

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2016
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NAME OF PROVIDER OR SUPPLIER  SENIOR SUITES AT THE LELAND, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00192348.</p> <p>Complaint IN00192348 -- Substantiated. State residential deficiencies related to the allegations are cited at R216, R273 and R275.</p> <p>Survey date: March 17 and 18, 2016</p> <p>Facility number: 012497 Provider number: 012497 AIM number: N/A</p> <p>Census bed type: Residential: 93 Total: 93</p> <p>Census Payor type: Medicaid: 69 Other: 24 Total: 93</p> <p>Sample: 4</p> <p>These residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 30576 on March 28, 2016.</p>	R 0000		

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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R 0216 Bldg. 00	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance</p> <p>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on interview and record review, the facility failed to ensure 1 of 4 residents in a sample of 4 reviewed for diet and nutrition had their weight monitored and documented at admission and every 6 months thereafter. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's clinical record was reviewed on 3-18-16 at 10:50 a.m. It indicated she had been a resident of the facility for over one year. Review of her documented weights indicated an admission weight from October, 2014 had not been obtained. The only documented weights listed in the clinical</p>	R 0216	<p>It is the policy of this provider to have in place policies regarding admission weights, monthly, and quarterly weights.</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident D, will be weighed at minimum semi-annually</p> <p>2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Other residents with the propensity to be affected by the same alleged deficient practice would be those identified as current independent residents and new admissions Current Residents all receiving</p>	03/18/2016
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R 0273 Bldg. 00	<p>record were listed for December, 2014, and February, 2015. The vital signs and weight log for Resident #D for 11-1-15, 12-1-15, 1-1-16, 2-1-16 and March, 2016 listed "independent" written across the form for those dates.</p> <p>In an interview with the Director of Nursing on 3-1-16 at 10:55 a.m., she indicated Resident #D is independent in her care needs. She indicated she has no idea why her weights have not been checked.</p> <p>On 3-18-16 at 2:45 p.m., the Director of Nursing provided an undated copy of a policy entitled, "Weight Monitoring." This policy was indicated to be the current policy in use by the facility. This policy stated, "Resident's weight will be taken upon admission and semi-annually thereafter until discharge fro the facility, unless physician's orders indicate differently..."</p> <p>This Residential tag relates to Complaint IN00192348.</p> <p>5-2(c)(3) 5-2(d)</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas</p>		<p>service and all independent residents have all been placed on a monthly/semi-annual weight schedule</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? An audit check list was created to assist personnel in assuring that monthly and semi-annually weights are completed within the time frame as required</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place? Monthly the DON or Desk Nurse will review the weight record sheet</p>				

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	<p>(excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff conducted appropriate handwashing prior to donning gloves and staff who entered into the kitchen wore hair restraints in order to comply with safe food handling standards as put forth by State law, 410 IAC 7-24.</p> <p>Findings include:</p> <p>During a walking tour of the dietary department with the acting dietary supervisor on 3-17-16, from 10:50 a.m., to 11:04 a.m., the dietary supervisor was observed to have no type of hair restraint in place. In interview with the acting dietary supervisor at 11:02 a.m., she indicated she had forgotten to put a hair restraint on upon entering the dietary department as they are located on the far side of the department from the entrance. She was observed to place a hair restraint on at 11:04 a.m.</p> <p>During an observation of meal tray preparations on 3-17-16 at 12:17 p.m., with Cook #1, 2 unnamed housekeeping staff were observed to enter the dietary department and walk up to the meal tray preparation area and speak to Cook #1</p>	R 0273	<p>It is the policy of this provider to have in place policies regarding proper employee hand hygiene and hair restraint usage</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Residents not affected</p> <p>2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Other residents with the propensity to be affected by the same alleged deficient practice would be those identified as all current residents All staff will be in-serviced on Infection Control, Proper Hand Washing techniques and Hair Restraint Usage on April 19, 2016</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Hand washing fact sheets will be placed in proper locations throughout the building, Hair restraints will be placed in the proper location/designated areas, all staff will be in-serviced at a minimum annually</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program</p>	04/19/2016

