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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155812 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/09/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>WELLBROOKE OF CRAWFORDSVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>517 CONCORD ROAD<br>CRAWFORDSVILLE, IN 47933 |
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| F000000            | <p>This visit was for a Recertification and State Licensure Survey. The visit included the State Residential Licensure Survey.</p> <p>Survey dates: December 2, 3, 4, 5, 8, and 9, 2014</p> <p>Facility number: 013107<br/>Provider number: 155812<br/>AIM number: N/A</p> <p>Survey Team:<br/>Laura Brasher, RN, TC<br/>Mary Weyls, RN<br/>Vickie Nearhoof, RN<br/>Geoff Harris, RN<br/>Brooke Harrison, RN (12/02, 12/03, 12/04, 12/05, and 12/08, 2014)</p> <p>Census bed type:<br/>SNF: 42<br/>Residential: 31<br/>Total: 73</p> <p>Census payor type:<br/>Medicare: 26<br/>Other: 16<br/>Total: 42</p> <p>Residential sample: 8</p> | F000000       |   |                      |

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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| F000309<br>SS=D  | <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on December 16, 2014.</p> <p>483.25<br/>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br/>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to assess and evaluate the need for an as needed (prn) medication related to a resident's blood pressure (B/P) and edema for 1 of 2 residents reviewed for unnecessary medications in a sample of 5.<br/>(Resident #86)</p> <p>Findings include:</p> <p>Resident #86 was observed on 12/04/14 at 2:35 p.m., in her room. The resident was sitting in her wheelchair, with her feet on the floor. Her left foot was</p> |   |  | F000309   | <p>It is the practice of Wellbrooke of Crawfordsville to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. <b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b> Resident #86 physician notified and orders have been submitted for review and clarification <b>How other residents having the potential to be affected by the same deficient practice will be identified and</b></p> |   | 01/08/2015           |

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|  | <p>observed red and very swollen with noted indentation from her shoe.</p> <p>On 12/05/14 at 9:25 a.m., Resident #86 was observed sitting in her wheelchair on the 100 hall and talking to staff. The resident's left foot was extremely swollen and red with noted indentation from shoe. Resident did not have compression socks on either foot and both feet were on the floor.</p> <p>Resident #86 was observed on 12/08/14 at 9:15 a.m. eating breakfast in the main dining room. The resident's left foot was swollen and compression socks were on bilaterally with shoes on.</p> <p>The care plan "risk for decreased cardiac output secondary to diagnosis of hypertension" indicated staff should assess the resident's color and vital signs per protocol and should notify physician if BP deviated from resident's normal.</p> <p>A clinical record review for Resident #86 was conducted on 12/05/14 at 9:35 a.m. Diagnoses included, but were not limited to, CHF (congestive heart failure), HTN (hypertension), restless leg syndrome, and cellulitis of foot.</p> <p>The Decemeber 2014 physician's recapitulation included, but was not</p> |   | <p><b>what corrective action will be taken:</b> All residents receiving prn medications for edema and those with BP call parameters have the potential to be affected. An audit of resident physician orders has been completed. No other residents are affected. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The center has a policy in place regarding following physician orders. This policy addresses resident assessment and the administration of PRN medications as well as the notification to the physician according to call parameters. In-service education has been provided to licensed nurses regarding this policy. In addition, physician orders are reviewed during the clinical IDT meeting 5 days/week to ensure indication of prn medication utilization and call parameters ongoing. <b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place:</b> The DON or designee is completing a quality improvement audit of resident assessment and administration of PRN medications. The QI audit also includes monitoring for physician notification of B/P according to call parameters. This QI audit is being completed weekly for 30</p> |                      |   |

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|  | <p>limited to Lasix 20 mg as needed every day (dated 04/29/14) and Lasix 20 mg every day (dated 10/04/14).</p> <p>A physician's order dated 10/31/14, was noted to check daily blood pressures with a goal of 150/90 for 80% of the time.</p> <p>The blood pressure results included but were not limited to:</p> <p>On 11/05/14, B/P of 152/66<br/>On 11/07/14, B/P of 152/85<br/>On 11/08/14, B/P of 161/81<br/>On 11/11/14, B/P of 156/85<br/>On 11/14/14, B/P of 178/88<br/>On 11/15/14, B/P of 171/75<br/>On 11/16/14, B/P of 158/65<br/>On 11/17/14, B/P of 180/88<br/>On 11/21/14, B/P of 160/84<br/>On 11/23/14, B/P of 168/80<br/>On 11/25/14, B/P of 161/78<br/>On 11/27/14, B/P of 125/92<br/>On 12/05/14, B/P of 173/92<br/>On 12/08/14, B/P of 168/72</p> <p>The "Clinical Notes Report" indicated the following:</p> <p>On 10/30/14 at 10:31 p.m., +4 edema noted in bilateral lower extremities.<br/>On 10/31/14 at 9:58 p.m., BP 163/94 and continued +3 pitting edema to bilateral lower extremities.</p> |   | <p>days; then twice monthly for 30 days; then monthly for 90 days. Additional audits will be completed based upon the level of compliance. The results of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.<br/>DOC: 1-8-15</p> |                      |   |

