

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/04/2014
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NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 25, 26, 27, 28, & March 3, & 4, 2014.</p> <p>Facility number: 000188 Provider number: 155291 AIM number: 100266310</p> <p>Survey team: Lora Brettnacher, RN-TC Karen Hartman, RN Laura Brashear, RN (February 26, 27, 28 & March 4, 2014) Mary Weyls, RN (February 25, 26, 27, 28 & March 4, 2014)</p> <p>Census bed type: SNF: 7 SNF/NF: 93 Total: 100</p> <p>Census payor type: Medicare: 9 Medicaid: 69 Other: 22 Total: 100</p> <p>These deficiencies reflect state findings cited in accordance with</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after April 3, 2014</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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F000242 SS=D	<p>410 IAC 16.2.</p> <p>Quality review completed on 03/10/2014 by Brenda Marshall, RN</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on record review and interview, the facility failed to ensure residents received the number of showers weekly according to their past preferences for 1 of 3 residents whose family was interviewed regarding choices (Resident #90).</p> <p>Findings include:</p> <p>Resident #90's record was reviewed on 2/28/2014 at 9:08 A.M. Resident #90 had diagnoses which included, but were not limited to, dementia, depressive disorder, and anxiety. A significant change minimum data set</p>	F000242	<p>F242 – Self determination – Right to make choices It is the intent of this provider to allow all residents the right to choose activities, schedules, and health care consistent with his/her interests, assessments, and plans of care; interact with members of the community and make choices about aspects of life in the facility. What correctiveaction(s) will be accomplished for those residents found to have been affectedby the alleged deficient practice? The care plan for resident #90 has been updated to reflect his preferences based on interview with the residents' wife. The resident receives showers</p>	04/03/2014	

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	<p>assessment tool [MDS] dated 12/21/13, indicated Resident #90 was severely cognitively impaired with a Brief Interview Mental Status score [BIMS] of 3 out of 15.</p> <p>During an interview on 2/26/2014 at 8:52 A.M., Resident #90's wife indicated he did not receive the same number of baths or showers in a week based on his past preferences. She indicated she had not been asked about Resident #90's past preferences. She indicated when he was at home he took showers daily but she realized the facility could not provide him with a shower daily but she would at least like him to have three showers a week. She stated, "...I noticed his hair smells and his face has been breaking out because they are not keeping his face clean. His face smells. He has accidents all the time now because he can't tell you when he has to go to the bathroom."</p> <p>During an interview on 3/3/2014 at 10:41 A.M., the Director of Nursing [DON] indicated assessments for preferences and choices regarding bathing schedules were not completed for residents who were cognitively impaired. She indicated Resident #90's family was not</p>		<p>three times/week as requested by the residents' spouse. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken</p> <p>Residents who are unable to state their preferences regarding bathing have the potential to be affected. The responsible parties for these residents were interviewed regarding preferences. The care plans were updated for these residents. Residents will be interviewed using the QIS tool. Families of residents who are not interviewable will be contacted to verify preferences and care plans to be updated accordingly. Residents are receiving the number of showers per preference. What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur</p> <p>Nursing staff were in-serviced on 03/21/2014 and 03/28/2014 regarding following the care plan for showering preferences. The families/responsible party for residents who are unable to state their preferences will be interviewed for preferences upon admission and quarterly. These preferences will be indicated on the resident's care plan. How the corrective action(s) will be monitored to ensure the</p>		

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	consulted regarding his past preferences with bathing. 3.1-3(u)(1)		<p>deficient practice will not recur, i.e., what quality assurance program will be put into place The DNS/designee is responsible for completing the Accommodation of Needs CQI tool weekly x four, bi-monthly x two months and quarterly thereafter for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>Compliance date: April 3, 2014</p>		

