

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/24/2016
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NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00199611.</p> <p>Complaint IN00199611 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: May 16, 17, 18, 19, 20, 23, and 24, 2016.</p> <p>Facility number: 000558 Provider number: 155523 AIM number: 100267550</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census Payor type: Medicare: 5 Medicaid: 53 Other: 16 Total: 74</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on May 31,</p>	F 0000	<p>This plan of correction constitutes Richland Bean Blossom Health Care Center's written allegation of compliance for the deficiencies cited in the annual survey conducted May 15 through May 24, 2016. Submission of this Plan of Correction does not constitute an admission that a deficiency exists or was cited correctly. This Plan of Correction is being submitted to meet state and federal requirements. Richland Bean Blossom Health Care Center respectfully requests consideration of this Plan of Correction for paper compliance. Date of Compliance: 6/23/16</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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F 0159 SS=D Bldg. 00	<p>2016.</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p>				

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	<p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on interview and record review, the facility failed to ensure residents had access to their personal funds accounts on an ongoing basis as indicated by facility policy for 3 of 6 residents reviewed with a facility managed personal funds account. (Resident #47, Resident #64, Resident #15)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During an interview on 5/16/2016 at 3:13 p.m., Resident #15 indicated he had a personal funds account with the facility, but was unable to get his money out on the weekends, nor in the evenings. 2. During an interview on 5/18/2016 at 	F 0159	<ol style="list-style-type: none"> 1. Residents #15, #47, and #64 now have funds available 24 hours per day, seven days per week. 2. All residents with a facility managed personal funds account have the potential to be affected. Access to Personal Funds policy has been reviewed. The updated policy has been communicated to residents and/or responsible parties and will also be reviewed during Resident Council meeting. 3. Staff has been educated regarding the reviewed Access to Personal Funds policy. 4. An audit will be conducted by the Business Office Manager to ensure compliance with the new procedure 3 times a week for 4 weeks, weekly x 4 weeks, then monthly for 6 months. The audits 	06/23/2016

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	<p>2:19 p.m., Resident #47 indicated he had a personal funds account with the facility, but was unable to get his money out on the weekends.</p> <p>3. During an interview on 5/18/2016 at 3:26 p.m., Resident #64 indicated she had a personal funds account with the facility, but was unable to get her money out on the weekend. "I have to plan ahead to get my money out, because there isn't anyone in the office on the weekend."</p> <p>During an interview on 5/23/2016 at 4:03 p.m., the Office Manager (OM) confirmed Resident #47, Resident #64 and Resident #15 had a personal funds account and indicated the residents do not have access to their money after 5:00 p.m., or on the weekend. If they need their money on the weekend, they have to get it out by 5:00 p.m., on Friday night. There was no observation of a posted sign indicating resident funds were not available in the evening nor on the weekend and how to obtain funds prior to these times.</p> <p>During an interview on 5/24/2016 at 1:50 p.m., the Administrator indicated the money was not always accessible the same day.</p> <p>On 5/24/2016 at 10:10 a.m., the</p>		will be ongoing with the results reported and recommendations made as indicated through the Quality Assurance Committee monthly. Date of compliance: 6/23/16				

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F 0241 SS=D Bldg. 00	<p>Administrator provided the policy, "Resident Funds Petty Cash" dated 9/17/2015, and indicated it was the policy currently being used by the facility. The policy indicated, "a. ... Requests for \$100.00 or less should be honored within the same day ..."</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff did not post resident information in the main dining room (Resident #14, Resident #34, Resident #43, and Resident #75).</p> <p>Findings include:</p> <p>On 5/16/16 at 11:52 a.m., the following name cards were observed on the tables in the main dining room with family and residents nearby:</p>	F 0241	<p>1. Residents #14, #34, #43, and #75 have had their name cards, including prescribed diet, removed from the dining room tables.2. All residents who eat in the dining room have the potential to be affected. All name cards have been removed from the tables in the dining room and a seating chart has been posted to assist with placing residents at the proper tables.3. Staff has been educated regarding not posting resident information in the main dining room.4. An audit will be conducted to ensure resident</p>	06/23/2016