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	<p>and then to leave the dietary department. Both housekeeping staff were observed to have no type of hair restraint in place. In an interview with Cook #1 at this time, he indicated it is common for housekeeping staff to enter the dietary department without any type of hair restraint in place.</p> <p>On 3-17-16 at 11:11 a.m., Dietary Staff Member #2 was observed to conduct handwashing in the dietary department for less than 10 seconds, prior to donning gloves. A sign was observed to be posted above the sink which indicated to wash hands for a minimum of 20 seconds.</p> <p>On 3-18-1 at 2:45 p.m., the Director of Nursing provided an undated copy of a policy entitled, "Employee Hygiene." This policy was indicated to be the current policy utilized by the facility. This policy indicated, "...Hands should be washed upon entering the dietary department...before putting on gloves or handling food. Dietary employees should use warm running water (min. 100F) [sic] and an antibacterial soap to wash hands for at least 20 seconds...Employees must keep hair from contacting exposed food, clean equipment, utensils and linens. Dietary staff, as well as anyone entering the kitchen, must keep exposed hair covered with a hairnet at all times while</p>		<p>will be put into place? The Dietary Manager will monitor proper hair restraint placement upon entering the kitchen and kitchenette Human Resources will be responsible for ensuring that all staff have completed said in-services required by our currently policy</p>				

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R 0275 Bldg. 00	<p>anywhere in the kitchen."</p> <p>This Residential tag relates to Complaint IN00192348.</p> <p>5-5.1(f) 410 IAC 7-24.129(a) 410 IAC 7-24.129(a)(10) 410 IAC 7-24.138(a) 410 IAC 7-24.138(a)(1) 410 IAC 7-24.138(a)(2) 410 IAC 7-24.138(a)(3)</p> <p>410 IAC 16.2-5-5.1(h) Food and Nutritional Services - Deficiency (h) Diet orders shall be reviewed and revised by the physician as the resident ' s condition requires.</p> <p>Based on interview and record review, the facility failed to ensure each resident has current physician orders for their dietary needs for 4 of 4 residents in a sample of 4. (Residents #B, #C, #D and #E)</p> <p>Findings include:</p> <p>1. Resident #B's clinical record was reviewed on 3-18-16 at 10:20 a.m. It indicated he had been a resident of the facility for over one year. Review of his recapitulation orders for March, 2016 indicated no specification of dietary</p>	R 0275	<p>It is the policy of this provider to have in place policies regarding proper Dietary Needs per physician orders</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Review Residents B, C, D, and E Current dietary orders and have the physician orders updated indicating proper dietary orders</p> <p>2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Other residents with the propensity to be affected by the</p>	04/22/2016

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	<p>orders.</p> <p>2. Resident #C's clinical record was reviewed on 3-18-16 at 10:35 a.m. It indicated he had been a resident of the facility for over two years. Review of his recapitulation orders for January, 2016, February, 2016 and March, 2016 indicated no specification of dietary orders.</p> <p>3. Resident #D's clinical record was reviewed on 3-18-16 at 10:50 a.m. It indicated she had been a resident of the facility for over one year. Review of her recapitulation orders for February, 2016 and March, 2016 indicated no specification of dietary orders.</p> <p>4. Resident #D's clinical record was reviewed on 3-18-16 at 11:25 a.m. It indicated she had been a resident of the facility for over one year. Review of her recapitulation orders for January, 2016, , February, 2016, March, 2016 and readmission to the facility on 1-20-16 indicated no specification of dietary orders.</p> <p>In an interview with the Director of Nursing on 3-18-16 at 10:55 a.m., she indicated she has had conversations with the company that prints the facility's monthly recapitulation orders, as well as</p>		<p>same alleged deficient practice would be those identified as all current residents and new admissions That current dietary orders have been reviewed and the physician orders have been updated to indicate proper dietary needs</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? We have updated our policy to reflect our liberalized diets and Physician Orders will offer the Liberalized Diet as well The Desk Nurse will review the recaps monthly to ensure that all Physician Orders are current with the Liberalized Diet Order</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place? The designated staff member to complete weekly audits to ensure that the proper dietary orders are up to date and reflect our current policy</p>				

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	<p>the Medication Administration Records. She indicated for some reason, the company has told her they are unable to print out the diet orders. She indicated the nurses should be identifying this information when the monthly recapitulation orders are verified.</p> <p>A policy and or procedure was requested from the facility on 3-18-16 regarding dietary orders. On 3-18-16 at 3:05 p.m., the Executive Director indicated the facility does not have a specific policy regarding diets as all diets are the same at the facility.</p> <p>This Residential tag relates to Complaint IN00192348.</p> <p>5-5.1(h)</p>						