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 08/06/2015

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 Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on June 2, 2015. Survey dates: August 6, 2015 Facility number: 001132 Provider number: 01132 AIM number: N/A Census bed type: Residential: 38 Total: 38 Census payor type: Other: 38 Total: 38 Sample: 3 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 in good repair. The deficient practice had the potential to affect 38 of 38 residents. Findings include: During an environmental tour with Housekeeping Staff #1 on 8/6/15 at 11:35 a.m., the following observations were made: 1. Room 9's bathroom door had multiple cracks with splintered wood. 2. Room 16's shower stall was rusted and eroded around the base. The carpet in the bedroom was covered with large brown stains. 3. Room 5a's blind was in disrepair and the screen was not secured to the frame along the bottom edge of the door window. 4. In the residents' main hallway near the nurse's station, five tiles across the width	R 0086	the corrective actions accomplished were to fix and repair the deficiencies the facility will continue to identify other residents having the potential to be affected by performing the work orders and quality control tours that were implemented from the prior POC and showed to the survey team aug 6 the measures put into place are as follows: the facility will continue to impove our clean and orderly state 1, the door in 9 was taken down and replaced, the finished hardware was installed 8-7-15 2, 16's shower stall was scraped, cleaned, painted, quarter round replaced around the base and the carpet was cleaned 8-6-15, the tiles were relaced 8-7-15 3, 5 a blinds taken down and replaced with curtains, screen was repaired 8-7-15 4, the tiles by the nursting station door were replaced 8-7-15 the missing and or burnt out light bulbs were replaced 8-7-15 5, all the missing and or burnt out light bulbs were replaced 8-7-15 the floor is still in progress 6, the sign is being repaired as stated in the original POC, this still stands. the lights with shorts have been started being repaired one at a time.this process was started on	09/30/2015

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	of the floor had cracked and uneven tiles, three of five ceiling fans had missing light bulbs, burned out light bulbs, and/or broken glass globes. Ten of seventeen light fixtures had burned out light bulbs, and one of two ceiling fans had burned out light bulbs. 5. In the residents' dining room tiles were missing exposing the wood sub flooring, four of seven light fixtures had burned out light bulbs, and one of two ceiling fans had burned out light bulbs. 6. The facility's business property sign was missing. The two poles to which it was previously attached remained intact in front of the property. During an interview on 8/6/15 at 11:00 a.m., the Operation Manager indicated the "owner's friend" was was repairing the business sign. She indicated a work order or time frame for completion was not available. During an interview on 8/6/15 at 12:05 p.m., Housekeeping Staff #1 indicated the light fixtures and ceiling fans with burned out light bulbs had electrical shorts and did not work. During an interview on 8/6/15 at 2:40 p.m., the Maintenance Director indicated		8-13-15 , work continues on these issues and we hope to complete all of the work by the eom September. the maintenance supervisor has also been counseled and written up, he is aware that if his performance does not improve his job is in jeopardy, his work and communication has been unacceptable which has lead to a lot of these issues and deficiencies , the entire staff is now trying to work together to ensure harmony addendum: yes, the staff was in-serviced as well as what was mentioned above re:the maint supervisor being counseled. the housekeeping super as well as the resident accom director are working together with the maint to create and complete work orders. this was discussed at length with the survey team on site	

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	the light fixtures in the main hallway and dining room had "bad grounds" and needed repaired. He indicated he had not had time to repair/replace damaged items in room 16 or the broken tiles in the main hallway. He further indicated the broken tiles in the dining room had to be contracted out and he could not repair them. During an interview on 8/6/15 at 2:17 p.m., the Operation Manger indicated she did not have access to any policies.			
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 observation, 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 1 of 1 survey days. This deficiency had the potential to affect 38 of 38 residents.	R 0089	the facility is and was in possession of the authorization in writing for the owner to act on the administrators behalf the owner was in the emergency room and could not come to the facility we obtained the letter like we reported in the POC the owner was working with the current files	08/23/2015

