STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 06/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING CLUB	6038 W 25TH ST INDIANAPOLIS, IN 46224

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: June 1 & 2, 2015 Facility number: 001132 Provider number: 01132 AIM number: N/A Census bed type: Residential: 40 Total: 40 Census payor type: Other: 40 Total: 40 Sample: 7 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.	R 0000		
R 0086 Bldg. 00	410 IAC 16.2-5-1.3(a)(1-2) Administration and Management - Deficiency The licensee: (1) is responsible for compliance with all applicable laws; and (2) has full authority and responsibility for the: (A) organization; (B) management;			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	(C) operation; and (D) control; of the licensed facility. The delegation of any authority by the licensee does not diminish the responsibilities of the licensee. Based on observation and interview, the facility failed to ensure management and oversight of residential operations to ensure the residential building was clean and in good repair. This deficient practice had the potential to affect 40 of 40 residents in the building. Findings include: During an environmental tour on 6/2/15 at 8:15 a.m. the following observations were made: 1. Room 9's door screen was ripped across the bottom and right side. Window blinds were torn and covered with a heavy layer of dust and yellow debris. A closet door was missing. The shower stall was rusted and corroded along bottom surface. The soap dish in the shower was rusted. Five tiles in the bathroom were cracked. The bottom of bathroom door had multiple cracks with splintered wood. Two of three light bulbs in the bathroom were missing. The living area had yellow and brown substances splattered through out. The	R 0086	the corrective actions accomplished are to fix and or repair any of the deficiencies to the best of our ability as a facility also to implement and maintain a new set of maintenance and housekeeping protocols as well as quality assurance and control tours the facility will id other residents having the potential to be affected by performing the new maint and housekeeping quality control tour and schedules that will be implemented quality control tour will be perfomed by the entire staff to provide a non biased opinion of the condition of all resident rooms this tour has already been started the measures put into place are as follows 1, room 9 screen was replaced 6-18, there have never been blinds in this room, the closet door was missing d/t resident choice because of her behaviors, the hower stall was cleaned, caulked and painted along with the soap dish,the door is intact, the lightbulbs were replaced, the walls were washed, the ac unit was cleaned all 6-23 2,room 10 screen was replaced 6-18, carpet was cleaned , closet doors were put back on track, the dresser was cleaned, the toilet	07/31/2015

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	air conditioning unit in the room was covered with a thick layer of dust and yellow debris. 2. Room 10's door screen was ripped across the bottom and half way up the left and right sides. Carpet was uneven with several large, dark stains. The closet doors were off the hinges and observed laying across clothes in closet. A chest of drawers was covered with a thick layer of dust. The commode seat had chipped paint. The shower stall was rusted and corroded across the top of the shower. 3. Room 12's screen on the door had several holes covered with clear tape. 4. Room 14's door screen had several holes. 5. Room #16's shower stall was rusted and corroded around the base. The shower towel/hand rail inside the shower stall was unsecured on the right side. The carpet in bedroom was covered with large brown stains. 6. Room 1a's door screen had several holes and was torn from the frame on both sides. 7. Room 2a's door screen was torn from the frame on both sides. 8. The facility's business property sign		seat is not chipped , it is flat wood seat, just worn, completely intact an smooth, the shower was cleaned, caulked and paintedall 6-22 3 room 12 screen was replaced 6-18 4, room 14 screen was replaced 6-18 5, the shower will be done 6-24, the carpet was cleaned 6-18, the rail was secured 6-18 6, room 1a screen was replaced 6-18 7, room 2 screen was replaced 6-18 8, the facility sign is broken and is being sent to the sign shop for repair, that is why the two poles are still intact. the sign was not removed permanently. 11, room 5a screen was replaced 6-18, blinds were taken down, resident wanted curtains, the window was also cleaned 6-22 12, room 6a glass was secured 1, all the asphalt was done 4-21-15, the company that did all the repairs has been contacted to come back and fix their unsatisfactory work , the will return 6-25 with a stronger product 2, the wallpaper was adhered 6-12, the walls were washed top to bottom on 6-12 3, the tile will be replaced by end of july 4, the baseboards were washed 6-12 5, the doors were washed and paint touched up 6-19 6, the main hall is currently being cleaned and will continue until finished 7, the dining room tile has been contracted out, shoud be finished by end of july 8, the cabinet drawer was repaired 9, the light bulbs were replaced in all of the ceiling fans 6-2 10, cold	

