

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 10/30/2014
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R000000	<p>This survey was for a State Residential Licensure Survey.</p> <p>Survey dates: October 29 and 30, 2014.</p> <p>Facility number: 003376 Provider number: 003376 AIM number: N/A</p> <p>Survey team: Jason Mench, RN-TC Shelley Reed RN (October 29, 2014) Angela Selleck RN</p> <p>Census bed type: Residential: 31 Total: 31</p> <p>Census payor type: Other: 31 Total: 31</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by Debora Barth, RN.</p>	R000000		
R000154	410 IAC 16.2-5-1.5(k)			

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>Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. This Residential Rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions. This deficient practice had the potential to impact 31 of 31 residents who were served food from the facility's kitchen.</p> <p>Findings include:</p> <p>Kitchen sanitation tour accompanied by the Dietary Manager on 10/29/14 at 8:45 a.m. indicated the following concerns:</p> <p>a. Two uncovered, undated and unlabeled 4 ounce clear plastic bowls of vanilla ice cream with chocolate syrup were stored on a shelf in the three door stainless steel freezer.</p> <p>The Dietary Manager indicated the staff at night sometimes did not cover the ice cream before it was placed in the freezer.</p> <p>b. An unsealed and undated plastic bag which contained eight frozen country</p>	R000154	<p>R154 Sanitation and Safety Standards (k) -#1.(a) (b) (e) (k) (n) and #3.Kitchenstaff shall be re-educated regarding Sanitation and Safety Standards, asrequired by this regulation, including covering, sealing and labeling foodstored in the freezer and/or the refrigerator. ·Cleaningschedules were revised, and will be maintained in kitchen. ·Potentiallyall residents were identified to be at risk by deficiency. Completiondate: 11/30/2014 IndividualResponsible: Administrator and Chef, or designee on a weekly basis. Results will be reported to Quality SafetyCommittee. The Quality Safety Committeeshall make recommendations based on findings.</p> <p>-#1. (f) (g) (h) (j) (l) (m) Kitchenstaff shall be re-educated to regarding the need to regularly check in therefrigerator / freezer for outdated food, and to discard when indicated by the“use by” date. Completiondate: 11/30/2014 IndividualResponsible:</p>	11/30/2014

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	<p>fried steaks was stored in the three door stainless steel freezer.</p> <p>c. A dried green substance with brown debris was observed on the top and bottom of the middle compartment of the three door stainless steel freezer.</p> <p>The Dietary Manager indicated the green substance appeared to be ice cream.</p> <p>d. Crumbs and debris were observed on the outer door frame of the three door freezer.</p> <p>e. One unsealed, undated and unlabeled clear plastic bag of 14 frozen chicken breasts was located in the three door stainless steel freezer. When the Dietary Manager removed the package of frozen chicken breasts from the freezer, they fell out of the unsealed clear plastic bag.</p> <p>f. A clear two pound plastic bag of "salad mix - valley with carrots", dated 10/7/14, located in a three door stainless steel refrigerator was rotten.</p> <p>g. An unsealed plastic bag which contained six stalks of celery, dated 9/15 (2014), was brown, pale green and yellow in color. The bag was located in a three door stainless steel refrigerator.</p>		<p>Administrator and Chef, or designee. Results will be reported to Quality Safety Committee. The Quality Safety Committee shall make recommendations based on findings.</p> <p>#1. (c) (d) (i) (s) (t) (u) (v) (w) (x) (y) (aa) Residence staff shall regularly clean kitchen areas, including stainless steel doors, inside refrigerators and freezers, behind the ice machine, behind and above the stove, walls, pipes, base board, stove hood, behind kitchen washing sink, backsplash of the ice machine. Staff shall maintain documentation records associated with cleaning schedule to ensure the completion of required cleaning. Completion date: 11/30/2014 Individual Responsible: Administrator and Chef, or designee. Results will be reported to Quality Safety Committee. The Quality Safety Committee shall make recommendations based on findings.</p> <p>#1. (bb) Residence shall ensure that AquaClean (contracted to clean vents, including above the dishwasher), provides documentation showing date/time and extent of cleaning. Documentation shall be</p>				