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	<p>1.) Resident #14's Name - Mechanical Soft (physician prescribed diet of ground or pureed food).</p> <p>2.) Resident #34's Name - Regular (physician prescribed diet which has no limitations).</p> <p>3.) Resident #43 - Puree (physician prescribed diet of ground food).</p> <p>4.) Resident #75 - Mechanical Soft (physician prescribed diet of ground or pureed food).</p> <p>On 5/24/16 at 4:23 p.m., the Dietary Manager indicated he did not know about the name cards on the four tables, however, he believes the Certified Nursing Assistants or activity department has put those out. He indicated he could see how the cards could be a problem.</p> <p>On 5/24/16 at 4:34 p.m., the Regional Director of Clinical Services indicated the name place cards are no longer on the tables.</p> <p>On 5/24/16 at 3:45 p.m., the Regional Director of Clinical Services provided the policy, "Resident Rights," undated, and indicated it was the policy currently being used. The policy indicated, ".... E.</p>		<p>information is not posted in the dining room 3 times a week for 4 weeks, weekly for 4 weeks then monthly for 6 months. The audits will be ongoing with the results reported and recommendations made as indicated through the Quality Assurance Committee monthly. Date of compliance: 6/23/16</p>	

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F 0258 SS=D Bldg. 00	<p>Privacy and confidentiality: The resident has the right to personal privacy and confidentiality of his or her personal and clinical records ..."</p> <p>3.1-3(t)</p> <p>483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. Based on observation and interview, the facility failed to minimize loud noise affecting the comfort of 3 of 36 residents interviewed for comfortable sound levels (Resident #7, Resident #64, Resident #71).</p> <p>Findings include:</p> <p>1.) On 5/16/16 at 2:48 p.m., Resident #7's family member indicated the rolling linen barrels are very loud.</p> <p>2.) On 5/18/16 at 11:57 a.m., Resident #71 indicated it is very noisy when they roll those linen carts and trash barrels around which is why she keeps her door shut.</p> <p>3.) On 5/18/16 at 3:11 p.m., Resident #64</p>	F 0258	<p>1. Residents #7, #64, and #71 have been assessed for exposure to uncomfortable sound levels and exhibit no physical or emotional adverse effects.2. All residents have the potential to be affected. Linen carts and trash barrels have been examined and repaired or replaced as indicated. Maintenance/Laundry to inspect linen carts and trash barrels monthly and as needed to ensure proper function.3. Staff have been educated regarding comfortable sound levels when rolling linen carts and trash barrels in the hallways.4. An audit will be conducted to ensure comfortable sound levels 3 times a week for 4 weeks, weekly for 4 weeks then monthly for 6 months. The audits will be ongoing with the results reported and recommendations made as indicated through the Quality</p>	06/23/2016

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F 0282 SS=D	<p>indicated the linen barrels are loud so she stays in her room with the door shut so she has a buffer from the noise.</p> <p>On 5/18/16 at 2:10 p.m., Housekeeper #1 was observed pushing a linen barrel down the 300 hallway and into the laundry/soiled utility room. The rolling was loud enough to be unable to hear what a staff member was saying during conversation.</p> <p>On 5/19/16 at 2:04 p.m., a housekeeper was observed pushing a loud rolling linen barrel through the 300 hallway to the laundry room.</p> <p>On 5/20/16 at 10:33 a.m., Housekeeper #1 was observed pushing a linen barrel to the laundry room. The barrel was very loud while rolling.</p> <p>On 5/24/16 at 3:43 p.m., the Regional Director of Clinical Services indicated the facility did not have a policy regarding sound levels.</p> <p>3.1-19(f)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER</p>		Assurance Committee monthly. Date of compliance: 6/23/16		

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Bldg. 00	<p>CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to administer medications per physician's order for 2 of 29 residents reviewed for care provided in accordance with their plan of care. (Resident #43 and Resident #90)</p> <p>Findings include:</p> <p>1. Resident #43's clinical record was reviewed on 5/23/2016 at 11:45 a.m. Diagnosis include, but were not limited to: end stage renal disease.</p> <p>Physician's order dated 5/1/2016 through 5/24/2016, indicated Resident #43 received hemodialysis every day on Tuesday, Thursday, and Saturday.</p> <p>Physician's order dated 5/1/2016 through 5/24/2016, indicated Resident #43 received the following medications:</p> <p>calcium acetate (for end stage renal disease) 667 milligrams (mg), give 1 capsule two times a day (BID).</p> <p>isosorbide mononitrate (dilates blood vessels) 60 mg, 1 tablet every day.</p>	F 0282	<p>1. Residents #43 and #90 have been assessed and exhibit no adverse effects. Each have had their medication times adjusted per physician orders to accommodate administration before and/or upon return from dialysis. Care plans have been updated.2. All residents with recurring appointments have the potential to be affected. A medication review was conducted for all residents to ensure administration of medications per physician's order. The physician has been notified and orders received as indicated for those identified residents. Care plans have also been updated.3. Nursing staff has been re-educated regarding administration of medications per physician's orders. Education includes validation/adjustment of administration times for those who go outside facility for dialysis.4. An audit will be completed for medication administration compliance 5 times a week for 4 weeks, weekly for 4 weeks then monthly for 6 months. The audits will be ongoing with the results reported and recommendations made as indicated through the Quality Assurance Committee monthly.</p>	06/23/2016

