

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 02/07/2012	
NAME OF PROVIDER OR SUPPLIER LAFAYETTE BICKFORD COTTAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 3633 REGAL VALLEY DR LAFAYETTE, IN 47901			
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: February 6 & 7, 2012</p> <p>Facility number: 004503 Provider number: 004503 AIM number: N/A</p> <p>Survey team: Linda Campbell, RN</p> <p>Census bed type: Residential: 19 Total: 19</p> <p>Census payor type: Other: 19 Total: 19</p> <p>Sample: 7 Supplemental sample: 3</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/12/12 Cathy Emswiller RN</p>			R0000	State Survey Feb 07, 2012		

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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R0120	<p>(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following:</p> <p>(A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.</p> <p>Based on interview and record review, the facility failed to ensure fire drills were conducted on a monthly basis with the potential to effect 19 of 19 residents in the</p>	R0120	<p>R120 Personnel – Non-compliance</p> <p>The facility failed to ensure fire drills were conducted on a</p>	02/08/2012			

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	<p>facility.</p> <p>Findings include:</p> <p>Review on 2/6/12 at 10:30 A.M. of fire drill documentation provided by the Maintenance Supervisor indicated documentation was lacking to indicate a fire drill had been completed for June, November, December, 2011 and January, 2012.</p> <p>Interview on 2/6/12 at 10:50 A.M. with the Administrator indicated the fire drills had not been done in June, November, December (2011) and January (2012). She indicated fire drills should have been done in those months.</p> <p>Review on 2/6/12 at 11:05 A.M. of a facility policy and procedure dated 7/04, provided by the Director, identified as current, and titled "Life Safety Evacuation Policy" indicated "...The facility will conduct 12 fire drills per year (four times on each shift)...Records will be kept of each fire drill..."</p>		<p>monthly basis.</p> <p>Plan of Correction: No resident was negatively affected by this non-compliance. Upon the surveyor's inspection, an in-service was held with all staff members regarding fire safety. The administrator and director of maintenance implemented a fire drill schedule for the calendar year.</p> <p>Date of compliance: 2-8-12</p>	
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R0246	<p>(6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, the facility failed to ensure QMAs obtained authorization from licensed staff prior to administering PRN (as needed) medications for 4 of 4 residents receiving PRN medications in a sample of 7. (Residents #9, #12, #15, #21).</p> <p>Findings include:</p> <p>1. Resident #9's clinical record was reviewed on 2/6/12 at 12:30 P.M. Medication Administration Records (MAR) dated February 2012 indicated "Lorazepam (an antianxiety medication) Tab (tablet) 1 mg (milligram). Take 1 tablet by mouth sublingually (under the tongue) every six hours as needed for anxiety...Ventolin (a bronchodilator). Inhale two puffs orally every four hours as needed for shortness of breath..." The Lorazepam had been given on 2/5/12 at 6:15 A.M. and the Ventolin had been administered on 2/5/12 at (no time) by QMA #1. Documentation was lacking to</p>	R0246	<p>R246 Health Services – Deficiency</p> <p>The facility failed to ensure QMAs obtained authorization from licensed staff prior to administering PRN medications.</p> <p>Plan of Correction: No resident was negatively affected by this deficiency. Upon surveyor's inspection of clinical records, all QMAs were in-serviced on the authorization process and errors in documentation. The RNC will complete at least a weekly audit to ensure the authorization process is taking place.</p> <p>Date of compliance: 2-8-12</p>	02/08/2012			

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	<p>indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>Nurses' notes dated February 1 -6, 2012 indicated documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>2. Resident #12's clinical record was reviewed on 2/6/12 at 11:10 A.M. MARs dated December 2011, January and February, 2012 indicated "...Acetamin (acetaminophen, a pain medication) 325 mg. Take two tablets (650 mg) by mouth every six hours as needed for pain...Imodium (an antidiarrheal medication) 2 mg ii (two) caps (capsules) PO (by mouth) QID (four times a day) PRN loose stools...Vicodin (a narcotic pain medication) 5/500 i-ii (one or two) po q (every) 4-6 hours..." Further review indicated:</p> <p>December 2011 - the Acetaminophen had been given on 12/26/11 at 1:50 A.M. by QMA #2; the Imodium had been given on 12/5/11 at 10:00 P.M. by QMA #2, on 12/6/11 at 2:00 P.M. by QMA #3, and on 12/7/11 at 9:00 P.M. by QMA #4; the Vicodin had been given on 12/7/11 at 12/17/11 at 2:25 A.M., 5:30 A.M., and 9:00 P.M. by QMA #2.</p>						