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|                    | <p>On 11/20/14 at 1:06 a.m., 2-3+ pitting edema still present in bilateral lower extremities.</p> <p>On 11/20/14 at 11:07 a.m., resident continued with pitting edema in bilateral lower extremities, left foot +3, right foot +2.</p> <p>On 11/23/14 at 2:01 a.m., edema remained to bilateral legs.</p> <p>On 11/24/14 at 12:16 p.m., resident continued with bilateral lower extremity edema.</p> <p>On 11/30/14 at 9:34 p.m., +2 pitting edema noted.</p> <p>On 12/04/14 at 1:19 p.m., resident continued with pitting edema in bilateral lower extremities. +3 in left ankle and +2 in right lower extremity.</p> <p>On 12/06/14 at 12:09 a.m., edema continued to bilateral lower legs.</p> <p>On 12/06/14 at 4:00 p.m., resident continued to have +4 pitting edema in left foot and +2 in right foot.</p> <p>MAR (Medication Administration Record) dated November 2014 and December 2014 indicated no prn Lasix had been administered.</p> <p>During an interview on 12/8/14 at 11:14 a.m., LPN # 8 indicated the resident had chronic bilateral edema in her lower extremities. She indicated she would</p> |               |   |                      |

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| F000371<br>SS=E  | <p>administer the prn Lasix if the resident's pitting edema was worsening, weeping, red, or warm. The LPN indicated she would not give the prn Lasix without first calling the resident's physician since she had scheduled Lasix. The LPN also indicated the staff should be faxing the B/P's to the physician, but she indicated she could not locate the communication sheet related to the B/P notification.</p> <p>3.1-37(a)</p> <p>483.35(i)<br/>FOOD PROCURE,<br/>STORE/PREPARE/SERVE - SANITARY<br/>The facility must -<br/>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br/>(2) Store, prepare, distribute and serve food under sanitary conditions<br/>Based on observation, interview, and record review, the facility failed to ensure meals served to the residents in the main dining room were served under sanitary conditions and failed to ensure adequate hand washing. This had the potential to affect 42 residents in the facility who were served meals in the main dining room.</p> <p>Finding includes:</p> | F000371   | <p>It is the practice of Wellbrooke of Crawfordsville to procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and store, and prepare, distribute, and serve food under sanitary conditions.<br/><b>Corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b> No residents were identified in the survey report.<br/><b>How other residents having the</b></p> | 01/08/2015  |  |   |  |

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|  | <p>On 12/8/14 at 12:00 p.m., Dining staff #2 was observed serving food from the steam table to the residents in the main dining room. The staff member went out into the dining room, without gloves, and returned to the steam table. She then wiped her nose with her hand, picked up a soup bowl, dipped soup into the bowl, carried the bowl to a resident, and returned to the steam table, without washing her hands or donning gloves.</p> <p>On 12/8/14 at 12:10 p.m., a current document (no date) titled, "Food Safety Fundamentals-Handwashing," was provided by the Dietary Manager. The document included but was not limited to, "...employees to, ...Turn off faucet with paper towel-not with clean hands." An additional policy provided at the same time titled "Food Safety Fundamentals-When to Wash Hands," (no date) included but was not limited to, "...Wash hands thoroughly and always: after touching your hair, face, nose or any other part of your body...after handling dirty equipment."</p> <p>3.1-21(i)(3)</p> |   | <p><b>potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b> All residents have the potential to be affected, however, no negative outcome resulted. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The center has policy in place regarding hand washing. All dining services staff has received in-service education on infection control as it pertains to hand washing, handling of and distribution/serving of food. The Director of dining services or designee will observe no &lt; 3 meals/week x 8 weeks, then no &lt; 2 meals/week x 4 weeks to ensure infection control procedures are being followed. All dining services staff have completed hand washing skills check off. <b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place:</b> The Staff Development Coordinator will conduct quality improvement audits of hand washing. Audits are being completed weekly for 30 days; then twice monthly for 30 days; then monthly for 90 days. The Dining Services Director and Registered Dietitian will assist with ongoing monthly monitoring. Additional audits</p> |                      |   |

