

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 05/14/2013
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NAME OF PROVIDER OR SUPPLIER TERRACE AT TOWNE CENTRE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410
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R000000	<p>This visit was for the State Licensure Survey.</p> <p>Survey Dates: May 13 & 14, 2013</p> <p>Facility Number: 002392 Provider Number: 002392 AIMS Number: N/A</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Janelyn Kulik, R.N.</p> <p>Census Bed Type: Residential: 55 Total: 55</p> <p>Census Payor Type: Other: 55 Total: 55</p> <p>Sample: 9</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on May 18, 2013, by Janelyn Kulik, RN.</p>	R000000	<p><u>DISCLAIMER: Preparation and implementation of this plan of correction does not constitute admission or agreement by The Terrace at Towne Centre of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated 05/14/2013. The Terrace at Towne Centre specifically reserves the right to move to strike or exclude this document as evidence in any civil action not related directly to the licensing and/or certification of this facility or provider.</u></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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R000154	<p>410 IAC 16.2-5-1.5(k) 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.</p> <p>Based on observation and interview, the facility failed to ensure the kitchen area was clean, related to dirty ceiling vents, dirty floors, paint peeling away from the ceiling, and rusty and dirty transportation carts for 1 of 1 kitchens. This had the potential to affect 55 of 55 residents who resided in the facility. (The main Kitchen)</p> <p>Findings include:</p> <p>1. On 5/13/13 at 9:00 a.m., during the Kitchen Sanitation tour the following was observed:</p> <p>A. There was a large amount of dirt and paper products behind the ice machine.</p> <p>B. There was rust noted under the plate warmer on the steam table.</p> <p>C. The floor in the dish room was dirty along the baseboard.</p> <p>D. The white PVC pipes under the three compartment sink were dirty with dried food spillage.</p>	R000154	<p>R 154 410IAC 16.2-5-1.5k A.)</p> <p>1. Items behind the ice machine were a straw and a candy wrapper. Both items were removed immediately.</p> <p>2. State inspection occurred during breakfast meal service and kitchen floor needed to be cleaned and following normal practice was cleaned after breakfast service.</p> <p>3. Kitchen floor will be added to the cleaning schedule and done daily.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013.</p> <p>R 154 B.)</p> <p>1. Rust noted to the underside of the plate warmer. Rust will be removed and the underside sealed.</p> <p>2. Other kitchen cabinet and serving area were checked</p>	06/12/2013			

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	<p>E. The white grease pit box had a large amount of grease spillage on the sides. There was a large amount of grease spillage on the floor beside the box.</p> <p>F. The white PVC drain cover by the dish machine was dirty.</p> <p>G. There was paint peeling away from the ceiling by the fire detector and the sprinkler head. The sprinkler head was also rusty.</p> <p>H. There were two ceiling vents that had a large accumulation of dirt and dust noted on them.</p> <p>I. There was a black substance on the wall of the back splash behind the dish machine.</p> <p>J. The legs on the dish machine were rusty and dirty.</p> <p>K. The transportation cart was dirty and rusty.</p> <p>L. There were two transportation dollies that were dirty and rusty.</p> <p>Interview with the Dietary Food Manager on 5/13/13 at 9:30 a.m., indicated all of the above were in</p>		<p>and were satisfactory.</p> <p>3. Plate warmer top and underside will be added to the cleaning schedule and done daily.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013.</p> <p>R154 C.)</p> <p>1. Floor area in the dish room was not dirty but did have a residue film from the cleaner used. The area was cleaned and residue removed.</p> <p>2. The remaining kitchen floor was checked and did not have the residue from the cleaner.</p> <p>3. Kitchen floor will be added to the cleaning schedule and done daily.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013</p> <p>R154 D.)</p>				

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	need of cleaning.		<p>1. The white PVC pipes under the three compartment sink were cleaned.</p> <p>2. The other PVC pipes in the serving kitchen were checked and in satisfactory condition.</p> <p>3. The three compartment sink PVC pipes will be added to the cleaning schedule.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013</p> <p>R154 E.)</p> <p>1. The grease pit box and area were cleaned.</p> <p>2. The grease pit box was checked and no other issues were found.</p> <p>3. The grease pit box will be added to the cleaning schedule.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013</p>				

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			<p>R154 F.)</p> <ol style="list-style-type: none"> 1. The PVC drain cover by the dish machine was removed and cleaned. 2. Other kitchen drain covers were checked and were satisfactory. 3. The dish machine drain cover will be added to the cleaning schedule. 4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months. 5. Completion date – June 12, 2013 <p>R154 G.)</p> <ol style="list-style-type: none"> 1. The serving kitchen ceiling and walls will be repainted. 2. No other areas were affected. 3. The kitchen ceiling and wall paint condition will be added to the maintenance monthly check list. 4. The Maintenance Director or designee will complete the maintenance checklist monthly to monitor the serving kitchen condition and needed repairs. The monthly checklist will be reviewed at the Quarterly Quality Assurance meeting. 	