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F000280 SS=E	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to ensure residents, residents' families and/or legal representative participated in the residents' quarterly care plan review/revision process for 3 of 3 family's interviewed regarding participation in care plan meetings (Resident #90, #54, and #74).</p> <p>Findings include:</p> <p>1. Resident #90's record was reviewed on 2/28/2014 at 9:08 A.M. Resident #90 had diagnoses which included, but were not limited to, dementia, depressive disorder, and</p>	F000280	<p>F280 – Right to Participate Planning Care-Revise CP It is the intent of this facility to allow all residents the right to participate in planning care and treatment or make changes in care and treatment. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? The family members of residents #90, #54 and #74 have been invited and attended a care plan meeting. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be</p>	04/03/2014			

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	<p>anxiety. A significant change minimum data set assessment tool [MDS] dated 12/21/13, indicated Resident #90 had severe cognitive impairment with a Brief Interview Mental Status score [BIMS] of 3 out of 15. The record lacked documentation which indicated the resident's family/legal representative was invited to care planning meetings.</p> <p>During an interview on 2/26/14 at 9:32 A.M., Resident #90's wife indicated she had not been invited to participate in his care planning conferences. She indicated the previous Memory Care Coordinator had invited her once but the meeting had to be rescheduled and she had not been invited since.</p> <p>2. Resident #54's record was reviewed on 2/28/2014 at 9:20 A.M. Resident #54 had diagnoses which included, but were not limited to, dementia and hypertension. A significant change MDS dated 1/15/2014, indicated Resident #54 had severe cognitive impairment with a BIMS score of 3 out of 15. The record lacked documentation which indicated the resident's family/legal representative was invited to care planning meetings.</p>		<p>taken All residents have the potential to be affected. Residents and their responsible parties are invited to attend the quarterly care plan review via a post card mailed to the responsible parties' address two weeks before the care plan review date. The resident's invitation is hand delivered to the resident by Social Services. A copy of the invitation will be maintained in the resident's record. Medical Records conducted an audit of residents' record to ensure all families have been invited to care plan meetings within the last quarter. Any residents that haven't attended in the past quarter on the Memory Care unit will be invited to a care plan meeting.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur The Social Services Director and Memory Care Facilitator will invite each resident and the responsible party to the care plan review using a post card. The post card will be mailed to the responsible party two weeks before the care plan review date. The post card will be hand delivered to the resident two weeks before the care plan date. A copy of the invitations will be maintained in the resident's record. How the corrective action(s) will be monitored to ensure the</p>				

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	<p>During an interview on 2/26/2014 at 10:01 A.M., Resident #54's son indicated he had been invited and attended a care plan meeting when his dad first moved into the facility but had not been invited to attend since.</p> <p>3. Resident #74's record was reviewed on 2/28/2014 at 11:22 A.M. Resident #74 had diagnoses which included, but were not limited to, Alzheimer's disease, heart disease, hypertension, and depression. A quarterly MDS dated 1/7/14, indicated Resident #74 had severe cognitive impairment and a BIMS assessment score could not be obtained. The record lacked documentation which indicated the resident's family/legal representative was invited to care planning meetings.</p> <p>During an interview on 2/26/14 at 9:48 A.M., Resident #74's daughter indicated she was invited and attended a care plan conference when her mother first moved to the facility but had not been invited to attend since.</p> <p>During an interview on 3/32014 at 2:40 P.M., the Executive Director</p>		<p>deficient practice will not recur, i.e., what quality assurance program will be put into place The Social Services Director is responsible for completing the SS Care Plan CQI tool weekly x four, bi-monthly x two months and quarterly thereafter for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>Compliance date: April 3, 2014</p>		

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	<p>[ED]indicated the Memory Care Coordinator for the "Cottage" was "new" and she was not aware of the facility's system regarding contacting and documenting attempts made to contact family members for participation with the care plan process. The ED indicated the facility was unable to provide documentation the families of Resident #90, #45, and #74 had been invited to participate in their care plan meetings.</p> <p>3.1-35(2)(C)</p>			