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| R000000            | This state finding is cited in accordance with 410 IAC 16.2-5.   | R000000       | will be completed based upon the level of compliance. The results of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.<br>DOC: 1-8-15   |                      |
| R000273            | 410 IAC 16.2-5-5.1(f)<br>Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.<br>Based on observation, interview, and record review, the facility failed to ensure food was prepared, distributed, and served under sanitary conditions. This had the potential to affect 31 of 31 residents who received food that was prepared in kitchen.<br><br>Findings include:<br><br>On 12/3/14 at 11:15 a.m., Dining staff #15 (DS #15) was observed in the Assisted Living dining room washing his hands. DS #15 turned on the faucet, wet his hands with water, applied soap to his hands, scrubbed hands with the soap for less than nine seconds, rinsed and dried | R000273       | We will be in full compliance as of 1/8/15 and respectfully request desk review for our annual survey dated 12/2/14-12/9/14. Thank you It is the practice of Wellbrooke of Crawfordsville to procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and store, and prepare, distribute, and serve food under sanitary conditions.<br><b>Corrective action will be accomplished for those residents found to have been affected by the deficient practice:</b> No residents were identified in the survey report.<br><b>How other residents having the potential to be affected by the same deficient practice will be</b> | 01/08/2015           |

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|  | <p>hands with a paper towel, turned off the faucet with the paper towel, opened a cabinet door with the paper towel, placed paper towel in trash can and then proceeded to shut the cabinet door with his bare left hand. Then, DS #15 cut a slice of bread from a loaf with his bare hands. DS #15 plated food from the steam table and placed the piece of the sliced bread onto the plate and proceeded to serve the plate to a resident.</p> <p>On 12/3/14 at 11:23 a.m., DS #15 was observed in the dining room washing his hands. DS #15 turned on the faucet, wet his hands with water, applied soap to his hands, scrubbed hands with the soap for less than fourteen seconds, rinsed and dried hands with a paper towel, turned off the faucet with the paper towel, opened a cabinet door with the paper towel, placed paper towel in trash can and then proceeded to shut the cabinet door with his bare left hand. Then, DS #15 cut a slice of bread from a loaf with his bare hands. DS #15 plated food from the steam table and placed the piece of the sliced bread onto the plate and proceeded to serve the plate to a resident.</p> <p>On 12/3/14 at 11:28 a.m., DS #15 was observed in the dining room washing his hands. DS #15 turned on the faucet, wet his hands with water, applied soap to his</p> |   | <p><b>identified and what corrective action will be taken:</b> All residents have the potential to be affected, however, no negative outcome resulted. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The center has policy in place regarding hand washing. All dining services staff has received in-service education on infection control as it pertains to hand washing, handling of and distribution/serving of food. The Director of dining services or designee will observe no &lt; 3 meals/week x 8 weeks, then no &lt; 2 meals/week x 4 weeks to ensure infection control procedures are being followed. All dining services staff have completed hand washing skills check off. <b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place:</b> The Staff Development Coordinator will conduct quality improvement audits of hand washing. Audits are being completed weekly for 30 days; then twice monthly for 30 days; then monthly for 90 days. The Dining Services Director and Registered Dietitian will assist with ongoing monthly monitoring. Additional audits will be completed based upon the level of compliance. The results</p> |                      |   |

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|                    | <p>hands, scrubbed hands with the soap for less than six seconds, rinsed and dried hands with a paper towel, turned off the faucet with the paper towel, opened a cabinet door with the paper towel, placed paper towel in trash can and then proceeded to shut the cabinet door with his bare left hand. Then, DS #15 cut a slice of bread from a loaf with his bare hands. DS #15 plated food from the steam table and placed the piece of the sliced bread onto the plate and proceeded to serve the plate to a resident.</p> <p>On 12/3/14 at 11:35 a.m., DS #15 was observed in the dining room washing his hands. DS #15 turned on the faucet, wet his hands with water, applied soap to his hands, scrubbed hands with the soap for less than four seconds, rinsed and dried hands with a paper towel, turned off the faucet with the paper towel, opened a cabinet door with the paper towel, placed paper towel in trash can and then proceeded to shut the cabinet door with his bare left hand. Then, DS #15 cut a slice of bread from a loaf with his bare hands. DS #15 plated food from the steam table and placed the piece of the sliced bread onto the plate and proceeded to serve the plate to a resident.</p> <p>On 12/8/14 at 12:10 p.m., the Dietary Manager (DM) provided a current policy</p> |               | <p>of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.<br/>DOC: 1-8-15</p> |                      |

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|                    | <p>and procedure for handwashing titled, "Food Safety Fundamentals-Handwashing, "which included but was not limited to: "...Lather hands and wrists with soap for at least 20 seconds. ("Happy Birthday" twice.)"</p> <p>At the same time, the DM also provided a current policy and procedure for food handling titled, " Food Safety Fundamentals-Using Gloves, " which included but was not limited to: "...Use gloves when handling ready-to-eat foods without utensils."</p> <p>On 12/09/14 at 2:15 p.m., the Administrator indicated staff are instructed to wash hands and scrub hands with soap for 20 seconds after completion of a task before moving to a clean area. The Administrator also indicated staff are to wear gloves when handling food.</p> |               |   |                      |