

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 01/05/2016
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NAME OF PROVIDER OR SUPPLIER BICKFORD OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 5829 EAST 116TH STREET CARMEL, IN 46033
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 4 and 5, 2016</p> <p>Facility number: 013217 Provider number: 013217 AIM number: N/A</p> <p>Residential: 47</p> <p>Sample: 7</p> <p>These state findings were cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on January 7, 2016.</p>	R 0000		
R 0273 Bldg. 00	<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</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>standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in a sanitary manner and left over food was labeled, dated, and securely covered. This deficient practice had the potential to affect 47 of 47 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>During an initial kitchen tour on 01/04/2016 at 10:15 a.m., the following was observed:</p> <p>a. The bottom of 2 of 2 reach in refrigerators and 2 of 2 reach in freezers contained food debris.</p> <p>b. Two round ceiling vents, located on both sides of the prep table, had gray debris on the surface of each vent and on the surrounding ceiling.</p> <p>c. The bottom of the convection oven and the conventional oven contained burnt black debris</p> <p>d. Two boxes in the dry storage area, labeled "Hot Wheat Cereal," were opened and unsealed. The date written on the box indicated 12/10/2014.</p> <p>e. A box in the dry storage area, labeled "yellow cake mix," was opened and not resealed. A date written on the box indicated 12/22 with no year.</p> <p>f. A bag of vanilla wafers in the dry</p>	R 0273	<p>In response to R 273 --- No residents were harmed by this deficient practice although potential for harm did exist. Kitchen Manager to clean all food storage areas and dispose of any food that is outdated, unsealed or compromised in any way by 1/15/16. Kitchen to be thoroughly cleaned by 1/15/16. Maintenance Coordinator to clean all vents in kitchen areas by 1/15/16. Director to audit food storage areas for compliance with food storage policies and kitchen area for cleanliness on 1/15/16. Director to provide re-education for Kitchen Manager and Maintenance Coordinator on the monthly cleaning schedule for the kitchen, to include stove cleaning and vent cleaning schedules. Education to include review of the Diet Manual cleaning procedures. Education to be completed by 1/15/16. Director to inspect food storage areas and kitchen weekly for four weeks, then monthly for three months to ensure compliance with all storage and sanitation policies. Inspections to continue through May of 2016. Non-compliance to result in continued education and counseling. Divisional Director to review kitchen and food storage areas for compliance on random site visits and yearly with quality audit (Core Checks). Date of completion 1/15/16 and ongoing.</p>	01/15/2016			

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	<p>storage area was opened and resealed in plastic wrap, but not labeled to identify the item or dated as to when the item was opened.</p> <p>During an interview on 01/04/16 at 10:30 a.m., the Kitchen Manager indicated he had been the only person working in the kitchen for a while and he was behind on the cleaning. He also indicated he believed the dates on the open items were the dates they were received and items should be resealed after they were opened.</p> <p>During an interview on 01/05/16 at 11:00 a.m., the Maintenance Coordinator indicated the vents were supposed to be cleaned monthly, but this activity was not completed during the month of December 2015.</p> <p>During an interview on 01/05/16 at 12:45 p.m., the Director indicated night shift cleaned the kitchen, but they did not have access to the inside of the refrigerators and freezers. She also indicated the cleaning of the stove and vents was scheduled monthly and the facility did not have a daily cleaning schedule for the kitchen.</p> <p>A kitchen monthly rotational cleaning schedule indicated "Clean ovens inside</p>			

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	<p>and out...Have maintenance clean ceiling vents...." The form indicated these items should have been completed during week three of the month.</p> <p>A current policy titled "Reach-In Refrigerator - Cleaning," dated March 2014, provided by the Director on 01/05/16 at 12:45 p.m., indicated "...Daily: 1. Immediately wipe up all spills thoroughly...."</p> <p>A current policy titled "Reach-In Freezer - Cleaning," dated March 2014, provided by the Director on 01/05/16 at 12:45 p.m., indicated "...Daily: 1. Immediately wipe up all spills thoroughly...."</p> <p>An undated policy titled "Food Storage - Labeling and Dating," provided by the Director on 01/04/16 at 12:01 p.m., indicated "...All cooked foods, pre-packaged open containers...are labeled, dated and securely covered...All dates are to be written on the container and represent the date it was opened or prepared...."</p> <p>During an interview on 01/04/16 at 12:01 p.m., the Director indicated the food storage policy was current and had been in effect since the facility opened. She also indicated the facility followed retail food management guidelines.</p>			