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	was missing. The two poles to which it was previously attached remained intact in front of the property. 11. Room 5a's screen was torn with several holes. The window blind was covered in a thick layer of dust and debris. The window was covered inside and out with yellow and brown debris. 12. Room 6a's door glass was dislodged and unsecured. During an environmental tour on 6/2/15 at 9:30 a.m., with the Maintenance Supervisor present, the following observations were made: 1. The asphalt outside the resident entrance of the main annex was cracked and uneven with pot holes. 2. One of one hallway inside the facility had wall paper covering the upper half of the walls and paint on the bottom of the wall. The wall paper was pealing, torn, and missing throughout. The painted part of the walls had yellow and brown debris splattered throughout. 3. In the residents' main hallway near the nurse's station, five tiles across the width of the floor had cracked and uneven tiles. 4. The base board in the residents' main hallway had brown and yellow debris		air return was cleaned and filter replaced 6-19 11, the dining room tables are wood, they have all been checked for any unsmooth edges or splinters, all are smooth surfaced 12,the wall paper was adhered 6-19, the walls were cleaned 6-22and will be cleaned again 6-24 13, the nails were fixed and a new molding is being put up by the end of june the corrective actions will be monitored through new implemented log boks, work orders, maint and housekeeping schedules, also a daily maint log is to be kept by the maint man to entail his specific work for the day. the maint man has been inserviced by the office manager on his job performance 6-3-15 the resident accomodations director will work alongside housekeeping and maint to implement the new practices, a quality control tour has already been started and will be divided among the entire staff to ensure no bias as to room condition and repairs and cleaning needed a form from the owner is being used for the above practice the owner, office manager and resident accomomdations director will all work together with the housekeeping super and maint man to ensure all of the new practices and changes run smoothly and completely ADDENDUM: Line item 5 was about room 16, the room number missed was my error the sign	

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	splattered throughout. 5. The entry ways of the doors in the main hallway, including resident and non resident rooms, had door frames that were scuffed and marred 6 to 12 inches from the floor. 6.. The main hall tile flooring had a thick layer of brown build up along the edges. 7. In the dining/activity room six 1 x 1 foot tiles were missing exposing the wood sub flooring. 8. The cabinet in the dining room used to serve residents coffee had a drawer hanging loose, without a handle, and exposed splintered wood. 9. Three ceiling fans in the dining room had burned out light bulbs. 10. The cool air return vent in the resident's main dining room was covered in a thick layer of dust. 11. Three of the nine wooden dining room tables were warped exposing wood pieces across the top of the tables. 12. The wall paper in dining room was torn at the seams and had orange, yellow, and brown splattered substance throughout. 13. In the residents' main hallway the molding on the wall below the cool air		shop told us they hoped to have it back to us by the end of the month , that is the best they could do, and no promise it would be by then, they have to go first come first serve at the shop the schedule of quality assurance is to go room by room, all the rooms have been split up between the office and housekeeping staff, they will be ongoing, they will never stop, once a rotaion is complete, they will start over. problems that arise will be given to the maint man or housekeeping via a work order. the work orders are kept in a binder and also given to appropriate staff, they are signed by staff when complete, copy is kept in binder in the office of the resident accommodations director.she is also the one who gives out the room assignments and keeps track of what comes back that is complete. the issues identified will be fixed as they are found ADDENDUM: the housekeeping super is scheduled to be in and out of every room once a week for inspection and each common area daily Monday thru Friday to identify areas needing cleaned and or repaired the qa tours will be monthly in addition to the housekeeping tours the director of ra will complete audits of work orders daily Monday thru Friday to ensure issues are corrected timely by	

