

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155732	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/13/2012
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NAME OF PROVIDER OR SUPPLIER  RIVEROAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 9, 10, 11, 12, 13, 2012</p> <p>Facility number: 004130 Provider number: 155732 AIM number: 200491050</p> <p>Survey team: Amy Wininger, RN, TC Barb Fowler, RN Vickie Ellis, RN (April 11, 12, 13, 2012) Diane Hancock, RN (April 11, 12, 13, 2012)</p> <p>Census bed type: SNF/NF: 42 SNF: 19 Residential: 26 Total: 87</p> <p>Census payor type: Medicare: 16 Medicaid: 22 Other: 49 Total: 87</p> <p>Sample: 15 Supplemental sample: 8 Residential sample: 7</p>	F0000	Preparation or execution of this plan of correction 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 executed solely because it is required by Federal and State law. This plan of correction is submitted in order to respond to the allegations of noncompliance cited during annual survey review concluding on 4-13-2012 Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 5-9-2012 We respectfully request a desk review for compliance.	

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>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed 4/17/12 Cathy Emswiller RN</p>			

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure 1 of 4 residents reviewed for falls, in the total sample of 13, was provided assistive devices identified by the plan of care to prevent falls, in that the resident did not have gripper socks on and experienced a fall. (Resident #9)</p> <p>Findings include:</p> <p>The clinical record of Resident #9 was reviewed on 04/11/12 10:10 A.M. The record indicated the resident's diagnoses included, but were not limited to, h/o [history of] fall.</p> <p>During the initial tour on 04/09/12 at 10:45 A.M. the DoN [Director of Nursing] indicated Resident #9 was visually impaired, experienced frequent falls, and was not interviewable.</p> <p>A Care Plan dated 03/26/12 indicated a problem of falls with interventions that included, but were not limited to, "appropriate footwear"</p>	F0323	<p>F 323</p> <p>Resident #9 's plan of care related to risk for falls has been reviewed and updated as necessary and staff have been in serviced on this plan of care. <b>Completion Date 5-9-2012</b></p> <p>All other residents are at risk to be affected by the alleged deficiency and through alterations in processes and in servicing the campus will ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. <b>Completion Date 5-9-2012</b></p> <p>Nursing staff have been in serviced concerning Fall/Safety Management. Systemic change is the C.N.A. Assignment sheet will be updated by the charge nurse at the time of the fall with the new intervention and nurse managers will do a notice on the care tracker post IDT review. <b>Completion Date 5-9-2012</b></p>	05/09/2012			

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	<p>A Nursing Admission Assessment dated 03/12/12 included a handwritten note dated 03/15/12 which indicated, "...gripper socks, or shoes, shoes [sic] at all times..."</p> <p>A Nursing note dated 03/27/12 at 12:15 A.M. indicated, "Res. [resident] found on floor...Pt. [Patient] was wearing tubigrips [a compression stocking]..."</p> <p>During an interview on 04/11/12 at 4:00 P.M. the DoN indicated Resident #9 had no footwear on at the time of the fall on 03/27/12.</p> <p>The policy and procedure for Falls Management Program Guidelines provided by the HFA [Health Facilities Administrator] on 04/13/12 at 11:00 A.M. indicated, "Procedure:...b. Care Plan interventions will be implemented..."</p> <p>3.1-45(a)(2)</p>		<p>DHS /designee will monitor 3 random resident at risk for falls to assure safety interventions in place as per plan of care and staff following plan of care to prevent an accident 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p><b>Completion Date 5-9-2012</b></p>	

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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 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.</p> <p>Based on observation, interview and record review, the facility failed to ensure</p>	F0441	F 441	05/09/2012	