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	<p>h. An 8 pound plastic container of "Fruit Salad Deluxe", dated 9/16/14, had on the lid a use by date of 9/26/14. The Dietary Manager measured the "Fruit Salad Deluxe" and indicated there were 4 cups left in the container.</p> <p>i. An orange dried substance was located on the bottom shelf of the middle compartment of a three door stainless steel refrigerator. The orange dried substance was sticky to the touch.</p> <p>j. Two 1 quart containers of heavy cream 36% milk fat, with a use by date of 9/29/14, were located in the three door stainless steel refrigerator. There was one unopened container and one opened container. The Dietary Manager measured the opened container of heavy cream and indicated there was 150 milliliters of the 946 milliliters left in the container.</p> <p>k. Three plastic squeeze containers with salad dressing had no lid or covering over the opening of the container. One plastic squeeze container was unlabeled and undated. Two plastic squeeze containers had a white dried and greasy substance on the open lids.</p> <p>l. A 16 ounce container of "sautéed vegetable base" was dated 3/5/13. The</p>		<p>maintained with theKitchen Cleaning Schedule documentation and in the Life Safety Documentation binder. Date of Completion: 11/30/2014 Individual Responsible: Administrator and Maintenance Technician, or designee. Results will be reported to Quality Safety Committee. The Quality Safety Committee shall make recommendations based on findings.</p> <p>-#1. (z) Residence shall contract acompany to repair the freezer, which continues to freeze and leak underneath. Date of Completion: 11/30/2014 Individual Responsible: Administrator and Maintenance Technician, or designee. Results will be reported to Quality Safety Committee. The Quality Safety Committee shall make recommendations based on findings.</p> <p>-#1. (r) #2. (a) (c) (d) (e) (f) Areas in disrepair in the kitchen shall be repaired in a timely manner. Completion date: 11/30/2014 Individual Responsible: Administrator and Chef , or designee. Results will be reported to Quality Safety Committee. The</p>				

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	<p>Dietary Manager indicated the date on the lid was the date opened and it was real old. She indicated there was 1/4 cup left in the container.</p> <p>m. A 16 ounce container of "ham base" was dated 12/3. The Dietary Manager indicated the open date was 12-3-13 and had approximately 1/4 left in the container.</p> <p>n. One clear plastic zip lock bag of hot dogs was located in a three door stainless steel refrigerator. It was unlabeled and undated. The Dietary Manager indicated there were 20 hot dogs in the bag.</p> <p>o. A wooden seam trim, located on the island cabinet, had wood visible and was broken.</p> <p>p. Dust and debris were observed on the vent slots of the stainless steel three door freezer and the two stainless steel three door refrigerators.</p> <p>q. The pipes and walls behind, beside and above the stove and behind the ice/water machine had an accumulation of dust and cobwebs hanging off of the wall and pipes.</p> <p>r. The base board cove beside the stove was loose from the wall. There was dust,</p>		Quality Safety Committee shall make recommendations based on findings.	

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	<p>debris and grime on the cove.</p> <p>s. The two tier stove hood, refrigerators, freezer, microwave and cabinets in the food prep area had an accumulation of dust and grime on top of them.</p> <p>t. The inside of the stove hood had an accumulation of dust and grime which was grey in color on the vents and slates of the hood. The Dietary Manager indicated the hood was cleaned once a week on Saturday.</p> <p>u. The floor located behind the ice/water machine had an accumulation of debris and grime on it.</p> <p>v. One stainless steel ladle, one ounce in size, was located hanging on the side of the stove hood. The ladle had a dried white substance on the handle and inside the spoon. There was a total of three stainless steel ladles and one pair of stainless steel tongs located hanging on the side of the stove hood.</p> <p>w. The wall, located behind the kitchen hand washing sink, had dried food particles and debris.</p> <p>x. Four of the six supply vents in the food prep area had a brownish red accumulation of debris from the inside to</p>			

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	<p>the outside of the vents. The exhaust vent and filter located over the three door stainless steel freezer had an accumulation of grey dust.</p> <p>y. The ice/water machine located in the food prep area had brown dried spots on the stainless steel back splash and around the ice and water spouts. There was a brown debris and lime buildup observed in the drain tray. The top vents of the ice/water machine had an accumulation of grey dust.</p> <p>The Dietary Manager indicated the ice/water machine was to be cleaned daily.</p> <p>z. A stainless steel pan was located on the floor under the three door stainless steel freezer. The pan was filled half full with water. Dust and debris was located on the floor behind the freezer. An accumulation of grey dust was builtup around the electrical outlet on the wall behind the freezer and hanging underneath the freezer frame.</p> <p>The Dietary Manager indicated the pan size was six quarts. She indicated the Assistant Maintenance Technician had worked on the freezer a few times and had contacted someone to work on the unit. She indicated a work order was</p>			