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	return duct was missing and had exposed nails. During an interview on 6/2/15 at 9:30 a.m., the Maintenance Director indicated the tile floors were beyond cleaning and needed replaced. He indicated he did not have a routine maintenance schedule. He indicated he fixed what he could and indicated some things needed to be contracted out and indicated that would "require funds." He indicated the residents' carpets were stained and had old burn marks and could not be cleaned appropriately. He indicated he was aware of the window and door screens that were in disrepair but did not have a schedule for when they would be replaced/repaired. He indicated he would replace the missing light bulbs and/or the burned out light bulbs if he had light bulbs. He further indicated the shower stalls could not be repaired. He further indicated it was the night supervisor's responsibility to paint and touch up door frames when needed. During an interview on 6/2/15 at 10:00 a.m., Resident #4 indicated the building was not clean, the screen on her door had been ripped for a "long time, " and paint		housekeeping and or maint staff	

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	was coming off her toilet and her shower was rusty. She further indicated she told the maintenance man several times about her ripped screen. During an interview on 6/2/15 at 12:32 p.m., the owner/facility operator, indicated she did she did not have the funds to maintain the building per regulations nor did the facility have policies regarding routine maintenance, repairs, and/or cleaning.			
R 0089 Bldg. 00	410 IAC 16.2-5-1.3(e)(1-2)(f) Administration and Management - Noncompliance (e) An administrator shall be employed to work in each licensed health facility. For purposes of this subsection, an individual can only be employed as an administrator in one (1): (1) health facility; or (2) hospital-based long-term care unit; at a time. (f) In the administrator's absence, an individual shall be authorized, in writing, to act on the administrator's behalf. Based on record review and interview, the facility failed to ensure an individual was authorized in writing to act on the Administrator's behalf when the Administrator was absent during 2 of 2 survey days. This deficiency had the potential to affect 40 of 40 residents.	R 0089	the corrective action accomplished will be to have the administrator bring an original letter of authorization on her next visit the facility will ensure the letter from the administrator allows the owner to act on her behalf in her absence the letter will be kept in the policy	07/10/2015

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	Findings include: State form 5440, "Employee Records," provided on 6/1/15 by the Office Manager, indicated the Administrator began employment on 11/2010. During an interview on 6/2/15 at 2:57 p.m., the Owner indicated the Administrator was at the facility approximately once a month and sometimes more often. She indicated she, the Owner, made decisions and authorizations when the Administrator was absent. She indicated there was no written authorization for her to make the decisions in the absence of the Administrator, and no policy regarding decision making existed.		book as well as a copy in the employee file	
R 0121 Bldg. 00	410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for			

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	tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.			
	Based on record review and interview, the facility failed to ensure 1 out of 5 employees had a two-step tuberculosis screening upon hire. This deficiency had the potential to affect 40 out of 40 residents residing at the facility. Findings include: On 6/2/15 at 3:10 p.m., five employee records were reviewed for proof of two-step tuberculosis (TB) screening upon hire. One employee record failed to	R 0121	the corrective action accomplished was to ensure that the tb test in question that was performed was placed in her employee file the facility will id other residents to be affected to audit all employee tb records to ensure all are properly done and documented the office manager completed this audit the other measures put into place is for the office manager to ensure the filing into her employee files is properly completed so no records are lost or misplaced in the future the office manager already has a	06/12/2015

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	show documentation of a second TB screening since hire. State form 5440, "Employee Records," provided on 6/1/15 by the Office Manager, indicated the Director of Nursing (DON) began employment on 4/2015. The form titled, "Roland Retirement Mantoux Results," for the DON indicated she had the first step TB test on 4/16/15, and no second step TB test was documented. On 6/2/15 at 10:40 a.m., the daily nursing assignment schedules from 5/17/15 to 5/31/15, provided by the Owner, were reviewed. The schedules indicated the DON had worked during this timeframe. During an interview on 6/2/15 at 3:30 p.m., the Owner indicated she believed the DON had a second TB test, but the documentation had not be placed in the DON's record. During the exit conference on 6/2/15 at 3:55 p.m., the Owner and the Office Manager indicated they were unable to find documentation of the DON's second TB test and the nurse who had administered the Mantoux test was out of town.		schedule of employee yearly tb to be done, she will continue to update this list upon new hires ADDENDUM: The office manager will audit the files monthly to make sure all tests for new hire, first and second step, and yearly are current and up to date	