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	<p>infection control procedures were followed during personal care for 1 of 4 sampled residents (Resident #7) in the sample of 13, and during meal service for 2 of 13 sampled residents [Residents #22 and #26] and 8 residents in the supplemental sample of 8 (Resident #6, #15, #16, #17, #19, #31, #42, #47), in that glove changes were not performed between clean and dirty procedures as required and ready made food was handled without the use of gloves. (Resident #6, #7, #15, #16, #17, #19, #22, #26, #31, #42, #47)</p> <p>Findings include:</p> <p>1. During an observation of care on 4/11/12 at 8:44 A.M., CRCA [Certified Residential Care Associate] # 1 was observed to be give Resident #7 a partial bed bath.</p> <p>At that time, CRCA #1 was observed to apply gloves, fill a bath basin with tap water, and place the basin on a bedside table.</p> <p>CRCA #1 was then observed to wash the resident's eyes and face with a washcloth. At that time, CRCA #1 was then observed to place the dirty washcloth in the bath basin. During an interview, at that time, CRCA #1 indicated the resident had been</p>		<p>Res #6,7,15,16,17,19,22,266,31,42,47 suffered no ill effects from the findings on the 2567.</p> <p><b>Completion Date 5-9-2012</b></p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure correct actions to prevent spread of infection are followed and proper food handling.</p> <p><b>Completion date 5-9-2012</b></p> <p>Nursing staff will be in serviced on proper hand washing procedures, glove usage, and proper precaution techniques to prevent spreading of infection Systemic change will be that nursing staff will have return demonstration of skills to prevent infection including hand washing and glove application. Skills will be re-evaluated on an annual basis for competency. All staff will be in serviced on ready made food handling. Systemic change will be an in-service on ready made food handling annually and will be added to general orientation.</p> <p><b>Completion Date 5-9-2012</b></p> <p>DHS/Designee will monitor 3 random residents for resident care that includes hand washing, glove usage, and care provided</p>				

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	<p>incontinent of urine. CRCA #1 was then observed to wash the resident's periarea with a second washcloth and place it in the bath basin. At that time, CRCA #1 was observed to wash the resident's feet with the washcloths. At that time, CRCA #1 was observed to reach for the resident's dentures.</p> <p>During an interview, at that time, CRCA #1 indicated she had forgotten to change her gloves and wash her hands.</p> <p>The policy and procedure for Hand Hygiene provided by the HFA [Health Facilities Administrator] on 04/12/12 at 10:00 A.M. indicated, "...Gloves and Hand Hygiene...2. Change gloves during patient care if moving from a contaminated body site to a clean body site..."</p> <p>2. During the observation of the lunch meal on 04/09/12 at 12:00 P.M. CRCA [Certified Resident Care Assistant] #2 was observed to pick up the following residents rolls with ungloved hands and apply butter: Residents #47, 19, 16, 6, 22, 15, 42. At that time, the SSD [Social Service Designee] was observed to pick up the following residents rolls with ungloved hands and apply butter: Residents 31, 17.</p>		<p>to ensure preventive infection control practices followed and ready made food not handled without the use of gloves. 5x week x one month 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments <b>Completion Date 5-9-2012</b></p>				

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	<p>During the observation of the evening meal on 04/11/12 at 5:20 P.M. CRCA #3 was observed to assist Resident #26 in the residents room. At that time, CRCA #3 was observed to cut a sandwich into pieces and hand a piece to Resident #26 with an ungloved hand.</p> <p>The policy and procedure for Protection Contamination from Hands provided by the HFA [Health Facilities Administrator] on 04/13/12 at 11:30 A.M. indicated, "FOOD EMPLOYEES may not contact exposed, READY-TO-EAT FOOD with their bare hands..."</p> <p>In an interview with the HFA on 04/13/12 at 11:35 A.M. she indicated, ready made food should not be handled without gloves.</p> <p>3.1-18(b)(1) 3.1-18(1)</p>				

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure accurate clinical records for the accountability of medications upon discharge in 1 of 2 closed records in a sample of 15 residents. (Resident #62)</p> <p>Findings include:</p> <p>A closed record review of Resident #62 on 4/11/12 at 10:06 A.M., indicated Resident #62 had been admitted on 3/1/12 and discharged on 3/5/12.</p> <p>A doctors order dated 3/1/12 indicated Resident #62 was to have Zofran [an anti nausea medication] 4 milligram [mg] tab by mouth every 8 hours as needed for nausea.</p> <p>A medication administration record</p>	F0514	<p>F 514 Resident #62 suffered no ill effect from the alleged deficiency <b>Completion Date 5-9-2012</b> All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. <b>Completion Date 5-9-2012</b> Nursing staff have been in serviced regarding required documentation of the administration of prn medication. Systemic change is all nurses will be required to complete a competency on administration of a prn medication now and annually thereafter. <b>Completion Date 5-9-2012</b> DHS/ designee</p>	05/09/2012

