

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 08/29/2013
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NAME OF PROVIDER OR SUPPLIER HEARTH AT JUDAY CREEK LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530
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R000000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: August 28 and 29, 2013</p> <p>Facility number: 012229 Provider number: 012229 AIM number: N/A</p> <p>Survey team: Julie Baumgartner, RN, TC Shauna Carlson, RN Lora Swanson, RN</p> <p>Census bed type: Residential: 99 Total: 99</p> <p>Census payor type: Other: 99 Total: 99</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on August 30, 2013, by Brenda Meredith, R.N.</p>	R000000	<p>This plan of correction is submitted as required by law. It is not an admission of noncompliance; rather, it serves as the facility's credible allegation of compliance. Due to the low severity of the deficiencies cited, the facility respectfully requests approval by desk review.</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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R000123	<p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance with facility policy. (10) Date and reason for separation. Based on record review and interview, the facility failed to ensure that all employee licensure were active for 1 of 41 licensed employees. (Employee #30) This deficiency had the potential to affect 99 of 99 residents.</p> <p>Finding includes: On 8-29-2013 at 1 P.M., record review of employee records indicated Employee #30 CNA license was expired on 8-17-2013. On 8-29-2013 at 1:45 P.M.,</p>	R000123	The license for Employee # 30 was renewed on 8/29/13. Licensed employee's licenses were reviewed on 8/29/13 and are in compliance at present time. An employee monitoring spreadsheet has been developed which includes, but is not limited to, the license expiration date of licensed employees. This spreadsheet will be reviewed at least monthly by the Administrator or designee, and any employee whose license is due to expire within the month will be alerted to such. It is the employee's responsibility to renew their license. Failure to do so will result in the employee being	08/29/2013			

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R000154	<p>interview with the Administrator indicated the license for Employee #30 was not current and had expired on 8-17-2013.</p> <p>On 8-29-2013 at 3:20 P.M., review of the CNA schedule indicated Employee #30 had worked on August 19, 20, 23, 24, 25, 26 and 30, 2013 second shift.</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to properly dispose of litter and failed to ensure the proper sanitary rinse temperature on a hot water sanitization dishwasher. These deficiency had the potential to affect 99 of 99 resident's receiving meals from kitchen 1 of 1.</p> <p>Findings include:</p> <p>1. On 8/28/13 at 12:00 P.M., during the kitchen tour with the Dietary Manager (Employee #69), the following was observed: a plastic bucket with no lid was under the</p>	R000154	<p>taken off of the schedule until documentation is provided that the license has been renewed. Results will be monitored and reviewed at the quarterly Quality Assurance meeting for continued compliance.</p> <p>The bucket was removed from under the hand washing sink on 8/28/13. A proper trash container with foot pedal was put in its place on 8/29/13. A policy has been developed which describes what to do in the event that the temperatures do not reach the minimum required temperatures during the wash or rinse cycle (Attachment A). The dish machine is currently functioning properly and achieving minimum temperatures using chemical sanitation, rather than hot water sanitation. The facility is currently working with vendors to determine what, if any, repairs need to be made to the dish machine in order to utilize it with hot water sanitation. Dietary</p>	09/23/2013			

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	<p>hand washing sink. It was observed to be over flowing with trash, a pair of plastic gloves and several paper towels were on the floor beside the bucket.</p> <p>On 8/28/13 at 12:05 P.M., an interview with the Dietary Manager indicated the trash can with the lid was broken and it was replaced with the bucket. The Dietary Manager further indicated he knew the bucket was incorrect and that it would be removed immediately and replaced with a proper trash container.</p> <p>On 8/29/13 at 10:00 A.M., no bucket or trash can was observed under the kitchen sink. 2 dietary staff members were observed washing their hands, then walked across to the other side of the kitchen to dispose of their paper towels in a large trash barrel with a lid on it.</p> <p>2. On 8/29/13 at 10:10 A.M., an observation of the hot sanitization dishwasher indicated the rinse cycle temperature was 145 degrees (Fahrenheit) (F).</p> <p>On 8/29/13 at 10:15 A.M., an interview with the Dietary Manager indicated the rinse temperature should be at least 180 degrees (F)</p>		<p>employees will be in-serviced on this policy by September 23, 2013. The Dietary Manager or designee will monitor the proper placement of the trash container and the temperatures for the dish machine on a daily basis. This will be monitored and reviewed at the quarterly Quality Assurance meeting for continued compliance.</p>				

