

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 05/02/2014
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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: May 1 & 2, 2014</p> <p>Facility number: 004011 Provider number: 004011 AIM number: N/A</p> <p>Survey team: Angela Patterson, RN-TC Melissa Gillis, RN Cheryl Mabry, RN</p> <p>Census bed type: Residential: 41 Total: 41</p> <p>Census payor type: Residential sample: 41 Total: 41</p> <p>Residential sample: 05</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 12, 2014; by Kimberly Perigo, RN.</p>	R000000		

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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R000243	<p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper documentation of an administered narcotic medication and medication was properly administer with a meal as indicated by a physician's order for 1 of 8 observed residents for medication administration. (Resident #H) (LPN #1)</p> <p>Findings include:</p> <p>1). On 5/1/14 at 12:50 p.m., observation of Resident #N's narcotic medication administration record card for Lyrica (treats nerve pain) the medication reconciliation sheet indicated 13 pills and the card indicated 12 pills. LPN #1 indicated, "Oh, I forgot to sign out."</p> <p>2). On 5/1/14 at 11:50 a.m., observed LPN #1 during medication administration to give Resident #H the prescribed gabapentin 300 mg. (used to prevent and control seizures. It is also used to relieve</p>	R000243	<p>No residents were found to be affected by this alleged noncompliance. 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? Staff will be provided re-education as to regarding documentation of medications administration as specified within our policy and procedures. No residents were found to be affected by the above referenced regulation. The CSM reviewed resident medication records to ensure medications requiring specific instructions and considerations regarding administration were identified upon the MAR for staff to ensure continued compliance. The CSM will be responsible to ensure nurses and/or QMA's have been provided re-education as to our policy and procedure regarding physician orders. What measures will be put into place or what systemic changes will</p>	06/03/2014

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R000273	<p>nerve pain) oral pill without any food. LPN #1 was observed to sign the medication administration record to confirm the medication was given with a meal. The medication was given 10 minutes before lunch service time. LPN #1 indicated, "lunch is at noon." When asked if this medication should have been given with a meal, LPN #1 indicated, "Well, we would have to change the time it is given."</p> <p>Review of physician's order dated 1/21/14, indicated, " ... increase Neurontin [gabapentin] from 100 mg po [by mouth] qid [4 times daily] to Neurontin 300 mg 1 po tid [3 times daily] w/meals [with] ..."</p> <p>Review of March, April, and May 2014, medication administration records indicated, "Neurontin 300 mg capsule, give 1 capsule orally 3 times a day with meals." The medication administration records were signed by the nurse as given with meals as indicated by physician order.</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</p>		<p>the facility make to ensure that the deficient practice does not recur? Education and ongoing in-services will be conducted by the CSM and ED regarding medication administration policies. 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? The CSM and/or Designee will perform random weekly audits of medication passes to ensure continued compliance with the above referenced regulation for a period of six months. Findings will be reviewed through the Bliss Place QA process after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. By what date will the systemic changes be completed? 6/3/2014</p>				

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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>A). Based on observation, interview, and record review, the facility failed to ensure the dishwasher was in proper working order in that the dishwasher did not get to the recommended manufacturer's temperature. This had the potential to affect 41 out of 41 residents who were served from the kitchen.</p> <p>B). Based on observation and record review, the facility failed to ensure proper handwashing was followed in the kitchen in that staff did not adequately wash their hands while preparing food and during dishwashing. This had the potential to affect 41 out of 41 residents who were served from the kitchen.</p> <p>C). Based on observation and interview, the facility failed to ensure that during dining, ice was passed in a covered container and the scoop was kept in a separate covered container. This deficient practice had the potential to affect 27 of 27 residents who were served from the main dining room. (Activity Director)</p> <p>Findings include:</p>	R000273	<p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</p> <p>No residents were found to be affected.</p> <p>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?</p> <p>A) The community immediately contacted an outside service provider to complete repairs referenced within the cited violation report regarding Indiana state regulation R273 410 IAC 16.2-5-5.1(f). The community has ordered a new dishwasher.</p> <p>B) The Executive Director will provide re-education as to our policy and procedures regarding hand washing with applicable staff.</p>	06/03/2014			

