

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155240	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/29/2011
NAME OF PROVIDER OR SUPPLIER LYONS HEALTH AND LIVING CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE CR 800 WEST LYONS, IN47443		
(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	
F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00092665.</p> <p>Complaint IN00092665 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: June 27, 28, and 29, 2011</p> <p>Facility number: 000144 Provider number: 155240 AIM number: 100266760</p> <p>Survey Team: Melinda Lewis RN TC Sharon Whiteman RN</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census Payor type: Medicare: 11 Medicaid: 38 Other: 06 Total: 55</p> <p>Sample: 14</p> <p>These deficiencies also reflect state</p>	F0000			

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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F0253 SS=C	<p>findings in accordance with 410 IAC 16.2.</p> <p>Quality review 7/01/11 by Suzanne Williams, RN</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure hall carpets were clean throughout the facility and failed to ensure resident equipment was clean. This deficiency has the potential to affect 55 of 55 residents.</p> <p>Findings Include:</p> <p>During observation tour of the environment on 06/28/11 with the Maintenance Supervisor and Housekeeping Supervisor present, the following observations were made:</p> <ol style="list-style-type: none"> 1. The hall carpet just outside the Mechanical Room and room #203 was observed to have a large dark stain. 2. The hall carpet just outside room #205 was observed to have a large dark stain. 3. The hall carpet just inside the double doors on the 200 hall was observed to have two large dark stains. 4. The hall carpet just outside room #313 	F0253	<p>This plan of correcton is to serve as Lyons Health and Living Community's credible allegaton of compliance.</p> <p>Submission of this plan of correcton does not consttute an admission by Lyons Health and Living Community or its management company that the allegatons contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission consttute an agreement or admission of the survey allegatons .</p> <p>F253 483.15(h)(2) HOUSEKEEPING AND MAINTENANCE SERVICES</p> <p>I. All carpeting was professionally cleaned during the survey process. All blood pressure cuff stands were cleaned during the survey process. All resident lifts were cleaned during the survey process.</p> <p>II. All carpeting, blood pressure cuff stands and resident lifts have been thoroughly cleaned and are on a routine cleaning schedule.</p>	07/19/2011	

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	<p>was observed to have a large dark stain.</p> <p>5. The entry of the 100 hall was observed to have 4 dark stains.</p> <p>6. The hall carpet just outside the 100 hall shower room was observed to have a large dark stain.</p> <p>7. The hall carpet just outside room #'s 104, 105, 112, and 114 were observed to have dark stains.</p> <p>8. The hall carpet just outside the 200 hall shower room was observed to have a dark stain.</p> <p>9. The hall carpet just outside room #116 was observed to have a dark stain.</p> <p>10. The hall carpet just outside room #108 was observed to have two dark stain spots.</p> <p>11. A blood pressure cuff stand was observed to be soiled with dusty residue.</p> <p>12. Two of three resident lifts were observed to be soiled with dusty residue.</p> <p>Interview of the Housekeeping Supervisor on 06/29/11 at 1:55 p.m. indicated the equipment was not on a regular cleaning schedule but would be from now on.</p>		<p>III. The systemic change will be that the facility has established a weekly cleaning schedule for the blood pressure cuff stands, resident lifts and carpeting. Education will be provided to housekeeping and maintenance staff regarding the cleaning schedule for blood pressure cuff stands, resident lifts and carpeting.</p> <p>IV. The Administrator or her designee will perform weekly physical plant tours to visualize that cleaning schedules have been completed with emphasis on:</p> <ul style="list-style-type: none"> · Carpeting · Blood pressure cuff stands · Resident lifts <p>Weekly physical plant tours will continue for a total of 12 months. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Completion date: 7/19/11</p>		

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F0371 SS=F	<p>Interview of the Maintenance Supervisor on 06/28/11 at 2:20 p.m. indicated the carpets had been professionally cleaned in the past and was cleaned weekly by the facility but the cleaning did not remove the stains.</p> <p>3.1-19(f)</p> <p>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 Based on observation, interview, and record review, the facility failed to ensure food items were dated when opened and failed to ensure left over foods were labeled and dated before storing in the refrigerator. This deficiency has the potential to affect 55 of 55 residents.</p> <p>Findings Include:</p> <p>During initial observation of the kitchen on 06/26/11 at 6:40 a.m. with Cook #1 present, the following observations were made:</p> <p>1. A carton of chicken salad which was 2/3 full was observed to not have been dated when opened. The chicken salad</p>	F0371	<p>This plan of correcton is to serve as Lyons Health and Living Community's credible allegaton of compliance. Submission of this plan of correcton does not consttute an admission by Lyons Health and Living Community or its management company that the allegatons contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission consttute an agreement or admission of the survey allegatons . F371-483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY</p> <p>I.</p>	07/19/2011	

