and scrape marks in a 16 feet long x 4 feet high area.6.) The dining room floor has been cleaned to remove the heavily marked Black and Brown scuff marks.7.) The plastic (rubber) cove base that was pulling away in 4 areas has been replaced with new cove base for the entire room.8.) The plastic (rubber) molding(cove base) around the base of the room that was soiled with Black substance has been replaced for the entire room.9.)The NuStep has been cleaned of dust and was put on a routine cleaning schedule with therapy. (b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:Residents residing in the facility have the potential to be affected but no specific resident was identified. (c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:Environmental Director has been in-serviced as to the required components of this tag. The standard monitoring and any needed adjustments identified will be during routine environmental</b></p>				

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	<p>Documentation indicated from 3/25/2012 to 4/3/2012, the main dining room had been cleaned.</p> <p>"DEEP CLEANING SCHEDULE" "WEEK THREE" "Therapy Room" Documentation indicated the therapy room was cleaned on 3/13/2012.</p> <p>On 4/4/2012 at 10:25 a.m., in an interview with the Plant Operations Supervisor he indicated that the therapy "people" were responsible to clean off the equipment.</p> <p>On 4/4/2012 at 10:35 a.m., in an interview with the Physical Therapist # 1, she indicated they wiped the machines off with alcohol between residents for infection control and housekeeping comes in "one time a week, I think to clean everything."</p> <p>On 4/4/2012 at 2:00 p.m., upon touring the main dining room with the Administrator and the Regional Plant Operations Manager, the Regional Plant Operations Manager indicated he should have put the main dining room on the improvement schedule.</p> <p>3.1-19(f)(5)</p>		<p><b>rounds and monthly preventative maintenance rounds as the Environmental Director checks for environmental issues including but not limited to:1.) A.) all windows that need cleaned.B.) all window panes' that need wiped.2.) Wall boards that need repair or replaced.3.) Trim boards that are pulling away.4.) Window blinds that need cleaned.5.) Touch-up painting of walls to eliminate indicative marks or scrapes.6.) Cleaning of floors from Black and Brown scuff marks.7.) Cove base that is pulling away.8.) Cove base that has Black substance.9.) The Nu-step and all used equipment will be wiped down with PID wipes with purple top after use in the therapy room. (d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:The monitoring of this plan will be a joint effort between the NHA and maintenance director who will for the next 4 weeks and bi-monthly thereafter make walking facility rounds- This will be an on going plan of correction and a report of their findings will be reviewed at the monthly Risk management/ QA</b></p>				

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			<p><b>meeting to determine if compliance is being maintained and the committee therefore recommends additional quarterly oversight by the regional director of plant operations/designee when completing their quarterly rounds/review.</b></p> <p>(a) Date of compliance: 5/4/12</p>		

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure there was indication for use of a blood pressure medication as physician orders to withhold medication when the blood pressure exceeded the parameters were not followed. This deficient practice had the potential to affect 1 of 4 residents reviewed with blood pressure/pulse parameters in a sample of 10. (Resident #13)</p> <p>Findings include:</p>	F0329	<p><b>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</b></p> <p>F 329 Unnecessary Drugs (a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice: Resident #13's MD contacted,</p>	05/04/2012