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			<p>5. Completion date – June 12, 2013</p> <p>R154 H.)</p> <ol style="list-style-type: none"> The two serving kitchen ceiling vents will be cleaned. Other serving kitchen ceiling will be checked and cleaned. The serving kitchen ceiling vents will be added to the maintenance monthly check list. The Maintenance Director or designee will complete the maintenance checklist monthly to monitor the serving kitchen condition and needed repairs. The monthly checklist will be reviewed at the Quarterly Quality Assurance meeting. Completion date – June 12, 2013 <p>R154 I.)</p> <ol style="list-style-type: none"> The black substance was related to small areas in the caulking of the dish machine back splash. The caulking will be removed and replaced. Caulking in the serving kitchen was checked and no other black spots were found. The serving kitchen back splash caulking will be added to the maintenance monthly check list. 	

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			<p>4. The Maintenance Director or designee will complete the maintenance checklist monthly to monitor the serving kitchen condition and needed repairs. The monthly checklist will be reviewed at the Quarterly Quality Assurance meeting.</p> <p>5. Completion date – June 12, 2013</p> <p>R154 J.) The legs on the dish machine were cleaned. No other equipment legs in the serving kitchen were found in need of attention. The dish machine legs will be added to the cleaning schedule.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013</p> <p>R154 K.& L.) 1. The transportation cart was cleaned. The two transportation dollies were removed from the serving kitchen and taken out of service.</p>		

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			<p>2. Other serving kitchen carts and transport equipment were checked and found in good order.</p> <p>3. The transportation cart and transport equipment will be added to the cleaning schedule.</p> <p>4. The dietary supervisor will monitor the cleaning schedule and the cleanliness of the serving kitchen by checking the cleaning schedule and serving kitchen 3 times a week for the next 6 months.</p> <p>5. Completion date – June 12, 2013</p>	

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure each resident's service plan was updated to reflect the resident's current status for 2 of 7 records reviewed for service plans in the sample of 9. (Resident's #2 & #5)</p>	R000217	R217 410IAC 16.2-5-2(e)(1-5) 1. Resident service plans were reviewed and updated as needed. 2. All of the resident service plans were audited and updated with all the services that the residents are	06/12/2013			

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	<p>Findings include:</p> <p>1. The record for Resident #5 was reviewed on 5/13/13 at 10:34 a.m. The resident's diagnoses included, but were not limited to, dementia, Parkinson's disease, muscle weakness, and osteoarthritis.</p> <p>Review of the updated service plan dated 4/30/13 indicated the resident required some physical assistance with transfers, mobility, and with dressing and hygiene. The service plan also indicated the resident was weighed every three months. There was no documentation or information regarding the resident's pressure sore to her left heel.</p> <p>Review of Physician's Orders dated 4/19/13 indicated the resident was to be weighed weekly. Further review of Physician's Orders dated 3/18/13 indicated a Home Health Agency was to be notified to treat the resident's pressure ulcer to the left heel. Physician's Orders dated 4/15/13 indicated the Home Health Agency was using Santyl (a debriding agent) to the left heel every Monday, Wednesday, and Friday.</p> <p>Interview with LPN #1 on 5/13/13 at 11:00 a.m., indicated the resident</p>		<p>receiving.</p> <p>3. The resident service plans will reflect the services that the resident is receiving.</p> <p>4. Resident Care Coordinator will review physician orders weekly to identify any change of condition or service provided to residents. Orders reflecting a change of condition or service provided will be maintained on a Physician orders log. The log will be reviewed quarterly at the Quality Assurance meeting.</p> <p>5. Completion date – June 12, 2013</p>				