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents who were unable to carry out activities of daily living received oral care and assistance with toileting/incontinent care for 1 of 3 residents reviewed for activities of daily living (Resident #90).</p> <p>Findings include:</p> <p>Resident #90's record was reviewed on 2/28/2014 at 9:08 A.M. Resident #90 had diagnoses which included, but were not limited to, dementia, depressive disorder, and anxiety.</p> <p>Resident #90 was constantly observed on 2/28/14 from 10:25 A.M. through 1:12 P.M. Resident #90 was not taken to the bathroom and/or provided incontinent care during this time.</p> <p>During an observation at 2/28/2014, at 1:30 P.M., Resident #90 was observed seated on the toilet with</p>	F000312	<p>F312 – ADL Care Provided for Dependent Residents It is the intent of this facility for all residents who are unable to carry out activities of daily living to receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? Resident #90 has been toileted and received oral care per his care plan. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken All residents who require assistance with toileting and oral care have the potential to be affected. All residents were observed by DNS/designee to ensure residents received oral care and toileting per plan of care. Nursing staff were in-serviced on 03/21/2014 and 03/28/2014 regarding following the care plan for toileting and for providing oral care. What measures will be put into place or what</p>	04/03/2014	

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	<p>Certified Nursing Assistant [CNA] #2 assisting him. During an interview at this time CNA #2 stated, "He had to go badly." CNA #2 indicated she took off his brief and it was "very very wet."</p> <p>During an observation on 3/3/2014 at 9:26 A.M., Resident #90 was observed to have yellow debris between all visible teeth on the bottom and the top of his mouth.</p> <p>A 30 day scheduled minimum data set assessment tool [MDS] dated 1/14/2014, indicated Resident #90 had severe cognitive impairment with a brief interview mental status score of 4 out of 15, he required extensive assistance of two staff for toileting and extensive assistance of one staff for personal hygiene including brushing his teeth.</p> <p>A care plan dated 1/23/14, indicated Resident #90 had a self care deficit related and needed assistance with activities of daily living. Approaches included staff were to assist him with toileting, provide incontinent care as needed, and provide oral care at least two times daily.</p> <p>A Certified Nursing Assignment Sheet identified as current on</p>		<p>systemic changes you will make to ensure that the alleged deficient practice does not recur Nursing staff were inserviced on 03/21/2014 and 03/28/2014 regarding following the care plan for toileting and for providing oral care.</p> <p>DNS/designee will do resident care rounds daily on each shift to ensure toileting assistance and oral care is being provided per plan of care. 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 DNS/designee is responsible for completing the Resident Care Rounds CQI tool weekly x four, bi-monthly x two months, and quarterly thereafter for six months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p>Compliance date: April 3, 2014</p>		

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	<p>3/3/2014 at 9:13 A.M., by Licensed Practical Nurse #2 indicated Resident #90 needed to be toileted every two hours.</p> <p>During an interview on 2/26/2014 at 9:15 A.M., Resident #90's wife indicated he did not receive the assistance he needed with oral care. She stated, "I don't think he has had his teeth brushed for I don't know how long...." She indicated she visits frequently and she wasn't sure if he received the assistance for toileting when she wasn't there because we she arrives she frequently finds that he has "messed his pants."</p> <p>During an interview on 3/3/2014 at 9:13 A.M., LPN #2 indicated the third shift staff provided oral care to residents when they got them up. During this interview documentation was requested which indicated Resident #90 had been provided with oral care.</p> <p>During an interview on 3/3/2014 at 9:31 A.M., CNA #2 indicated Resident #90 did not reject care and she would brush his teeth on his shower days. She indicted he was showered twice a week. CNA #2 indicated she usually took Resident</p>			