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	<p>carton indicated the chicken salad was to be used before 07/09/11.</p> <p>2. Two containers of buttermilk ranch dressing which were 1/4 full were observed to not have been dated when opened.</p> <p>3. A gallon container of barbeque sauce which was 2/3 full was observed to have the date "10/26" written on the top.</p> <p>Interview of Cook #1 on 06/27/11 at 6:50 a.m. indicated the "10/26" date was the date the barbeque sauce was received by the facility.</p> <p>4. An opened carton of honey mustard dressing which was 2/3 full was noted to not have been dated when opened.</p> <p>5. A carton of "American Potato Salad" which was 1/4 full was noted to not have been dated when opened.</p> <p>6. A large stainless steel container of brown colored left over food was observed to be 1/4 full. The container was neither labeled as to what the contents was nor was it dated when opened.</p> <p>Interview of Cook #1 on 06/26/11 at 6:50 a.m. indicated all food items should be</p>		<p>The chicken salad, buttermilk dressing, barbeque sauce, honey mustard dressing, "American Potato Salad" and "brown colored leftover food" were discarded during the survey.</p> <p>II. 100% audit regarding correct labeling and dating of all food storage areas was completed. All unlabeled items have been discarded. All opened food items are now appropriately labeled and dated.</p> <p>III. The systemic change includes a daily checklist for dietary staff to include an audit for dating and labeling of food storage. This daily checklist will be reviewed by the Dietary Manager or designee daily (Monday through Friday) for completion and accuracy. Education was provided to dietary staff regarding food storage, labeling and dating practices. All new dietary employees will be offered education on appropriate food storage, labeling and dating practices during orientation.</p> <p>IV. The Administrator or designee will complete a daily audit, 5 days a week, of proper storage, labeling and dating of opened food items. This audit will continue for 30</p>		

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F0465 SS=F	<p>dated when opened and leftovers should be labeled. Cook #1 indicated the brown colored food "Looks like something we call dirt pudding."</p> <p>A "Food Preparation and Safety" policy which had a revision date of 2011 was provided by the Administrator on 06/29/11 at 11:10 a.m. The policy indicated, "Leftovers are handled properly to prevent contamination. Leftovers are used within 72 hours or discarded...Leftovers are labeled, dated and refrigerated immediately...."</p> <p>A "Food and Non-Food Storage" policy with a revision date of 2011 was provided by the Administrator on 06/29/11 at 11:10 a.m. The policy indicated, "...All products, previously opened, are labeled and dated...."</p> <p>3.1-21(i)(3)</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure piping, a garbage disposal, a stand fan, kitchen floor, and floor of chemical storage closet was clean. This deficiency has the potential to affect 55 of 55 residents.</p>	F0465	<p>days, and then will be completed 2 days a week for an additional 60 days, then one day a week for a total of 12 months of monitoring.</p> <p>Any identified concerns will be addressed.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion date: 7/19/11</p> <p>This plan of correcton is to serve as Lyons Health and Living Community's credible allegaton of compliance.</p> <p>Submission of this plan of correcton does not constitute an admission by Lyons Health and Living Community or its</p>	07/19/2011	

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	<p>Findings Include:</p> <p>During initial observation tour of the kitchen with Cook #1 present the following observations were made:</p> <ol style="list-style-type: none"> 1. The floor of the chemical storage closet was observed to be soiled with dust and sticky matter. 2. The kitchen floor of the dish machine room was noted to be sticky to walk on. 3. A stand fan located in the dish machine room was noted to have dirt and dust on the base of the fan. 4. The dish machine was observed to be soiled with lime build up and grime on the front, top, and sides of the dish machine. 5. The piping underneath the dish machine was observed to be soiled with black/grime and grease buildup. 6. The garbage disposal was observed to be covered with a greasy dirty residue. <p>Interview of Cook #1 on 06/26/11 at 6:40 a.m. indicated night shift was responsible for the deep cleaning before they left for the evening.</p> <p>3.1-19(f)</p>		<p>management company that the allegatons contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission consttute an agreement or admission of the survey allegatons . F465-483.70(h) SAFE/FUNCTIONAL/SANITARY/ COMFORTABLE ENVIRONMENT</p> <p>I. The floor of the chemical storage closet was cleaned, the kitchen floor of the dish machine room was cleaned, the stand fan in the dish machine room was cleaned, the dish machine was cleaned, the piping under the dish machine was cleaned and the garbage disposal was cleaned during the survey.</p> <p>II. The facility completed a complete review of kitchen sanitation and a sanitation review was conducted by Administrator and Dietary Manager. All areas of kitchen were covered on tour with emphasis on:</p> <ul style="list-style-type: none"> · Floors in the chemical storage closet, and kitchen floor of the dish machine room · The stand fan in the dish machine room · Dish machine · Piping under the dish machine · Garbage disposal <p>III.</p>		

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			<p>The systemic change includes weekly sanitation review will be conducted by consulting dietician or designee. Daily cleaning schedule have been developed to address all items identified. Education will be provided to all dietary staff regarding the daily cleaning schedules. New dietary employees will be trained on daily cleaning schedules during orientation.</p> <p>IV. Dietary Manager or designee will complete daily tour, (Monday through Friday) of the dietary department to ensure the cleanliness of the department with emphasis on:</p> <ul style="list-style-type: none"> · Floors in the chemical storage closet, and kitchen floor of the dish machine room · Floors in the chemical storage closet, and kitchen floor of the dish machine room · The stand fan in the dish machine room · Dish machine · Piping under the dish machine · Garbage disposal <p>This review will continue for duration of 12 months. Any concerns will be addressed.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as</p>		

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

PRINTED: 07/20/2011

FORM APPROVED

OMB NO. 0938-0391

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			<p>needed. Completion date: 7/19/11</p> <p>We respectfully request a desk review regarding our POC and allegation of compliance.</p>		