

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 11/30/2015
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NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 W 96TH ST INDIANAPOLIS, IN 46260
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00186166.</p> <p>Complaint IN00186166 Substantiated. State deficiencies related to the allegations are cited at R0154 and R0240.</p> <p>Survey Date: November 30, 2015</p> <p>Facility number: 003282 Provider number: 003282 AIM number: NA</p> <p>Census bed type: Residential: 79 Total: 79</p> <p>Census payor type: Other: 79 Total: 79</p> <p>Sample: 3</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 21662 on November 30, 2015.</p>	R 0000	<p>_ DISCLAIMER:Preparation and implementation of this plan of correction does not constitute admission or agreement by Rittenhouse Senior Living of Indianapolis of the truth of the facts, findings, or other statements as alleged by the preparer of the survey /inspection dated November 30, 2015. Rittenhouse Senior Living of Indianapolis specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action not related directly to the licensing and/or certification of this facility or provider</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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R 0154 Bldg. 00	<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, kitchen areas and equipment was free from litter/food debris and maintained in good repair for 2 of 2 kitchen areas observed.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 12-30-15 at 11:15 a.m., with the Director of Dining Services in attendance the following was observed:</p> <p>Four of four deep wells on the Steam table had an abundance of thick light tan coating along all four side and the bottom of each well. During this observation the Director of Dining Services indicated the wells were "suppose to be cleaned one time a week on Wednesday's."</p> <p>The Imperial deep fryer had an abundance of grease particles along all four edges and the contents of the deep fryer was very dark brown/black in color.</p>	R 0154	<p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The deep wells on the steam table, deep fryer, flooring beneath the deep fryer, sumfire stove and other areas of the kitechen were cleaned. The tape on the oven door was removed and the doors cleaned.</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: All residents have the potential to be affected.</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: The AM and PM cook will initial the cleaning schedule daily verifying that the cleaning schedule was followed and the work on the cleaning schedule was completed. The Dietary Service Mqanager will inservice the staff on correct cleaning procedures and the practice of intiialling the cleaning</p>	01/13/2016

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	<p>The flooring beneath the deep fryer had been littered with and abundance of light tan and black food particles.</p> <p>The Sumfire Stove - This stove had two ovens and a single handle was located on each door of the two ovens. One handle had gray tape along the juncture where the handle was attached to the front of the oven door. During this observation the Director of Dining Services indicated she was unaware of the reason for the tape. "It's just always been there."</p> <p>During an interview on 11-30-15 at 11:50 a.m., the Maintenance Director indicated he was not aware of any tape on the oven doors.</p> <p>There was an abundance of dried food and burnt spillage behind the Sumfire Stove appliance. The food spillage was dark brown and black in color. The Director of Dining Services indicated the floor was "suppose to be moped daily but I was off over the Holiday."</p> <p>A review of the facility cleaning schedule on 11-30-15 at 1:45 p.m., indicated the following:</p> <p>"Daily Tasks - AM [morning] cook - sweep underneath the steam table and mop it good, clean the grill, stove and</p>		<p>schedule.</p> <p>4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The Dietary Service Manager will initial the cleaning schedule noting the work was checked and verify it was completed. The Executive Director will monitor the kitchen cleanliness on daily rounds to ensure the cleaning schedules are being followed.</p> <p>5.Date of completion: 1/13/2016</p>				

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R 0240 Bldg. 00	<p>oven, sweep and mop underneath the fryer after use." "Additional Cleaning schedule: Weekly: Monday - deep fryer, Wednesday - Steamwell." "PM [evening] cook - Sweep and mop underneath the fryer after use, sweep underneath the steam table and mop it good." "Additional Cleaning Schedule: weekly - steamer... Sat. [Saturday] floors." "Daily Tasks of Dietary Services - sweep and mop the floor after washing." This State finding relates to Complaint IN00186166.</p> <p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences. Based on record review and interview the facility failed to provide personal care and assistance with activities of daily living based upon the specific needs of a cognitively impaired resident for 1 of 3 residents reviewed. (Resident "B").</p> <p>Findings include: The record for Resident "B" was reviewed on 11-30-15 at 12:30 p.m.</p>	R 0240	<p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident Care Director will review each resident chart to assess for appropriate placement. 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: All residents have the potential to be affected.</p>	01/13/2016

