

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 11/10/2015
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NAME OF PROVIDER OR SUPPLIER BRIDGE AT GARDEN PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 8614 W 10TH ST INDIANAPOLIS, IN 46234
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: November 9 & 10, 2015.</p> <p>Facility number: 005616 Provider Number: 005616 Aim Number: N/A</p> <p>Census bed type: Residential: 73 Total: 73</p> <p>Census by payor type: Other: 73 Total: 73</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 11/13/15 by 29479.</p>	R 0000		
R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse</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>on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on record review and interview, the facility failed to ensure medication was administered as ordered by the physician and oxygen saturation level were monitored for titration of supplemental oxygen for 2 of 5 residents reviewed for health services (Residents #8 and #6).</p> <p>Findings include:</p> <p>1. Resident #8's record was reviewed on 11/10/15 at 10:00 a.m. Resident #8 had a diagnosis which included, but was not limited to, end stage renal disease which required dialysis. The record indicated he left the facility three days a week on Monday, Wednesday, and Friday for dialysis.</p> <p>A physician's order, dated 3/26/15, which indicated Velphoro (medication to control phosphorus levels in people with chronic kidney disease who are receiving dialysis) 500 Milligrams to be administered daily with lunch and dinner.</p> <p>Medication Administration Records, dated October 2015 and November 2015, were reviewed on 11/10/15 at 10:00 a.m. The records indicated Velphoro was not</p>	R 0241	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth, in the statement of deficiencies The Plan of correction is prepared solely as a matter of compliance with federal and state law With respects to the specific resident cited; Resident #8 did not experience a negative outcome. Physician follow up was conducted immediately during the survey for clarification in regards to the medication order Velphoro 500 milligrams. The physician changed the order to accommodate the residents new dialysis schedule As far as how the facility will identify other residents having potential to be affected the Resident Care Director reviewed all residents medication orders for potential noted concern and contacted the physician as deemed necessary for order clarification What measures has been put into place to ensure a systemic change are as follows The Resident Care Director will review every dialysis resident medication orders upon admission and changes during their dialysis treatment plan as well as all new or changed orders</p>	12/04/2015

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	<p>administered at 11:00 a.m. on the following dates: October 2, 5, 7, 9, 12, 14, 16, 19, 21, 23, 26, 29, 30, 2015, & November 2, 4, 6, & 9, 2015.</p> <p>During an interview on 11/10/15 at 11:25 a.m., with the General Manager present, Licensed Practical Nurse (LPN) #3 indicated she did not send Velphoro to the dialysis center for administration.</p> <p>During an interview 11/10/15 at 1:30 p.m., QMA (Qualified Medication Aide) #2 indicated Resident #8 went to dialysis on Monday, Wednesday, and Fridays. She indicated he was not administered Velphoro 500 mg due at 11:00 at lunch on the days he went to dialysis. She indicated the facility did not send Velphoro to the dialysis center for administration and she "assumed" the dialysis provider administered the medication but could not confirm they did.</p> <p>During an interview on 11/10/15 at 1:35 p.m., Resident #8 indicated he did not get the Velphoro on his dialysis days. He indicated he left the facility at 10:00 am and returned around 3-4:00 p.m. He indicated the facility did not send the medication with him nor did the dialysis provider give it to him. Resident #8 indicted he did not eat lunch while at the</p>		<p>daily to verify compliance for all residents. The consulting pharmacist will also audit quarterly for compliance. A training inservice will be provided to all LPN's and QMA's on physician order compliance. The above quality assurance steps will allow continuous monitoring to ensure practices will remain within the scope of the regulations 2 With Respect to the specific resident cited: Resident #6 did not experience a negative outcome, physician follow up was conducted during the survey for order clarification in regards to the oxygen saturation The physician changed the order to accommodate the resident need As to how the facility will identify other residents having potential to be affected The Resident Care Director reviewed all residents on oxygen for oxygen orders to compliance and accuracy To measure systematic change to prevent reoccurrence, oxygen orders specifications will be reviewed monthly with the medication rewrites by the Resident Care Director to verify compliance The Resident Care Director will be responsible for maintaining compliance with all current resident orders and new orders received for admissions or changes in conditions The pharmacist will also audit physicians orders quarterly for compliance</p>	