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F000371 SS=F	<p>#90 to the bathroom after breakfast and after lunch.</p> <p>During an interview with the Director of Nursing [DON] on 3/3/2014 at 9:45 A.M., documentation which indicated oral care was provided to Resident #90 was requested.</p> <p>During an interview on 3/4/14 at 10:00 A.M., the DON indicated, the facility currently did not have a system in place for staff to document oral care was provided. She indicated the facility did not have documentation Resident #90 had been provided oral care twice daily as indicated by his plan of care.</p> <p>3.1-38(a)(2)(C) 3.1-38(3)(b)(1)</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 Based on observation, interview and</p>	F000371	F371 –Food Procure,	04/03/2014			

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	<p>record review, the facility failed to ensure food items were labeled with the expiration dates and failed to discard expired food for 1 of 2 kitchen observations. This deficient practice had the potential to affect 99 of 100 resident's receiving meals from the kitchen.</p> <p>Findings include:</p> <p>During kitchen observation on 2/25/14 at 10:30 a.m., with the FSS (food service supervisor) the following was observed:</p> <p>1. Walk in refrigerator observations:</p> <p>Two quarts of orange juice opened and not dated.</p> <p>Three 5 pound containers of cottage cheese, dated 1/29/14.</p> <p>Three quarts of creamer, with documentation of "out date" of 2/23/14.</p> <p>2. Walk in freezer observation:</p> <p>A large bag of blueberries, not dated or closed.</p> <p>During interview of the FSS (food service supervisor) on, 2/25/14 at</p>		<p>Store/Prepare/Serve – Sanitary</p> <p>It is the intent of this provider to procure food from sources approved or considered satisfactory by Federal, State or local authorities and to store, prepare, distribute and serve food under sanitary conditions.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were found to be negatively affected by this alleged deficient practice. Food items (orange juice, cottage cheese, and creamer) not dated or expired were discarded immediately. Blueberries were re-sealed and properly dated.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this finding. Facility meals are being distributed and served to all residents using sanitary conditions per facility policy. Review completed by CDM of all food stored in refrigerator/freezers to ensure opened food items were labeled with expiration dates and discarded if expired and were properly stored. A Dietary Staff In-Service washeld on March 20, 2014 by the CDM/RD/ designee. In-Service included review of storage, preparation,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS			STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214		
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	<p>10:30 a.m., the supervisor indicated when refrigerated food products are opened, the product should have been dated with an end date 7 days after the product was opened and should have been discarded after the 7th day."</p> <p>Review of a facility policy, titled "Food Storage" received on 3/4/14 at 10:20 a.m., from the Administrator, the policy indicated, "Refrigerated, ready-to-eat, potentially hazardous foods purchased from approved vendors, shall be clearly marked with the date the original container is opened and the date by which the food shall be consumed or discarded. This open food can not be held at 41 F [degrees Fahrenheit] or less for no more than 7 days and the date marked may not exceed the manufacturer's use-by-date." The policy also indicated under the title of "Frozen Foods", d) Foods should be covered, labeled and dated."</p> <p>3.1-21(i)(3)</p>		<p>proper food labeling and dating. Food will be labeled with expiration date when opened. All expired food will be discarded daily. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Dietary Staff In-Service will be held on or before March 20, 2014 and conducted by the CDM/RD/Designee. The In-Service will include review of storage, preparation, proper food labeling and dating. The Dietary Manager/designee will monitor storage, labeling and dating of food to ensure proper food handling and discard of outdated items on a daily basis. The RD will monitor storage, food handling, labeling and dating during monthly sanitation reviews.</p> <p>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 in place: To ensure ongoing compliance, the Dietary Manager/Designee is responsible for the completion of the "Kitchen Sanitation/Environmental Review" tool daily for two weeks, and then three times weekly for two months and then weekly for at least six months. The results of these audits will be reviewed by the CQI committee overseen by the Executive Director. If threshold of 95% is not achieved</p>		

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			an action plan will be developed to ensure compliance. ComplianceDate: April 3, 2014		