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	<p>The clinical record for Resident #13 was reviewed on 4/3/12 at 2:15 p.m. The resident's diagnoses included, but were not limited to end stage renal disease and hypotension.</p> <p>Physician's Orders for February 2012 were signed and dated 2/6/12. The orders included, but were not limited to: "Midodrine HCL (hydrochloride) 10 mg (milligram) tablet, Give 1 tablet orally daily at 6 AM on dialysis days hold for SBP (Systolic Blood Pressure) &gt; (greater than) 130 and Midodrine HCL 5 mg tablet Give 1 tablet orally every evening on dialysis days - Hold for SBP &gt;130...."</p> <p>The Midodrine was not indicated on the following days and time as the blood pressure exceeded the ordered parameter:</p> <p>Review of the February 2012 Medication Administration Record (MAR) included, but were not limited to: Midodrine HCL 10 mg tablet orally daily at 6 AM on dialysis days hold for SBP &gt; 130. The medication was given on the following days: February 8 with a B/P 136/69 and February 29 with a B/P 143/64 The 8 PM Midodrine HCL 5 mg was given on February 27 for a blood pressure of 142/68 and on February 29 for a blood pressure of 142/64.</p>		<p>Midodrine order clarified, telephone order written and clarified on MAR.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: A medication administration record review was conducted immediately on 4-3-2012 at facility to identify that all orders written with parameters were in compliance and that staff were following correct medication administration policies. No other issues were identified.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:  Licensed staff has been in serviced on correct verification of MARs on monthly changeover. Current licensed staff completed in service, which reviewed the policy of correct medication administration, held medications(due to parameters) and follow up documentation in the medical record.</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:  DNS/designee will conduct MAR audits weekly x 4 weeks, then bi-weekly x 6 months to assure that medication administration records are accurate. In addition, all new orders are reviewed at morning clinical meeting. Results of the findings will be brought to the next Risk Management/QA meeting to determine if compliance is achieved</p>				

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	<p>Review of the March 2012 Medication Administration Record on 4/3/12 at 2:15 p.m., included , but was not limited to Midodrine HCL 10 mg tablets given on March 5 for a blood pressure of 137/48, March 7 with a B/P of 138/46, March 12 with a B/P of 136/70, March 28 with a B/P of 135/79 and March 30 with a B/P of 132/68. The 8 PM Midodrine HCL 5 mg was given on March 2 with a B/P of 136/70, March 12 with a B/P of 136/70, March 14 with a B/P of 132/66, March 16 for a B/P of 142/68, March 26 with a B/P of 142/68, March 28 for a B/P of 132/74 and March 30 with a blood pressure of 136/67.</p> <p>In interview with LPN #1 at 2:40 p.m., she indicated it appeared the medication had been given when the blood pressure was above 130.</p> <p>On 4/3/12 at 5:15 p.m., the Administrator provided the policy and procedure for Administering Medications revised April 2007 which included, but was not limited to: "3. Medication must be administered in accordance with the orders, including any required time frame...7. The individual administering the medication must verify the right medication, right dosage, right time and right method of administration (e.g., review of drug label,</p>		<p>and quarterly oversight by the RDCO when she completes her system reviews.</p> <p>(e) Date of compliance: 5-4-2012</p>				

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	physician's order, etc.) before giving the medication...."  3.1-48(a)(4)				

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F0364 SS=D	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>Based on observation and interview, the facility failed to ensure foods were served at a safe and palatable temperature for 2 of 2 random observations of residents who received soup at a supper meal. (Resident #7 and 9)</p> <p>Findings include:</p> <p>On 4/3/12 at 6:10 p.m., Resident #9 indicated to the CNA the soup was cold. Resident #9 then stirred his soup to see if it would be warmer. "No, it's cold." The CNA was observed to have a bowl of chicken soup which belonged to Resident #7. The CNA indicated the soup was cold.</p> <p>At 6:15 p.m., the CNA returned the soups to the dietary kitchen. At this time, Cook #1 was asked to check the temperature of the soup. The chicken soup was 98 degrees and the vegetable soup was 87.4. She indicated the soup came from the refrigerator and was heated in the microwave. When queried if she checked the temperature of the soup prior to</p>	F0364	<p><b>Neither signing nor submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is being submitted in good faith by the facility because it is the law.</b></p> <p><u>F – 364 Nutritive Value / Appearance / Palatable / Preference / Temperature</u></p> <p>(A)What corrective action(s) will be accomplished for those residents found to have been affected:</p> <p>The soup identified to be at an un-acceptable temperature was replaced with soup heated to the required minimum temperature for residents #9 and #7 on 4/3/12. The Food Service Manager educated Cook #1 on 4/3/12 on the requirement of ensuring appropriate food temperatures and the completion of temperature logs.</p> <p>(B)How will you identify other residents having potential to be affected and what corrective action will be taken:</p> <p>Resident # 9 and #7 were the only residents identified as being potentially affected.</p>	05/04/2012			

