

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2016
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NAME OF PROVIDER OR SUPPLIER LAWRENCE MANOR HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00199348 and IN00206150</p> <p>Complaint IN00199348 - Substantiated. Federal/State deficiencies related to the allegations are cited at F371 and F465.</p> <p>Complaint IN00206150- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 2 and 3, 2016</p> <p>Facility number: 000383 Provider number: 155721 AIM number: 100289610</p> <p>Census bed type: SNF/NF: 45 Total: 45</p> <p>Census payor type: Medicare: 9 Medicaid: 32 Other: 4 Total: 45</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings</p>	F 0000	<p>This plan of correction constitutes written allegation of compliance. However, submission of this plan of correction is not an admission that a deficiency exists. This plan of correction is submitted to meet requirements established by the state and federal law. We respectfully request a desk review.</p>	
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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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F 0371 SS=F Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on August 5, 2016.</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> <p>Based on record review, observation and interview, the facility failed to prepare food under sanitary conditions regarding cleanliness and food handling. Of the facility's 45 residents, this deficient practice had the potential to impact the 45 residents who were provided food prepared in the facility kitchen.</p> <p>Findings include:</p> <p>During a 8/2/2016, 10:20 a.m., kitchen sanitation tour, with the Dietary Manager, the following concerns were observed:</p> <p>a. Two trash containers overflowing with no lids.</p> <p>b. The kitchen floor was moist with food and trash noted.</p> <p>c. The floor drains were noted to have</p>	F 0371	<p>F 371 -Food Procure/Store/Prepare/Serve-Sanitary</p> <p>It is the policy of Lawrence Manor to procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare, distribute and serve food under sanitary conditions.</p> <p>- Corrective Action Taken Related to this Finding:</p> <p>The trash containers are no longer over flowing and now have lids; The trash and food have been removed from the kitchen floor; The floor drains are free of food particles and trash; contractor has been out to service and clean the drains in the kitchen, the dish machine, and grease trap was</p>	09/02/2016

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	<p>food particles and trash.</p> <p>d. The counters were noted with dried spills and food debris.</p> <p>e. The window air conditioning located above the steam table was noted with thick dust on the vents.</p> <p>f. The ceiling above the food preparation area was noted with black brown residue.</p> <p>g. The dishes and cooking pots were noted stored in the upright position with no covers, but open to air.</p> <p>h. The walls presented with dark brown residue.</p> <p>i. The front of the refrigerator and freezer were soiled and appeared unclean.</p> <p>j. One 1 gallon opened jar of dill pickle relish had no open dates.</p> <p>k. One partial pitcher of a red colored drink had no dates.</p> <p>l. Three large bags of cabbage slaw had no dates.</p> <p>m. One block of cheese slices, loosely wrapped in plastic wrap had no dates.</p>		<p>cleaned out and new grease screen inserted into the drain lines;</p> <p>The counters are now cleaned of spills and food debris in a timely manner;</p> <p>The window air conditioner above the steam table is clean of thick dust on the vents;</p> <p>The ceiling above the food preparation area is free of brown residue;</p> <p>Dishes and cooking pots are now stored with covers;</p> <p>The walls are free of dark brown residue;</p> <p>The refrigerator and freezer are now clean;</p> <p>All undated and/or expired foods were removed from the refrigerator;</p> <p>The can of Coke was removed from the refrigerator;</p> <p>The steam table is free of dried food spills;</p> <p>Foods are no longer put into the steam table prior to being cleaned;</p> <p>On 8-5-16, the entire kitchen was deep cleaned by a hired cleaning crew.</p> <p>II. Other Residents with Potential to be affected by this finding will be identified by:</p> <p>All residents were potentially at risk for this alleged deficient practice</p>	

