

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2014
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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F000000	<p>This visit was for the Investigation of Complaints IN00132163, IN00142155, and IN00142320.</p> <p>IN00132163-Substantiated. No deficiencies related to the allegations are cited.</p> <p>IN00142155-Substantiated. Federal/state deficiencies related to the allegations are cited at F224.</p> <p>IN00142320-Substantiated. Federal/state deficiencies related to the allegations are cited at F371.</p> <p>Survey Dates: January 27, 28, & 29, 2014</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Survey Team Gwen Pumphrey, RN-TC</p> <p>Census Bed Type SNF/NF: 94 Total: 94</p> <p>Census Payor Type Medicare: 16 Medicaid: 67 Private: 11</p>	F000000	Preparation and/or execution of plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and /or executed in compliance with state and federal laws.	

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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F000224 SS=A	<p>Total: 94</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 31, 2014 by Cheryl Fielden RN.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation, interview and record review the facility failed to ensure residents were free from involuntary seclusion. This deficient practice affected 1 of 4 residents reviewed for abuse in an sample of 8. (Resident A).</p> <p>Findings include:</p>	F000224	It is the intent of this facility to implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. 1. Action Taken: DON and HFA notified that incident had happened. Investigation initiated and Nurse Suspended pending investigation. Statements received from staff. SS notified to	02/14/2014			

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	<p>Review of the reportable's to the Indiana State Department of Health, on 1/27/14 at 12:13 p.m., indicated an employee secured the door to Resident A's room on 1/2/14 preventing him from leaving.</p> <p>On 1/27/14 at 1:15 p.m., Resident A's clinical record was reviewed. He had diagnoses including but not limited to, dementia with agitation, alcohol abuse, and heart disease. The Minimum Data Set (MDS) dated 12/30/13 was reviewed. The MDS indicated a Brief Interview of Mental Status (BIMS) was conducted. Resident A's BIMS score was a 4 on a scale of 0-15. This score indicates Resident A has severe cognitive impairment. The MDS also indicated Resident A had behaviors related to wandering.</p> <p>A physician note dated 1/8/14 (untimed) stated, "Resident restrained inappropriately, no evidence of physical or emotional injury."</p> <p>LPN #1 indicated in an interview on 1/27/14 at 12:20 p.m., "I wasn't here when the incident happened, so all I know is hearsay. I know that restraint stuff can ' t go on." LPN#1</p>		<p>follow up with resident. Attending physician and Family notified State notified and Police were notified. Nusing in-serviced on abuse policy done. 2. Others Identified:No other residents were affected. 3. Measures Taken: Same as above action taken, other residents interviewed to assess interaction with said nurse no negitive findings found. Social Service followed up with Resident no negitive out come noted Resident did not remember incident. 4. How Monitored: DON and Social Service or Designee to check behavior logs weekly for 4 weeks and sign off on behavior logs after reviewing. Behavior logs to be reviewed Monthly by DON and Social Service or Designee and signed off that they have reviewed them and will be ongoing. Will contine abuse in-service quarterly. This finding will be reviewed at next QA meeting and further monitoring will be determined as needed. 5. This plan of correction constitutes our credible allegaion of compliance with all regulatory requirements. Our date of compliance is 2-14-14. We also request that this plane of correction to be reviewed for paper compliance.</p>				

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	<p>also stated Resident A is known to wander the hall's of the unit. "We changed his room once because we thought it would help decrease the behavior, but he is a mover."</p> <p>The Director of Nursing (DoN) indicated in an interview on 1/27/14 at 12:46 p.m., "When I found out about it, it was over the weekend and I knew that nurse didn't work. On that Monday we started the investigation. I got statements from the CNA's and nurses. We suspended the nurse pending investigation and ended up terminating him. From our investigation we learned that this was not the first time the nurse secluded Resident A. The CNA waited until the next day to tell the supervisor about the incident, she thought she had 24 hours. We reeducated the CNA to report abuse immediately. We also inserviced the staff on abuse."</p> <p>The Social Services Director (SSD) was interviewed on 1/28/14 at 3:45 p.m. She indicated, "Resident A does wander a lot but he 's been pleasant lately. He is seeing psych [psychiatrist] and with him it depends on approach. We have have stop signs on doors,</p>			

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	<p>diversional activities, 15 minute checks but he still goes back and forth. They are on the behavior sheets."</p> <p>The SSD indicated when a resident has a behavior, it is monitored on behavior sheets along with any interventions. She indicated the interdisciplinary team determines what types of interventions should be used.</p> <p>The SSD stated she completed a 3-page report related to Resident A's involuntary seclusion. She indicated, "He couldn't remember anything."</p> <p>During several observations on 1/27/14, 1/28/14, and 1/29/14 no residents were found to be secluded involuntarily.</p> <p>On 1/28/14 at 11:05 a.m. Resident A stated he could not recall an incident where staff were abusive to him. He stated , "the staff treat me fine."</p> <p>A copy of the policy titled, "Restraint Assessment and Reduction" was provided by the DoN on 1/27/14 at 12:27 p.m. This policy indicated, ..."the resident has the right to be free from any physical...restraints</p>			