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	<p>January 2012 - the Acetaminophen had been given on 1/29/12 at 1:30 A.M. by QMA #2; the Imodium had been given on 1/28/12 at 9:00 P.M. by QMA #2 and on 1/15/12 at 9:00 P.M. by QMA #4; the Vicodin had been given on 1/23/12 at 3:00 A.M. by QMA #4.</p> <p>February 1-6, 2012 - the Imodium had been given on 2/4/12 at (no time) by QMA #1.</p> <p>Documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>Nurses' notes dated December 1, 2011 through February 6, 2012 indicated documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>3. Resident #15's clinical record was reviewed on 2/6/12 at 12:15 P.M. MARs dated January and February, 2012 indicated "...Lorazepam Tab (tablet) 1 mg. Take one tablet by mouth every four hours as needed for anxiety/agitation/restlessness...Tramadol (a pain medication) HCL (hydrochloride) Tab (tablet) 50 mg. Take 1 tablet by</p>						

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	<p>mouth every six hours as needed for pain..." Further review indicated:</p> <p>December, 2011 - the Lorazepam had been given on 12/19/11 at 9:00 A.M. by QMA #1, on 12/8/11 at 1:15 A.M. and 11:00 P.M. by QMA #2, on 12/10/11 at 2:00 P.M. by QMA #3, and on 12/2/11 at 7:00 P.M., 12/14/11 at 12:00 A.M., 12/18/11 at 11:00 P.M., and 12/28/11 at 9:00 P.M. by QMA #4.</p> <p>February 1-6, 2012 - the Tramadol had been given on 2/5/12 at 4:00 P.M. by QMA #1.</p> <p>Documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>Nurses' notes dated January 1, 2012 through February 6, 2012 indicated documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>4. Resident #21's closed clinical record was reviewed on 2/7/12 at 9:45 A.M. MARs dated October, November, and December, 2011 indicated "...Norco (a narcotic pain medication) 5-325 mg. Take 1 tablet by mouth every six hours as</p>						

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	<p>needed for pain...Roxinol (a narcotic pain medication) 10 mg (0.5 ml [milliliter]) po/sl (by mouth/sublingual) q40 (every four hours) prn pain..." Further review indicated:</p> <p>October, 2011 - the Norco had been given on 10/22/11 at 2:00 A.M. by QMA #2 and on 10/2/11 at 12:00 A.M., 10/15/11 at 3:00 A.M., and 10/20/11 at 2:00 A.M. by QMA #4.</p> <p>November, 2011 - the Norco had been given on 11/27/11 at 1:00 A.M. by QMA #2 and on 11/22/11 at 3:00 A.M., 11/24/11 at 3:00 A.M., 11/25/11 at 4:00 P.M., and 11/29/1 at 2:00 A.M. by QMA #4.</p> <p>December, 2011 - the Norco had been given 12/13/11 at 5:00 A.M. by QMA #2 and 12/2/11 at 11:00 P.M. and 12/4/11 at 3:00 A.M. by QMA #4; the Roxinol had been given on 12/18/11 at 2:00 P.M. by QMA #3.</p> <p>Documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>Nurses' notes dated October 1, 2011 through December 19, 2011 indicated documentation was lacking to indicate</p>						

