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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | X3) DATE SURVEY COMPLETED 02/26/2016 |
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| NAME OF PROVIDER OR SUPPLIER BLISS PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 3008 SHAWNEE DR S BEDFORD, IN 47421 |
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| R 0000 Bldg. 00 | <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: February 24, 25 and 26, 2016</p> <p>Facility number: 004011 Provider number: 004011 AIM number: N/A</p> <p>Census bed type: Residential: 40 Total: 40</p> <p>Residential sample: 8</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Q.R. completed by 14466 on March 04, 2016.</p> | R 0000 | | |
| R 0036 Bldg. 00 | <p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed:</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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| | <p>(1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on interview and record review, the facility failed to ensure a family member/responsible party was notified when there was a change in the administration of a resident's medication for 1 of 7 residents reviewed for self administration of medications. (Resident #3)</p> <p>Findings include:</p> <p>On 2/24/16 at 2:13 p.m., an interview with Resident #3 indicated the RCSC (Resident Care Service Coordinator) came into her room and removed all of Resident #3's medication from her room. This prevented Resident #3 from self administering the medications. Some of the over the counter medication was returned to Resident #3 to self administer.</p> <p>On 2/26/16 at 9:46 a.m., an interview with Resident #3 indicated she was very upset about her medications being taken from her room and not being able to self administer the medications.</p> | R 0036 | Resident information sheets havebeen updated with proper family information on 3/3/16 Staff in-serviced on propnotification of family/physician on 3/3/16 Care Services Manager ordesignee will monitor notification standards on a daily basis, during officehours. | 03/03/2016 | | | |

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| R 0273 Bldg. 00 | <p>On 2/25/16 at 2:47 p.m., an interview with Resident #3's niece indicated she was not aware the nursing staff removed medications from Resident #3's room until informed by Resident #3. I (niece) spoke with the night shift nurse who confirmed the medications had been removed from Resident #3's room.</p> <p>Physician's order dated 1/21/16, indicated, "Staff will noe [sic] be giving Xanax. Resident will self-admin [administer] Centrum, Macu, Fluticasone, and Eye drops, ..."</p> <p>The nursing notes dated 12/4/15 through 2/18/18, lacked documentation Resident #3' family was notified about the change in self administration of medications.</p> <p>On 2/25/16 at 12:00 p.m., an interview with the RCSC indicated medications were removed due to not being able to monitor the intake of the over the counter pain medication. "Family should have been notified."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas</p> | | | |

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| | <p>(excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure hair covering was worn upon entering the kitchen, equipment was maintained in good repair, food being covered while on display in the kitchen, no fan blowing across prepared food, expired spices were discarded, expired food was discarded from 3 of 4 reach in coolers, expired food being discarded in the dry storage room, as indicated by facility policy and the Retail Food and Sanitation Manual for 39 of 39 residents served from the kitchen, and supplement removed for a resident who had expired 10 days prior.</p> <p>Findings include:</p> <p>1). On 2/24/16 at 10:20 a.m., the following was observed during the kitchen tour:</p> <p>a). The beautician was observed standing by cooler #1 talking to the Assistant Chef (AC) without having her hair covered. "I was asking for prune juice."</p> <p>b). The Assistant Chef was observed with uncovered facial hair.</p> <p>c). On 2/24/16 at 10:37 a.m., Certified Nursing Assistant (CNA) #1 was</p> | R 0273 | <p>Fan was removed from the kitchen on 2/26/16. Broken whisk was removed and a new one was ordered on 2/26/16. Chef was re-educated on dating spices and shelf life of these items on 2/25/16. Hair net holder was installed in the kitchen by the door on 2/26/16. Staff were in-serviced on Dining and Nutrition Services Policies on 2/26/16. The Executive Director, or designee will be completing a daily walk through of the kitchen, during office hours, ensure cleaning and sanitation standards are met.</p> | 03/25/2016 | | | |

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| | <p>observed to enter the kitchen from the back door, walk to the front of the kitchen past the reach in refrigerators without having her hair covered. CNA #1 indicated she should have covered her hair before entering the kitchen</p> <p>On 2/24/16 at 2:47 p.m., the Administrator provided the policy "Good Personal Hygiene" undated, and indicated the policy was the one currently used by the facility. The policy indicated, "...Always wear a clean hat or other hair covering when: prepping food, working in prep area, ..."</p> <p>On 2/24/16 at 2:47 p.m., the Administrator provided the policy "Dining and Nutrition Services..." dated 7/1/14, and indicated the policy was the one currently used by the facility. The policy indicated, " ...II. DNS employees may not have facial hair. ..."</p> <p>d). There was a broken whisk inside a mixer bowl on top of the counter. The AC indicated the mixer was used often and that the facility only had one whisk. The AC indicated the whisk had been broken for some time.</p> <p>On 2/25/16 at 3:00 p.m., an interview with the Chef indicated there was no concern with the broken whisk since it</p> | | | |

