

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 07/01/2014
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R000000	<p>This survey was for a State Residential Licensure Survey and the Investigation of Complaint IN00151472</p> <p>Complaint IN00151472 - Substantiated - No deficiencies related to the allegations are cited.</p> <p>Survey date: June 30 and July 1, 2014</p> <p>Facility number: 004442 Provider number: 004442 AIM number: NA</p> <p>Survey team: Gloria J.Reisert, MSW/TL Jenny Sartell, RN (July 1, 2014) Gwen Pumphrey, RN (July 1, 2014)</p> <p>Census bed type: Residential: 29 Total: 29</p> <p>Census payor type: Other: 29 Total: 29</p> <p>Sample: 07 Supplemental Sample: 02</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p>	R000000		
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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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R000149	<p>Quality Review completed on July 9, 2014, by Brenda Meredith, R.N.</p> <p>410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 resident lounges and kitchen dry storage room was free from rodents (mice and lizards) during 2 of 2 survey days (6/30 and 7/1/14). This deficient practice had the potential to affect 29 of 29 residents currently residing in the facility.</p> <p>Findings included:</p> <p>1. During the initial tour of the kitchen on 6/30/14 between 10:20 a.m. and 11:00 a.m., observation of the dry storage room indicated black and beige specks on the floor underneath all the shelving units. Closer inspection of the specks indicated they had the appearance of rodent</p>	R000149	<p>Submission of this response and Plan or Correction is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in response or Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency</p> <p>R 149 410 IAC 16.2-5-1.5 (f) (1-4) Sanitation and Safety Standards What corrective action(s) will be accomplished for those residents found to have been affected by the</p>	08/07/2014

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	<p>droppings black and grayish in color.</p> <p>During an interview with the Cook and Administrator during this observation, they indicated that no mouse had ever been seen in the kitchen, but that the facility did have an issue with little blue lizards who tended to sneak real fast from the field next door whenever the back door might open .</p> <p>During a second interview with the Cook and observation of the lunch meal service, on 6/30/14 at 12:10 p.m., the Cook indicated that he had swept up the droppings in the storage room.</p> <p>During another observation of the kitchen on 7/1/14 between 9:00 a.m. and 9:10 a.m., a Housekeeper was observed in the dry storage room sweeping underneath one of the shelving units.</p> <p>In an interview with the Assistant Director of Maintenance, on 7/1/14 at 9:10 a.m., he indicated that the facility mainly overall had problems with the lizards as they were so fast in coming in, not really with mice.</p> <p>On 7/1/14 at 12:10 p.m., an observation of the dry storage room indicated that the droppings still remained under all the shelving units and behind the water</p>		<p>deficient practice? The storage room was deep cleaned. Glue trap by room 131/133 (found during survey) was removed and disposed of. Exterior doors by 120 and 131/133 were inspected and weather stripping was added. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. Glue traps were inspected and the only one found with any signs of mice or lizards was the one by room 131/133 (found during survey). Exterior doors were inspected and weather stripping added to prevent gaps in doors. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Staff was re-educated to the pest control program. Maintenance technician will inspect glue boards five times per week and monitor weather-stripping weekly. Dietary/houskeeping staff to clean dry storage room twice a week. How the corrective action(s) will be monitored to ensure the deficient practice will not recur. The Executive Director Director and/or Designee will perform a random weekly review glue boards, weather-stripping and storage room floor for a period of six months. Findings will be reviewed through the Bennett</p>				

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	<p>heater. Two (2) small ants were also observed walking across the floor near the boxes of paper plates and coffee.</p> <p>2. During the environmental tour on 6/30/14 at 11:30 a.m., a glue trap box was located on the floor to the right of the courtyard door across from Apartments 131 and 133. Upon inspection of this box, a small blue striped lizard was located inside.</p> <p>During a second environmental tour on 7/1/14 between 9:15 a.m. and 10:30 a.m., the sticky trap box in the lounge across from Apartments 131 and 133 still contained the small blue lizard. At the bottom right corner of the courtyard door, a gap measuring 1 inch by 1/2 inch was observed in which the weather strip did not meet the end of the door allowing for anything to crawl through the gap.</p> <p>The patio door in the lounge across from Apartment 120 was also observed to have a gap measuring 1 inch by 1/2 inch in which the weather stripping did not meet the edge of the door, allowing for the opportunity for anything to crawl in.</p> <p>An interview the Assistant Director of Maintenance at this time indicated that he changed the glue traps out every other</p>		House QA process after 6 six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.	