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R 0414 Bldg. 00	<p>410 IAC 16.2-5-12(k) 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.</p> <p>Based on observation, interview and record review, the facility failed to ensure licensed nursing staff performed handwashing or sanitization after direct resident contact for 2 of 5 resident observations during 2 of 4 medication administration passes. (Residents #2 and #33, LPN # 1)</p> <p>Findings include:</p> <p>During the Medication Pass Observation on 1/4/16 at 10:29 a.m., LPN #1 gathered the Resident #2's medication cards, her eye drops and the computer she used to determine, which medications which due at that time. She went down to the resident's room. She knocked on the door and went into the resident's apartment. LPN #1 sat the computer on the resident's bed. She prepared two of the resident's oral medications, then she administered Atropine Sulfate ophthalmic (an eye medication) into her left eye without washing or sanitizing her hands. She continued to prepare the</p>			R 0414	<p>In response to R 414 --- No residents were harmed by this deficient practice although potential for harm did exist.</p> <p>RNC to provide re-education for all LPNS and QMAs on proper medication administration protocol, to include hand washing, sanitation and infection control practices by 1/15/16.</p> <p>RNC to complete delegation process with all LPNS and QMAS for medication administration, eye drop administration, and other medication administration techniques to be completed by 1/15/16.</p> <p>RNC to complete one Quality Check – Medications with each LPN and QMA and review results with that staff member by 1/31/16.</p> <p>RNC to complete random Quality Check – Medications monthly for next three months and send results to Divisional Director monthly.</p>		01/31/2016

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	<p>residents oral medication, then she administered Prednisolone ophthalmic solution (a steroidal eye medication) into the residents left eye without washing or sanitizing her hands. She continued to prepare the residents oral medications. She administered Combigan ophthalmic solution (an eye medication) into the resident's left eye without washing or sanitizing her hands. She finished preparing the resident's oral medications and administered the medications to Resident #2. She administered Dorzolamidesol 2% ophthalmic solution (an eye medication) into the resident's left eye without washing or sanitizing her hands. She picked up all her supplies including the computer, then she went back to the nurses station and put her supplies up. She had completed her medication pass at that time and she did not wash her hands.</p> <p>During the Medication Pass Observation on 1/4/16 at 1:15 p.m., LPN #1 washed her hands, then prepared Resident #33's oral medication. She administered Systane Solution (an eye medication) to his bilateral eyes, then she put away the eye drop bottle in the medication cart. She left the medication room and went to the kitchen to get a glass. When she returned she placed the resident's Ensure (a supplement) into the glass without</p>		<p>Divisional Director to review Quality Check – Medications with RNC on random site visits and audit medication administration yearly with quality audit (Core Check).</p> <p>Date of completion 1/31/16 and ongoing.</p>	

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	<p>washing or sanitizing her hands.</p> <p>During an interview on 1/4/16 at 1:25 p.m., LPN #1 indicated she should have washed or sanitized her hands prior to and after her med pass and during the eye drop administration with Resident #2 and she should have washed or sanitized her hands after her medication administration after Resident #33. She indicated she should have worn gloves when she administered the eye drops to the residents.</p> <p>A current policy titled "Handwashing" dated 4/2014, provided by the Director on 1/5/16 at 10:30 a.m., indicated "... Procedure: Bickford Family Members shall wash their hands: 1)... When providing direct care that may include but is not limited to... vi. any such hands-on task. c) Before and after performing treatments or procedures... f) After situations during which the spread of infection is likely to occur, especially those involving contact with mucous membranes, blood or body fluids, secretions or excretions, whether from self or residents...."</p> <p>A current policy titled "Eye Drop Administration" dated 12/27/2000, provided by the Director on 1/5/16 at 10:30 a.m., indicated "...Procedure: 3.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	Wash hands. Use gloves...."				