

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155620	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/22/2015
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NAME OF PROVIDER OR SUPPLIER  ZIONSVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 675 S FORD RD ZIONSVILLE, IN 46077
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit included the Investigation of Complaint IN00162527 and a State Residential Licensure Survey.</p> <p>Complaint IN00162527- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 13, 14, 15, 16, 20, 21, &amp; 22, 2015.</p> <p>Facility number: 000538 Provider number: 155620 AIM number: 100267290</p> <p>Survey Team: Megan Burgess, RN, TC Lora Brettnacher, RN Tracina Moody, RN Kewanna Gordon, RN (1/13, 1/14, 1/15, 1/16 2015)</p> <p>Census bed type: SNF: 16 SNF/NF: 129 Residential: 44 Total: 189</p> <p>Census Payor type:</p>	F000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation</p> <p>The provider respectfully requests that the 2567 plan of correction be considered as the letter of credible allegation and request a <b>desk review</b> on or after, February 21st 2015</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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F000280 SS=D	<p>Medicare: 19 Medicaid: 91 Other: 35 Total: 145</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 1-26-15 by Brenda Marshall, RN.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review, and interview, the facility failed to revise a plan of care to ensure all staff were aware</p>	F000280	The care plan of resident # 26 was updated to reflect use of straws with "sippy" cup at meals.	02/21/2015	

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	<p>of effective adaptive devices needed to ensure adequate hydration for 1 of 1 resident reviewed for hydration (Resident #26).</p> <p>Findings include:</p> <p>During an observation on 1/13/15 from 12:30 p.m. through 1:45 p.m., Resident #26 was observed during the noon meal. The following observations were made:</p> <p>Resident #26 was served lunch which included milk served in a cup without a lid. She was unsuccessful consuming fluids with the cup without a lid. Staff provided her with a lidded cup. She was unable to consume fluids from the lidded cup.</p> <p>During an observation on 1/20/15 at 12:39 p.m. through 1:04 p.m., Resident #26 was observed during the noon meal. The following observations were made:</p> <p>Resident #26's was served chocolate milk in a lidded cup. She was unable to consume fluids from the lidded cup. The UM (Unit Manager) asked the Memory Care Coordinator (MCC) to get Resident #26 a straw. Once the straw was placed in the sippy cup, Resident #26 successfully consumed her chocolate milk.</p>		<p>Resident was not negatively affected by alleged deficient practice. Resident's weight has been stable for past year and recent labs indicated no signs of dehydration.</p> <p>All residents utilizing adaptive devices for fluids have the potential to be effected by this alleged deficient practice. The care plans for all residents utilizing adaptive devices for fluids were reviewed to determine appropriateness and accuracy of interventions in place. Care plans and residents profiles were updated as needed.</p> <p>Care Plan review will be based on the MDS schedule for those residents who have had an Admission, Annual, Significant Change or Quarterly MDS completed at a minimum of every 90 days. Care plan problems, goals and interventions will be updated based on changes in resident assessment/condition, resident preferences or family input. The care plans for all residents utilizing adaptive devices for fluids will be reviewed to determine appropriateness and accuracy of interventions in place. Care plans and residents profiles will be updated as needed.</p> <p>To ensure compliance the Care Plan Updating CQI tool will be completed by the DNS/Designee weekly x 4 weeks, bi-weekly x 2 months, monthly x 3 months, then quarterly thereafter. The result of these audits will be</p>		

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	<p>Resident #26's record was reviewed on 1/16/15 at 10:00 a.m. A Minimum Data Set (MDS) assessment tool, dated 11/14/14, indicated the Brief Interview of Mental Status (BIMS) score could not obtained due to her severe cognitive impairment. The MDS indicated Resident #26 needed extensive assistance from staff for eating.</p> <p>A fluid maintenance/hydration care plan, dated 1/8/15, indicated Resident #26 was at risk for fluid imbalance due to her inability to obtain her own food/fluids, use of 9 plus medications, dementia process, and a history of urinary tract infections. A goal indicated she would be free from signs and symptoms of fluid volume deficit. Interventions to meet this goal included: staff to provide a lidded cup with handles for meals, staff were to encourage fluids, she preferred chocolate milk, and staff were to record intake. The care plan lacked a revision which indicated her inability to drink fluids out of the lidded "sippy" cup without a straw.</p> <p>During an interview on 1/20/15 at 1:04 p.m., the UM was queried regarding Resident #26's adaptive equipment needed for dining. She indicated she used a divided plate and a "sippy cup" but had "difficulty" utilizing the "sippy cup."</p>		<p>reviewed by the CQI committee overseen by the ED. If a threshold of 95% is not achieved, an action plan will be developed to assure compliance.</p>				

