

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155742	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/30/2012
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NAME OF PROVIDER OR SUPPLIER ST ANDREWS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 23, 24, 25, 26, and 30, 2012</p> <p>Facility number: 004671 Provider number: 155742 AIM number: 200538760</p> <p>Survey team: Diana Sidell RN, TC Cheryl Fielden RN Jill Ross RN Janie Faulkner RN (April 30, 2012)</p> <p>Census bed type: SNF: 17 SNF/NF: 31 Residential: 29 Total: 77</p> <p>Census payor type: Medicare: 13 Medicaid: 19 Other: 45 Total: 77</p> <p>Sample: 12 Residential sample: 7</p> <p>These deficiencies reflect state findings</p>	F0000	<p>Via Fax and Online Submission May 14, 2012 Kim Rhoades, Director Division of Long Term Care Indiana State Department of Health 2 North Meridian St., 4 th Floor, 4B-07 Indianapolis, IN 46204</p> <p>Re: St. Andrews Health Campus Survey Event ID: L23A11 Plan of Correction / Allegation of Substantial Compliance Dear Ms. Rhoades: This letter is to confirm that the enclosed Plan of Correction provided by St. Andrews Health Campus (the "Facility") is intended to serve as our allegation of substantial compliance with federal and state requirements. St. Andrews Health Campus has been in substantial compliance since May 8, 2012 as stated on the Plan of Correction. The Facility is committed to taking all actions necessary to remain in substantial compliance with state and federal regulations. Our intention is to provide optimal care for our residents, enhancing their dignity, meeting their interests, and promoting the highest practicable level of physical, mental, and psychosocial well-being. The facility staff and I would like to thank the representative of your office for their courteous, professional conduct while conducting the initial survey at our facility on April 23, 2012. If there</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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	cited in accordance with 410 IAC 16.2. Quality review 5/03/12 by Suzanne Williams, RN		are any questions with regard this Plan of Correction, please contact me at 812-934-5090. Sincerely, Eileen Heffelmire, Executive Director		

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a comprehensive care plan related to vision for 1 of 11 residents reviewed for care plans in a sample of 12. (Resident #40)</p> <p>Findings include:</p> <p>1. Resident # 40's record was reviewed on 4/24/12 at 8:10 a.m. The record indicated Resident #40 was admitted with diagnoses that included, but were not limited to, atrial fibrillation (heart arrhythmia), weakness, coronary artery</p>	F0279	<p>2791. Resident #40 have been discharged from facility.2.All careplans of residents having visual loss were reviewed by the DHS/ADHS by 5/7/12.3. Inservices were conducted on May 7, 2012 for MDS Coordinator and nurses related to vision care plans by DHS.4. All new admission care plans will be reviewed by the IDTdaily in morning CQI. The DHS/MDS Coordinator will review care plans of residents with visual loss weekly x 4 weeks. These audits will be reviewed by the QA committee to determine need for further audits. Ongoing</p>	05/08/2012	

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	<p>disease, and chronic kidney disease.</p> <p>An admission minimum data set (MDS) assessment, dated 4/3/12, indicated Resident #40 was independent in cognitive skills for daily decision making, his vision was impaired, he sees large print but not regular print in newspapers and books, and wore corrective lenses.</p> <p>The "Care Area Assessment Visual Function Worksheet", dated 4/3/12, indicated "Res (resident) had visual loss & has no issues...Res can't see out of L (left) eye, peripheral vision limited to one side, ensure all items kept in his field of vision...." The area marked "Care Plan Y/N" was marked in the "yes" box. The box "Document reasons(s) care plan will/will not be developed" was left blank.</p> <p>A care plan for activities of daily living self care deficit, with an onset date of 4/11/12, indicated the line for visual impairment was not checked, and had no interventions for impaired visual function.</p> <p>No care plan for vision could be located in the resident's record.</p> <p>On 4/30/12 at 2:55 p.m., the MDS Coordinator indicated Resident #40 didn't have a vision care plan, and she had</p>		<p>monitoring will occur quarterly with MDS assessment.5. Completion date: 5/8/12</p>				

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	<p>completed one.</p> <p>On 4/30/12 at 3:10 p.m., the Medical Records/Scheduling Coordinator indicated they use the RAI manual for their policy for care plan development.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>			

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observations, interview, and record review, the facility failed to ensure food was prepared and served under sanitary conditions, in that all hair was not contained by hairnets worn by employees when in the kitchen and serving food, for 2 of 2 kitchen observations.</p> <p>This had the potential to affect 48 of 48 health care residents and 29 of 29 residential residents.</p> <p>Findings include:</p> <p>During the kitchen observation on 4/23/12 at 10:00 a.m. and 11:30 a.m., the Dietary Manager, 3 cooks and 1 dietary aide were observed preparing food in the kitchen without having all hair covered by hairnets.</p> <p>The Dietary Manager had hair out of the hairnet at her forehead, and the base of her neck. Cook #1 had hair out of the hairnet on both sides of her face and at base of her neck. Cook #2 had hair out in</p>	F0371	<p>3711/2. All residents have to potention to be affected. 3. ALL dietary employees have been inserviced on the importanceof the proper way to wear hair nets by the Director of food services by 5/7/12. with an emphasis on ensuring all hair covered competely while working in the kitchen or dishing up food. 4. Three dieteray staff will be observed daily for the proper wearing of hairnets during breakfast, lunch and dinner for 4 weeks by the Executive Director and Food Service Director. These audits will be reviewed by the QA committee and determine need for further audits. The Director of Food Services and the Assistant Director of Food Services will monitor on going proper use of hair nets 5. Completion Date: May 8, 2012.</p>	05/08/2012

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	<p>front, both sides and base of her neck. Cook #3 also had hair out in front and both sides of her face. Dietary aide #1 was preparing food, had her hair out on both sides of her face. Each employee had their hairnet tucked behind their ears.</p> <p>Interview with the Dietary Manager on 4/26/12 at 3:10 p.m., indicated hair is to be completely covered at all times while in the kitchen.</p> <p>In review of the policy and procedure titled: "Dress Code and Personal Hygiene" (with no revised date)"...2. The organization has strict requirements regarding hair: Employees will wear hairnets that COMPLETELY covers the hair while in the kitchen or dishing up food...There are no authorized substitutes for the required hair covering...."</p> <p>3.1-21(i)(3) 5-5.1(f)</p>			