

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 02/25/2015
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NAME OF PROVIDER OR SUPPLIER  CLARE BRIDGE OF CARMEL LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 301 EXECUTIVE DR CARMEL, IN 46032
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R 000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: February 25, 2015</p> <p>Facility number: 010416 Provider number: 010416 AIM number: N/A</p> <p>Survey Team: Gloria Bond, RN, Team Coordinator Michelle Hosteter, RN Sandra Nolder, RN</p> <p>Census bed type: Residential: 48 Total: 48</p> <p>Census payor type: Other: 48 Total: 48</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by Tammy Alley RN on March 4, 2015.</p>	R 000	<p>The following is the Plan of Correction for Clare Bridge of Carmel in regards to the Statement of Deficiencies for the State Residential Licensure Survey completed on February 25, 2015. This Plan of Correction is not be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</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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R 117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interview the facility failed to ensure there was a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. This deficient practice had the potential to affect 48 of 48 residents currently living in the facility.</p>	R 117	<p>R-0117 Personnel - Deficiency What corrective Action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? The community conducted a CPR/First Aide Certification Training on Thursday, March 12, 2015 for community associates. The community will ensure that</p>	03/16/2015

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	<p>Findings include:</p> <p>Record review of employee records was completed on 2/25/15 at 4:15 p.m. The employee CPR and First Aid certifications were reviewed.</p> <p>The record for the Nursing and CNA (Certified Nursing Assistant) schedule as worked for the past month was provided by the BOM (Business Office Manager).</p> <p>The Record indicated:</p> <p>On 2/4/15, for the night shift, no staff had current CPR and First Aid certification. On 2/7/15, for the night shift, no staff had current CPR and First Aid certification. On 2/8/15, for the night shift, no staff had current CPR and First Aid certification. On 2/11/15, for the night shift, no staff had current CPR and First Aid certification. On 2/12/15, for the night shift, no staff had current CPR and First Aid certification. On 2/18/15, for the night shift, no staff had current CPR and First Aid certification. On 2/19/15, for the night shift, no staff had current CPR and First Aid certification. On 2/21/15, for the night shift, no staff had current CPR and First Aid</p>		<p>there will be a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. The community Health and Wellness Director/Nurse Designee will draft the community nursing schedule ensuring that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. The nursing schedule will indicate which staff member is CPR (cardiopulmonary resuscitation) and first aid certified. The community Health and Wellness Director/Nurse Designee will review the nursing schedule daily at the community clinical meeting daily x 1 month to ensure that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents will have the potential to be affected. The community Health and Wellness Director/Nurse Designee will draft the community nursing schedule ensuring that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the</p>		

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	<p>certification.</p> <p>On 2/22/15, for the night shift, no staff had current CPR and First Aid certification.</p> <p>On 2/25/15, for the night shift, no staff had current CPR and First Aid certification.</p> <p>On 2/26/15, for the night shift, no staff had current CPR and First Aid certification.</p> <p>During an interview on 2/15/2015 at 4:30 p.m., the HWD (Health and Wellness Director) indicated the current CPR and First Aid certifications with staff was something that needed re-checked.</p>		<p>facility available for residents at all times. The nursing schedule will indicate which staff member is CPR (cardiopulmonary resuscitation) and first aid certified. The Executive Director/Designee will review the community nursing schedule to ensure that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. What measures will be put into place or what systematic changes will the facility make to ensure the alleged deficient practice does not recur? The community Health and Wellness Director/Nurse Designee will draft the community nursing schedule ensuring that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. The nursing schedule will indicate which staff member is CPR (cardiopulmonary resuscitation) and first aide certified. The Executive Director/Designee will review the community nursing schedule to ensure that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. The community Health and Wellness Director/Nurse Designee will</p>		

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			review the nursing schedule daily at the community clinical meeting daily x 1 month to ensure that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? The community Health and Wellness Director/Nurse Designee will draft the community nursing schedule ensuring that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. The nursing schedule will indicate which staff member is CPR (cardiopulmonary resuscitation) and first aid certified. The Executive Director/Designee will review the community nursing schedule to ensure that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times. The community Health and Wellness Director/Nurse Designee will review the nursing schedule daily at the community clinical meeting daily x 1 month to ensure that the community is staffed with a CPR (cardiopulmonary resuscitation) and first aid certified staff member in the facility available for residents at all times.	