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R 0273 Bldg. 00	<p>dialysis center and did not receive his Velphoro at the dialysis center or when he returned to the facility after receiving dialysis.</p> <p>2. Resident #6's record was reviewed on 11/10/15 at 9:15 a.m. Resident #6 had a diagnosis which included, but was not limited to, congestive heart failure.</p> <p>A physician's order, dated 2/10/15, indicated an order for oxygen administered at 2 liters via nasal cannula and to titrate to keep oxygen saturation above 89%. The record lacked indication Resident #6's oxygen saturation had been monitored to ensure it remained above 89%.</p> <p>During an interview on 11/10/15 at 11:25 a.m., with the General Manager present, Licensed Practical Nurse (LPN) #3 indicated Resident #6's oxygen saturation had never been monitored.</p> <p>During an interview on 11/10/15 at 2:30 p.m., the General Manger indicated the facility did not have a policy for following physician's orders.</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>						

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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>Based on observation, interview, and record review, the facility failed to ensure foods were labeled with open dates and adequate hand sanitation of staff for 2 of 2 kitchen observations. This deficient practice had the potential to affect 73 of 73 residents who received food from the kitchen.</p> <p>Finding includes:</p> <p>During an initial kitchen tour with the Dietary Manager (DM) on 11/9/15 from 10:30 a.m. - 10:45 a.m., four plastic containers of opened salad dressing stored in the walk in refrigerator lacked opened or use by dates.</p> <p>During a kitchen observation on 11/9/15 from 11:15 a.m., to 11:25 a.m., Dietary Aide (DA) #1 was observed wearing gloves while plating food to be served to residents. She touched multiple food items and surfaces without changing her gloves. DA #1 reached into a bag of bread and removed a slice of bread. She touched the prep counter then removed cellophane wrapping from a pan. She reached into the pan and removed bacon. She placed the bacon on the bread and proceeded to use her gloved hand to pick</p>	R 0273	<p>With Respect to What Systemic Measures have been put in place to address the Stated Concern: In-service education has been scheduled for the kitchen associates to review food expiration and refrigerator storage compliance policies, procedures and expectations. With Respect to How the Plan of Corrective Measures will be monitored: The Dining Service Director/designee will perform random compliance follow up daily for 30 days and report findings to the General Manager weekly. Random compliance Quality Assurance audits will then be completed and a monthly review will be made by the FSD to the General Manager regarding random round compliance findings and follow up. Findings will be reviewed and follow up during the monthly. With Respects to the specific citation: The three unmarked containers of dressing was removed and discarded immediately</p> <p>With Respect to How the Facility will Identify Residents with the Potential for the Identified Concern and Take Corrective Action: A review of the Product Rotation & Refrigerator Storage policy was completed by the Dining Service Director & Executive Chef. The Dining Service Director/designee will conduct daily random monitoring</p>	12/03/2015