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R000273	<p>day but indicated it had been a few days since he changed any.</p> <p>Review of the Pest Control Logs on 7/1/14 at 1:45 p.m. as presented by the Wellness Director, indicated the following:</p> <ul style="list-style-type: none"> - 1/30/14, 2/25/14 and 3/20/14 - no activity seen. - 4/14/14 - "serviced all the interior rodent traps cleaned them and reset. Serviced all exterior rodent bait stations. Placed out glueboards in room 118 and 109 for possible mice. - 4/21/14 - treated Room 129 for spiders and placed out glueboards. - 5/29/14 and 6/25/14 - no activity. <p>Documentation was lacking of the Pest Control Company having been notified of the facility having a lizard problem and of the droppings seen in the dry storage.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation and interviews, the facility failed to ensure the kitchen</p>	R000273	What corrective action(s) will be	08/07/2014			

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	<p>shelves inside and outside the cabinets, the floor in dry storage, freezer shelves and kitchen equipment were free from spills, dirt and debris and pest droppings and in good repair and food in dry storage room and being prepared was free from contamination during 2 of 2 survey days. (June 30 and July 1, 2014)</p> <p>Findings included:</p> <p>1. During the initial tour of the kitchen on 6/30/14 between 10:20 a.m. and 11:00 a.m., the following was observed:</p> <p>a. Two (2) old fashioned baited mouse traps underneath the shelving unit on the left upon entrance to the dry storage room.</p> <p>b. Black dirt and debris (plastic, paper, potatoes and onion skins) were on the floor underneath all the shelving units inside the dry storage. Black and beige specks were also observed. Upon close inspection of these specks, they had the appearance of mouse droppings.</p> <p>In an interview with the Administrator and the Cook at this time, they indicated that they have never seen a mouse in the kitchen, but did have a problem with little blue lizards darting into the kitchen from the field next door whenever the</p>		<p>accomplished for those residents found to have been affected by the deficient practice?</p> <p>The storage room was deep cleaned. 2 door freezer cleaned. Ovens/stove cleaned, cabinets cleaned (inside and out), temperature adjusted in kitchen.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>The kitchen will be inspected for sanitation needs and deep cleaned. Sprinkler heads will be inspected and need maintenance performed. A stainless steel prep table will be ordered to replace the center island. Center island to be removed, overhead shelving will be removed. A steam table will be ordered. All other counter-tops will be replaced.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>Staff will be in-serviced to cleaning requirements of the kitchen. Kitchen sanitation checklist will be utilized.</p> <p>How the corrective action(s) will be</p>	

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	<p>back door was opened.</p> <p>c. The 2 door freezer by the dry storage was observed to have several spills green and white in color and white food particles on the bottom shelf.</p> <p>d. A rotten orange was in the box of orange in the refrigerator. Upon showing it to the Cook, he then proceeded to stop chopping up potatoes, remove the orange and box from the refrigerator and then resumed chopping up his potatoes without changing his gloves.</p> <p>e. The cabinets across from the stove were missing a door at each end and an 18 inch strip of laminate was missing from the edge in front of the sink. The Cook indicated at this time that it was from normal wear and tear and just came off. He was unable to indicate how long they have been missing.</p> <p>f. A 6 inch clump of black dried material was observed in the inside front of the left oven. The Cook indicated that it was from the apple crisp he had made the day before.</p> <p>g. All the shelves and drawers inside the cabinets which held clean dishes, pots and pans, cups and glasses and above the serving counter which held the spices, a</p>		<p>monitored to ensure the deficient practice will not recur.</p> <p>The Executive Director and/or Designee will perform a random weekly review of kitchen sanitation to ensure continued compliance for a period of six months. Findings will be reviewed through the Bennett House QA process after 6 six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p>				

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	<p>loaf of bread, papers, were observed to have black and brown crumbs on them as well as black dirt that was able to be wipe with yellowish spills. The cook indicated that the center serving counter which also contained cabinets which held the dishes, pots and pans, was going to be replaced at some point.</p> <p>h. The ceiling air vents above the trash can and in from of the refrigerators were observed to be dripping periodically onto the floor and counters. It also was observed to be dripping onto the electrical plug outlet.</p> <p>The Cook also indicated at this time that the facility was currently without a Dietary Manager and had 4 of them which did not work out since the first of the year. He indicated everyone pitched in to do the best they could.</p> <p>2. During the lunch service observation between 11:50 a.m. and 12:57 p.m., the following was observed:</p> <p>a. The spice bottles had spills on the outside.</p> <p>b. The electrical outlet on the wall by the can opener, pipe connecting the electrical outlet and the cabinet behind it had heavy accumulation of gray dust.</p>		<p>By what date will the systemic changes be completed? By 8/7/14</p> <p>all cleaning will be completed and new equipment will have been ordered. Installation of new equipment will occur following arrival and contractor scheduling.</p>	