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	<p>A). Observation on 5/1/14 at 10:15 a.m., indicated the Dietary Manager (DM) ran dishes through the dishwasher. The DM indicated, "This dishwasher is old, like me. It takes a couple of tries before it gets up to temperature. I usually run the dishwasher three times every time, it gets up to temperature finally." At that time, the wash temperature reached 128 degrees Fahrenheit and the rinse temperature reached 168 degrees Fahrenheit. When asked what was the temperature suppose to be on the dishwasher, the DM indicated, "150 degrees and 180 degrees."</p> <p>Observation on 5/1/14 at 10:20 a.m., indicated the DM ran dishes through the dishwasher. The wash temperature reached 132 degrees Fahrenheit and the rinse temperature reached 174 degrees Fahrenheit.</p> <p>Observation on 5/1/14 at 10: 25 a.m., indicated the DM ran dishes through the dishwasher. The wash temperature reached 138 degrees Fahrenheit and the rinse temperature reached 168 degrees Fahrenheit.</p> <p>Observation on 5/1/14 at 10:45 a.m., indicated the DM ran dishes through the dishwasher. The wash temperature reached 136 degrees Fahrenheit and the</p>		<p>C) The community will ensure ice is served from a container with a lid while serving in the dining room. Staff were also provided re-education as to this procedural change in order to remain in compliance with Indiana state regulation R 273 410 IAC 16.2-5-5.1 (f).</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>A) The new dishwasher will be monitored regularly by the Chef and/or Designee to ensure appropriate sanitation temperatures are achieved during the wash and rinse cycles. A daily written log of the temperatures achieved during each dishwasher cycle will be kept and reviewed by the Chef and/or Designee. Any noted issues will be communicated to the Executive Director immediately for intervention.</p> <p>B) The Executive Director will provide re-education through an in-service to staff referencing our policy and procedures regarding</p>	

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	<p>rinse temperature reached 166 degrees Fahrenheit.</p> <p>Observation on 5/1/14 at 10:50 a.m., indicated the DM ran dishes through the dishwasher. The wash temperature reached 144 degrees Fahrenheit and the rinse temperature reached 168 degrees Fahrenheit.</p> <p>Observation on 5/1/14 at 10:55 a.m., indicated the DM ran the dishes through the dishwasher. The wash temperature reached 148 degrees Fahrenheit and the rinse temperature reached 175 degrees Fahrenheit.</p> <p>Observation on 5/1/14 at 11:00 a.m., indicated the DM ran the dishes through the dishwasher. The wash temperature reached 148 degrees Fahrenheit and the rinse temperature reached 182 degrees Fahrenheit.</p> <p>Observation on 5/1/14 at 11:05 a.m., indicated the DM ran the dishes through the dishwasher. The wash temperature reached 148 degrees Fahrenheit and the rinse temperature reached 180 degrees Fahrenheit.</p> <p>On 5/1/14 at 1:30 p.m., the Administrator provided the dishwasher's manual, "Jackson: 200 Series Technical Manual,"</p>		<p>hand washing. The Executive Director will also conduct weekly random walking rounds of the community for a period of six months to ensure sustained compliance with the above referenced regulation. Findings will be reviewed through the Bliss Place QA process after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>C) The community will ensure ice is served from a container with a lid while serving in the dining room. Staff were also provided re-education as to this procedural change in order to remain in compliance with Indiana state regulation R 273 410 IAC 16.2-5-5.1 (f).</p> <p>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?</p> <p>The ED and/or Designee will perform random weekly audits of the kitchen and of the meal service to ensure continued</p>				

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	<p>no date. The manual indicated, "...Section 1: Specification Information: Operation Capacities...Temperatures: Wash-F (Minimum) 150, Rinse-F (Minimum) 180..."</p> <p>Review on 5/5/14 at 9:00 a.m., of the "Food Manual Retail 410 1AC-7-24-284" indicated, "...Hot Water Machine Type...Wash Temperature of Machine...150 degrees Fahrenheit...Rinse Temperature of Machine...180 degrees Fahrenheit..."</p> <p>B). On 5/1/14 at 10:25 a.m., indicated the DM was putting dirty dishes in a dishwasher tub to be ran through the dishwasher. After the DM had ran several tubs through the dishwasher, she put a tub of clean glasses on a cart. No handwashing was observed. The DM went to putting dirty dishes on a tub when she heard someone knocking on the door. She left the dishwasher, went to the back door, and opened the door. No handwashing was observed. After speaking with the person at the back door, she came to the sink and washed her hands. The DM turned on the water, applied soap, and washed her hands for 5 seconds. She turned the water off with her hand and then grabbed a paper towel to dry her hands off.</p>		<p>compliance for a period of six months. Findings will be reviewed through the Bliss Place QA process to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>By what date will the systemic changes be completed?</p> <p>6/3/2014</p>				