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| | <p>was metal and nothing breaking off the whisk.</p> <p>e). There were 21 cups of chocolate pudding and 5 cups of pineapples on a cart in front of the counter with a window open and a fan oscillating on the counter blowing over the uncovered dessert.</p> <p>On 2/25/16 at 3:00 p.m., an interview with the Chef indicated there was no policy on fan use in the kitchen, but there should not be a fan blowing in the kitchen.</p> <p>f). The following spices were observed expired on a kitchen shelf:</p> <ul style="list-style-type: none"> -Poultry season with no open date, but had the date 11/5, without a year written on it. Assistant Chef (AC) indicated he was not sure what that date was. "Could be day the spice came in." -Paprika had 11/6/13 written on the container. No indication if that was the open date. The delivery date was the same. -Rosemary spice had 4/21 written on the container without a year. -Black pepper had no open date nor delivery date on the container. | | | |

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| | <p>-All spice had no open date nor delivery date on the container.</p> <p>-Ginger had no open date nor delivery date on the container.</p> <p>-Cream of tartar had no open date nor delivery date on the container.</p> <p>-Basil had no open date nor delivery date on the container.</p> <p>-Cumin seed was open 2/4/14.</p> <p>- 2 Italian seasoning had no open date on the container.</p> <p>-A container of cloves had no open date.</p> <p>-Sesame seed open 1/27/13.</p> <p>-Baking soda open 1/4/14.</p> <p>-Seasoning salt with no open date.</p> <p>-Thyme leaves with no open date.</p> <p>-Nutmeg had a date of 11/10/10.</p> <p>-Ground mustard with no open date, but a received date of 9/5/12.</p> <p>-Bay leaves with no open date and the</p> | | | |

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| | <p>leaves were observed to be discolored.</p> <p>-Dill weed with no open date and a delivery date of 6/20/12.</p> <p>-Ground nutmeg was opened with a sell by date of 6/8/12.</p> <p>g). A large plastic container of whole basil leaves with a date of 8/20, but no year.</p> <p>On 2/24/16 at 2:47 p.m., the Administrator provided the policy "Spices, Herbs, Condiments, Extracts" undated, and indicated the policy was the one used by the facility. The policy indicated, "...Spices and herbs -whole storage 1 to 2 years, -ground 6 months, -herb/spice blends 6 months, -herbs 6 months...if faded,replace. ..."</p> <p>h). The following was observed in cooler #1:</p> <p>-A gallon of chocolate milk with a use by date of 2/19/16.</p> <p>- A carton of prune juice with a use by date of 1/16/16.</p> <p>-A gallon of 2% milk with a expiration date of 2/22/16.</p> | | | |

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| | <p>-Five containers of carnation breakfast essential drink for Resident #8 who expired on 2/14/16.</p> <p>On 2/26/15 at 10:48 a.m., the Resident Care Service Coordinator (RCSC) provided policy "RELEASE OF MEDICATIONS" dated 7/1/14, which lacked documentation of what to do with a resident's supplement after the resident was discharged or expired.</p> <p>i). The following was observed in cooler #2:</p> <p>-A case of vanilla ensure for Resident # who expired a week ago.</p> <p>-Four gallons of 2% milk with an expiration date of 2/22/16.</p> <p>j). The following was observed in cooler #4:</p> <p>-A large plastic bowl with salad was observed on the shelf with tongs inside the bowl.</p> <p>k). The following was observed in the dry storage room:</p> <p>-A plastic bag of yellow and chocolate cake mix was observed open with no open date.</p> | | | |

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| | <p>-A 50 pound bag of cane sugar was on the shelf unsealed.</p> <p>-A 5 pound bag of buttermilk biscuit mix was unsealed and inside of a open box.</p> <p>-Cracked black pepper was unopened with a delivery date of 11/13/13.</p> <p>-A gallon of corn syrup with an open date of 4/11/13.</p> <p>-A pack of lasagna noodles unsealed on the shelf.</p> <p>-Four cartons of prune juice on the shelf with a use by date of 1/16/16.</p> <p>-A extra large bag of quick cooking rolled oats was observed unsealed with loose oats on top of the bag.</p> <p>-A 2 pound bag of seasoned croutons on the shelf unsealed.</p> <p>l). A bag of macaroni noodle was inside a clear bin with a dead bug inside the bin. The Assistant Chef (AC) indicated , "It looks like a dead cricket." The AC was observed to remove the bin with the dead bug and place in the dishwashing area. The AC was not aware of the shelf life for spices.</p> | | | |

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| | On 2/25/16 at 11:18 a.m., an interview with the Chef indicated there should not be a fan blowing in the kitchen at anytime and especially over uncovered food. The Chef was not aware of what the Retail Food and Sanitation Manual. The Retail Food and Sanitation Manual was not observed in the kitchen. | | | | |