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	<p>c. The pipes and the wall between the cabinet and stove had a heavy build-up of gray greasy dust.</p> <p>In an interview with the Administrator during this observation, he indicated that the center serving counter and all counter tops were going to be replaced with stainless steel sometime before the end of the year.</p> <p>3. During a kitchen observation, on 7/1/14 between 9:00 a.m. and 9:10 a.m., the same issues previously identified on 6/30/14 at 10:20 a.m. and 11:50 a.m. were still observed.</p> <p>In an interview with the Assistant Director of Maintenance during this time, he indicated that the plug outlet was fully enclosed and could not get wet inside even though it was observed to be dripping from it. He indicated that it was from condensation dripping due to the air conditioners being on high and that he would turn them down to see if it would help.</p> <p>4. During the lunch observation, between 12:10 and 12:40 p.m., the following was observed:</p> <p>a. Two (2) small ants were crawling</p>			

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R000299	<p>around the floor in the dry storage room. The sugar bin lid was also observed to be open to the air approximately 4 inches.</p> <p>b. The same issues identified on 6/30/14 at 10:20 a.m. and 11:50 a.m. and on 7/1/14 at 9:00 a.m. were still observed.</p> <p>c. The electrical box and ceiling vents continued to drip onto the floor and the counter near the lunch dishes.</p> <p>d. The stove had yellowish splatters on the burners with pieces of egg and food crumbs on the burner edges from breakfast.</p> <p>e. One (1) of Four (4) sprinklers heads had cracked ceiling plaster around them. 1 of 4 sprinkler heads was missing the ring around the head exposing the unit into the ceiling.</p> <p>410 IAC 16.2-5-6(c)(3) Pharmaceutical Services - Noncompliance (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. Based on record review and interview,</p>	R000299	R 299 – 410 IAC 16.2-5-6 (c) (3)	08/07/2014

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	<p>the facility failed to follow up with the physician regarding pharmacy recommendations. This deficient practice affected 1 of 9 residents reviewed for pharmacist drug regimen review. (Resident #2)</p> <p>Findings include:</p> <p>On 7/1/14 at 9:30 a.m., Resident #2's clinical record was reviewed. She was admitted on 9/18/13 with diagnoses including but not limited to high blood pressure, depression, dementia, and reflux.</p> <p>The Medication Administration Record (MAR) for June 2014, indicated a physician order dated 9/17/13 for Rivastigime(a medication used for people with dementia) 3 milligrams every morning and 1.5 milligrams at bedtime for dementia.</p> <p>The pharmacist consultation report, dated 2/18/14, recommended the following adjustments:</p> <ul style="list-style-type: none"> -Increase rivastigmine to 3 milligrams twice daily. -Monitor basic metabolic profile (a blood lab test) and digoxin level on the next lab day and every six months after. <p>The report was never signed by the</p>		<p>Pharmaceutical Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? MD contacted for Resident # 2 regarding pharmacy recommendation. MD response recieved with the response to accept recommendation. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. The Care Services Manager and licensed staff will audit previous consultant pharmacy visit to insure pharmacy recommendations have a MD response. Facility utilizes state guidelines in place of a facility specific policy. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. The Wellness Director and licensed staff were re-educated to state regulation 410 IAC 16.2-5-6 (c) (3) Pharmaceutical Services. The Wellness Director and/or Designee will be responsible for ensuring compliance with the Indiana State regulation 410 IAC 16.2-5-6 (c) (3) Pharmaceutical Services How the corrective action(s) will be monitored to ensure the deficient practice will not recur. The Wellness</p>				

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	<p>physician with a response to the pharmacy recommendations.</p> <p>On 7/1/14 at 10:00 a.m., the Wellness Director indicated, "When the pharmacist makes a recommendation. I fax them to the doctor. Sometimes they don't respond." The Wellness Director indicated, the Resident #2's family was notified and they have also attempted to get the doctor to respond.</p> <p>On 7/14/14 at 2:00 p.m., the Wellness Director indicated, "We don't have a policy related to following pharmacy recommendations."</p>		<p>Director and/or Designee will perform random weekly audits of pharmacy recommendations. Findings will be reviewed through the Bennett House QA process after 6 six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p>	