

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155587	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/24/2015
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NAME OF PROVIDER OR SUPPLIER SUMMERFIELD HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 34 S MAIN ST CLOVERDALE, IN 46120
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 17, 18, 19, 22, 23, & 24, 2015.</p> <p>Facility number: 000415 Provider number: 155587 AIM number: 100291250</p> <p>Census bed type: SNF/NF: 41 Total: 41</p> <p>Census payor type: Medicare: 1 Medicaid: 31 Other: 9 Total: 41</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	F000 Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.	
F 0278 SS=D Bldg. 00	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or</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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	<p>coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the accuracy of the dental status used for the coding of the Quarterly Minimum Data Set for 1 of 1 resident reviewed for Dental Status (Resident #9.)</p> <p>Findings include:</p> <p>Resident #9 was observed with multiple broken teeth on bottom of mouth on 6/18/15 at 11:05 a.m, and on 6/24/15 at 10:15 a.m.</p>	F 0278	F278 The facility has, and had at the time of survey, policies and procedures to assure each resident receives an accurate assessment by staff that are qualified to assess relevant care areas and knowledgeable about the resident's status, needs, strengths, and areas of decline. The oral assessment for resident #9 was reviewed by the MDS Coordinator and updated to reflect the resident's current oral status. The oral assessments of other residents potentially affected by the practice were reviewed by the MDS coordinator	07/24/2015

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	<p>During an interview on 6/18/15 at 11:05 a.m., Resident #9 indicated he had broken teeth.</p> <p>During an interview on 6/24/15 at 10:22 a.m., the MDS Coordinator indicated Resident #9 had natural teeth, missing, and broken teeth. She indicated the resident's dental status had not changed and was unsure why it was not included on the data collection tool.</p> <p>During an interview on 6/24/15 at 11:30 a.m., the MDS Coordinator indicated there was not a specific policy related to dental status assessments for the MDS. She indicated she used the Resident Assessment Instrument (RAI) manual when she assessed residents.</p> <p>On 6/23/15 at 10:19 a.m., Resident #9's record was reviewed. The form, titled "Quarterly Data Collection Tool," dated 3/3/15, indicated Resident #9 had natural teeth, missing teeth, and broken teeth. The quarterly Minimum Data Set (MDS) assessment, dated 3/1/15, indicated Resident #9 had broken or loose fitting partial or full dentures.</p> <p>A care plan, dated 3/9/15, indicated the resident had dental health problems including several cavities and broken</p>		<p>and updated as needed to reflect the their current oral status. Inservice education was conducted on 7/8/2015 by the Director of Nursing for licensed nursing personnel on the assessment and documentation of a resident's oral/dental status, including the identification of natural broken teeth. The Director of Nursing will monitor by auditing the oral/dental assessment for accuracy when reviewing each MDS, as the MDS Signatory, at the time of transmission on an ongoing basis. Findings will be reviewed at the QAPI meeting July, August, and September; and quarterly thereafter. 7/24/2015</p>	

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F 0371 SS=D Bldg. 00	<p>teeth, and the Resident had refused for several years to have broken teeth pulled.</p> <p>The form, titled "Quarterly Data Collection Tool," dated 6/3/15, indicated Resident #9 had natural teeth and no current problems with his teeth. The form did not indicate the resident had broken teeth. The dental status section of the quarterly MDS assessment, dated 6/3/15, was blank.</p> <p>The Center for Medicare Services (CMS) Resident Assessment Instrument (RAI), Version 3.0 Manual, provided by the MDS Coordinator on 6/24/15 at 11:30 a.m., indicated if any broken teeth were observed then the following should be selected, "L0200D obvious or likely cavity or broken natural teeth."</p> <p>3.1-31(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>			