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	<p>completed. The Dietary Manager indicated the hose on the freezer keeps freezing up.</p> <p>aa. A greenish and white color lime buildup and debris was observed on top of the stainless steel dishwasher.</p> <p>bb. The inside of the stainless steel hood, above the dishwasher, had an accumulation of grey dust located around the edges of the hood and was hanging down from the fixtures located at the top of the hood. An open vent located inside the hood at the top had an accumulation of black dust/debris around the circular vent.</p> <p>2. A second kitchen observation tour with the Assistant Maintenance Technician on 10/29/14 at 2:30 p.m., indicated the following:</p> <p>a. There was caulking cracked and peeled away from around the hand washing sink with visible wood observed. The Assistant Maintenance Technician indicated this could potentially harbor bacteria.</p> <p>b. The Assistant Maintenance Technician was observed wiping a supply vent over the food prep area with a wet cloth and was able to easily remove the</p>			

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	<p>brownish red debris, grime and dust from the vent. He indicated he would usually use a broom to clean the vents in the kitchen.</p> <p>c. A loose corner trim was observed on the wall between the dishwashing room and food prep area. The Maintenance Technician measured the loose trim and indicated the trim was 3 feet 4 inches long and approximately 5/8 inch wide with a visible crack between the washable board and the wall with a sink.</p> <p>d. The vinyl flooring around a floor drain located in front of the ice machine was cracked and missing a section of vinyl. The Assistant Maintenance Technician measured the area and indicated from crack to crack on the vinyl flooring it measured 9 inches in a circular dimension. He indicated the missing vinyl around the drain measured 4 and 3/8 inches long by 1 inch and 1/8 inch wide.</p> <p>e. An area was observed on the outer chipboard of a white cabinet next to the ice/water machine. The outer chipboard was pushed outward and had brown chipboard visible. The Assistant Maintenance Technician measured the area and indicated it was 2 inches wide by 2 inches long. He indicated the area</p>			

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	<p>did not go all the way through to the inside of the cabinet.</p> <p>f. The side seam trim located on the island cabinet was partially broken off with wood visible and 2 small paneling nails sticking out from the missing section of trim on the cabinet. The Assistant Maintenance Technician measured the area and indicated the missing section was 17 inches long by 3/4 inches wide.</p> <p>3. A review of the cleaning schedule titled "Repeat: Weekly Cleaning Schedule 2013" provided by the Dietary Manager on 10/29/14 at 10:39 a.m., indicated the following:</p> <p>a. "Sun[day] - ovens, oven doors, burner grates, trays, hood vents, griddle and entire hood.</p> <p>b. Mon[day] - wipe out insides of both fridges [refrigerators].</p> <p>c. Tues[day] - food delivery, put stock away.</p> <p>d. Wed[nesday] - wipe out insides of cabinets.</p> <p>e. Thu[rsday] - wipe out insides of freezer.</p>			

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	<p>f. Fri[day] - wipe out insides of drawers.</p> <p>g. Sat[urday] - sweep & mop pantry, dust for cobwebs in pantry.</p> <p>There were no initials, dates or shifts scheduled to clean the particular items listed on the schedule.</p> <p>During an interview with the Dietary Manager on 10/29/14 at 10:39 a.m., she indicated the cleaning of the kitchen was completed weekly by her and a dietary aide. The Dietary Manager indicated she followed the "Repeat: Weekly Cleaning Schedule 2013" for cleaning of the kitchen. She indicated there was no check system in place for the cleaning schedule. The Dietary Manager indicated the third shift staff swept and mopped the kitchen floor, but she was unaware what else the third shift staff cleaned in the kitchen.</p> <p>During an interview with the Executive Director on 10/29/14 at 11:05 a.m., she indicated the cleaning schedule titled "Repeat: Weekly Cleaning Schedule 2013" was the dietary staff's reference for cleaning the kitchen. She indicated there is no documentation for when the kitchen is cleaned.</p>			

