

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 12/11/2014
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NAME OF PROVIDER OR SUPPLIER CHARLES FORD MEMORIAL HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 920 S MAIN ST NEW HARMONY, IN 47631
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 10 &amp; 11, 2014</p> <p>Facility number: 001123 Provider number: 001123 AIM number: N/A</p> <p>Survey team: Anna Villain, RN-TC Barbara Fowler, RN Diane Hancock, RN Denise Schwandner, RN</p> <p>Census bed type: Residential: 21 Total: 21</p> <p>Census Payor type: Other: 21 Total: 21</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 15, 2014, by Jodi Meyer, RN</p>	R000000	<i>Please accept this credible allegation of compliance.</i>	
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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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R000156	<p>410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards - Deficiency (m) The facility's food supplies shall meet the standards of 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that staff had knowledge of testing methods for sanitization of dishwasher chemicals in 2 of 3 observations.</p> <p>Findings include:</p> <p>During the initial observation of the kitchen with the dietary manager on 12/10/14 at 9:20 a.m. the following were observed.</p> <p>During the dishwasher chemical check performed by the dietary manager on 12/10/14 at 9:30 a.m., it was found that the chemicals were below the appropriate range, according to the chemical strip that was used.</p> <p>The following day on 12/11/14 at 10:00 a.m., the dishwasher chemicals were rechecked by the dietary manager and continued to be out of the appropriate range.</p> <p>At 10:15 a.m. the dietary manager indicated that he had called the dishwasher service and that the facility</p>	R000156	<p><b>1) R156 Sanitation and Safety</b> <i>All staff will receive additional inservice training on the appropriate technique for dishwashersanitation chemical check. Documentationof routine dishwasher sanitation chemical checks will be maintained on therevised dish machine log. Documentation shall bemonitored by the executive chef/dietary manager and/or designee on an ongoing basis. Said observations shall be communicated via acheck list monitoring tool including the dish machine log, weekly for fourweeks, then monthly for three months and then quarterly for threequarters.. Said tool shall be monitored bythe Home's quality assurance program. This finding will bemonitored by the Home quality assurance program monthly for the first quarter,quarterly for the next three quarters and annually for the following year.</i></p>	01/11/2015
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R000273	<p>had been placed on a high priority list for a service appointment.</p> <p>At 10:30 a.m. an interview with the Administrator indicated that the chemical strips that had been used to check the dishwasher chemicals were not the correct strips and that the chemicals had been rechecked with the appropriate strips. The chemicals were found to be within normal limits.</p> <p>Observation at 10:45 a.m. indicated that the chemicals were within normal limits upon recheck with the appropriate chemical strips.</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 maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, and record review, the facility failed to ensure proper glove use and hand washing during food preparation in 2 of 2 observations.</p> <p>Findings include:</p>	R000273	<p><b>(2) R273 Food and Nutritional Services</b></p> <p><i>The employee cited in this finding was immediately counseled in writing regarding this violation. All staff will receive additional inservicetraining on the Home's</i></p>	01/11/2015

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	<p>On 12/10/14 at 9:20 a.m., the dietary aide was observed slicing cucumbers. Some of the cucumbers rolled off of the preparation area onto the floor. The dietary aide picked the cucumbers up with her gloved hands, placed them in the garbage can, and returned to her work area without glove change or hand washing.</p> <p>On 12/11/14 at 10:00 a.m., the dietary aide was observed preparing salad. She washed her hands and while drying them with a paper towel, the paper towel fell to the floor. She then picked the paper towel up from the floor and continued drying her hands with the paper towel.</p> <p>A policy for personal hygiene dated 2003, was obtained from the administrator on 12/11/14 at 2:56 p.m., included, but was not limited to, "Wash hands before putting on gloves or changing into a new pair" and "Change gloves following any activity and when gloves are damaged or contaminated".</p>		<p><i>policy and procedure related to hand washing and gloveuse. Employees shall be observed by the executive chef/dietary manager and/or designee for compliance with this policy and procedure on an ongoing basis. Said observations shall be communicated via a check list monitoring tool including observation of hand sanitation and gloveusage weekly for four weeks, then monthly for three months and then quarterly for three quarters.. Said tool shall be monitored by the Home's quality assurance program. Employees who fail to comply with said policy and procedure shall be subject to the Home's policy and procedure for progressive discipline. This finding will be monitored by the Home's quality assurance program monthly for the first quarter, quarterly for the next three quarters and annually for the following year.</i></p>				

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R000306	<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:</p> <ol style="list-style-type: none"> <li>(1) The name of the resident.</li> <li>(2) The name and strength of the drug.</li> <li>(3) The prescription number.</li> <li>(4) The reason for disposal.</li> <li>(5) The amount disposed of.</li> <li>(6) The method of disposition.</li> <li>(7) The date of the disposal.</li> <li>(8) The signature of the person conducting the disposal of the drug.</li> <li>(9) The signature of a witness, if any, to the disposal of the drug.</li> </ol> <p>Based on observation, interview and record review, the facility failed to ensure medications that had been opened beyond the manufacturer's recommended date were disposed of, for 1 of 2 residents with insulin. (Resident #4)</p> <p>Finding includes:</p> <p>On 12/10/14 at 11:36 a.m., The Director of Nurses (DON) was observed preparing to administer 6 units of Novolog insulin to Resident #4. The insulin was in a Flex Pen. She dialed the device to 6 units and injected the insulin subcutaneously into the resident's abdomen. The Flex Pen packaging indicated the Flex Pen had been opened on 11/8/14. The Flex Pen</p>	R000306	<p><b>(3) 306 Pharmaceutical Services</b> <i>The nurse cited in this finding and all nurses affected by this finding were counseled in writing regarding this violation. Insulin for all residents was immediately inspected and found to be in compliance. All nurses will receive additional inservice training regarding the Home's policy and procedure for insulin storage and disposal. The Director of Nurses and/or designee will monitor insulin storage and disposal for compliance related to this finding, documentation shall be recorded in the Medication Administration Record. Monitoring for compliance shall be communicated via an audit checklist, which will be completed by the Director of Nurses and/or designee</i></p>	01/11/2015
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	<p>was being stored at room temperature in the medication cart.</p> <p>The DON was interviewed at that time and indicated the insulin was good for 28 days after opening. She also provided a laminated list from their contracted pharmacy of different insulin's and their expiration dates after opening. The Novolog indicated it should be disposed of 28 days after opening. The DON then obtained a new Flex Pen for the resident from the refrigerator and disposed of the expired pen.</p>		<p><i>weekly for four weeks, then monthly for three months and then quarterly for three quarters.</i></p> <p><i>This finding will bemonitored by the Home quality assurance program monthly for the first quarter, quarterly for the next three quarters and annually for the following year.</i></p>				