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	On 6/2/15 at 3:36 p.m., the Office Manager provided the current employee TB policy. The policy indicated the facility was to comply with state board of health regulations regarding employee tuberculosis screening using the Mantoux method. The policy indicated the two-step method should be used as a baseline. The policy indicated an employee was to start the process over if he or she failed to have his/her test results read within the proper time frame.			
R 0144 Bldg. 00	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to provide maintenance and housekeeping services to keep the facility clean and in good repair. This deficient practice had the potential to affect 40 of 40 residents in the building. Findings include: During an environmental tour on 6/2/15 at 8:15 a.m. the following observations were made: 1. Room 9's door screen was ripped across the bottom and right side. Window blinds were torn and covered	R 0144	the corrective actions accomplished are to fix and or repair any of the deficiencies to the best of our ability as a facility also to implement and maintain a new set of maintenance and housekeeping protocols as well as quality assurance and control tours the facility will id other residents having the potential to be affected by performing the new maint and housekeeping quality control tour and schedules that will be implemented quality control tour will be perfomed by the entire staff to provide a non biased opinion of the condition of all resident rooms this tour has already been started the	07/31/2015

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	with a heavy layer of dust and yellow debris. A closet door was missing. The shower stall was rusted and corroded along bottom surface. The soap dish in the shower was rusted. Five tiles in the bathroom were cracked. The bottom of bathroom door had multiple cracks with splintered wood. Two of three light bulbs in the bathroom were missing. The living area had yellow and brown substances splattered through out. The air conditioning unit in the room was covered with a thick layer of dust and yellow debris. 2. Room 10's door screen was ripped across the bottom and half way up the left and right sides. Carpet was uneven with several large, dark stains. The closet doors were off the hinges and observed laying across clothes in closet. A chest of drawers was covered with a thick layer of dust. The commode seat had chipped paint. The shower stall was rusted and corroded across the top of the shower. 3. Room 12's screen on the door had several holes covered with clear tape. 4. Room 14's door screen had several holes. 5. Room #16's shower stall was rusted		measures put into place are as follows 1, room 9 screen was replaced 6-18, there have never been blinds in this room, the closet door was missing d/t resident choice because of her behaviors, the hower stall was cleaned, caulked and painted along with the soap dish,the door is intact, the lightbulbs were replaced, the walls were washed, the ac unit was cleaned all 6-23 2,room 10 screen was replaced 6-18, carpet was cleaned , closet doors were put back on track, the dresser was cleaned, the toilet seat is not chipped , it is flat wood seat, just worn, completely intact an smooth, the shower was cleaned, caulked and paintedall 6-22 3 room 12 screen was replaced 6-18 4, room 14 screen was replaced 6-18 5, the shower will be done 6-24, the carpet was cleaned 6-18, the rail was secured 6-18 6, room 1a screen was replaced 6-18 7, room 2 screen was replaced 6-18 8, the facility sign is broken and is being sent to the sign shop for repair, that is why the two poles are still intact. the sign was not removed permanently. 11, room 5a screen was replaced 6-18, blinds were taken down, resident wanted curtains, the window was also cleaned 6-22 12, room 6a glass was secured 1, all the asphalt was done 4-21-15, the company that did all the repairs has been contacted to come back	