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	<p>indicated Resident #62 had received Zofran 4 mg one time on 03/04/12.</p> <p>A document titled drug disposal log dated 03/08/12 indicated a drug label of Zofran 4 mg 30 tabs had been ordered for Resident #62 on 03/02/12 and 23 of those tabs had been returned to the pharmacy on 03/08/12.</p> <p>In an interview on 4/11/12 at 3:45 p.m. with the Director of Nursing [DoN], she indicated the nursing change of shift report sheets dated 3/2/12, 3/3/12, and 3/4/12 noted Zofran 4 mg tabs had been given for nausea on these dates, which left 4 of the 30 Zofran 4 mg tabs unaccounted for.</p> <p>A document provided by the DoN on 4/13/12 at 11:30 a.m. titled Disposal of Medications and Medication-Related Supplies and dated 2/1/10, indicated it was the facility's policy if a drug was discontinued by the prescriber do to discharge, the facility would destroy the medication or return it to the pharmacy.</p> <p>3.1-50(a)(1)</p>		<p>will review prn medication to assure complete documentation for 3 random residents 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments <b>Completed on Date 5-9-2012</b></p>		

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R0217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure the service plans were signed and dated by the residents or their family members, for 5 of 5 current residents reviewed, in the sample of 7. (Residents #86, #68, #83, #82, #64)</p> <p>Findings include:</p>	R0217	R 217 Resident #86,68,83,82,64 have their service plans signed and dated. <b>Completion Date 5-9-2012</b> All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing the campus will ensure service plans are signed and dated by the resident and/or	05/09/2012

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	<p>1. Resident #68's clinical record was reviewed on 4/12/12 at 1:40 p.m. The record included, but was not limited to, a service plan, dated 4/3/12. The service plan lacked a signature or date by the resident or family.</p> <p>2. Resident #82's clinical record was reviewed on 4/12/12 at 11:30 a.m. The record included, but was not limited to, a service plan, dated 4/3/12. The service plan lacked a signature or date by the resident or family.</p> <p>3. Resident #64's clinical record was reviewed on 4/12/12 at 2:15 p.m. The record included, but was not limited to, a service plan, dated 3/11/12. The service plan lacked a signature or date by the resident or family.</p> <p>4. Resident #86's clinical record was reviewed on 4/13/12 at 9:45 a.m. The record included, but was not limited to, a service plan, dated 2/8/12. The service plan lacked a signature or date by the resident or family.</p> <p>5. Resident #83's clinical record was reviewed on 4/13/12 at 9:45 a.m. The record included, but was not limited to, a service plan, dated 11/18/11. The service plan lacked a signature by the resident or</p>		<p>responsible party. <b>Completion Date 5-9-2012</b> All current residents on assisted living have had their service plans reviewed, signed, and dated by the resident and /or responsible party.</p> <p><b>Completion Date 5-9-2012</b> An in-service has been completed with licensed nurses concerning completing the assisted living service plan and the importance of having the resident and/or responsible party sign and date the service plan. The systemic change is service plans will be reviewed monthly by the assisted living unit manager/designee to assure the resident and/or responsible party have signed and dated the service plan.</p> <p><b>Completion Date 5-9-2012</b> DHS/Designee will audit 2 random resident's service plans to ensure the service plan has been signed by the resident and/or responsible party and dated 5x a week x one month 3x a week x one month then weekly with results forwarded to the QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p> <p><b>Completion Date 5-9-2012</b></p>				

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	<p>family.</p> <p>6. LPN #1 was interviewed on 4/12/12 at 2:20 p.m. She indicated they usually reviewed the resident's evaluation quarterly, either with the family or the resident. She indicated they sometimes had the resident sign a care conference record, but not the service plan.</p>			