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	<p>losartan (for blood pressure) 50 mg, 1 tablet daily.</p> <p>Nuedexta (a mood stabilizer) 20/10 mg, 1 tablet BID.</p> <p>Acidophilus (a bacteria) 1 tablet BID.</p> <p>aspirin 81 mg, 1 tablet once a day.</p> <p>carvedilol (a beta blocker) 25 mg, 1 tablet BID.</p> <p>Levemir (insulin)10 units before breakfast once a morning.</p> <p>Mucinex (an expectorant) 600 mg, 1 tablet BID.</p> <p>NovoLog (insulin) per sliding scale. Give before meals on Tuesday, Thursday and Saturday.</p> <p>sertraline (an antidepressant) 25 mg once a day.</p> <p>vitamin C (a vitamin) 500 mg 1 tablet at bedtime.</p> <p>Review of Resident #43's Medication Administration Record (MAR) dated 5/1/2016 through 5/24/16, indicated the following medications were not being given per physician's orders due to</p>			

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	<p>resident being at dialysis and unavailable.</p> <p>calcium acetate: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>isosorbide mononitrate: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>losartan: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>Nuedexta: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>Acidophilus: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to</p>			

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	<p>be given between 7:00 a.m. and 11:00 a.m.</p> <p>aspirin: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>carvedilol: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>Levemir: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 8:00 a.m. and 10:00 a.m.</p> <p>Mucinex: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>NovoLog: Not given on 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/17/2016, 5/19/2016 and 5/21/2016.</p>			

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	<p>Scheduled to be given between 6:30 a.m. and 7:30 a.m.</p> <p>sertraline: Not given on 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>vitamin C: Not given on 5/3/2016, 5/5/2016, 5/7/2016, 5/10/2016, 5/12/2016, 5/14/2016, 5/17/2016, 5/19/2016 and 5/21/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m. although physician's order indicated medication to be given at bedtime.</p> <p>During an interview on 5/23/2016 at 3:02 p.m., Registered Nurse (RN) #1 indicated, Resident #43 does not get her medication on dialysis days, and the medications are not being given once the resident comes back from dialysis.</p> <p>During an interview on 5/23/2016 at 4:37 p.m., the Director of Nursing indicated she cannot find where medications were given to Resident #43 on dialysis days.</p> <p>On 5/24/2016 at 3:00 p.m., a policy was requested related to following physician's orders. No policies related to following physician's orders were provided.</p>			

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	<p>2. Resident #90's clinical record was reviewed on 5/23/2016 at 1:45 p.m. Diagnosis include, but were not limited to: type II diabetes mellitus and end stage renal disease.</p> <p>Physician's order dated 5/24/2016 through 5/24/2016, indicated Resident #90 received dialysis on Monday, Wednesday, and Friday.</p> <p>Physician's order dated 5/24/2016 through 5/24/2016, indicated Resident #90 received the following medications:</p> <p>Advair Diskus (for asthma) 250-50 micrograms (mcg)/dose, 1 puff twice a day (BID).</p> <p>amlodipine (for blood pressure) 5 milligrams (mg) once a day.</p> <p>aspirin 81 mg once a day.</p> <p>Cipro (an antibiotic) 500 mg BID.</p> <p>clopidogrel (a blood thinner) 75 mg once a day.</p> <p>docusate sodium (a stool softener) 100 mg BID.</p> <p>flouxetine (an antidepressant) 20 mg once a day.</p>			

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	<p>folic acid (a vitamin) 1 mg once a day.</p> <p>NovoLog Flexpen (insulin) 100 units per milliliter (ML) per sliding scale before meals.</p> <p>Protonix (for gastric reflux) 40 mg once a day.</p> <p>Renvela (for end stage renal disease) 1600 mg three times a day (TID) with meals.</p> <p>hydroxyzine pamoate (an antihistamine) 25 mg BID.</p> <p>Review of Resident #90's Medication Administration Record (MAR) dated 5/5/2016 through 5/24/16, indicated the following medications were not being given per physician's orders due to resident being unavailable or at dialysis.</p> <p>Advair Diskus: Not given on 5/16/2016 and 5/23/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>amlodipine: Not given on 5/16/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>aspirin: Not given on 5/16/2016. Scheduled to be given between 7:00 a.m.</p>			