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	and corroded around the base. The shower towel/hand rail inside the shower stall was unsecured on the right side. The carpet in bedroom was covered with large brown stains. 6. Room 1a's door screen had several holes and was torn from the frame on both sides. 7. Room 2a's door screen was torn from the frame on both sides. 8. The facility's business property sign was missing. The two poles to which it was previously attached remained intact in front of the property. 11. Room 5a's screen was torn with several holes. The window blind was covered in a thick layer of dust and debris. The window was covered inside and out with yellow and brown debris. 12. Room 6a's door glass was dislodged and unsecured. During an environmental tour on 6/2/15 at 9:30 a.m., with the Maintenance Supervisor present, the following observations were made: 1. The asphalt outside the resident entrance of the main annex was cracked and uneven with pot holes. 2. One of one hallway inside the facility		and fix their unsatisfactory work , the will return 6-25 with a stronger product 2, the wallpaper was adhered 6-12, the walls were washed top to bottom on 6-12 3, the tile will be replaced by end of july 4, the baseboards were washed 6-12 5, the doors were washed and paint touched up 6-19 6, the main hall is currently being cleaned and will continue until finished 7, the dining room tile has been contracted out, shoud be finished by end of july 8, the cabinet drawer was repaired 9, the light bulbs were replaced in all of the ceiling fans 6-2 10, cold air return was cleaned and filter replaced 6-19 11, the dining room tables are wood, they have all been checked for any unsmooth edges or splinters, all are smooth surfaced 12,the wall paper was adhered 6-19, the walls were cleaned 6-22and will be cleaned again 6-24 13, the nails were fixed and a new molding is being put up by the end of june the corrective actions will be monitored through new implemented log boks, work orders, maint and housekeeping schedules, also a daily maint log is to be kept by the maint man to entail his specific work for the day. the maint man has been inserviced by the office manager on his job performance 6-3-15 the resident accomodations director will work alongside housekeeping and maint to implement the new practices, a quality control tour	

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	had wall paper covering the upper half of the walls and paint on the bottom of the wall. The wall paper was pealing, torn, and missing throughout. The painted part of the walls had yellow and brown debris splattered throughout. 3. In the residents' main hallway near the nurse's station, five tiles across the width of the floor had cracked and uneven tiles. 4. The base board in the residents' main hallway had brown and yellow debris splattered throughout. 5. The entry ways of the doors in the main hallway, including resident and non resident rooms, had door frames that were scuffed and marred 6 to 12 inches from the floor. 6.. The main hall tile flooring had a thick layer of brown build up along the edges. 7. In the dining/activity room six 1 x 1 foot tiles were missing exposing the wood sub flooring. 8. The cabinet in the dining room used to serve residents coffee had a drawer hanging loose, without a handle, and exposed splintered wood. 9. Three ceiling fans in the dining room had burned out light bulbs. 10. The cool air return vent in the		has already been started and will be divided among the entire staff to ensure no bias as to room condition and repairs and cleaning needed a form from the owner is being used for the above practice the owner, office manager and resident accomomdations director will all work together with the housekeeping super and maint man to ensure all of the new practices and changes run smoothly and completely ADDENDUM: the housekeeping super is scheduled to be in and out of every room once a week for inspection and each common area daily Monday thru Friday to identify areas needing cleaned and or repaired the qa tours will be monthly in addition to the housekeeping tours the director of ra will complete audits of work orders daily Monday thru Friday to ensure issues are corrected timely by housekeeping and or maint staff	

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	resident's main dining room was covered in a thick layer of dust. 11. Three of the nine wooden dining room tables were warped exposing wood pieces across the top of the tables. 12. The wall paper in dining room was torn at the seams and had orange, yellow, and brown splattered substance throughout. 13. In the residents' main hallway the molding on the wall below the cool air return duct was missing and had exposed nails. During an interview on 6/2/15 at 9:30 a.m., the Maintenance Director indicated the tile floors were beyond cleaning and needed replaced. He indicated he did not have a routine maintenance schedule. He indicated he fixed what he could and indicated some things needed to be contracted out and indicated that would "require funds." He indicated the residents' carpets were stained and had old burn marks and could not be cleaned appropriately. He indicated he was aware of the window and door screens that were in disrepair but did not have a schedule for when they would be replaced/repaired. He indicated he would			