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	<p>She also indicated she was aware of the cracked and missing vinyl located around the floor drain in front of the ice machine.</p> <p>During an interview with the Assistant Maintenance Technician on 10/29/14 at 1:50 p.m., he indicated he cleaned the vents in the kitchen monthly and the ice/water machine was cleaned and de-limed quarterly.</p> <p>The Assistant Maintenance Technician indicated the three door stainless steel freezer had been dripping water from the buildup of condensation on the compressor lines/coils and indicated it had been that way for approximately a year that he was aware of. He indicated the stainless steel pan located on the floor under the freezer had water in it that had accumulated approximately in one to one and half weeks of dripping condensation into it. He indicated there was currently no work order placed at this time to have the freezer fixed and it was in need of a condensation evaporation pan.</p> <p>The Assistant Maintenance Technician indicated he cleaned the ice/water machine approximately a week ago but the lime has stained the plastic drain tray. He indicated the ice/water machine needs a new drain tray. The Assistant</p>			

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	<p>Maintenance Technician indicated he cleaned the vents on the ice/water machine but was unaware of the dust and debris on the vents on the top sides of the machine.</p> <p>During an interview with the Assistant Maintenance Technician on 10/29/14 at 3:00 p.m., he indicated he did not have a cleaning schedule that he followed for cleaning the vents, filters, hoods and etc. in the kitchen.</p> <p>During an interview with the Executive Director on 10/29/14 at 3:30 p.m., she indicated there was currently no checklist in place for maintenance or kitchen staff related to cleaning of the kitchen and kitchen equipment. The Executive Director indicated she had been at the facility since 11/2013 and was not aware there was no checklist in place. She indicated she would check her forms to verify if there was a checklist that used to be in place.</p> <p>During an interview with the Concierge on 10/29/14 at 3:45 p.m. with the Executive Director present, she indicated while assisting staff to clean the kitchen on 10/29/14, she found the checklist titled "Daily Cleaning Schedule and Morning Walk-thru" located in the "Kitchen Binder 2013."</p>			

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	<p>During an interview with the Executive Director on 10/29/14 at 3:50 p.m., she indicated there were some kitchen cleaning checklists completed in the binder titled "Kitchen Binder 2013," but no dates were listed to identify when the checklists were completed. The Executive Director indicated she was unsure when the checklists were completed.</p> <p>During an interview with the Dietary Manager on 10/29/14 at 4:00 p.m. with the Executive Director present, she indicated she had worked in the kitchen at the facility for 4 years. The Dietary Manager indicated she had been the Dietary Manager since April 2014 and had never completed the "Daily Cleaning Schedule and Morning Walk-thru" before. She indicated she had seen the form before but did not know how to fill it out.</p> <p>4. A policy titled "KITCHEN SANITATION AND SAFETY, dated 01/01/2013, was provided by the Executive Director on 10/29/14 at 11:45 a.m., and indicated the following:</p> <p>I. "Food preparation and serving areas must be cleaned on a regular basis.</p>			

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	<p>...VI. A schedule for routine and deep cleaning should be maintained and followed..."</p> <p>A policy titled "EQUIPMENT MAINTENANCE AND SAFETY, dated 01/01/2013, was provided by the Executive Director on 10/29/14 at 11:45 a.m., and indicated the following:</p> <p>I. "Utensils, equipment, preparation surfaces and the kitchen area must be kept clean at all times and must be maintained so as to be easily cleanable.</p> <p>II. Freezer, refrigerators and ice machine coil should be cleaned on a regular basis.</p> <p>III. ...Equipment which comes in contact with food must be washed and sanitized on a regular basis.</p> <p>A policy titled "STORAGE OF PRODUCTS", dated 01/01/2013, was provided by the Executive Director on 10/29/14 at 11:45 a.m., and indicated the following:</p> <p>"...III. Items should be dated before being stored..."</p> <p>A policy titled "LEFTOVERS AND</p>			

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R000243	<p>PREPARED FOOD", dated 01/01/2013, was provided by the Executive Director on 10/29/14 at 11:45 a.m., and indicated the following:</p> <p>I. All prepared foods in an appropriate container, cover with an airtight lid or cellophane, and label the container with the type of food and the date.</p> <p>II. If prepared food is to be frozen, wrap the product in cellophane or place in an airtight container. Label and date before freezing..."</p> <p>No further documentation was provided upon exit on 10/30/14.</p> <p>410 IAC 16.2-5-4(e)(3) Health Services - Deficiency (3) The individual administering the medication shall document the administration in the individual ' s medication and treatment records that indicate the: (A) time; (B) name of medication or treatment; (C) dosage (if applicable); and (D) name or initials of the person administering the drug or treatment. Based on interview and record review, the facility failed to ensure the Blood Glucose Monitoring logs were completed for 1 resident. This failure was evidenced by lack of documentation and</p>	R000243	R243 Health Services – Deficiency DON gave immediate one on one training with Licensed Practical Nurses regarding bloodglucose documentation and insulin administration and	11/30/2014