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F000312 SS=D	<p>She indicated she was able to drink utilizing a straw. The UM was queried regarding staff's knowledge about the need for a straw to enable her to consume fluids.</p> <p>The UM indicated the need for a straw along with the "sippy" cup was not on Resident #26's plan of care. She further indicated she wasn't sure if all staff knew a straw was needed.</p> <p>A policy titled "...Care Plan Review" identified as current by the Minimum Data Set (MDS) Coordinator on 1/20/15 at 2:45 p.m., indicated, "...It is the policy of this facility that each resident will have a comprehensive care plan developed based on comprehensive assessment. The care plan will include measurable goals and resident specific interventions based on resident needs and references to promote the residents highest level of functioning... Care plan problems, goals and interventions will be updated based on changes in resident assessment/condition...."</p> <p>3.1-35(b)(1)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good</p>			

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	<p>nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary assistance with eating for 1 of 3 residents reviewed for provision of activities of daily living services (Resident #26).</p> <p>Findings include:</p> <p>During a dining observation on 1/13/15 from 12:30 p.m.-1:45 p.m. Resident #26 was observed spilling/dropping beverages and food items. The resident dropped a cup of milk without a lid, spilling the milk on the floor. She attempted to remove the lid from an ice cream cup for 11 minutes before staff approached the table and removed the lid. Resident #26 dropped some ice cream on the table and then dropped the container on the floor. She used her fingers to eat the ice cream that was spilled on the table. Resident #26 was observed multiple times attempting to drink from empty cups and from the wrong side of the lidded cup. She attempted to eat bread with a spoon and dropped the bread on her lap. The resident picked up chicken salad with her fingers but dropped the food onto her shirt when she attempted to eat. Licensed Practical Nurse (LPN) #5 instructed an activity staff to give Resident #26</p>	F000312	<p>The care plan and meal ticket of resident # 26was updated to reflect use of straws with "sippy" cup at each meal. Care planwas also updated to state that encouragement and assistance would be offered asresident allows.</p> <p>All residents requiring assistance with feedinghave the potential to be effected by the alleged deficient practice. Allresidents on the cottage were observed by the MCF/Designee to ensure properassistance and cueing were provided. Care plans were reviewed and updated basedon these observations by DNS/Designee</p> <p>Residents on the cottage will beobserved by the MCF/Designee at each meal to ensure residents are providedassistance as necessary. Appropriate interventions will be put in place andadded to care plan as needed.</p> <p>All nursing staff will bereeducated on proper assistance and feeding techniques by the ClinicalEducation Coordinator or designee by February 20,2015. To ensure compliance the Meal ServiceObservation CQI tool will be completed by the Registered Dietician or Designeeweekly x 4 weeks, bi-weekly x 2 months, monthly x 3 months, then quarterlythereafter. The result of</p>	02/21/2015

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	<p>lemonade in a small plastic cup form the medication cart. The resident drank the liquid, but spilled the lemonade when a second cup was provided. The Unit Manager (UM) gave Resident #26 a small plastic cup of tea and walked away. Resident #26 spilled the tea. The resident ' s clothing and the floor around her chair were wet and covered with food. Resident #26 consumed less than 25 percent of the meal provided. Other than verbal cues from across the room, staff did not assist Resident #26 with eating.</p> <p>During a dining observation on 1/20/15 from 12:39 p.m.-1:04 p.m., Resident #26 was seated at a table with two other residents. Staff was not present at the table. The resident attempted to drink from the wrong side of a plastic lidded cup with a spout. She picked the topping off her pizza and ate a few bites. She reached across the table and attempted to take another resident's ice cream. Staff approached the table and removed the ice cream from the container and gave it back to the other resident. The resident made multiple attempts to remove the lid from a cup containing chocolate milk. The Memory Care Coordinator (MCC) took a seat at the table while Resident #26 attempted to suck chocolate milk from the air hole in the lid. The UM</p>		these audits will be reviewed by the CQI committee overseen by the ED. If a threshold of 95% is not achieved, an action plan will be developed to assure compliance.	