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	replace the missing light bulbs and/or the burned out light bulbs if he had light bulbs. He further indicated the shower stalls could not be repaired. He further indicated it was the night supervisor's responsibility to paint and touch up door frames when needed. During an interview on 6/2/15 at 10:00 a.m., Resident #4 indicated the building was not clean, the screen on her door had been ripped for a "long time, " and paint was coming off her toilet and her shower was rusty. She further indicated she told the maintenance man several times about her ripped screen. During an interview on 6/2/15 at 12:32 p.m., the owner/facility operator, indicated she did she did not have the funds to maintain the building per regulations nor did the facility have policies regarding routine maintenance, repairs, and/or cleaning.			
R 0191 Bldg. 00	410 IAC 16.2-5-1.6(o) Physical Plant Standards - Deficiency (o) Each facility shall have an adequate kitchen that complies with 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure the exterior kitchen storm door window	R 0191	the corrective action accomplished was to remove the storm window placed for winter and install the screen for summer the facility will ensure the practice	06/03/2015

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	had a mesh screen to prevent insects/pests from entering while opened during 2 of 2 observations. This deficient practice had the potential to affect 40 of 40 residents who eat food from the facility kitchen. Findings include: The exterior kitchen storm door window was observed open without a mesh screen on 6/1/15 at 3:40 p.m. and on 6/2/15 at 9:55 a.m. During an interview on 6/2/15 at 9:55 a.m., the Dietary Manager (DM) indicated she was unaware the storm door's window required a screen to be open. During an interview on 6/2/15 at 1 p.m., the Owner indicated there was no policy regarding the kitchen door window, and indicated she told staff not top open it without the screen. She indicated maintenance was supposed to replace the screen. Section 413 of the Indiana "Retail Food Establishment Sanitation Requirements", dated 11/13/04, indicated if windows or doors of a food establishment were kept open the openings were to be protected with a mesh screen from the entry of		does not recur by inservice to dietary staff to make them aware of the violation the dietary supervisor did this immediately with her staff on the day of the survey, june 2,2015 the maintenance man put the screen in immediately after the survey team was in the kitchen and mentioned the violation on june 2,2015 the survey team was told immediately of the corrections and even went back over to the kitchen to check a policy was written after the inservice re: the content of the violation and the inservice itself	

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	insects and rodents.			
R 0216 Bldg. 00	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility.			
	Based on observation, interview and record review, the facility failed to properly evaluate a resident's ability to self-administer insulin for 1 of 4 residents reviewed for self-administration of insulin (Resident #8). Findings include: A document titled "Insulin Dependent Residents" was provided by the Office Manager on 6/1/2015 at 3:00 p.m. and indicated Resident #8 received Flexpen Novolog (insulin) 2 units three times a day.	R 0216	the corrective action accomplished was to get a physicians order for the resident in question from our medical director other residents will be id by doing an audit of all insulin dependent residents and ensure they all have proper physician orders and documentation in their charts the measure put into place are as follows all residents will have a signed dr order in their chart stating they are able to self administer insulin the nursing staff will watch for any adverse affects the self admin form will also be included in the admission packets and will be signed by the physician prior to admission date each resident that has a signed	06/22/2015

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	Resident #8's record was reviewed on 6/2/2015 at 10:15 a.m. An un-dated document titled "Medication Self-Administration Form" indicated a self-administration evaluation had not been performed by the facility for Resident #8 to self-administer his own insulin injection orders. The Medication Administration Record (MAR), dated April 2015, indicated Resident #8 had self-administered his Levemir (insulin) injection order for the entire month. A "Physician's Order" sheet, dated 4/2015 and signed by Resident #8's physician on 4/2/2015, did not indicate an order for Resident #8 to self-administer medications. The Medication Administration Record (MAR), dated May 2015, indicated Resident #8 had self-administered his Novolog (insulin) injection and Levemir (insulin) injection orders for the entire month. A "Physician's Order" sheet, dated 5/2015 and signed by Resident #8's physician on 5/20/2015, did not indicate an order for Resident #8 to self-administer medications.		form will be required to complete a demonstration to ensure he or she can accurately and safely administer the insulin to themselves the don will complete the evaluations ADDENDUM: The DON will be responsible for assessing the resident ability to self admin the insulin. the don will report to the medical director her findings to the medical director can then sign the order after admission. the qma's will monitor and observe the resident on a weekly basis self admin the insulin. if they see a problem the don will be notified and she can do an assessment and report to the medical director for further evaluation.	