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	<p>Based on observation, interview, and record review, the facility failed to ensure sanitary food handling for 2 of 35 residents who were served food in the main dining room (Residents #15 and #11).</p> <p>Findings include:</p> <p>1. During a lunch observation on 6/17/15 at 12:14 p.m., Certified Nursing Assistant (CNA) #1 unwrapped a slice of bread from the plastic wrap, held the bread with her bare hand, and then put butter on the bread for Resident #15.</p> <p>During an interview on 6/24/15 at 2:05 p.m., CNA #1 indicated she should not have touched food with her bare hands, but should used the plastic wrap to hold the bread when she buttered it.</p> <p>2. During an observation 6/17/2015 at 12:38 p.m., Certified Nursing Assistant (CNA) #1 was observed to assist Resident #11 with her meal set up and held her bread with her bare left hand as she buttered it with her right hand.</p> <p>During an interview on 6/24/2015 at 2:41 p.m., the Nursing Consultant indicated staff should not have touched the Resident's food with their bare hands, while assistance was provided with the</p>	F 0371	<p>F371 The facility has, and had at the time of survey, policies and procedures to assure employees follow proper sanitation and food handling practices to prevent foodborne illnesses. CNA#1 acknowledged the appropriate method for handling bread while assisting dependent residents #11 and #15, when the practice observed by the surveyor was called to the CNA's attention. The appropriate method was demonstrated and confirmed. Other residents who need assistance with buttering bread and who potentially could be affected were identified. Employees who assist residents with meal set-up were inserviced on food handling techniques to avoid manual contact with prepared foods on 7/8/2015. Department heads, assigned to assist with meal service, will monitor on an ongoing basis by observing employees assisting residents with meal set-up to assure the use of suitable implements so as to avoid manual contact with prepared foods. The following are assigned monitoring responsibilities: Morning: MDS Coordinator; Afternoon: Activity Director; Evening: Social Services; Weekends: Charge Nurses and Managers on Duty. Corrective actions will be taken immediately and findings will be in writing using the Food Handling Monitor, and reviewed at the monthly QAPI meeting</p>	07/24/2015

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F 0441 SS=D Bldg. 00	<p>meal.</p> <p>A policy, titled "Dietary Services," identified as current by the Director of Nursing (DON) on 6/24/2015 at 2:56 p.m., indicated, "PURPOSE: To prevent contamination of food products and therefore prevent foodborne illness...foods are prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements so as to avoid manual contact of prepared foods...fingers are to be kept out of food...."</p> <p>3.1- 21(i)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and</p>		ongoing as part of the Infection Control Report. 7/24/2015				

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	<p>corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure adequate hand sanitation while performing accuchecks (blood glucose monitoring) and medication administration for 2 of 5 residents observed for blood glucose monitoring and/or medication administration (Residents #8 and #29.)</p> <p>Findings include:</p> <p>During an observation on 6/23/15 from 11:27 a.m. to 11:39 a.m., Licensed Practical Nurse (LPN) #2 washed her hands for 6 seconds before performing blood glucose monitoring on Resident</p>	F 0441	F441 The facility has, and had at the time of survey, policies and procedures to assure hand washing practices are consistent with accepted standards of practice to reduce the spread of infections and prevent cross contamination. LPN#2 was inserviced at the time of survey on the facility's hand washing policy. All residents have the potential to be affected by hand washing practices. Employees will be inserviced at departmental meetings on 7/8/2015 regarding hand washing practices consistent with accepted standards of practice to reduce the spread of infections and prevent cross-contamination. Employee Hand washing	07/24/2015

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	<p>#8. The LPN washed her hands for 4 seconds before performing the accucheck on Resident #29.</p> <p>During an interview on 6/24/2015 at 2:11 p.m., LPN #3 indicated nursing staff were expected to wash their hands for 20 seconds.</p> <p>During an interview on 6/24/15 at 2:40 p.m., the Director of Nursing (DON) indicated staff were expected to wash their hands under running water for at least 15 seconds.</p> <p>A policy titled "Hand Hygiene," identified as current by the DON on 6/24/2015 at 2:56 p.m., indicated, "PURPOSE: To decrease the risk of transmission of infection by appropriate hand hygiene...HANDWASHING...wash well under running water for a minimum of 15 seconds, using a rotary motion and friction...."</p> <p>3.1- 18(1)</p>		<p>practices will be monitored on an ongoing basis by all department heads who will select employees from their respective departments on a rotating basis across shifts to demonstrate their aptitude. Employees will be selected at random, weekly, and observations noted on the Hand Washing Monitor. Corrective action will be taken immediately. Findings will be reported to the monthly QAPI meeting as a part of the infection control report.</p> <p>7/24/2015</p>	