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	<p>Diagnoses included, but were not limited to, dementia, hypertension, and coronary artery disease. These diagnoses remained current at the time of the record review.</p> <p>The record identified the resident with severe cognitive decline and moderately severe dementia. In addition the record indicated the resident "recognizes the need to void and goes to familiar bathroom.... wipes but does not check results and may wipe over and over using excessive amounts of toilet paper. May forget to flush, wash hands. May not adjust garments, may leave shirt untucked, or zipper open."</p> <p>A review of the most recent Service Plan, dated 05-12-15, indicated the resident "required reminders, or supervision, or toileting schedule." The "Services Provided" indicated "nursing to assist with toileting care, including use of adult brief's, cues for bowel/bladder training and monitor BM [bowel movement] incontinence."</p> <p>The section of the Service Plan for "Decision Making" indicated the resident had "Moderate impairment - decisions poor - required reminders, cues and supervision in planning, organizing and correcting daily routines." The "Services Provided" included "assist resident with</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: The resident Care Direct will review each resident every 6 months and upon any change in condition to ensure they are appropriate for assisted living placement.</p> <p>4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Resident Care Director will review the 24 hour report daily to monitor for changes in condition or persistet patterns of behavior or health issues that may flag a change of condition. If it appears appropriate the family will be notified and a service plan review will be initiated.</p> <p>5.Date of completion: January 13, 2015</p>	

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	<p>decisions as needed for new situation/tasks, involve resident in decision making process and staff to anticipate needs."</p> <p>The section of the Service Plan for Hygiene/Dressing indicated "requires reminders, or supervision, or cueing."</p> <p>The "Services Provided' included the responsibility of the Nursing staff for "Assist with dressing only to the extent necessary, provide assistance with hygiene and grooming, encourage food health habits for the resident and monitor BM incontinence."</p> <p>The section of the Service Plan for "Behavior" indicated "behavior unpredictable and/or uncontrollable, affecting others adversely almost daily, unable to follow directions, shows anger, danger to self and others, and not easily altered by staff."</p> <p>The "Services Provided" included, "Staff responsible - nursing. Monitor for early warning signs of problem behavior, keep family informed of resident's behaviors, smearing BM, Staff monitors for BM incontinence, and staff attempting new underclothes dtr. [daughter] brought in."</p> <p>A review of the OT [Occupational</p>			

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	<p>Therapy] Evaluation, dated 10-06-15 indicated the resident was "referred to OT services due to poor hygiene and toileting performance secondary to bowel incontinence. Per [family member]] patient has bowel incontinence which leads to patient attempting to complete toileting independently. Due to patient's dementia and being legally blind, patient has increase difficulty performing hygiene tasks. Upon arrival to patient's room, therapist noted several wash clothes with feces hanging in bathroom, as well as patient lying on couch with a blanket that had feces dried to it."</p> <p>A subsequent notation, undated, by the OT indicated, "patient wearing dirty clothes upon therapist arrival, clean clothes laying across patient's chair. Patient's bathroom with washcloths covered in feces on sink and grab bar. Feces present on rugs and handles of sink. In patient's closet, blankets covered in feces were stuffed at top of closet and pants covered in feces hanging on hangers in closet."</p> <p>In addition, an OT notation, dated 10-08-15 indicated Staff members educated that patient may recognize the need to void and goes to familiar bathroom but may need assistance with clothing management. Patient may wipe but does not check results and may wipe</p>			