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	<p>n. One opened 1 gallon container of slaw mix had no dates.</p> <p>o. One uncovered container of sliced tomatoes had a use by date of 7/27.</p> <p>p. One opened partial bag of shredded cheese had no dates.</p> <p>q. One uncovered container of sliced onion had a use b date of 7/27.</p> <p>r. One opened partial bag of lettuce had no dates.</p> <p>s. One plastic container of pickles, covered in plastic wrap had no dates.</p> <p>t. One opened container of Miracle Whip had no dates.</p> <p>u. Two opened 5 pound containers of sweet cream butter had no dates.</p> <p>v. One opened can of Coke was noted next to plates stored in the upright position.</p> <p>w. The steam table had dried breakfast food spilled between the units. Meat patties were already in one of the units. The Dietary Manager indicated they were for the noon meal.</p>		<p>III. Measures and Systemic Changes put into Place to Assure Deficit Practices do not recur are as Follows:</p> <p>Dietary Staff in serviced with signed attendance on training of Food Storage policy, Cleaning of interior walls, and cleaning of the Reach infreezer as well as general cleaning schedule and requirements. In-serviced by consultant dietician on 08/04/2016.</p> <p>IV. Corrective Actions will be monitored to Ensure Compliance by:</p> <p>The Administrator will perform walking rounds of the kitchen daily x 1 week, weekly x 3 weeks then monthly thereafter for a minimum of 5 months. The Administrator will report findings to the QA committee monthly who will determine the need for further monitoring if substantial compliance has not been achieved. The consultant dietician, upon her visits, will audit the kitchen for cleanliness and sanitation and report findings to the Facility Administrator.</p>	

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	<p>During an interview on 8/2/2016 at 10:20 a.m., the Dietary Manager indicated all opened food containers in the refrigerator were to be discarded after 7 days and all opened containers were to be dated. The Dietary Manager also indicated the kitchen was to be cleaned per the cleaning schedule. The Dietary Manager reviewed the cleaning concerns and agreed the kitchen was not clean. The Dietary Manager discarded all the undated or outdated food in the refrigerator at the time of discovery.</p> <p>During an interview on 8/2/2016 at 3:00 p.m., the Administrator indicated awareness of the findings in the kitchen related to cleaning.</p> <p>Review of an undated policy titled "Food and Nutrition Services HACCP Food Safety System" indicated the following: "Title: Food Storage Statement of Purpose: To ensure that all produce is stored in a safe manner from point of entry to service. Content: ... 2. Any unopened cases are to be dated. 3. Individual produce items are to be utilized within four days of purchase (monitor menu). 4. It [sic] not utilized items are to be cleaned and stored in clear bags and dated. ..."</p>			

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	<p>Review of an undated procedure titled "Cleaning Procedure for Walls" indicated the following: "How to clean: 1. Make Disinfectant detergent water up in one bucket. 2. Wash walls from top to bottom, use brush to clean stubborn areas. Clean particularly well around areas subject to contact with hands, and areas soiled with splashing solutions. 3. Make up sanitizing solution in clean warm water and bleach 100 ppm, and rinse all detergent off with clean water and then sanitize. Air dry."</p> <p>Review of an undated procedure titled "Cleaning Procedure for Reach-in-Freezer" indicated the following: "...4. Wash the inside with hot soapy water and use brush to et dried on debrie [sic] off. Rinse with hot clean clear water and spray the inside with the 100 ppm sanitizing solution and let freezer Air [sic] dry. 5. Wash the outside with hot soapy water and rinse with clean clear water, then spray with sanitizing solution 100 ppm and air dry. Scrub the shelves and rinse in clear hot water. Sanitize and air dry...."</p> <p>This Federal tag relates to Complaint</p>			

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F 0465 SS=F Bldg. 00	<p>IN00199348.</p> <p>3.1-21(i)(3) 3.1-21(i)(5)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, record review, and interview, the facility failed to provide a sanitary environment. This deficient practice had the potential to effect 45 of 45 residents living in the facility.</p> <p>Findings include:</p> <p>During the initial tour on 8/2/2016 at 9:10 a.m., the following observations were noted:</p> <p>a. Floors throughout the facility appeared unclean. Floor tiles were damaged and stained. A foul urine odor was noted throughout the facility. Walls in the hallway were noted to have multiple divots and scuff marks. Dark brown residue was noted along the baseboards.</p> <p>b. Room #3's floor appeared unclean, dark stains and debris noted. Floor tiles were damaged. Dark brown residue along the baseboards was noted. Trash noted under the bed along with dust.</p>	F 0465	<p>F 465 -Safe/Functional/Sanitary/Comfortable Environment</p> <p>It is the policy of the Lawrence Manor the facility to provide a safe, functional, sanitary, and comfortable environment for resident's, staff and the public.</p> <p>- Corrective Action Taken Related to this Finding:</p> <p>The Facility floors have been cleaned, including room #3, 7, 20, and 16; Damaged floor tiles have been repaired, including room #3; The Facility is now free of foul urine odor, including room #20: Divots and scuff marks on the walls have been repaired; The baseboards are now free of dark brown residue including room #3, #7, #16 and the main dining room; The trash has been cleaned from</p>	09/02/2016