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	<p>monitoring of insulin amounts given for 1 of 5 residents reviewed during medication administration. (Resident 5)</p> <p>Findings Included:</p> <p>1. The clinical record for Resident 5 was reviewed on 10/29/14 at 1:30 p.m. The record indicated the resident's diagnoses included, but were not limited to, diabetes mellitus, Parkinson's disease, congestive heart failure and benign prostatic hyperplasia.</p> <p>The following blood glucose levels were recorded in the resident's clinical record...</p> <p>10/3/14=95 mg/dL (milligrams per deciliter) 10/11/14=96 mg/dL 10/12/14=82 mg/dL 10/13/14=89 mg/dL 10/14/14=80 mg/dL 10/16/14=82 mg/dL 10/17/14=30 mg/dL</p> <p>Review of the Medication Administration Record (MAR) indicated on 10/3/14, Resident 5 received Humalog Insulin in his left arm for a blood sugar of 95 mg/dL. On 10/11/14, Resident 5 was given Humalog in his left arm for a blood sugar of 96 mg/dL. On 10/13/14, Resident 5 received Humalog in his left abdomen for a blood sugar of 89 mg/dL.</p>		<p>documentation.</p> <p>Residents at risk were identified by residents receiving blood glucose checks and/or insulin. Parameters for insulin administration will be included on the MAR. DON revised the blood glucose monitoring form to include a box for blood glucose reading, total insulin administered, and initials for each scheduled check. DON will review documentation weekly to ensure compliance. Observations will be discussed at monthly quality assurance/safety committee meetings. The leadership team will make recommendations on findings. Responsible: DON or Designee Date completed: 11/30/14</p>	

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	<p>On 10/14/14, Resident 5 again received Humalog in his left abdomen. On 10/16/14, Resident 5 received Humalog in his right arm.</p> <p>The Blood Glucose Monitoring Tool sheet or MAR did not indicate the unit amount of Humalog given for 10/3, 10/11, 10/12, 10/13, 10/14 or 10/16/14.</p> <p>Review of the October Medication Administration Record (MAR), indicated Resident 5 received Humalog 100 units/mL, 3 units with each meal. The order included a sliding scale to be given with elevated blood glucose levels. The order indicated the following: 151-200=2 units, 201-250=3 units, 251-300=4 units and 301-350=6 units.</p> <p>A clinical record included progress notes, made by LPN #2 on 10/17/14 at 7:00 a.m., indicated Resident 5 was found lying on the floor in his room. Vital signs, urinalysis and a blood glucose level were obtained. The blood glucose level was 30 mg/dL. The resident was given sugar and orange juice and his blood glucose was rechecked, but maintained at 30 mg/dL. Resident 5 was transported to the hospital and returned 4 days later.</p> <p>During an interview on 10/29/14 at 1:41</p>			

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	<p>p.m., the DON indicated the staff were to document the blood glucose level and the amount of insulin given. He indicated the staff were not documenting either in the MAR or Blood Glucose Monitoring Tool sheet.</p> <p>During an interview on 10/29/14 at 3:10 p.m., LPN #2 indicated she was not sure how much insulin Resident (E) was given on 10/11/14 for a blood sugar of 96 mg/dL when she gave it. She indicated she "thought she probably gave the routine dose".</p> <p>During an interview on 10/29/14 at 4:00 p.m., DON indicated the facility did not have a specific policy on when to hold insulin for a specific blood glucose level. He indicated as a nurse, he would hold insulin for any blood glucose level less than 100 mg/dL.</p> <p>During an interview on 10/30/14 at 8:25 a.m., LPN #3 indicated she would not give Resident 5 insulin if his blood sugar was less than 100 mg/dL. She indicated she was not sure why she documented in the MAR as the insulin given and not held. She indicated she should have called the Physician and notified her and got an order to hold the insulin.</p>			