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	<p>serving, she indicated "No." The Dietary Manager provided the Food Temperature log which was posted on the bulletin board. Soup for dinner was left blank. At this time, the Dietary Manager pointed to a poster for food temperatures indicating 165 degrees was the temperature.</p> <p>3.1-21(a)(2)</p>		<p>(C)What measures will be put into place or what systemic changes will be made to ensure this will not recur:</p> <p>The Consulting Dietitian provided an in-service on ensuring proper food temperatures to all Food Service Staff.</p> <p>(D)How the corrective action(s) will be monitored to ensure the practice will not reoccur:</p> <p>All items noted in Section A are reviewed every quarter during the Quarterly Food Service Systems Review by the Consulting Dietitian.</p> <p>The Consultant Dietitian, Food Service Manager and/or designee will conduct three test trays audits over a three month period to include all three meals and then quarterly as a part of the Food Service Systems Review.</p> <p>The findings will be reported to the Administrator and monthly to the Risk Management/QA committee until substantial compliance has been achieved and quarterly monitoring by the Consultant Dietitian is recommended.</p> <p>(E) Date Certain: 5/4/12</p>		

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review and interview, the facility failed to prepare food under sanitary conditions, related to the cook not washing her hands after touching soiled dishes and before touching prepared food, related to not dating items in refrigerator that had been opened, safe food temperatures and related to not throwing away outdated foods. This had the potential to affect 29 of 29 residents who receive meals prepared in the facility kitchen.</p> <p>Findings include:</p> <p>On 4/2/2012 at 9:15 a.m., upon the initial tour of kitchen observed in the refrigerator were; 4- 46 fluid ounce (fl. oz.) lemon thick waters, 2- 46 fl. oz. orange juice, 2- 26 fl. oz. fruit punch, 2- 26 fl. oz. iced teas, a 5 pound (lb) container of cottage cheese and a 5 lb. container of chicken salad with no date as to when they had been opened.</p> <p>There were 2- 5 lb containers of egg salad</p>	F0371	<p><b>Neither signing nor submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is being submitted in good faith by the facility because it is the law.</b></p> <p><u>F – 371 Food Procure, Store, Prepare, Serve, Sanitary</u></p> <p>(A)What corrective action(s) will be accomplished for those residents found to have been affected:</p> <p>The following items were disposed on 4/2/12:</p> <ul style="list-style-type: none"> <li>· 4-46 fluid oz. Lemon Thick Water</li> <li>· 2-46 fluid oz. Orange Juice</li> <li>· 2-26 fluid oz. Fruit Punch</li> <li>· 2-26 fluid oz. Ice Tea</li> <li>· 2-% lb. containers of Egg Salad with the dates of 3/12/12 and 3/19/12.</li> <li>· The cottage cheese was disposed.</li> <li>· The chicken salad was disposed.</li> </ul> <p>Cook #2 was educated on 4/2/12 – on ensuring appropriate hand washing when handling food – with an emphasis on the potential of the</p>	05/04/2012			