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	<p>and 11:00 a.m.</p> <p>Cipro: Not given on 5/16/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>clopidogrel: Not given on 5/16/2016. Scheduled to be given between 7:00 a.m. and 1:00 a.m.</p> <p>docusate sodium: Not given on 5/16/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>fluoxetine: Not given on 5/16/2016 and 5/23/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>folic acid: Not given on 5/16/2016 and 5/23/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>NovoLog: Not given on 5/6/2016, 5/9/2016, 5/11/2016, 5/13/2016, 5/16/2016, 5/18/2016, 5/20/2016 and 5/22/2016. Scheduled before meals at 6:30 a.m. and 11:30 a.m.</p> <p>Protonix: Not given on 5/16/2016 and 5/23/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>Renvela: Not given on 5/6/2016, 5/9/2016, 5/11/2016, 5/13/2016,</p>			

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	<p>5/16/2016, 5/18/2016, 5/20/2016, 5//22/2016 and 5/23/2016. Scheduled to be given between 6:00 a.m. and 7:00 a.m.</p> <p>hydroxyzine pamoate: Not given on 5/23/2016. Scheduled to be given between 7:00 a.m. and 11:00 a.m.</p> <p>During an interview on 5/24/2016 at 2:02 p.m., Registered Nurse #2 indicated, to her knowledge, Resident #90 receives his morning medications each day before going to dialysis.</p> <p>On 5/24/2016 at 3:00 p.m., a policy was requested related to following physician's orders. No policies related to following physician's orders were provided.</p> <p>3.1-35(g)(2)</p>			

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F 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to provide an environment which ensured residents' safety by preventing a wandering resident (Resident #92) from entering into residents' rooms for 1 of 1 resident reviewed for wandering behavior. (Resident #71 and Resident #45)</p> <p>Findings include:</p> <p>1.) On 5/18/16 at 12:02 p.m., Resident #71 indicated the staff put up a stop sign on her door, because they have lot of wandering residents in the facility. She further indicated she doesn't feel safe when Resident #92 or any other male resident enters into her room.</p> <p>On 5/19/16 at 9:31 a.m., Resident #71 indicated last night was a terrible night</p>	F 0323	<p>1. Resident #92 was transferred to another room on another unit on May 19, 2016. Residents #45, #71, and #92 have been assessed and exhibit no physical or emotional adverse effects. Care plans have been updated as indicated.2. All residents have the potential to be affected. Residents identified to have wandering behavior have had their care plans reviewed and interventions updated as indicated.3. Staff were re-educated regarding Behavior Management, including but not limited to, monitoring behaviors and implementing appropriate interventions.4. An audit will be completed to validate interventions for behaviors having been implemented and are effective and/or adjusted to promote resident safety 5 times a week or 4 weeks, weekly for 4 weeks then monthly for 6 months. The audits will be</p>	06/23/2016

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	<p>and she is scared to death. Resident #92 entered into her room, yelled out for his dad, and beat his cane over and over against her privacy curtain. She further indicated she feels so scared with him living just around the corner from her room.</p> <p>On 5/20/16 9:45 at a.m., Resident #71 indicated she slept better last night since (Resident #92) was moved all the way down to the 300 hall.</p> <p>On 5/20/16 at 9:55 a.m., Resident #71's clinical record was reviewed.</p> <p>Resident #71's Minimum Data Set (MDS) Assessment, dated 3/18/16, indicated a Brief Interview for Mental Status (BIMS) total score of 15, with a score of 13 to 15 being cognitively intact and interviewable.</p> <p>2.) On 5/20/16 at 11:25 a.m., Resident #45 indicated a couple of nights ago, after 10:00 p.m., it was horrific. Resident #92 tried to get over to her roommate's (Resident #71) side of the room, raised his cane up in the air, beat her curtain with the cane, and was cursing and yelling. Resident #45 further indicated, staff came, escorted him out, and shut the door, but he started pounding on the door with the cane. "It scared the s--- out of</p>		ongoing with the results reported and recommendations made as indicated through the Quality Assurance Committee monthly.	