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	<p>requires total assistance with transfers, dressing and hygiene. She indicated the resident has had a decline since returning from the hospital. She further indicated the resident was being monitored on weekly weights due to weight loss and now needed cueing and sometimes assist with meals.</p> <p>2. The record for Resident #2 was reviewed on 5/13/13 at 11:16 a.m. The resident's diagnoses included, but were not limited to, deep vein thrombosis, chronic obstructive pulmonary disease, congestive heart failure, atrial-fibrillation (abnormal heart beat), pacemaker, and acute renal failure.</p> <p>Review of the Physician Order Statement dated May 2013, indicated the resident was to be weighed two times a week on Monday and Thursday.</p> <p>A Home Health note dated 3/23/13 at 11:07 a.m. indicated the resident had a Stage II pressure ulcer to his coccyx area (partial thickness skin damage with loss of epidermis an some of the dermis).</p> <p>Review of the resident's updated</p>			

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	<p>Service Plan dated 2/7/13 indicated the resident was to be weighed every three months and there was no indication of any skin issues in the plan.</p> <p>Interview with the Director of Nursing on 5/14/13 at 11:00 a.m. indicated she had updated Resident #2's Service Plan with the accurate information.</p>			

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R000349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview the facility failed to ensure resident records were accurately documented for 1 of 7 residents reviewed in a sample of 9. (Resident #2).</p> <p>Findings include:</p> <p>The record for Resident #2 was reviewed on 5/13/13 at 11:16 a.m. The resident's diagnoses included, but were not limited to, deep vein thrombosis, chronic obstructive pulmonary disease, congestive heart failure, atrial-fibrillation (abnormal heart beat), pacemaker, and acute renal failure.</p> <p>A lab result dated 1/22/13 indicated the resident's protime (blood test used to measure blood clotting time) was 17.0 and INR (International Normalized Ratio, a blood test used to measure blood clotting time) was 1.6 . A hand written note on the lab</p>	R000349	<p>F349 410 IAC 16.2-5-8.1(a)(1-4)</p> <p>1. Reviewed all residents charts for residents receiving Warfarin and no other resident was found to be affected. Attending physician for the resident identified had written the Warfarin med order on the lab results and placed on the resident's chart without notifying the staff. Physician will be made aware of procedure for submitting orders so staff is aware and can follow accordingly. 2. All residents' charts and lab results were checked to determine if any other resident receiving Warfarin had been affected. No other resident was affected. 3. All residents receiving Warfarin (Coumadin) will be monitored and lab results reviewed daily during normal</p>	06/12/2013			

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	<p>results indicated the resident was "currently; taking Warfarin (medication used to thin the blood) 5 mg (milligrams) dly (daily). In another hand writing was "6 mg today then 5 mg daily."</p> <p>A lab result dated 1/28/13 indicated the resident's protime was 18.4 and INR was 1.8. A hand written note on the lab result indicated the resident was "currently taking Warfarin 5 mg dly". In another hand writing was "6mg today then cont (continue)-5 mg daily."</p> <p>A lab result dated 4/15/13 i indicated the resident's protime was 32.7 and INR was 3.2. A hand written note on the lab result indicated the resident was "currently taking Warfarin tab (tablet) 1mg, Warfarin tab 6 mg" to equal 7 mg at 5:00 p.m. In another hand writing was "hold x (times) 1 day then continue."</p> <p>Review of the Medication Adminstration Record for January 2013 indicated Warfarin 5 mg had been signed out dly from 1/9/13 to 1/31/13. There was no documentation that Warfarin 1 mg or 6 mg had been signed out during this time period.</p>		<p>work week.</p> <p>4. Coumadin Log will be maintained. The Coumadin Log will permit a regular review and will also be presented at the Quarterly Quality Assurance meeting for review.</p> <p>5. Completion June 12, 2013.</p>				

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	<p>Review of the April 2013 Medication Administration Record indicated Warfarin 1mg and 7mg had been signed out as given everyday for the month of April. There was no documentation the Warfarin had been held for the month of April.</p> <p>Review of the physician orders from January 2013 to May 2013 indicated no orders had been written in January to increase the resident's Warfain to 6 mg and there were no written orders in April to hold the Warfarin.</p> <p>Review of the Nurses' Notes from January 2013 to May 2013 indicated there was no documentation in regards to the changing of the Warfarin dosage.</p> <p>On 5/13/13 at 2:20 p.m. LPN #1 indicated when orders are written on the lab results staff should then write a physician order. If the order was not written there should be documentation in the Nurses' Notes as to why the order was not written. She further indicated she was not sure the dose of Warfarin the resident received. The family brought in the resident's medications and she knew there was a container of 1 mg Warfarin the staff could use if needed.</p>			

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 05/14/2013
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NAME OF PROVIDER OR SUPPLIER TERRACE AT TOWNE CENTRE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410
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