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	<p>c. Room #7's floor appeared unclean, dark stains and debris noted. Dark brown residue noted along baseboards.</p> <p>d. Room #16's floor appeared unclean, dark stains and debris noted. Dark brown residue noted along baseboards.</p> <p>e. Room #20's floor appeared unclean. The room had a strong urine odor noted. Wheels on the bed noted with thick dust and debris. The floor was sticky.</p> <p>f. Shower room across from Room #3 was noted to have a foul odor. Dried brown matter on front of toilet bowl below the seat. A wash cloth and gloves were noted on the floor next to the toilet.</p> <p>g. Shower room across for Room #18 appeared unclean. Trash was noted on the floor and the overhead light was not operational.</p> <p>h. The baseboard heating elements in the main dining room were noted to have spilled stains. A "Wet Floor" sign was noted and the floor had debris and trash still on it.</p> <p>i. The baseboard heating elements in the main dining room were noted to have spilled stains. A "Wet Floor" sign was posted. The floor was noted to have debris and trash under the tables. A dark brown residue was noted along the baseboards.</p> <p>j. A mechanical lift was noted in the hallway with visible dirt and stains on the frame.</p>		<p>under the bed in room #3</p> <p>The wheelson the bed in room #20 are free of thick dust and debris;</p> <p>The showerroom across from room # 3 is now free of foul odor, dried brown matter on thetoilet bowl and the washcloth and gloves are no longer on the floor;</p> <p>The showerroom across from room #18 is now clean and the overhead light is nowoperational;</p> <p>Baseboardheaters in the main dining room have been cleaned and the floors are cleaned ina timely manner;</p> <p>Themechanical lift has been cleaned of visible dirt and stains;</p> <p>Allresident over bed lights are operational;</p> <p>Residentsclothing is changed in a prompt fashion when food or debris noted;</p> <p>Residentw/c's are cleaned promptly when food or debris noted as well as splash stains;</p> <p>II. Other Residents with Potential to be affected by thisfinding will be identified by:</p> <p>All residents had the potential to be affected by this allegeddeficient practice</p> <p>III. Measures and Systemic Changes put into Place to AssureDeficit Practices do not</p>	

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	<p>During a facility tour, on 8/2/2016 at 11:11 a.m., no changes from the initial tour were noted.</p> <p>During a facility tour, on 8/2/2016 at 2:15 p.m., the following observations were noted:</p> <p>a. Floors throughout the facility appeared unclean. Floor tiles were damaged and stained. A foul urine odor was noted throughout the facility. Walls in the hallway were noted to have multiple divots and scuff marks. Dark brown residue was noted along the baseboards.</p> <p>b. Room #3's floor appeared unclean, dark stains and debris noted. Floor tiles were damaged. Dark brown residue along the baseboards were noted. Trash noted under the bed along with dust.</p> <p>c. Room #7's floor appeared unclean, dark stains and debris noted. Dark brown residue noted along baseboards.</p> <p>d. Room #16's floor appeared unclean, dark stains and debris noted. Dark brown residue noted along baseboards.</p> <p>e. Room #20's floor appeared unclean. The room had a strong urine odor noted. Wheels on the bed noted with thick dust and debris. The floor was sticky.</p> <p>f. Shower room across from Room #18 had the overhead light working.</p> <p>g. A mechanical lift was noted in the hallway with visible dirt and stains on the</p>		<p>recur are as Follows:</p> <p>Maintenance Director and Housekeeping Supervisor provided(Retraining) on 08/06/2016 by Consultant and are now utilizing scheduled tasksheets with check list for completion of each daily assignment.</p> <p>The Maintenance Department has implemented the work order logbook located at each of the nursing stations. This log book is available forstaff to document work order requests. The Maintenance Director will check the bookat least 2x per days scheduled to work.</p> <p>In-service provided for all staff for reporting work orders.</p> <p>House-keeping staff in-serviced 08/06/16, on daily cleaningexpectations and requirements.</p> <p>Lawrence Manor continues with interior renovations withreplacement dry wall, baseboard and painting.</p> <p>IV. Corrective Actions will be monitored to Ensure Complianceby:</p> <p>The Administrator will observe compliance via daily walkingrounds and review of the</p>	