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	<p>me." Resident #45 indicated she couldn't get to sleep after the incident, so she asked for a tranquilizer, and Resident #92 was moved to another room.</p> <p>On 5/20/16 at 10:03 a.m., Resident #45's clinical record was reviewed.</p> <p>Resident #45's Minimum Data Set (MDS) Assessment, dated 4/8/16, indicated a Brief Interview for Mental Status (BIMS) total score of 13, with a score of 13 to 15 being cognitively intact and interviewable.</p> <p>On 5/24/16 at 10:29 a.m., Resident #92's clinical record was reviewed. Diagnoses included, but were not limited to: dementia with behavioral disturbance, delusional disorder, insomnia, and major depressive disorder. The resident was admitted on 4/26/16.</p> <p>Resident #92's MDS, dated 5/3/16, indicated a BIMS total score of 3, with a score of 0 to 7 indicating severe cognitive impairment.</p> <p>A review of Resident #92's May 2016, orders indicated the following:</p> <p>On 4/26/16, the resident was ordered to</p>			

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	<p>wear a Wanderguard (an alarming tracking device), setraline (antidepressant medication) 25 mg (milligrams) daily, trazodone (hypnotic medication) 25 mg at bedtime, and Nuedexta (used to treat dementia with behavioral disturbance) 20/10 mg twice daily.</p> <p>Resident #92's current care plans included, but were not limited to the following:</p> <p>A care plan titled, "Resident has episodes of wandering behavior AEB [As Evidence By] wandering up and down the hallways without purpose. Resident is also at risk for elopement and has a wanderguard [an alarming device] on right ankle," with a start dated of 4/28/16, included the following interventions: "Know that resident will easily redirect when offered food. He enjoys peanut butter and jelly sandwiches ... Assess immediate needs ... Cue res. [resident] and redirect when he is in unauthorized areas ... Give resident items to carry around in both hands ... Know that resident is usually easily redirected by taking his hand and leading to safe area ... offer foods/fluids ... Psych [psychiatric] services as needed ... refer to diversional activities: sorting laundry, lost and found items; pipe sorting, blocks, etc."</p>			

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	<p>A review of Resident #92's Target Behavior Administration History: 5/1/16 through 5/24/16, indicated on night shift; 5/19/16, the resident was aggressive with staff and was difficult to redirect on two occasions.</p> <p>Resident #92's progress note, dated 5/19/16 at 4:00 a.m., indicated, " Alert with a degree of confusion. Resident more confused this shift. Resident agitated and restless, pacing up and down the hallway stating that he wanted someone to open the gate because his daddy was picking him up. Resident acted like he was going to hit his cane against the wall twice. Resident entered another residents room and hit his cane around and yelled at a resident. Resident was continually redirected with negative results. After awhile resident finally went to room and went to sleep. At 3:00 am [sic] resident was found in hall unclothed from waist down. Resident stated he couldn't find bathroom. resident redirected to restroom ..."</p> <p>On 5/24/16 at 3:30 p.m., the Administrator provided a Reportable Incident, dated 4/29/16, which indicated,"4/28/16 at 9:30 a.m., The family [Resident #71] is alleging mental anguish of their mother who is a resident at [Name of Facility]. The allegation is</p>			

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	<p>related to a male resident [Resident #92] entering her mother's room and tugging on a throw she had placed over her while resting in bed. [Resident #71's Name] became fearful related to this event. Investigation ensued ... Immediate Action Take: Male resident [Resident #92] was removed from the room by staff and taken to a common area where activities were occurring ... Preventative Measure taken: A Velcro attached stop sign was placed on the door to discourage intrusive wandering by other residents." The Administrator indicated there were no other incidents reported following this incident.</p> <p>On 5/20/16 at 9:57 a.m., Resident #92 was observed sitting in a wheelchair in the TV room with a visitor nearby. The visitor indicated the resident was recently moved to a room on the 300 hall because the other night he walked into a lady's room and was waving his cane around which made her hysterical. She further indicated staff recently put him in a wheelchair and took away his cane and was told by the staff he would probably need to be transferred to an Alzheimer's unit.</p> <p>On 5/23/16 at 1:25 p.m., Resident #92 was observed self-propelling down the hallway in a wheelchair and he stopped to</p>			