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	<p>authorization by licensed staff had been obtained prior to administration of the medications.</p> <p>Interview on 2/6/12 at 12:45 P.M. with RN #5 indicated the authorization by licensed staff should be documented either on the back of the MAR or in the nurses' notes.</p> <p>Review on 2/7/12 at 9:00 A.M. of a facility policy and procedure dated 2/08, provided by RN #5, identified as current, and titled "Medication Administration Delegation" indicated "...The QMA will document in Care Notes all contacts with the RNC (Registered Nurse Coordinator)... for authorization to administer PRN's..."</p>			
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R0273	<p>(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 record review, observation and interview, the facility failed to ensure food was stored in an appropriate manner related to labeling of open food items in 1 of 1 kitchens with the potential to effect 19 of 19 residents in the facility.</p> <p>Findings include:</p> <p>On 2/6/12 at 8:30 A.M., during a tour of the kitchen, the following was observed:</p> <p>There were two dishes of vanilla ice cream in the freezer which were uncovered and unlabeled with the date or the resident's name.</p> <p>There was one quart of "cookie dough" in the freezer which was open and undated.</p> <p>There was one three-gallon container of ice cream in the freezer which was open and undated.</p> <p>There was one quart container of orange sherbet in the freezer which was open and undated.</p> <p>There was one 1/2-gallon carton of cranberry juice in the refrigerator which</p>	R0273	<p>R273 Food and Nutritional Services – Deficiency</p> <p>The facility failed to ensure food was stored in an appropriate manner related to labeling of open food items.</p> <p>Plan of Correction: No resident was negatively affected by this deficiency. Upon surveyor's inspection, all food items were appropriately stored and labeled. The kitchen staff received in-service on appropriate storage of all food. Director and Kitchen manager will monitor for compliance by all staff members.</p> <p>Date of compliance: 2-7-12</p>	02/07/2012			

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	<p>was open and undated.</p> <p>Interview on 2/6/12 at 8:30 A.M. with Dietary Staff #6 indicated the food items should have been labeled and dated when opened.</p> <p>Review on 2/6/12 at 11:15 A.M. of an undated facility policy and procedure, provided by the Administrator, identified as current, and titled "Pathogen Prevention" indicated "...the label...must include the name of the food and the date by which it should be sold, eaten, or thrown out..."</p>			

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R0326	<p>(a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served. Based on interview and record review, the facility failed to ensure an activities program appropriate to residents interests was provided for 19 of 19 residents in the facility.</p> <p>Findings include:</p> <p>During a confidential resident interview on 2/7/12 at 8:20 A.M., the resident indicated "there's no Activity Director anymore so there aren't any activities. I used to like to go to them."</p> <p>Interview on 2/7/12 at 9:00 A.M. with the Administrator indicated there was no current activity program being provided to the residents. She indicated "the school comes in every two weeks" and the staff provided activities "when they have time." She indicated the Activity Director had left employment at the facility in November, 2011.</p> <p>Review on 2/7/12 at 9:30 A.M. of a facility policy and procedure dated 7/04, provided by the Administrator, identified as current, and titled "Activities Program" indicated "...shall develop and implement an ongoing activities program, including individual and group activities, which</p>	R0326	<p>R326 Activities Program – Deficiency</p> <p>The facility failed to ensure an activities program appropriate to residents' interests was provided.</p> <p>Plan of Correction: No resident was negatively affected by this deficiency. Upon the surveyor's inspection, the Administrator developed a plan of activities and instructed the staff on assisting with activities. An Activity Director was hired on 02-13-12 and a full calendar of activities has been developed and instituted.</p> <p>Date of compliance: 2-13-12</p>	02/13/2012			

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	reflect a resident's preferences, abilities and desires and have meaning and purpose..."			
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R0328	<p>(c) An activities director shall be designated and must be one (1) of the following:</p> <p>(1) A recreation therapist.</p> <p>(2) An occupational therapist or a certified occupational therapy assistant.</p> <p>(3) An individual who has satisfactorily completed or will complete within one (1) year an activities director course approved by the division.</p> <p>Based on interview and record review, the facility failed to ensure there was a qualified Activity Director to provide activities to 19 of 19 residents in the facility.</p> <p>Findings include:</p> <p>During a confidential resident interview on 2/7/12 at 8:20 A.M., the resident indicated "there's no activity director anymore so there aren't any activities. I used to like to go to them."</p> <p>Interview on 2/7/12 at 9:00 A.M. with the Administrator indicated the Activity Director had left employment in November, 2011 and "I am trying to hire another one."</p> <p>Review on 2/7/12 at 9:30 A.M. of a facility policy and procedure dated 7/04, provided by the Administrator, identified as current, and titled "Activities Program" indicated "...shall develop and implement an ongoing activities program, including individual and group activities, which</p>	R0328	<p>R328 Activities Program – Noncompliance</p> <p>The facility failed to ensure there was a qualified Activity Director to provide activities for residents in the facility</p> <p>Plan of Correction: No resident was negatively affected by this noncompliance. An Activity Director was hired on 02-13-12 and a full calendar of activities has been developed and instituted.</p> <p>Date of compliance: 2-13-12</p>	02/13/2012			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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	reflect a resident's preferences, abilities and desires and have meaning and purpose...Responsibilities: Director..."			
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