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	During an observation on 6/2/2015 at 11:00 a.m., Resident #8 was observed to self-administer 2 units of Novolog via a flexpen into his left abdomen while monitored by Qualified Medical Assistant (QMA) #1. During an interview on 6/2/2015 at 10:52 a.m., QMA #2 indicated Resident #8 self-administered all of his insulin injections. During an interview on 6/2/2015 at 2:25 p.m., QMA #2 indicated she could not provide the physician's order for Resident #8 to self-administer medications. An untitled document, provided by the Owner and Operator on 6/2/2015 at 2:30 p.m., and identified as the facility's current policy, indicated a physician's order was required for residents to self-administer medications.			
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) 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. Based on observation, interview, and record review, the facility failed to ensure proper storage of foods for 2 of 2	R 0273	the corrective action accomplished was to label the cookies the cookies were labeled immediately upon survey on june	06/11/2015

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	observations of food storage and failed to ensure the dishwasher maintained temperatures recommended by the manufacture's instructions for 1 of 1 observation of dishwashing. These deficient practices had the potential to affect 40 of 40 residents who consumed food from the facility's kitchen. Findings include: 1. On 6/2/15 at 9:40 a.m., three clear bulk plastic bags of small, round, brown cookies were observed on the top shelf of the kitchen's dry storage room. The clear plastic bags did not indicate the name of the product, date of expiration, or date of delivery. On 6/2/15 at 9:41 a.m., the Dietary Manager (DM) indicated the bags of cookies should have been labeled and dated. The food labeling section of the ServSafe Essentials manual was provided by the Owner on 6/2/15 at 2:00 p.m. as facilities policy for labeling food. The manual indicated food must be labeled with the name of the food and the expiration date. Section 146 of the Indiana "Retail Food Establishment Sanitation Requirements", dated 11/13/04, indicated stored food		2 the facility will id other residents having the potential to become affected by making sure all food is properly labeled the measure put into place to ensure deficincy does not recur are as follows all food will be properly handled and labeled from the time of receipt to serving all products will be dated as to the date received this includes all food, dry, frozen, coolers once the product is open it is necessary to date and label the product showing the date it was placed into storage on food packages that are not easily written on, a label will be provided the dm will make sure her staff continues this practice and a policy was written the dm had a meeting and inservice re the above all of the lacking thermometers were replaced by the dm proper temps will be maintained with the thermometers the dm will ensure one is always in each cooler and or freezer cooler foods will store at 38 degrees and freezer foods at 0 degrees log book will continue to be maintained by dietary staff as they have done the dm will monitor to ensure all equipment is working properly the dietary employee that unload and load the food order has been advised to not leave the doors open continuously during the unloading ands storage process, hence theproblem for lower temps on the day of usurvey the facility turned up the water heater	

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	must be labeled with the common name of the food, and if applicable the manufacturer name and dating information. 2. On 6/2/15 from 9:45 a.m. to 10:00 a.m., kitchen observations were made with the Dietary Manager (DM). The three chest style deep freezers and two standing style freezers in the basement storage area were not observed to have thermometers in the freezers. Frozen food in all five freezers were observed for solid frozen state including but not limited to the following: frozen mixed vegetables, frozen pork loin, and frozen French fries. All frozen food was solid. The interior of all five freezers had frost collected around the sides of the freezers. The DM indicated the freezers were supposed to have thermometers inside them and she thought the thermometers were in them. The two of the three refrigerator freezers in the kitchen area did not have thermometers in the freezers. The middle refrigerator freezer had a thermometer inside and the DM indicated it read 8 degrees Fahrenheit. Frozen food was observed for solid frozen state including but not limited to the following: strawberries, bananas, chicken broth, vegetable broth, and frozen packages of		for the dishwasher the dm will monitor the log book to ensure the proper temp the rental company came out and and tested their dishwasher to ensure it was in proper working order the dietary staff has been inserviced by the dm on the 3 compartment sink in case the dishwasher temps are wrong, wash, rinse and sanitize the policy and guidelines for this have been posted on the dietary walls by the sink all requested policies have been written ADDEDUM: The policy requested will be faxed as this is written from a lap top with no scanner or printer the DM monitors the freezers and refrigerators on a daily basis Monday thru Friday. cook staff monitors on the weekend. temperature logs are done daily the DM monitors different times of the day at least twice while she is on shift if a substandard temp reading happens, the food will be moved to a proper functioning unit ADDENDUM: The revision policy will be faxed today Monday july 13	