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	Findings include: During an interview on 8/6/15 at 10:55 a.m., the Office Manager (OM) indicated the authorization letter for the Owner to act on the Administrator's behalf in her absence was locked in the Owner's office and the OM did not have access. She indicated the policy book and the Owner's employee file were locked in the Owner's office. She indicated the Owner was unable to come to the facility and open the office. On 8/6/15 at 10:55 a.m., the Owner's office door was observed closed and locked. The employees' records were reviewed on 8/6/15 at 12:30 p.m., and did not include the records for the facility Owner. During an interview on 8/6/15 at 2:17 p.m., the OM indicated she did not have access to any policies.		and folders and left them on her desk, an emergency could not be predicted addendum: the entire office staff has each been given a copy of the letter in question so at any time they will have it for surveil. the employee records have been moved to the office manager filing system there is another key available to her system if she is not available	
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 ensure the residential	R 0144	the corrective actions accomplished were to fix and repair the deficiencies the facility	09/30/2015

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	building was in good repair. This deficient practice had the potential to affect 38 of 38 residents. Findings include: During an environmental tour with Housekeeping Staff #1 on 8/6/15 at 11:35 a.m., the following observations were made: 1. Room 9's bathroom door had multiple cracks with splintered wood. 2. Room 16's shower stall was rusted and eroded around the base. The carpet in the bedroom was covered with large brown stains. 3. Room 5a's blind was in disrepair and the screen was not secured to the frame along the bottom edge of the door window. 4. In the residents' main hallway near the nurse's station, five tiles across the width of the floor had cracked and uneven tiles, three of five ceiling fans had missing light bulbs, burned out light bulbs, and/or broken glass globes. Ten of seventeen light fixtures had burned out light bulbs, and one of two ceiling fans had burned out light bulbs.		will continue to identify other residents having the potential to be affected by performing the work orders and quality control tours that were implemented from the prior POC and showed to the survey team aug 6 the measures put into place are as follows: the facility will continue to impove our clean and orderly state 1, the door in 9 was taken down and replaced, the finished hardware was installed 8-7-15 2, 16's shower stall was scraped, cleaned, painted, quarter round replaced around the base and the carpet was cleaned 8-6-15, the tiles were relaced 8-7-15 3, 5 a blinds taken down and replaced with curtains, screen was repaired 8-7-15 4, the tiles by the nursting station door were replaced 8-7-15 the missing and or burnt out light bulbs were replaced 8-7-15 5, all the missing and or burnt out light bulbs were replaced 8-7-15 the floor is still in progress 6, the sign is being repaired as stated in the original POC, this still stands. the lights with shorts have been started being repaired one at a time.this process was started on 8-13-15 , work continues on these issues and we hope to complete all of the work by the eom September. the maintenance supervisor has also been counseled and written up, he is aware that if his performance does not improve his job is in jeopardy, his work and	

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	5. In the residents' dining room tiles were missing exposing the wood sub flooring, four of seven light fixtures had burned out light bulbs, and one of two ceiling fans had burned out light bulbs. 6. The facility's business property sign was missing. The two poles to which it was previously attached remained intact in front of the property. During an interview on 8/6/15 at 11:00 a.m., the Operation Manager indicated the "owner's friend" was was repairing the business sign. She indicated a work order or time frame for completion was not available. During an interview on 8/6/15 at 12:05 p.m., Housekeeping Staff #1 indicated the light fixtures and ceiling fans with burned out light bulbs had electrical shorts and did not work. During an interview on 8/6/15 at 2:40 p.m., the Maintenance Director indicated the light fixtures in the main hallway and dining room had "bad grounds" and needed repaired. He indicated he had not had time to repair/replace damaged items in room 16 or the broken tiles in the main hallway. He further indicated the broken tiles in the dining room had to be contracted out and he could not repair		communication has been unacceptable which has lead to a lot of these issues and deficiencies , the entire staff is now trying to work together to ensure harmony addendum: yes, the staff was in-serviced as well as what was mentioned above re:the maint supervisor being counseled. the housekeeping super as well as the resident accom director are working together with the maint to create and complete work orders. this was discussed at length with the survey team on site	

