

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 03/17/2016
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NAME OF PROVIDER OR SUPPLIER  VERMILLION PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 449 MAIN ST ANDERSON, IN 46016
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: March 16 and 17 2016</p> <p>Facility number: 011970 Provider number: 011970 AIM number: N/A</p> <p>Census: 36</p> <p>Sample: 7</p> <p>These state findings are in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on March 18, 2016.</p>	R 0000	<p>R000 Preparation and/or execution of this Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Vermillion Place of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Correction and the specific corrective actions are prepared and/or executed solely because of provisions of state laws. Vermillion Place desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective April 1, 2016. This building respectfully requests consideration for paper compliance from the Plan of Correction.</p>	
R 0217  Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</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>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to develop a signed service plan with the resident for 1 of 5 current residents reviewed for service plan development. (Resident #R12)</p> <p>Findings include:</p> <p>Resident #R12's clinical record was reviewed on 3/17/16 at 8:37 a.m. Resident #R12's current diagnoses included, but were not limited to, hypothyroidism, osteoarthritis, and fibromyalgia. Resident #R12's clinical record lacked a signed service plan.</p>	R 0217	<p>R0217 1 Resident #R12 has had an assessment and a new signed service plan developed on March 17, 2016. There was no negative outcome 2 All 36 residents had the potential to be affected All residents medical records were audited and no other resident was missing a signed service plan 3 All resident signed service plans are to be developed upon admission and reviewed every 6 months or upon a significant change in condition per facility policy. 4 All new admission's medical records will be audited within 72 hours of admission, for 6 months. All resident medical records will be audited every 3</p>	04/01/2016

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	<p>During an interview on 3/17/16 at 9:43 a.m., the Director of Nursing and the Medical Records employee indicated the facility did not have any signed service plans for Resident #R12.</p> <p>Review of the revised facility policy, dated 12/2/09, titled "Service Plan", provided by the Director of Nursing on 3/17/16 on 10:52 a.m., included, but was not limited to, the following:</p> <p>"The service plan shall be developed based on the evaluation. It shall describe the services offered to the resident and shall be appropriate to the scope, frequency, need and preference of the resident.</p> <p>If administration of medication or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the service plan.</p> <p>The service plan shall be reviewed and revised as appropriate and discussed with the resident as needs or desires change. Either the facility or the resident may request a service plan review. Families may attend the service plan meeting if the resident requests.</p>		<p>months for 6 months, then again at 6 months to ensure all residents have the appropriate signed resident service plan. The Director Nursing or their designee will monitor. Any issues will be reported to the Administrator. See attachment # 1 5 Date of Compliance-April 1, 2016. This facility respectfully requests consideration for paper compliance from this POC</p>				

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R 0242 Bldg. 00	<p>The agreed upon service plan shall be signed and dated by the participants of the service plan meeting and a copy shall be given to the resident if requested...."</p> <p>410 IAC 16.2-5-4(e)(2) Health Services - Offense (2) The resident shall be observed for effects of medications. Documentation of any undesirable effects shall be contained in the clinical record. The physician shall be notified immediately if undesirable effects occur, and such notification shall be documented in the clinical record.</p> <p>Based on interview and record review, the facility failed to notify the physician of blood sugar levels which may have required a change in medication or treatment for 1 of 2 diabetic residents. (Resident #R32)</p> <p>Findings include:</p> <p>The clinical record for Resident #R32 was reviewed on 3/16/16 at 10:12 a.m. Diagnoses for Resident #R32 included, but were not limited to, diabetes, hypertension, and depression.</p> <p>Resident #R32 had a current physician order to check blood sugar levels three times daily at 6:00 a.m., 11:00 a.m., and</p>	R 0242	<p>R0242 1Resident #32 physician will be notified of blood sugar levels below 60 or above 300 which may require a change in medication or treatment. There was no negative outcome. 2 Any Residents who have orders for their blood sugar levels to be checked, had the potential to be effected. Any Resident who does not have specific physicians orders to be contacted, for blood sugar levels which may require a change in medication or treatment, will have their blood sugar levels reported to their physician for a blood sugar level below 60 or above 300 There was no negative outcome for anyone with the potential to be effected. 3 Any Resident who does not have specific physicians orders to be contacted for blood</p>	04/01/2016

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	<p>4:00 p.m. This order was changed from blood sugar levels checked twice daily on 1/25/16.</p> <p>Review of the January and February, 2016 glucometer logs for Resident #R32 indicated the following:</p> <p>1/3/16 at 4:00 p.m., the blood sugar result was 256;</p> <p>2/17/16 at 6:00 a.m., the blood sugar result was 55, with a recheck result of 66.</p> <p>The clinical record lacked any nurses assessment notes related to the blood sugar results on 1/3/16 and 2/17/16. The glucometer log indicated Resident #R32's blood sugar was rechecked and he had been given a "snack" on 1/3/16. The glucometer log lacked the time the blood sugar was rechecked, the type of snack he had been given, and his condition at the time of the blood sugar results.</p> <p>During an interview on 3/16/16 at 2:03 p.m., the Medical Records employee indicated the facility did not have a policy regarding notification of the physician regarding blood sugar levels when the physician order lacked call parameters.</p> <p>On 3/16/16 at 2:49 p.m., the Medical</p>		<p>sugar levels which may require a change in medication or treatment, will have their blood sugar levels reported to their physician for a blood sugar level below 60 or above 300 per facility policy 4 The Director of Nursing or their Designee will monitor. All residents who have orders for blood sugar levels will be audited once a month for 3 months, once every 3 months for 6 months Any issues will be reported to the Administrator See Attachment #2</p> <p>5. Date of Compliance-4/1/16 This facility respectfully requests consideration for paper compliance from this POC.</p>				