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	<p>up a piece of cheese. With her gloved hand she placed the cheese on top of the bacon then reached into the bag of bread and removed another piece of bread. She placed the slice of bread on top of the bacon and cheese. She then used her gloved hand to open a drawer and removed a knife which she used to cut the sandwich. She placed the sandwich on a plate then she picked up a menu card and placed the plate and menu card on the serving shelf. With her gloved hand DA #1 reached into a bag of buns and removed a bun, with her gloved hand touched a handle to open and shut a drawer. She proceeded to use her gloved hand opened another drawer, reached in the drawer, handled several utensils, removed a utensil, then shut the drawer. She then was observed wiping her gloved hand on her soiled apron. She used her gloved hand to touch a handle to open a small refrigerator unit on the serving line, used the utensil to obtain a scoop of cold salad, then with one gloved hand held the bun and with the other placed the cold salad onto the bun. She placed the bun on a plate then proceeded to pick up the meal ticket and place both the meal ticket and the plate on the serving line.</p> <p>During an interview on 11/9/15 at 10:45 a.m., the Dietary Manager indicated opened foods should have been labeled</p>		<p>to review food expiration and storage compliance. The process for ensuring follow up and compliance checks was established.</p> <p>2 In respects to the specific staff compliance with proper glove usage the staff members was instructed immediately to the correct procedure for glove & tong usage during the survey What measures has been put into place to ensure systematic change? The Director of Culinary Services & Executive Chef will complete an inservice training with all culinary staff on the following topics: Proper Glove usage, safe food handling techniques and hand washing will be reviewed This information will be included for new hire orientation to ensure future compliance How the corrective actions will be monitored: The Executive Chef will monitor routinely the food service line to ensure compliance during the meal service times The General Manager will complete quarterly culinary compliance audits to very compliance The Director of Culinary will complete weekly quality assurance audits to verify compliance</p>	

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	<p>with open and use by dates.</p> <p>During an interview on 11/9/15 at 11:25 a.m., DA #1 indicated she was on a "time crunch" and didn't have time to "change gloves every time" she "touched something."</p> <p>During an interview on 11/9/15 at 11:26 a.m., the Dietary Manager indicated tongs were available and should have been used to touch the food.</p> <p>A policy titled "Date Labeling" identified as current by the Residential Care Director (RDC) on 11/10/15 at 1:40 p.m., indicated, "...Ready-to eat time temperature controlled foods that are opened or made in the facility must be date marked if they are going to be held more than 24 hours in the facility. Foods cannot be kept longer than seven (7) days. This applies only to read-to-eat foods and in the facility and ready-to eat-foods from a commercial processor that are opened in the facility... How to determine the date... Marking: Date marking must be made in permanent marker or with an appropriate label make of non-water based ink and clearly placed on the outside of the item."</p>			

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R 0357 Bldg. 00	<p>410 IAC 16.2-5-8.1(j)(1-3) Clinical Records - Noncompliance (j) If a death occurs, information concerning the resident ' s death shall include the following: (1) Notification of the physician, family, responsible person, and legal representative. (2) The disposition of the body, personal possessions, and medications. (3) A complete and accurate notation of the resident ' s condition and most recent vital signs and symptoms preceding death.</p> <p>Based on record review and interview, the facility failed to ensure disposition of medications were documented for 1 of 2 residents reviewed for clinical records (Resident #4).</p> <p>Finding included:</p> <p>Resident #4's record was reviewed on 11/10/15 at 2:00 p.m. The record indicated Resident #4 expired at the facility on 8/27/15. The record indicated the facility handled and administered her medications. The record lacked indication of a record of the disposition of her medications.</p> <p>During an interview on 11/10/15 at 2:45 p.m., the Residential Care Director Licensed Practical Nurse #3 indicated she could not provide documentation which indicated a record of disposition of</p>	R 0357	<p>In Respect to resident #4 cited the medication disposition record was located after completion of survey The record was located in a to be filed file and the information is now located in resident #4 closed medical file How the facility will identify other residents potentially affected: The Resident Care Director audited the last six months of closed resident medical records to verify compliance What measures will be put into place or what systematic change: To prevent future potential non-compliance all medication disposition records will be filed after the Resident Care Director reviews for accuracy As a best practice the LPN and QMA staff members will be provided an inservice training on the policy and procedure for medication disposition and filing To monitor compliance to policy and procedure the Resident Care</p>	12/03/2015

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	Resident #4's medications after she expired. During an interview on 11/10/15 at 2:30 p.m., the General Manger indicated the facility did not have a policy regarding disposition of medications when a resident expired.				Director will review all medication dispositions The policy and procedure for all medication disposition remains in practice regardless of reason for disposition of medication		