

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 02/05/2015
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NAME OF PROVIDER OR SUPPLIER  BLISS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3008 SHAWNEE DR S BEDFORD, IN 47421
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: February 4 and 5, 2015</p> <p>Facility number: 004011 Provider number: 004011 AIM number: N/A</p> <p>Survey team: Cheryl Mabry, RN-TC Brooke Harrison, RN Angela Patterson, RN (2/04, 2015)</p> <p>Census bed type: Residential: 44 Total: 44</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 12, 2015; by Kimberly Perigo, RN.</p>	R000000		
R000273	<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</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>maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper handwashing was completed upon entering and exiting the kitchen, removing dirty dishes from the dining room, and serving plates to residents as indicated by the facility policy and the Center for Disease Control for 1 of 1 dining room and 1 of 1 kitchen and the facility failed to ensure expired and leftover food had been removed as indicated by facility policy from 2 of 3 refrigerators. This deficient practice had the potential to affect 44 of 44 residents being served out of the kitchen.</p> <p>Findings include:</p> <p>On 2/4/15 at 12:15 p.m., the following was observed during dining observation:</p> <p>1). QMA #1 was observed to pick up dirty bowls off the tables in the dining room and enter the kitchen to place in the dishwasher area. QMA #1 was observed to get a bowl of salad for Resident #9 and Resident #10, exit the kitchen and give the salads to the residents. No handwashing nor hand sanitizing was observed.</p>	R000273	<p>In serving all staff and providing a check off sheet for conformation of staff knowledge of proper hand washing technique, proper length of time to was hands and the proper way of washing hands. Executive Director, Care Services Manager and nurses are to monitor that proper hand washing is being followed. Executive Director will do random checks to assure compliance and this will be on going</p>	02/17/2015

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	<p>QMA #1 was observed to remove more dirty dishes from residents' tables, enter the kitchen area, and place the dirty dishes in the dishwasher area. She walked over by the food prep area, spoke with dietary staff, walked out of the kitchen over to Resident #11, picked up her dirty dishes from the table, and entered the dishwasher area. No hand washing was observed. QMA #1 entered the kitchen food prep area and brought 2 plates to the dining room for Resident #12 and Resident #13.</p> <p>QMA #1 was observed to enter the kitchen food prep area and stood at the food prep counter. No hand washing was observed. QMA #1 brought 2 plates into the dining room and offered to the residents.</p> <p>There were many observations of staff entering and exiting the kitchen food prep area to retrieve plates and no hand washing was observed.</p> <p>On 2/4/15 at 12:06 p.m., QMA (Qualified Medication Aide) #1 indicated, "You should wash your hands for 10 seconds. I use the handgel that I keep in my pocket after I pass out 5 trays."</p> <p>On 2/4/15 at 1:16 p.m., the Activities Director (AD) indicated, "You should handwash if you pick up something dirty. You don't have to wash if you only touch</p>			

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	<p>clean plates."</p> <p>On 2/4/15 at 1:21 p.m., the Dietary Aide (DA) #1 indicated, "You should handwash each and every time you go into the kitchen."</p> <p>On 2/5/15 at 12:10 p.m., observed QMA #1, Concierge staff, and Activity Coordinator were observed to remove dirty dishes from residents' tables then to enter and exit the kitchen several times with the lunch plates. No hand washing nor hand sanitizing was observed.</p> <p>On 2/4/2015 at 10:40 a.m., an observation in the kitchen indicated the Dietary Manager hand washed for 10 seconds. At that time, an interview with her indicated she sings the ABC's song to know that she has washed her hands for the proper amount of time.</p> <p>On 2/4/15 at 11:58 a.m., an observation of the Life Enrichment Coordinator indicated she entered the kitchen, went to the hand washing sink, and hand washed for 10 seconds. At that time, an interview with her indicated she sings the ABC song twice to know she has had washed long enough.</p> <p>On 2/4/2015 at 12:05 p.m., an observation of the Resident Care Partner (RCP) #1 entered the kitchen, went to the</p>			

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	<p>hand washing sink, and washed her hands for 10 seconds. At that time, an interview with her indicated she sings the ABC's song to know that she washes her hands for the proper amount of time.</p> <p>2). On 2/4/15 at 12:15 p.m., observed QMA #1, Activity Coordinator, and Dietary Aide #1 to exit the kitchen with 2 plates. They had one entree plate in each hand. They approached one table at a time and asked each resident which entree they wanted. At that time, the resident accepted one of the entrees or declined to accept both. If the resident declined to accept the plated entree, QMA #1, Activity Coordinator, and Dietary Aide #1 were observed to take the plated entree to the next table and offer to the residents who sat at that table. The plates were observed to not be covered.</p> <p>On 2/4/15 at 12:06 p.m., QMA (Qualified Medication Aide) #1 indicated, "They [the facility] tell us to hand out the plates two at a time so we can give them a choice. If a resident doesn't want a plate, we see if somebody else wanted it. I can see how that could be contamination. We do have covers that we could put on the plates. I've thought about that before, because I've carried around fish that on one wanted for a long time. A lot of times</p>			