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R 154  Bldg. 00	<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 keep the kitchen area in a sanitary condition. In addition, the facility failed to maintain the dishwasher to sanitize at correct temperatures. This deficient practice had the potential to affect 48 of 48 residents who were served food and drinks from the kitchen.</p> <p>Findings include:</p> <p>On 2/25/15 at 10:45 a.m., an initial kitchen tour was conducted with the Dining Services Manager (DSM). The dishwasher was ran and the digital display was changing numbers and flashing at times, making it difficult to know what the actual temperature was. The DSM indicated they were waiting to get a new machine, but he didn't know how long it would be. He indicated he wasn't sure how long it had been acting up. The DSM indicated he thought the temperature for the wash cycle was 156 degrees Fahrenheit (F) and the rinse cycle was 177-178 degrees F. He indicated at that time, the wash cycle needed to be</p>	R 154	<p>R-0154 Sanitation and Safety Standards - Deficiency <b>What corrective Action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</b> The community removed the dishwasher and replaced it with a new dishwasher. The Dining Services Coordinator and dining services associates have been trained to operate the new dish machine. The Dining Services Coordinator and dining services associates have been trained regarding the required sanitation temperatures for the new dish machine. The five kitchen ceiling tiles that had dark spotted debris splattered across them have been replaced with ceiling tiles that are free of any debris. <b>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> The Dining Services Coordinator/Designee will record the dishwasher sanitation temperatures for all three shifts daily x 1 month to ensure that the dishwasher sanitation</p>	03/09/2015			

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	<p>150 and the rinse cycle 170 degrees F.</p> <p>An observation was made at that time of 5 ceiling tiles which had dark spotted debris splattered across them. These tiles were directly above the drying rack area for clean dishes. The DSM indicated he understood maintenance was going to replace them sometime, but didn't know when.</p> <p>On 2/25/15 at 11:05 a.m., the DSM provided the temperature logs from the dates of 2/24/15 and 2/25/15. The log dated 2/24/15 indicated a wash temperature at lunch time of 148 degrees F. The log for 2/25/15 indicated the rinse cycle at breakfast was 179 degrees and at lunch, it was 178 degrees F.</p> <p>On 2/25/15 at 11:45 a.m., the Executive Director indicated she had pointed out the dirty tiles before and indicated the facility was to be getting new tiles.</p> <p>The "Retail Food Establishment Sanitation Requirements" dated 11/13/14 indicated, "...Warewashing machine; hot water sanitization temperatures...(1) for a stationary rack, single temperature machine, one hundred sixty five degrees. (2) for all other machines, one hundred eighty (180) degrees...."</p>		<p>temperatures are at the correct temperatures. The Executive Director/Designee will review the temperature recordings to ensure that the dishwasher sanitation temperatures are at the correct temperatures fo all three shift daily x 1 month. The five kitchen ceiling tiles that had dark spotted debris splattered across them have been replaced with ceiling tiles that are free of any debris.</p> <p><b>What measures will be put into place or what systematic changes will the facility make to ensure the alleged deficient practice does not recur?</b> The Dining Services Coordinator/Designee will record the dishwasher sanitation temperatures for all three shifts daily x 1 month to ensure that the dishwasher sanitation temperatures are at the correct temperatures. The Executive Director/Designee will review the temperature recordings to ensure that the dishwasher sanitation temperatures are at the correct temperatures fro all three shift daily x 1 month. The five kitchen ceiling tiles that had dark spotted debris splattered across them have been replaced with ceiling tiles that are free of any debris. Any ceiling tiles that have any form of debris will be replaced to meet sanitation requirements in the kitchen. <b>How will the corrective action(s) be monitored to ensure the deficient practice will not</b></p>				

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			<p><b>recur?</b> The Dining Services Coordinator/Designee will record the dishwasher sanitation temperatures for all three shifts daily x 1 month to ensure that the dishwasher sanitation temperatures are at the correct temperatures. The Executive Director/Designee will review the temperature recordings to ensure that the dishwasher sanitation temperatures are at the correct temperatures for all three shift daily x 1 month. The five kitchen ceiling tiles that had dark spotted debris splattered across them have been replaced with ceiling tiles that are free of any debris. Any ceiling tiles that have any form of debris will be replaced to meet sanitation requirements in the kitchen. r</p>		