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R000247	<p>2. Review of a current facility policy dated 7/1/14, titled "MEDICATION DOCUMENTATION", which was provided by the DoN on 10/29/14 at 4:00 p.m., indicated the following:</p> <p>"I. The Medication Administration Record (MAR/TAR)...</p> <p>II. Information to be included on the MAR may include but is not limited to: Resident name/suite/room number...</p> <p>III. Staff will observe the resident taking the medication, then initial in the corresponding square of that medication's time and date...</p> <p>410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on observation, interview and record review, the facility failed to ensure residents received the correct dose of medication according to the current physician order for 1 of 5 residents reviewed during medication administration. The facility also failed to ensure a medication error rate of less than 5 percent for 1 of 11 medications</p>	R000247	<p>R247 Health Services – Deficiency DON gave immediate one on one training with Licensed Practical Nurses regarding resident rights and medication administration, and the “6 Rights” regarding medication administration and completing the “Triple Checks” to prevent medication errors. Residents at risk were identified</p>	11/30/2014

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	<p>observed affecting 1 of 5 residents resulting in a medication error rate of 9%. (Resident 5; LPN # 1)</p> <p>Findings include:</p> <p>1. During medication administration observation on 10/29/13 at 11:55 a.m., LPN #1 administered Humalog (insulin) 100 Units/mL, 6 units to Resident 5. Resident 5 had a blood glucose level of 226 mg/dL.</p> <p>During review of the Medication Administration Record (MAR), the current physician's order indicated Resident 5 should have received a routine dose of Humalog 6 units and 3 additional units from the sliding scale. The sliding scale indicated the following additional units based on the current blood glucose level: 151-200=2 units, 201-250=3 units, 251-300=4 units and 301-350=6 units.</p> <p>During an interview on 10/29/14 at 1:41 p.m., the DoN indicated the nurse gave only the routine Humalog dose and did not included the sliding scale dose.</p> <p>2. There were 10 other opportunities for medication errors during the medication pass observations. One error resulted with 11 opportunities. One divided by</p>		<p>by residents receiving medication administration services. DON will observe a medication pass weekly to ensure compliance. Observations will be discussed at monthly quality assurance/safety committee meetings. The leadership team will make recommendations on findings. Responsible: DON or Designee Date completed: 11/30/14</p>	

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R000407	<p>eleven times 100 equals 9% medication error rate.</p> <p>3. Review of a current facility policy, dated 7/1/14, titled "MEDICATION ADMINISTRATION", which was provided by the DON on 10/29/14 at 4:00 p.m., indicated the following:</p> <p>"I. Medications and treatments...</p> <p>...III. The six "rights" of medication and treatment administration are observed-right resident, right medications, right dose, right form and route, right time, right documentation.</p> <p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.</p> <p>Based on observation, interview, and record review, the facility failed to ensure blood glucose meters were cleaned in a manner in which to prevent the spread of</p>	R000407	R407 Infection Control – NonCompliance DON gave immediate one on one training with Licensed Practical Nurses regarding infection control practices and glucometer	11/30/2014

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	<p>infection for 2 of 2 residents observed during medication administration. (Resident 5 and 4; LPN #1).</p> <p>Findings Include:</p> <p>The clinical record of Resident 5 was reviewed on 10/29/14 at 1:30 p.m. The record indicated the resident's diagnoses included, but were not limited to, diabetes mellitus, Parkinson's disease, congestive heart failure and benign prostatic hyperplasia.</p> <p>During medication administration observation on 10/29/14 at 11:55 a.m., LPN #1 obtained a blood glucose level from Resident 5. The meter was placed in the medication cart without being cleaned.</p> <p>During observation on 10/29/14 at 12:05 p.m., LPN #1 obtained a blood glucose level from Resident 4. The meter was not cleaned prior to use for Resident 4.</p> <p>During an interview on 10/29/14 at 12:07 p.m., LPN #1 indicated she was supposed to clean the meter between use for each resident. She indicated she thought the policy stated to clean with an anti-bacterial wipe and wrap for 10 minutes.</p>		<p>cleaning.</p> <p>Residents at risk were identified by residents receiving blood glucose testing. Staff will be trained on infection control practices annually and as needed.</p> <p>DON will observe blood glucose testing weekly and check medication carts for the presence of disinfectant wipes to ensure compliance. Observations will be discussed at monthly quality assurance/safety committee meetings. The leadership team will make recommendations on findings.</p> <p>Responsible: DON or Designee Date completed: 11/30/14</p>	

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	During an interview on 10/29/14 at 4:00 p.m., the Director of Nursing (DoN) indicated the facility did not have a cleaning policy for glucometers.						