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	them. During an interview on 8/6/15 at 2:17 p.m., the Operation Manger indicated she did not have access to any policies.			
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 had a mesh screen without holes to prevent insects while opened during 2 of 2 observations. This deficient practice had the potential to affect 38 of 38 residents who eat food from the facility kitchen. Findings include: The exterior kitchen storm door window was observed open with a torn mesh screen on 8/6/15 at 11:32 a.m., and 8/6/15 at 12:01 p.m. During both observations the mesh screen in the window of the kitchen storm door was observed to have a hole on the right side of the seam measuring approximately 1 inch in width by 2 inches in length. On	R 0191	the corrective action accomplished was to repair the screen mesh in the door the facility will id other residents having the potential to become affected by making sure the screen is repaired anytime it gets a hole the measures put into place was that the dietary supervisor added the screen door to her list of daily items to check personally, if there is a hole , she will report it to the office staff where a work order will be made for maintenance to repair. addendum: yes, the dietary manager talked to her staff with the office manager present during a staff meeting on the importance we also wrote a policy	08/07/2015

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	8/6/15 at 12:01 p.m., the top of the mesh screen was observed to have 3 open areas. The first two open areas on the top were observed to measure approximately 1 inch in length and less than 1/2 inch in width. The third open area at the top of the mesh screen was observed to measure approximately 2 inches in length and 1/2 inch in width. On 8/6/15 at 11:37 a.m., a flying insect was observed flying in the kitchen. During an interview on 8/6/15 at 12:01 p.m., the Dietary Manager (DM) indicated she was unaware the storm door's window screen had holes in it. During an interview on 8/6/15 at 2:17 p.m., the Office Manager indicated she did not have access to any policies. 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 insects and rodents.			
R 0273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency			

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Bldg. 00	(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 1 of 1 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 38 of 38 residents who consumed food from the facility's kitchen. Findings include: 1. On 8/6/14 from 11:34 a.m. to 11:55 a.m., kitchen observations were made with the Dietary Manager (DM). The DM indicated the temperatures of the three refrigerator freezers in the kitchen were the following: Freezer #1 was 2 degrees Fahrenheit (F), Freezer #2 was 12 degrees F, and Freezer #3 was 9 degrees F. Frozen food in all three freezers were observed for solid frozen state including but not limited to: deli meat, broccoli, bread sticks, strawberries, bananas, and chicken base broth. All frozen food was solid. The interior of all three freezers had frost collected around the sides of the freezers	R 0273	the corrective action accomplished was to enure proper food storage in the freezers and maintain dishwasher to manf specs all areas shall be maintained by the dietary manager the actions were as follows: all thermometers that were obsolete or for the wrong purpose were replaced with required reading thermometers freezer temps should now register 0 or lower and recorded properly with serv safe standards and ceritifications the company that holds the lease on the dishwasher was called out to service said machine they were told of the deficiency and made the needed adjustmnts the temps are now reading up to 135 with a minium of 120 for any was and rinse cycle the log books are still being recorded when and if the dish machine fails to reach proper temps, the staff is to put the 3 compartment system into affect the DM inserviced the staff on august 13 and 17 on proper temp and logging as well as the actions that needed to occur to all of the above corrections	08/17/2015

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	Two of the four freezers in the basement were observed to have thermometers which did not read temperatures below 100 degrees F. Frozen food in both freezers were observed for solid frozen state including but not limited to: mixed vegetables, onion rings, ground beef, fish, and pizzas. All frozen food was solid. The interior of both freezers had frost collected around the sides of the freezers. The form titled, "Roland Retirement Club Freezer & Cooler Temperature Log," for July 2015 indicated Freezer #1's temperatures were 2 degrees on July 5, 8, 11, 14,15, 25, & 30, and 3 degrees on July 1-4, 12, 13, 16-24, & 26-29. The temperature log indicated Freezer #2's temperatures were 2 degrees on July 11-13,15-20, & 22-28, and 3 degrees on July 1-10, 14, 21, & 30. The temperature log indicated Freezer #3's temperatures were 2 degrees on July 4, 5, 16-22, 26-28, & 30, and 3 degrees on July 2, 3, 7-8, 10-15, 23-25, 29. The form titled, "Roland Retirement Club Freezer & Cooler Temperature Log," for August 2015 indicated Freezer #1's and Freezer #3's temperatures were 2 degrees on August 1, 2,3, 4, & 5, and 3 degrees on August 6. The temperature log indicated Freezer #2's temperatures were			