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	<p>and that they had not been having any trouble with the rinse cycle temperature. He further indicated he would contact the representative at (company name) to confirm what should be done. The Dietary Manager also indicated he would remove all dishware from the kitchen and dining areas and serve lunch on disposable plates, cups and cutlery until the dishes could all be resanitized. At 10:20 A.M., the Dietary Manager indicated he spoke with the (company name) technician and they can use a bleach solution and follow the directions listed on the side of the dishwasher for chemical sanitization since the machine can be used both as hot water and chemical sanitization.</p> <p>On 8/29/13 at 10:20 A.M., the instructions on the side of the dishwasher indicated chemical sanitizing wash temp should be 130 degrees (F), and the final rinse should be 120 degrees Fahrenheit. Sanitizing solution rate: 6.0 % Sodium Hydrochlorite (Bleach Solution). The Dietary manager placed a container of bleach solution on top of the dishwasher to inject into the dishwashers wash/rinse cycle, and then ran a set of dishes through a wash/rinse cycle. The</p>			

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	<p>wash temperature was 165 degrees (F), and the rinse cycle was 142 degrees (F).</p> <p>On 8/29/13 at 11:40 A.M., record review of the manufacturers instructions received from the Dietary Manager indicated "...Tableware sanitizer...for mechanical spray warewashing machines...for sanitizing tableware in low-temperature warewashing machines, inject (name of solution to inject) into the final rinse water at a concentration of 100 ppm (parts per million) available chlorine. Do not exceed 200 ppm. Air dry. To insure that available chlorine concentration does not fall below 50 ppm, periodically test the rinse solution with a suitable test kit and adjust the dispensing rate accordingly...."</p> <p>On 8/29/13 at 11:45 A.M., the Dietary Manager ran an (company name) chlorine test strip through the wash/rinse cycle of the dishwasher, it tested 100 ppm, as per manufactures specifications.</p> <p>On 8/29/13 at 11:50 A.M., review of the dishwasher temperatures logs for 8/23, 8/24, 8/25, 8/26, 8/27 and 8/28/13 received from the Dietary</p>			

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R000216	<p>Manager indicated the rinse temperatures were 180 degrees (F) to 188 degrees (F), on 8/29/13 at 10:10 A.M., it was 145 degrees (F).</p> <p>On 8/29/13 at 2:00 P.M., an interview with the Dietary Manager indicated the corporation does not currently have a policy and procedure for the dishwasher sanitization but that all of the staff know the wash temperature should be 165 degrees (F) and the rinse cycle should be 180 degrees (F).</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to complete</p>	R000216	Resident # 104 has been discharged from the facility. Therefore, a self administering	09/30/2013			

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	<p>an evaluation regarding the residents ability to self administer medications. This deficiency had the potential to affect 1 of 7 residents reviewed for self administering medications. (Resident #104)</p> <p>Findings include:</p> <p>On 8/28/13 at 5:15 P.M., Resident #104's record was reviewed. Resident #104's diagnoses included, but were not limited to, "...malaise, fatigue, atrial fibrillation, congestive heart failure and anemia...."</p> <p>Review of the Pre Admission form, dated 5/10/13, indicated "...Does resident require assistance with medication management?...Self-administering but requests/requires occasional VS [vital signs], eye drops, nebulizer, oxygen or other health monitoring due to medications...Will need med evaluation...."</p> <p>Review of a physician order, dated 5/24/13, indicated may self administer with family setting up medications.</p> <p>Review of Resident #104's clinical record did not indicate a self administering medication evaluation</p>		<p>medication evaluation is unable to be completed at the present time.</p> <p>Residents who self administer medications will be reviewed by September 30, 2013 to ensure that each has a self administering medication evaluation completed. The self administering medication evaluations will be completed on a quarterly basis thereafter, or upon a significant change in the resident's condition or ability to self-administer medications. The self administering medication evaluation has been added to the pre-admission assessment paperwork that the Senior Living Wellness Director or designee completes prior to admission, if applicable. Results will be monitored and reviewed at the quarterly Quality Assurance meeting for continued compliance.</p>				

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	<p>had been completed.</p> <p>On 8/28/13 at 5:20 P.M., an interview with the Director of Nursing indicated the resident was able and did self medicate. There should have been an evaluation completed and placed in the chart to self medicate. No evaluation is in the chart so it must not have been completed.</p> <p>On 8/29/13 at 11:00 A.M., review of the current policy titled "Hearth Management F-130" received from the Director of Nursing indicated "...It is the policy of Hearth Management to ensure that all residents with the ability to self-administer medications are afforded the opportunity to do so, while ensuring the safety and well being of all residents...4. Staff members are responsible for evaluating residents who self-administer medication prior to admission and at least quarterly to ensure their continued compliance...."</p>						