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	<p>Records employee provided the "Low and High Blood Glucose Results" for Resident #R32's glucometer. She indicated the information had been obtained from glucometer manufacturer's website.</p> <p>The "Low and High Blood Glucose Results", provided by the Medical Records employee on 3/16/16 at 2:49 p.m., included, but was not limited to, the following:</p> <p>"Result ...lower than 60 mg/dL[milligrams per deciliter]...Repeat the test with a new test strip, even if you do not feel that you have low blood glucose. If your blood glucose result is still not consistent with your symptoms, contact your healthcare professional and follow his or her treatment advice. higher than 240 mg/dL...Repeat the test with a new test strip, even if you do not feel that you have low blood glucose. If your blood glucose result is still not consistent with your symptoms, contact your healthcare professional and follow his or her treatment advice...."</p> <p>During an interview on 3/17/16 at 12:41 p.m., the Assistant Director of Nursing (ADON) indicated the condition of the resident and the result of the glucometer</p>			

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R 0273 Bldg. 00	<p>would determine when to notify the physician if no call parameters were ordered by the physician. The ADON indicated she would notify physician if blood sugar results were greater than 300 or less than 70.</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 interview, the facility failed to ensure food was prepared and distributed in safe and sanitary conditions. This deficient practice had the potential to affect 36 of 36 residents that resided in the facility and ate food served by the kitchen.</p> <p>Findings include:</p> <p>The kitchen tour was conducted on 3/16/16 from 8:37 a.m. to 9:00 a.m. Dietary Staff #1 was present for the tour and indicated he was in charge due to the Dietary Manager had the day off. The range knobs where grimy. There were 3 quarter size holes between the knobs.</p>	R 0273	R073 1. All 36 Residents of 36 Residents had the potential to be effected, there was no negative outcome for any resident. The facility ensures that food is prepared and distributed in a safe and sanitary manner. The knobs and the 3 quarter size holes between the knobs were cleaned on 3/17/16, during the survey. The back of the top ledge of the ice machine was cleaned on 3/17/16, during survey. The unlabeled plastic covered metal containers of various items left from the previous evenings salad bar were thrown away on 3/17/16, during the survey. 2. All 36 Residents of 36 Residents had the potential to be effected. The facility ensures that food is prepared and distributed in a safe	04/01/2016

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	<p>The holes were filled with a heavy dust build up. Dietary Staff #1 indicated the knobs were wiped daily but they could not be removed. He then pulled on the knob and found it was easily removed and replaced it. He indicated he had been unaware the knobs could be removed until that moment.</p> <p>The back of the top ledge of the ice machine had a heavy dust build up. The area opened directly over the ice bin. Dietary Staff #1 indicated he had never noticed the soiled area before.</p> <p>The walk-in refrigerator contained unlabeled plastic covered metal containers of green olives, black olives, cubed cheese, shredded cheese, chopped boiled eggs, chopped bacon, pickles, diced tomatoes and cucumbers. Dietary Staff #1 indicated the containers were left over from the previous evening's salad bar. He indicated these items would be mixed with fresh like items and placed on the lunch salad bar.</p> <p>During an interview with the Corporate Administrator on 3/16/16 at 2:38 p.m., she indicated salad bar toppings should have been discarded at the end of each day and not added to. She indicated all foods should be dated when refrigerated.</p>		<p>and sanitary manner. The knobs and the 3 quarter size holes between the knobs were cleaned on 3/17/16, during the survey. The back of the top ledge of the ice machine was cleaned on 3/17/16, during survey. The unlabeled plastic covered metal containers of various items left from the previous evenings salad bar were thrown away on 3/17/16, during the survey There were no residents effected 3.The range knobs, quarter size holes between the knobs, the back of the topledge of the ice machine have all been added to the daily cleaningschedule. The toppings from the Salad Bar are emptied every night, theyare not stored and used the next morning. The Salad Bar starts with all freshtopping every morning. All items stored in the walk-in refrigerator areto be labeled and dated per facility policy. 4.The Dietary Manager, or their designee, will audit the daily cleaning scheduleand items in the walk-in refrigerator for labels and dates, weekly for 3 months. Then bi-weekly for 3 months, then as needed. She will report any issues to the Administrator. See Attachment #3 5.Date of Compliance- 4/1/16. This facility respectfully requests consideration for paper compliance from this POC</p>				

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	During a 3/17/16, 8:30 a.m., interview, the Director of Nursing indicated all of the facility's 36 residents received meals prepared in the facility kitchen.				