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	<p>dated 3/12/12 and 3/19/12.</p> <p>In an interview with the Dietary Cook # 2, during the initial tour, she indicated they have 3 days after opening a product to use it or throw it out.</p> <p>On 4/2/2012 at 11:25 a.m., observation of Dietary Cook # 2 immediately following the preparation of puree foods, the cook took the equipment used for the pureeing of foods over to the dishwasher. Cook # 2 rinsed all of the dirty dishes sitting in the dish tray including the equipment used to puree and then placed tray in the dishwasher and closed door. Cook # 2 went back and picked up the prepared puree food and placed it in oven prior to washing hands.</p> <p>On 4/2/2012 at 11:30 a.m., in an interview with the Dietary Manager, she indicated she would expect the cook to wash her hands after touching dirty dishes and before handling food. The Dietary Manager indicated she had placed signs all over the kitchen about hand washing.</p> <p>On 4/2/2012, record review of the facility's current policy and procedure provided by administration on food labeling and dating indicated, but not limited to;</p>		<p>risk of cross contamination.</p> <p>The soup identified to be at an un-acceptable temperature was replaced with soup heated to the required minimum temperature to the identified residents on 4/3/12. The Food Service educated Cook #1 on 4/3/12 on the requirement of ensuring appropriate food temperatures and the completion of temperature logs.</p> <p>The Food Service Managed provided further education and orientation to Cook #2 regarding the assigned "Essential Job Functions – with emphasis on Bullet D – which includes: compliance with, support and enforce all facility policies related to safety and infection control procedures including the proper use of personal protective equipment" .</p> <p>(B)How will you identify other residents having potential to be affected and what corrective action will be taken:</p> <p>Only resident #7 and #9 were potentially affected during the dinner meal on 4/3/12.</p> <p>(C)What measures will be put into place or what systemic changes will be made to ensure this will not recur:</p> <p>An in-service was provided by Consultant Dietitian on sanitary conditions to include compliance with hand washing (to including the risk of cross contamination) and food storage (labeling and dating of food).</p> <p>(D)How the corrective action(s) will</p>				

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	<p>"Purpose: Foods are labeled and dated for identification purposes and to ensure they are discarded within acceptable time frames according to HACCP guidelines. Procedure: 1.....a black marker will be used to indicate the date opened. 2. ....all opened, perishable items are discarded after 48 hours."</p> <p>On 4/3/12 at 6:15 p.m., a CNA returned two bowls of soup to the dietary kitchen. At this time, Cook #1 was asked to take the temperature of the soup. The chicken soup was 98 degrees and the vegetable soup was 87.4. She indicated the soup came from the refrigerator and was heated in the microwave. When queried if she checked the temperature of the soup prior to serving, she indicated "No." The Dietary Manager provided the Food Temperature log which was posted on the bulletin board. Soup for dinner was left blank.</p> <p>On 4/4/2012 at 10:25 a.m., record review of the facility's current policy and procedure provided by administration on handwashing included, but not limited to; "Standard: .....Food handlers must practice approved handwashing to prevent food contamination. Guidelines: Hands should be washed at a minimum; yet not limited to:.....during food prep...."</p>		<p>be monitored to ensure the practice will not recur:</p> <p>All items noted in Section A are reviewed every quarter during the Quarterly Food Service Systems Review by the Consulting Dietitian.</p> <p>The Consultant Dietitian, Food Service Manager and/or designee will conduct a weekly sanitation audit over a three month period and then quarterly as a part of the Food Service Systems Review to include all items noted in section A (to include observation of hand washing, checking dates on open food items, checking food temperatures and ensuring outdated items are disposed appropriately).</p> <p>The findings will be reported to the Administrator and monthly to the Risk Management/QA committee until substantial compliance has been achieved and quarterly monitoring by the Consultant Dietitian is recommended.</p> <p>(E) Date Certain: 5/4/12</p>				

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	<p>On 4/4/2102 at 10:40 a.m., record review of the Dietary Cook # 2 job description under "Essential Job Functions. Bullet D. Safety Duties: Comply with, support and enforce all facility policies related to safety and infection control procedures including the proper use of personal protective equipment.</p> <p>Review of the orientation checklist for Dietary Cook #2 lacked documentation specific to infection control specific to handwashing.</p> <p>3.1-21(i)(3)</p>			