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	<p>they want to see the food before they make a decision."</p> <p>On 2/4/15 at 1:16 p.m., the Activities Director (AD) indicated, "I try to keep the plates away from the residents' faces or ask them what they want before I get the food. A lot of times they want to see what the food looks like. If you set the food down on the table you should take it back to the kitchen."</p> <p>On at 1:21 p.m., the Dietary Aide (DA) #1 indicated, "We give the residents a choice between two plates. If they don't want the plates, I move on to the next table. I hold it out to the side and away from their faces so they don't get contaminated."</p> <p>On 2/5/15 at 9:00 a.m., the Administrator indicated, "We don't have a policy for serving in the dining room. I know corporate wants us to bring 2 plates with different entrees to the tables so the residents have choices."</p> <p>3). On 2/4/2015 at 11:00 a.m., the following was observed with the Dietary Manager in the kitchen:</p> <p>On the second shelf in the second refrigerator contained a half a head of red cabbage with a small greenish white area located on the bottom of the cabbage in a</p>			

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	<p>plastic storage bag with no date, which indicated when it had been placed in the refrigerator for use as a leftover. The Dietary Manager indicated it was being used today for the residents' lunch.</p> <p>On the second shelf in the second refrigerator contained a bag of opened shredded carrots in the original packaging inside a plastic storage bag. The Dietary Manager placed the carrots on the food preparation area to serve the residents' lunch. The plastic storage bag had an opened date of 10/28/2014, the manufacturer's packaging indicated a use by date of 1/2/2015. The Dietary Manager then threw out the package of shredded carrots.</p> <p>On the second shelf in the third refrigerator a package of turkey lunch meat in the original manufacturer's packaging inside a plastic storage bag. The manufacturer's expiration date was 2/2/2015. The Dietary Manger threw out the package of turkey lunch meat.</p> <p>On 2/4/2015 at 11:15 a.m., an interview with the Dietary Manager indicated, she was off the day before and that is why the expired foods had not been removed from stock.</p> <p>On 2/4/15 at 1:00 p.m. the CSM provided</p>			

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R000306	<p>the Leftovers and Prepared Food Policy, dated 7/1/2014, and indicated the policy was the one currently being used by the facility. The policy indicated: "I...label the container with the type of food and date. IV. Leftover foods that cannot be frozen must be discarded after three days from the refrigerator if not used...."</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that expired medications were discarded as the facility policy indicated for 1 of 1 medication storage room. (Resident #8)</p> <p>Findings include:</p>	R000306	<p>No residents were found to be affected by this alleged noncompliance.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p>	02/17/2015

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	<p>On 2/5/15 at 2:12 p.m., the following was observed in the medication storage room with the DON (Director of Nursing) present:</p> <ol style="list-style-type: none"> <li>Resident #8 had an opened, undated, bottle of cherry-flavored Mi-Acid (antacid). The bottle indicated an expiration date of 6/2014.</li> <li>Resident #8 had a bottle of regular strength Mi-acid, with an open date of 5/3/2013. The bottle indicated an expiration date of 12/2014.</li> </ol> <p>During an interview, on 2/5/15 at 3:18 p.m., the DON indicated, "The cherry-flavored bottle was bought at [local pharmacy] and I have no way of knowing when it was purchased. Someone probably ran down the road and picked it up for her. The regular strength [antacid] was delivered through our pharmacy partner, [pharmacy name], and it was opened on 5/3/13."</p> <p>On 2/5/14 at 2:34 p.m., the DON provided the Storage of Medications policy, dated 7/1/14, and indicated the policy was the one currently being used by the facility. The policy indicated, "1. It is the policy of [Organization Name] to dispose/destroy unused, expired or discontinued medications...."</p>		<p>The expired medication was immediately removed from use and discarded on 2/5/2015 after discovery. On 2/6/2015, the medication cart and overflow of medications in the room were checked by the CSM for other expired medications, eliminating the potential for other residents to be affected by the same deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b></p> <p>The Storage of Medications Policy that is in place will be reviewed and readily available with all nurses and QMA's. Medication areas will be checked regularly for expired, discontinued, damaged or contaminated medications by the CSM and nursing staff. The above items shall be removed from the area promptly upon discovery.</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>The CSM and/or Designee, nursing staff and the company rounding pharmacist will perform random weekly audits of medication carts and overflow</p>				

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			<p>medications in the medroom to ensure continued compliance with the above referenced regulation for aperiod of six months. Findings will bereviewed through the Bliss Place QA process after six months to determine theneed for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of themonitoring plan.</p> <p><b>By what date will the systemic changesbe completed?</b> 2/18/2015</p> <p><b>Citation#2</b> <b>R</b> <b>Foodand Nutritional Services - Deficiency</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficientpractice?</b></p> <p><b>How the facility will identify otherresidents having the potential to be affected by the same deficient practiceand what corrective action will be taken?</b></p> <p><b>What measures will be put into placeor what systemic changes will the facility make to ensure that the deficientpractice does not recur?</b></p>		

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					<p><b>How will 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>		