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	vegetables. All frozen food was solid. On 6/2/15 from 11:35 a.m. to 11:55 a.m., kitchen observations were made with the DM. The DM indicated she placed thermometers in the freezers an hour prior to the observation. She indicated the large chest-style deep freezer was 3 degrees Fahrenheit, the medium chest-style deep freezer was 12 degrees Fahrenheit, and the small chest deep freezer was negative 20 degrees Fahrenheit according to thermometer readings. She indicated the thermometer in the small standing freezer read 30 degrees Fahrenheit and indicated the large standing freezer did not have a thermometer. The DM indicated the thermometer in the middle refrigerator freezer in the kitchen read 8 degrees Fahrenheit. The DM indicated the other two refrigerator freezers did not have thermometers inside. During an interview on 6/2/15 at 11:55 a.m., the DM indicated the freezers should have had thermometers inside them and should have been 0 degrees Fahrenheit or below. The "Roland Retirement Club Freezer & Cooler Temperature" logs were provided			

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	by the DM, on 6/2/15 at 12:05 p.m. There was no documentation of any freezer being 0 degrees Fahrenheit or below during the month of May. On 6/2/15 at 1 p.m., the Owner indicated the facility did not have a specific freezer temperature policy. Section 197 of the Indiana "Retail Food Establishment Sanitation Requirements", dated 11/13/04, indicated frozen food should remain frozen and be stored at a temperature of zero degrees Fahrenheit. 3. On 6/2/15 at 11:47 a.m. the dishwasher temperatures while washing the lunch dishes was observed with the Dietary Aide (DA) #3. The dishwasher thermometer read 80 degrees Fahrenheit during the wash cycle and 84 degrees Fahrenheit during the rinse cycle. DA #3 indicated she was unaware if the dishwasher was supposed to reach a specific temperature during wash and rinse cycles. On 6/2/15 from 11:50 a.m. to 11:53 a.m., the dishwasher temperatures were observed with the Dietary Manager (DM). The DM indicated the first wash cycle observed read 96 degrees Fahrenheit and the rinse cycle read 105			

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	degrees Fahrenheit. The DM indicated the second wash cycle observed read 102 degrees Fahrenheit and the rinse cycle read 105 degrees Fahrenheit. The DM indicated she was unaware of the manufacturer's requirements for wash and rinse cycle temperatures. All dishes were re-washed in a 3 compartment sanitizing sink. On 6/2/15 at 2:00 p.m. the manufacturer's specification for the dishwasher was provided by the Owner. The specification indicated the minimum wash temperature was to be 120 degrees Fahrenheit, and the minimum rinse temperature was to be 120 degrees Fahrenheit. The "Dish Machine Temperature" logs provided by the DM on 6/2/15 at 12:05 p.m., indicated the dishwasher temperatures were below the manufacturer's requirements on the following dates: 5/10/15 at 6 a.m. and 11:30 a.m. 5/11/15 at 6 a.m. and 6 p.m. 5/12/15 at 6 a.m. and 4:30 p.m. 5/13/15 at 6 a.m. 5/16/15 at 4:30 p.m. 5/18/15 at 6 a.m., 11:30 a.m., 4:30 p.m., and 6 p.m. 5/20/15 at 11:30 a.m.			

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	5/25/15 at 6 a.m. and 11:30 a.m. 5/27/15 at 6 a.m. and 6 p.m. 5/31/15 at 4:30 p.m. 6/1/15 at 4:30 p.m. The "Dishwasher Operation" section of the ServSafe Essentials manual was provided by the Owner on 6/2/15 at 2:00 p.m. as the facility's dishwashing policy. The manual indicated the dishwasher's water temperatures were to be checked and staff was to follow the manufacturer's recommendations.			