

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155286	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/23/2016
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NAME OF PROVIDER OR SUPPLIER  AVALON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 KINGSTON CIR LIGONIER, IN 46767
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 20, 21, 22 &amp; 23, 2016</p> <p>Facility number: 000184 Provider number: 155286 AIM number: 100267210</p> <p>Census bed type: SNF/NF: 57 Total: 57</p> <p>Census payor type: Medicare: 6 Medicaid: 41 Other: 10 Total: 57</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on June 24, 2016 by 17934.</p>	F 0000	<p>The facility requests that this plan of correction be considered its credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We respectfully request a desk review for compliance instead of a post visit review on or before July 23, 2016.</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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F 0170 SS=C Bldg. 00	<p>483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL</p> <p>The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>Based on interview and record review, the facility failed to provide mail delivery 6 days a week, potentially affecting 57 of 57 residents in the facility.</p> <p>Findings include:</p> <p>On 6/22/16 at 11:00 A.M., an interview with the resident council president indicated mail is not always delivered on Saturdays.</p> <p>An interview with the Activities Director on 6/22/16 at 11:12 A.M. indicated, she was the only staff who delivered the mail and she doesn't routinely work on Saturdays. The activity director stated the mail was delivered to the facility by the post office on Saturdays and she would deliver it to the residents when she came to work on Monday mornings.</p>	F 0170	<p><b>F-170</b> The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Department heads are on a weekend manager rotation. Weekend manager/ and or designee will deliver the mail on weekends.</li> <li>·When Activity director is not in the facility, designee will deliver the mail during weekdays.</li> </ul> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b></p> <ul style="list-style-type: none"> <li>·All residents have the potential to be affected by this finding.</li> </ul>	07/23/2016

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F 0323 SS=E Bldg. 00	<p>On 6/22/16 at 11:18 A.M., the facility Administrator brought the undated policy entitled "Mail". The policy indicated the activity department will facilitate the delivery of resident mail and mail will be delivered to the resident within 24 hours of being received by the postal service and will be delivered six days weekly, excluding holidays.</p> <p>3.1-3(s)(1)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and</p>		<p>Weekend manager/ and or designee will deliver the mail on weekends. When activity director is not in facility, designee will deliver the mail during weekdays.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> ·Department heads will be in-serviced on or before July 23, 2016. This in-service will be conducted by the ED/designee and will include review of the facility policy related to resident mail delivery and the importance of delivering the mail six days weekly, excluding holidays.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> ·Weekend Manager checklist will include mail delivery and to be given to the ED the next following work day. This will be included in our monthly CQI to ensure we have 100 % compliance.</p> <p><b>By what date the systemic changes will be completed?</b> ·July 23, 2016</p>		

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	<p>assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure hot water temperatures were maintained at 120 degrees Fahrenheit or lower in 5 of 34 resident rooms observed for hot water temperatures.</p> <p>Findings include:</p> <p>On 6/20/2016 at 12:15 P.M., hot water temperatures above 120 degrees Fahrenheit were observed in the following resident rooms:</p> <p>In room 201, the hot water temperature in the bathroom was 125.1 degrees Fahrenheit. The facility nurse consultant and Executive Director (ED) confirmed the temperature.</p> <p>In room 209, the hot water temperature in the bathroom was 121.6 degrees Fahrenheit. The facility nurse consultant confirmed the temperature.</p> <p>In room 202, the hot water temperature in the bathroom was 120.7 degrees Fahrenheit. The facility nurse consultant confirmed the temperature.</p>	F 0323	<p><b>F-323</b> The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Maintenance director/ and or designee to document water temperatures each day</li> <li>·maintenance director is in the facility by randomly selecting the rooms and/or areas where water temperatures are to be read. This will ensure the temperature for the building are below 120 degrees.</li> <li>·When maintenance director is not in the facility, during the weekday, a designee will take the water temperatures.</li> </ul> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</b></p> <ul style="list-style-type: none"> <li>·All residents have the potential to be affected by this finding. If maintenance director/ and or designee finds an out of range temperature, staff will be posted outside of resident rooms ensuring residents do not use the water until we can get it back to proper temperature.</li> </ul>	07/23/2016

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	<p>In room 304, the hot water temperature in the bathroom was 122.5 degrees Fahrenheit. The facility nurse consultant confirmed the temperature.</p> <p>In room 301, the hot water temperature in the bathroom was 120.6 degrees Fahrenheit. The facility nurse consultant confirmed the temperature.</p> <p>A plumbing contractor was in the facility on 6/20/2016 at 2:30 P.M. to inspect the hot water system. The plumbing contractor was interviewed at that time. During the interview, the plumbing contractor indicated he could find nothing wrong with the hot water system. The plumbing contractor further indicated he turned down the hot water at the mixing valve to correct the hot water temperatures.</p> <p>Water temperature logs for May, 2016 and June 2016 were provide by the ED on 6/23/2016 at 9:30 A.M. The ED indicated the current facility policy on water temperatures was printed on the water temperature logs. The undated policy indicated "Water temperatures should be documented each day maintenance is in the building." The policy further indicated "Temperatures should be maintained between 100 - 119 degrees in resident care areas."</p>		<p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>·Maintenance director/ and or designee to take temperatures from five random areas/rooms for four weeks and then 3 random areas/rooms for six months thereafter to ensure the proper temperatures when maintenance director/ and or designee is in the facility. We will continue to monitor this on a daily basis and report results in our monthly CQI meeting.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>·Maintenance director/ and or designee to go over water temperature log with ED weekly for four weeks and then monthly for six months to make sure our water temperatures are staying within regulatory temperatures. This information will be recorded in our monthly CQI minutes to ensure 100 % compliance.</p> <p><b>By what date the systemic changes will be completed?</b></p> <p>·July 23, 2016</p>		

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	<p>The ED was interviewed on 6/23/2016 at 9:35 A.M. During the interview, the ED indicated the facility's maintenance staff person checked hot water temperatures in random resident rooms every day when he is in the facility. The ED indicated the maintenance staff was not in the facility on 6/20/2016.</p> <p>3.1-45(a)(1)</p>			