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	<p>over and over using excessive amounts of toilet paper. A caregiver is needed during toileing to check quality of results and is available to assist with clothing as needed. Staff educated on findings and report that patient does take herself to the bathroom and the <sic> do the best the <sic> can to check on her and remind her to go often."</p> <p>A review of the Nurse's Notes indicated the following:</p> <p>"06-02-15 at 1:55 p.m. - Res. [resident] cont. [continues] behaviors of smearing BM. Res. gets up from naps, wanders around the unit and goes inside her pants, pulls out BM and smear it anywhere possible. Res. avoids staff seeing her."</p> <p>"06-07-15 [time not documented] BM smearing once this shift, pt [patient] redirected."</p> <p>"06-10-15 at 1:57 p.m. - Res. had an episode of smearing BM this time. Res. napps <sic> on couch in her room et [and] wanders in the unit. Isolates herself from others and smears BM when not being observed by others."</p> <p>"06-11-15 at 10:00 p.m. - BM smearing this shift on the hallway chair outside room [number documented] She was</p>			

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	<p>redirected to her room."</p> <p>"06-18-15 at 2:00 p.m. - Res was observed smearing BM on couch in hallway. Res. was redirected to use restroom and wash hands. Res. was caught by the writer smearing BM on the activity sink. She was redirected to her room, cleaned up."</p> <p>"06-30-15 at 1:53 p.m. - Res. grooms herself, toilet herself but requires assistance from staff. Res. does poor on maintaining room clean, leaves dirty paper towels in the bathroom and bedroom and top of dresser or tables."</p> <p>"07-03-15 at 9:15 p.m. - BM smearing from the resident outside the couches [room number documented]."</p> <p>"07-07-15 at 9:15 p.m. - Resident had BM smearing outside chairs outside activity room. Will continue to monitor."</p> <p>"07-10-15 at 9:45 p.m. - Res. smearing BM on the kitchen tablecloth. She was redirected to her room, then she was cleaned."</p> <p>"08-11-15 at 2:35 p.m. - Res. still independent on some ADL's [activities of daily living] does required aides to assist in toileting. Res. unable to clean herself</p>			

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	<p>good... ."</p> <p>"08-11-15 at 8:00 p.m. - Monthly summary: ... Res. sometimes with smears BM all over room and rails of the unit."</p> <p>"08-26-15 at 4:00 p.m. - Resident observed by kitchen staff smearing BM on dining room chair. Resident redirected to her room to wash hands."</p> <p>"08-27-15 [time not documented] - Res. was found in dining room smearing BM on table cloth. She was redirected to her room and cleaned."</p> <p>During an interview on 11-30-15 at 11:20 a.m., the Administrator indicated the facility was "blind sided" when the family member of Resident "B" transferred the resident to another facility. "Originally [resident name] was up here [in regard to a different section of the facility]. We moved [resident name] back to the secured unit and we were cleaning BM [bowel movement] off of everything. It was really difficult to keep up with."</p> <p>During an interview on 11-30-15 at 11:50 a.m., the Maintenance Director indicated the staff was always "cleaning up after her, she would smear and it was usually on our things not her own. We had just</p>						

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	<p>replaced the chairs too, when she started smearing on those."</p> <p>During an interview on 11-30-15 at 12:45 p.m., the Director of the secured unit indicated, "we thought with more staff involved back on that unit she would do better but it didn't work. We tried a jumpsuit but the family member didn't want to do that because it was hard to undo. We even got OT [occupational therapy] and PT [physical therapy] involved."</p> <p>A review of the facility Policy on 11-30-15 at 2:00 p.m., titled "Assisted Living Administrative Policy and Procedures," indicated the following: "4. No person shall be allowed residency who does not meet the criteria of the stated scope of service including a person who: 4.3 Is behaviorally known to be a threat to the safety of self or others, ... 4.6 Requires total assistance and/or needs the assistance of more than one staff person with incontinence, ambulation and/or transfer: ... 4.7 Needs nursing care beyond the nursing capabilities of the Assisted Living community and of the service providers privately contracted for ... 5. If the Community offers a dementia special care unit, the unit setting and services are appropriate for prospective residents who: ... 5.5 May be</p>			

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	<p>incontinent, but their incontinence is easily managed by only one staff person, ... 6. The dementia special care setting and services may no longer be appropriate for residents who: 6.1 Require total assistance or need assistance of more than one staff person with continence, ... 6.5 Are difficult to manage behaviorally and/or whose behavior places self or others at risk."</p> <p>This State finding relates to Complaint IN00186166.</p>				