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	<p>frame.</p> <p>During a facility tour on 8/3/2016 at 7:43 a.m., the following observations were noted:</p> <p>a. Floors throughout the facility appeared unclean. Floor tiles were damaged and stained. Walls in the hallway were noted to have multiple divots and scuff marks. Dark brown residue was noted along the baseboards.</p> <p>b. Room #3's floor appeared unclean, dark stains and debris noted. Floor tiles were damaged. Dark brown residue along the baseboards were noted. Dust was noted under the bed..</p> <p>c. Room #7's floor appeared unclean, dark stains and debris noted. Dark brown residue noted along baseboards.</p> <p>d. Room #16's floor appeared unclean, dark stains and debris noted. Dark brown residue noted along baseboards.</p> <p>e. Room #20's floor appeared unclean. The room had a strong urine odor noted. Wheels on the bed noted with thick dust and debris.</p> <p>f. A mechanical lift was noted in the hallway with visible dirt and stains on the frame.</p> <p>During an observation on 8/3/2016 at 10:00 a.m. the over bed light in room remained nonoperational. The resident indicated staff members were aware</p>		<p>maintenance work order book (M-F) x 1 wk, then weekly x 3 weeks, then monthly x 5 months. The Administrator will report findings to the QA committee monthly who will then decide on continued need and/or frequency of monitoring after 6 months.</p>	

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	<p>because they noted it when they provided resident care. The resident indicated the light had not worked since admission on 7/13/2016.</p> <p>During an interview on 8/2/2016 at 11:59 a.m., Resident D indicated the facility was clean. During this interview, Resident D was observed to have food stains on the front of his shirt. The wheelchair Resident D was sitting in had food crumbs and particles in the seat and splash stains on the frame.</p> <p>During an interview on 8/3/2016 at 7:58 a.m., Resident E indicated the facility was not clean. "No it's not clean. They might come in ever 2 days or so to sweep the floor." Resident E indicated the room smelled of urine.</p> <p>During an interview on 8/3/2016 at 9:30 a.m., the Maintenance Supervisor indicated he did not have a system in place to monitor or receive work orders for needed facility repairs. "I have a note book I write things in when I find something that needs fixed or the staff and residents tell me when they see me.</p> <p>During an interview on 8/3/2016 at 8:52 a.m., the Housekeeping Supervisor indicated the resident rooms were cleaned daily. "They are cleaned daily.</p>			

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	<p>They have a check list they follow. When they have to do a deep clean I go with them. The shower rooms are cleaned first thing in the morning and they go back to check it before the end of their shift." The Housekeeping Supervisor indicated the rooms were spot checked after cleaning but had not documentation to support the spot check.</p> <p>During an interview on 8/3/2016 at 12:45 p.m., Housekeeper #2 stated, "I clean in the morning and look back through before I leave."</p> <p>Review of the "Housekeeping Checklist" on 8/3/2016 at 9:03 a.m., indicated the following: ".Bed; under bed, swept/mopped. Furniture (all) moved; swept/mopped. Night Stand; dusted. Night Stand; drawers cleaned/straightened. Television; clean/dust. Window Sill; clean/dust. Floor' swept/mopped. Floor, cleaned room corners. (Putty Knife) Floor, door entry way, cleaned floor edges. (Putty Knife) Privacy Drapes; check for stains. Laundered (removed) Dust all furniture (visible/touchable areas)...."</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2016

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/03/2016
NAME OF PROVIDER OR SUPPLIER LAWRENCE MANOR HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	This Federal tag relates to Complaint IN00199348. 3.1-19(f)(5)				