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	2 degrees on August 1, 2, 3, 4, 5, 6. On 8/6/15 at 12:45 p.m., the DM provided the dietary inservice outline from the inservice conducted in June 2015. The outline indicated the staff was to inform the DM immediately if the thermometers were not working and the freezers were to be 0 degrees F. During an interview on 8/6/15 at 11:34 a.m., the DM indicated she was unaware freezer temperatures were to be below 0 degrees F and had believed they were supposed to be below 10 degrees F. During an interview on 8/6/14 at 11:47 a.m., the DM indicated she was unaware the two thermometers in the basement freezers were unable to read temperatures below 100 degrees F. She indicated she was unaware the bottom number on the thermometer was 100 degrees F. 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. 2. On 8/6/15 at 11:38 a.m., the dishwasher temperatures while washing the lunch dishes were observed with the Dietary Manager (DM). The DM			

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	indicated the wash cycle observed read 117 degrees Fahrenheit (F) and the rinse cycle read 119 degrees F. During an interview on 8/6/15 at 11:38 a.m., the DM indicated the dishwasher was to reach a minimum temperature of 110 degrees Fahrenheit for both the wash and rinse cycle. On 8/6/15 at 2:27 p.m., the DM was observed to read the minimum required rinse and wash temperatures off the label on the bottom of the dishwasher and indicated both temperatures were to be at least 120 degrees Fahrenheit. The "Dish Machine Temperature" logs provided by the DM on 8/6/15 at 12:15 p.m., indicated the dishwasher temperatures were below the manufacturer's requirements on the following dates: 7/26/15 at 11:30 a.m. and 4:30 p.m. with temperatures of 118 degrees F 7/27/15 at 6 a.m. and 6 p.m. with temperatures of 119 degrees F 7/28/15 at 6 a.m. with a temperature of 119 degrees F 7/29/15 at 6 a.m. with a temperature of 100 degrees F and at 4:30 p.m. with a temperature of 118 degrees F. 7/30/15 at 6 a.m. and 6 p.m. with temperatures of 110 degrees F, and 4:30 p.m. with a temperature of 118 degrees F			

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	7/31/15 at 6 p.m. with a temperature of 113 degrees F 8/2/15 at 6 a.m. and 4:30 p.m. with temperatures of 118 degrees F 8/3/15 at 6 a.m. and 4:30 p.m. with temperatures of 118 degrees F 8/4/15 at 11:30 a.m. with a temperature of 118 degrees F 8/5/15 at 11:30 a.m. and 4:30 p.m. with temperatures of 118 degrees F 8/6/15 at 6 a.m. with a temperature of 110 degrees F and 11:30 a.m. with a temperature of 116 degrees F. The DM provided the instructions the dietary staff used for monitoring the dishwasher temperatures on 8/6/15 at 12:45 p.m. The DM indicated the instructions were provided by the former Dietary Manager. The instructions indicated the dishwasher temperatures were not to be less than 110 degrees Fahrenheit. On 8/6/15 at 12:45 p.m., the DM provided the dietary inservice outline from the inservice in June 2015. The outline indicated the staff was to inform the DM if the dishwasher was not keeping required temperatures and to use the 3 compartment when the dishwasher's temperatures were too low. During an interview on 8/6/15 at 11:58			

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 08/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	a.m., the Dietary Manager (DM), indicated she had conducted an inservice in June 2015, which covered the importance of monitoring the temperatures of freezers, refrigerators, and the dishwasher. She indicated the inservice stressed the importance of monitoring for safe temperatures and reporting failed equipment to management. During an interview on 8/6/15 at 2:17 p.m., the Office Manager indicated she did not have access to any policies.			