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F000371 SS=D	<p>imposed for purposes of discipline or convenience, and that physical...restraints are not utilized as a requirement to treat the resident's medical symptoms.</p> <p>This Federal tag is related to complaint IN00142155.</p> <p>3.1-27a(4)</p> <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, interview, and record review the facility failed to ensure food was properly stored and labeled. This deficient practice had the potential to affect 94 residents currently residing in the facility.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen in the rehabilitation building, on 1/27/14 at 11:25 a.m., the following</p>	F000371	<p>It is the intent of this facility to store, prepare, distribute and serve food under sanitary conditions. 1. Action Taken: Kitchen was immediatly cleaned by Dietary Staff. Dietary Staff was in-serviced on 1/31/2014 on Securing dry goods and items placed in refrigerators, all items must be labeled and dated. All surfaces are to be free of debre and spills after meals have been served and at the end of the day. No items are to left on floor for storage. 2. Others Identified: No residents were found to be affected. 3. Measures</p>	01/31/2014

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	<p>was observed:</p> <ul style="list-style-type: none"> -dry rice and oats on the floor in the dry storage room. -dry cereal on the floor in the corner of the prep area -brown sticky substance on the floor in the dry storage area -glue boards for mice under the storage rack for dishes -bug traps scattered throughout the kitchen including the dishwashing area and refrigerator -no dead or alive mice or roaches were observed. <p>During the initial tour of the kitchen in the main building, on 1/27/14 at 11:49 a.m., the following was observed:</p> <ul style="list-style-type: none"> -1 large bag of oats on the floor open to air -25 pound bag of food thickener open to air -a purse and snack cake on the shelf of the dry storage -food particles and debris on countertops, utensil storage, -glue boards for mice under the storage racks -bug traps scattered throughout the kitchen -no dead or alive mice or roaches were observed. <p>During an observation of the</p>		<p>Taken: Kitchen was immediatly cleaned by Deitary Staff. Dietary Staff was in-serviced as indicated above. Staff members have been given the cleaning schedules and the cleaning schedules have been posted in Dietary. 4. How Monitored: A check list has been established that the Dietary Lead cooks or designee will be required to sign off daily of items that must be completed before leaving for the Day. 1) Make sure all items are covered decurely. 2) All items have labels. 3) All items are dated. 4) All items off floors. 5) Check that all surfaces are free of debre and spills. The check list must be signed off daily and the Dietary Manager is to sign off twice weekly to assure requirements are being met. HFA or Designee will monitor weekly for compliance. The monitoring twice weekly by the Dietary Manager/Designee and the monitoring weekly by HFA/Designee will be ongoing. This issue will be addressed at next QA meeting. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. With documents enclosed we would ask that this plan of correction to be approved for paper compliance.</p>		

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	<p>rehabilitation kitchen 1/28/14 at 10:25 a.m., no alive or dead mices or roaches were observed.</p> <p>During an observation of the main kitchen 1/28/14 at 12:30 a.m., no alive or dead mices or roaches were observed.</p> <p>In an interview on 1/27/14 at 11:45 a.m., the Dietary Manager stated, "We've not had any problems with bugs. When asked about the cleaning, schedule he stated, "We don't have a cleaning schedule here. When I came here we didn't have anything implemented."</p> <p>In an interview on 1/27/14 at 12:05 p.m., Cook #1 indicated, the oats should be stored in the tubs with the yellow tops. Cook #1 also indicated, the bag of food thickener should be rolled inward and inside the box. Then the cook demonstrated this.</p> <p>The pest control records was reviewed at 1/27/14 at 2:51 p.m. The records indicated -on 1/15/14 there was no evidence of pests in the kitchen, food storage area -on 12/18/13 there was 6 live german roaches, 17 dead german roaches in the kitchen; 8 live german</p>			

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	<p>roaches and 25 dead german roaches in the food storage area. -on 11/20/13 there was 11 live german roaches, 30 dead german roaches in the kitchen; 8 dead german roaches in the food storage area. -on 10/16/13 there was 15 live german roaches in the kitchen and 10 live german roaches in the food storage area. on 10/17/13 there was 50 live german roaches in the kitchen and 32 live roaches in the dishwasher area.</p> <p>On 1/28/13 at 11:15 a.m., the dietary manager provided a copy of a weekly cleaning schedule. He indicated, "I made this yesterday."</p> <p>A copy of the policy titled, "Food Storage", was provided by the Dietary Manager on 1/29/14 at 12:36 p.m. This policy indicated, "Store leftover contents of ...food in clean, sanitized containers with proper and secure covers. " The policy also indicated, " Food shall be stored on shelves in a clean, dry area, free from contaminants."</p> <p>A copy of the policy titled, "Sanitation," was provided by the Dietary Manager on 1/29/14 at 12:36</p>						

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	<p>p.m. This policy indicated, " proper storage of foods will be implemented to reduce risk of attracting pests.".</p> <p>The facility failed to ensure the food was properly stored in a clean area.</p> <p>This Federal tag is related to complaint IN00142320.</p> <p>3.1-21(i)2</p>			