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	<p>Observation on 5/1/14 at 11:30 a.m., indicated the DM took the lid of the trash off and threw trash away. She then put her left hand in the sink and threw away more debris and put the lid back on the trash. She walked over to the food preparation counter, put on oven mitts and got food out of the oven. No handwashing was observed.</p> <p>Observation on 5/1/14 at 11:38 a.m., indicated the Activities Director came into the kitchen and put on gloves. No handwashing was observed. She then started pouring milk in a pitcher. When she was done with pouring the milk, she went over to the trash can, removed the lid, and threw away the milk carton. She then put the milk pitcher on a cart. She did not remove her gloves. No handwashing was observed.</p> <p>On 5/1/14 at 1:52 p.m., the Administrator provided "Infection Control" policy, dated 6/2008 and indicated the policy was current. The policy indicated, "...Handwashing: a. Good hand washing and wearing gloves are the best barriers to prevent the spread of germs from one resident to another, and to protect staff from germs. b. Staff should always thoroughly wash their hands in the following situations:...After removing gloves...Before handling items in the</p>			

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	<p>food preparation and handling area...General procedure for proper hand washing...completely wet your hands. Apply soap. Work up a good lather. Spread it over the entire area of your hands and wrists. Get soap under your nails and between your fingers. Use "friction" as you work the soap onto your hands...rub vigorously. Rub one hand against the other hand...turn off the faucet with the paper towels. Never touch the faucet with your hands after washing, as the faucet is considered dirty..."</p> <p>Review of Center for Disease Control and Prevention's Handwashing Guidelines, dated 12/11/13, retrieved May 9, 2014, from Center Disease Control and Prevention at http://www.cdc.gov/handwashing/when-how-handwashing.html. Review of "Handwashing: Clean Hands Saves Lives" indicated, "...Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them."</p>			

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R000414	<p>C). On 5/1/2014 at 12:00 p.m., an observation of the Activity Director passing ice in the main dining room indicated she was passing ice to the residents from an open container with the scoop inside the ice container. During ice pass in the dining room the ice remained open and the scoop was placed back in the container after each resident was served in the dining room. At that time, she wore the same pair of gloves during the passing of ice no handwashing or hand sanitizing observed.</p> <p>On 5/2/2014 at 11:00 a.m., an interview with the Executive Director indicated there was no policy related to passing ice.</p>			
	410 IAC 16.2-5-12(k)			

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	<p>Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, interview, and record review, the facility failed to ensure proper handwashing was followed during medication administration and glove use when administering eye drops as indicated by the facility policy. This had the potential to affect 8 of 8 observed residents for medication administration. (Resident #E, Resident #F, Resident #G, Resident #H, Resident #I, Resident #J, Resident #K, Resident #M) (LPN #1) .</p> <p>Findings include:</p> <p>On 5/1/14 at 11:45 a.m., LPN #1 was observed to enter Resident #F's room to administer eye drops. No handwashing was observed. LPN #1 walked over to Resident #F and placed the eye drops into both eyes. No glove use was observed. LPN #1 exited the room was observed to use hand sanitizer at that time.</p> <p>LPN #1 was observed to push the medication cart to Resident #G's room. The resident was not available. LPN #1 pushed the cart to Resident #H's room. No handwashing nor sanitizer use was observed. LPN #1 was observed to put on gloves and enter Resident #H's</p>	R000414	<p>Citation #3</p> <p>R 414</p> <p>410 IAC 16.2-5-12 (k)</p> <p>Infection Control-Deficiency</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</p> <p>No residents were found to be affected.</p> <p>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?</p> <p>The Infection Control Policy and Procedures were reviewed by the Community Service Manager and Executive Director. The following corrective action has been taken by the community: An infection control In-service was completed by the Community Service</p>	05/30/2014