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F000371 SS=E	<p>asked the MCC to get Resident #26 a straw. The straw was placed in the lidded cup and Resident #26 drank 90 percent of the chocolate milk. Resident #26 attempted to drink the remaining milk from the cup, but the straw was not positioned in the liquid. During this observation period, the only dining assistance provided to Resident #26 was verbal cues from the UM.</p> <p>3.1-38(a)(2)(D)</p> <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 observation, interview, and record review, the facility failed to ensure adequate hand sanitation during food distribution and providing feeding assistance during 1 of 3 observations in the main dining room (Resident #13) and during 1 of 3 observations in the health care dining room (Residents #113, #54, #22, #121, #89, #157, #107, and #16).</p> <p>Findings include:</p>	F000371	The staff identified by the surveyors was immediately reeducated on proper hand hygiene. Upon additional observations no further concerns were noted. safe and sanitary conditions are now being provided to residents during meals. There were no signs of negative outcomes to any of the residents noted in the CMS-2567. All residents requiring assistance with feeding have the potential to be effected by the alleged deficient practice. Hand Hygiene Skill Validations will be completed	02/21/2015			

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	<p>1. During a dining observation in the health care dining room on 1/13/15 at 12:40 p.m., Licensed Practical Nurse (LPN) #2 was observed to move Resident #113's broda chair. She handled the chair by its foot rest and its arm rests. She then wiped the resident's face with a cloth and began to feed the resident. She was not observed to perform hand sanitation during this observation.</p> <p>During a dining observation in the main dining room on 1/13/15 at 1:10 p.m., Certified Occupational Therapy Assistant #1 was observed to adjust Resident #13's wheel chair. She handled the chair by both its wheels and arm rest to adjust the resident's position. She then picked up the resident's feeding utensil and stirred the resident's food. She was not observed to perform hand sanitation during this observation.</p> <p>2. During a dining observation in the health care dining room on 1/13/15 at 12:31 p.m., Certified Nursing Assistant (CNA) #3 was observed to pick up a lid off the floor before delivering a food tray to Resident #54. Next, she delivered food trays to Resident #22 and Resident #121. Then, she was observed to sit down at a table with Resident #89. She was observed to do the following: she touched Resident #89's shirt, she placed a</p>		<p>for all staff by the Clinical Education Coordinator no later than February 20, 2015. All staff that has the potential to assist with the feeding of residents will complete and successfully pass the Hand Hygiene Skills Validation upon hire and a minimum of every six months thereafter. The assigned Dining Room Manger will observe to ensure proper hand washing takes place during meals. To ensure compliance the Meal Service Observation CQI tool will be completed by the Registered Dietician or Designee weekly x 4 weeks, bi-weekly x 2 months, monthly x 3 months, then quarterly thereafter. The result of these audits will be reviewed by the CQI committee overseen by the ED. If a threshold of 95% is not achieved, an action plan will be developed to assure compliance.</p>	

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	<p>clothing protector on the resident, picked up the resident's spoon, and then fed the resident. She was not observed to perform hand sanitation during this observation.</p> <p>During a dining observation in the health care dining room on 1/13/15 at 12:40 p.m. until 1:10 p.m., Qualified Medication Aide (QMA) #4 was observed to pick up a napkin from floor, and then fed Resident #157 with a fork. She handled Resident #107's milk carton after it had touched the resident's mouth before she picked up Resident #157's fork and continued to feed Resident #157. She was observed to move to the other side of the same table to wipe Resident #16's face. Then, she returned to feeding Resident #157 with a fork. She was then observed to wipe Resident #157's, Resident #107's, and Resident #16's faces with wet wipes. She was not observed to perform hand sanitation during this observation.</p> <p>During an interview on 1/22/15 at 8:51 a.m., the Director of Nursing (DON) indicated she expected the staff to wash their hands during dining when their hands were visibly soiled or after they had touched residents. She indicated the staff should have washed their hands after they picked up trash from the floor</p>			

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R000000	<p>and after resident contact.</p> <p>The DON provided the current Hand Hygiene Skill Validation, on 1/22/15 at 8:55 a.m., and indicated it was the current facility policy. The skill validation indicated hand hygiene was required at the following times: before resident contact, before an aseptic task, after exposure to body fluids, after contact with residents, and after contact with resident surroundings.</p> <p>3.1-21(i)(2)</p> <p>Zionsville Meadows Assisted Living was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed 1-26-15 by Brenda Marshall, RN.</p>	R000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation</p> <p>The provider respectfully requests that the 2567 plan of correction be considered as the letter of credible allegation and request a <b>desk review</b> on or after, February 21st 2015</p>		