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	<p>bedroom, handed resident the medication cup, (and exited) the room. No handwashing was observed.</p> <p>LPN #1 was observed to assist Resident #N in her wheelchair by pushing her down the hall. LPN #1 returned to the medication cart and pushed it to Resident # I's room and administered medication. LPN #1 was observed to handwash for 3 seconds. When asked when should she handwash, LPN #1 indicated " I believe policy says after every 3rd patient." When should you wear gloves? "When playing around the mouth or isolation. "When asked should you wear gloves when administering eye drops? " Well, I have worn gloves, I guess it wouldn't hurt." When asked how long should you handwash? " I know they told us to handwash while singing happy birthday, happy birthday, happy birthday, maybe 30 seconds." When asked if she had handwashed for 30 seconds, LPN #1 indicated, "Probably didn't." When asked if she put on gloves when administering eye drops to Resident #F, "No, I didn't."</p> <p>On 5/1/14 at 12:50 p.m., LPN #1 was observed to push the medication cart to Resident #G's room, entered the room, handed him his medication, and exited the room. No handwashing nor hand sanitizer was observed being used.</p>		<p>Manager regarding our Hand-Washing policy and procedure with the staff regarding food handling, medication administration, and when providing care.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>The Community Service Manager will be responsible to ensure sustained compliance by staff when performing hand washing in accordance with our policy and procedures.</p> <p>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?</p> <p>The Community Service Manager and/or Designee will perform random weekly audits of medication passes to ensure continued compliance with the above referenced regulation for a period of six months. The random weekly audits of the medication passes will be monitored on</p>				

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	<p>LPN #1 pushed the medication cart to Resident #I's bathroom and while resident was on the toilet, handed him his medication, and exited the room. No handwashing nor sanitizer use was observed. LPN #1 pushed the medication cart to the storage room.</p> <p>On 5/1/14 at 1:30 p.m., LPN #1 was observed to enter Resident #J's room and administer medication while he was in a recliner, exited the room, walked over to the medication cart, signed out the medication in the narcotics book, and opened the drawer of the cart. She then pulled out pills for Resident #K, pushed the cart down the hall, and entered Resident #K's room. No handwashing nor sanitizing was observed. LPN #1 handed Resident #K the medication, exited the room, walked over to the medication cart, and removed medications for Resident #E and Resident #M. LPN #1 was observed to touch Resident #M's pills with her bare hands and place in the pill cup. When asked if she should touch medications with her bare hands, LPN #1 indicated, " Well, no. I tried not to. Did I do that? See how things happen."</p> <p>LPN #1 was observed to enter Resident #E and Resident #M's room, and handed</p>		<p>dayshift and evening shift. The facility has does not have a medication pass on night shift. Findings will be reviewed through the Bliss Place QA process after six months to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>By what date will the systemic changes be completed?</p> <p>5/30/2014</p>	

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 05/02/2014
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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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	<p>Resident #E his nasal spray and Resident #M her oral medication. No handwashing nor sanitizing was observed. LPN #1 was observed to exit the room, place the nasal(spray) in a box inside the cart, and pushed the cart to the storage room to get medication for Resident #H. LPN #1 was observed to stop by Resident #F's room and administer medication. No handwashing nor sanitizing was observed.</p> <p>On 5/1/14 at 1:52 p.m., the Administrator provided "INFECTION CONTROL" policy dated 6/2008, and indicated, the policy was the one currently used by the facility. The policy indicated, "...d. Handwashing is a procedure involving the use of soap, water, and friction between the hands, which cleans one's hand so as not to spread germs from hands to other persons (direct contact) or objects (indirect contact), ... f. Other potentially infectious materials ... nasal secretions, ... tears, ... all of which may contain blood., g. Personal protective equipment ... is specialized clothing or equipment (...gloves...) worn for protection against a hazard., ... STANDARD AND ADDITIONAL PRECAUTIONS a. Standard precautions are based upon three assumptions: Each resident is considered potentially infectious., b. Standard precautions</p>			

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	<p>include: All staff must follow guidelines for good hand washing; use gloves ... Hands MUST also be washed immediately after removing gloves, ... 3. HANDWASHING a. Good hand washing and wearing gloves are the best barriers to prevent the spread of germs from one resident to another, and to protect staff from germs. b. Staff should always thoroughly wash their hands in the following situations. ... After any possible contact with ...body fluid, even if wearing gloves; After removing gloves;... Before and after the handling of any medications, ... Clean for at least 10 seconds (using "friction")., ...Staff members who provide personal care must also carry an antiseptic hand sanitizer with them. A hand sanitizer is not to be used in place of proper hand washing; ...When a hand sanitizer is used, hands must be washed with soap and water as soon as feasible, ..."</p> <p>On 5/9/14 review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated "...</p> <ul style="list-style-type: none"> Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. 			

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	<ul style="list-style-type: none"> · Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. · Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. · Rinse your hands well under clean, running water. · Dry your hands using a clean towel or air dry them" 						