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	<p>examine a mechanical lift. The resident indicated he used to work for Otis Elevator and was very interested in the lift.</p> <p>On 5/24/16 at 2:17 p.m., Resident #92 was observed self-propelling down the hallway and stop outside of room 302 and looked in. The Administrator was observed to push the resident down the hall and back to his room.</p> <p>Five shared resident rooms were observed to have a removable Velcro stop sign attached to the door.</p> <p>On 5/24/16 at 12:09 p.m., the Administrator indicated there was an incident involving Resident #71 and Resident #92 the night before (5/18/16) he was moved to a different room.</p> <p>On 5/24/16 at 4:10 p.m., the Director of Nursing (DON) indicated the root cause of Resident #92's wandering was due the resident having a BIMS total score of 3 and a diagnosis of dementia. She also indicated the resident came to the facility from a psychiatric facility and the only thing that seems to have helped was the fact he has new glasses; he doesn't stay focused long enough for activities, but since the room change his wandering seems to have improved. The DON</p>						

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F 0371 SS=E Bldg. 00	<p>further indicated Resident #92 no longer has his cane and she was uncomfortable with residents using a cane.</p> <p>On 5/24/16 at 3:45 p.m., the Regional Director of Clinical Services provided the policy, "Resident Rights," undated, and indicated it was the policy currently being used. The policy indicated, " E. Privacy and confidentiality: The resident has the right to personal privacy ..."</p> <p>This Federal tag relates to Complaint IN00199611.</p> <p>3.1-45(a)(2)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure expired food was discarded, meat was thawed to prevent cross contamination, expired spices were discarded, and a</p>	F 0371	<p>1. An inspection of the Kitchen was completed. Expired food was discarded, expired spices were discarded, utensils were rewashed and the blood soiled area was thoroughly cleaned.2. All residents have the potential to</p>	06/23/2016			

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	<p>spatula was put away clean, as indicated by facility policy for 73 out 73 residents being served out of the kitchen.</p> <p>Findings include:</p> <p>On 5/16/2016 at 10:00 a.m., the following was observed during the kitchen tour with the Administrator present.</p> <p>1. There was an unopened package of tortillas with an expiration date of 10/11/2015. The Administrator was observed to remove the tortillas and throw them in the trash can.</p> <p>2. There was a pool of liquid, red blood sitting on top of an opened, cardboard box on the middle shelf. The cardboard box contained an unopened turkey roll. There was an unopened package of corned beef sitting directly in the pool of blood. The Administrator was observed to remove the corned beef. The turkey roll had not come into contact with the blood.</p> <p>During an interview with the Administrator on 5/19/2016 at 3:00 p.m., he indicated the blood came from some diced meat that had already been removed and prepared for lunch on 5/16/2016 and, not the corned beef. The</p>		<p>be affected. An inspection of the Kitchen was completed. Expired food was discarded, expired spices were discarded, utensils were rewashed and the blood soiled area was thoroughly cleaned.3. Dietary staff were re-educated regarding kitchen sanitation, including but not limited to, ware washing, food dating/discarding and storage area cleanliness. Food storage areas were rearranged to promote best storage practices and cleanliness. Meat will be taken from the freezer and placed in a rimmed tray, preventing juices from escaping. The tray will be placed on lower shelves to prevent uncooked meats from being above ready to eat foods or produce items. The thawing area will be monitored by the POC audit tool to ensure proper procedure is being followed.4. An audit will be completed 5 times a week for 4 weeks, weekly for 4 weeks then monthly for 6 months. The audits will be ongoing with the results reported and recommendations made as indicated through the Quality Assurance Committee monthly.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/24/2016	
NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Administrator did not deny the meat was being thawed incorrectly.</p> <p>During an interview with the Dietary Manager (DM) on 5/24/2016 at 4:36 p.m., he indicated the diced meat was being thawed, but had already been taken out of the refrigerator when the blood was found.</p> <p>On 5/23/2016 at 10:40 a.m., the following was observed with the dietary manager present.</p> <p>3. A container of curry powder with a delivery date of 9/21/06, and no expiration date. The open date was listed as 7/14. The DM indicated the date was July 14. No year was listed. The DM was observed to throw the container away.</p> <p>4. A container of fine ground sage with a delivery date of 7/3/2008, and no expiration date. The open date was listed as 7/14. The DM indicated the date was July 14. No year was listed. The DM was observed to throw the container away.</p> <p>5. A container of baking soda with the delivery date of 7/15/2009, and no expiration date. The DM was observed to throw the container away.</p>						

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	<p>6. A dirty spatula was found hanging on the wall with the clean utensils. The DM was observed to remove the spatula.</p> <p>During an interview with the DM at 5/23/2016 at 10:40 a.m., he indicated he inherited the spices from the DM before him. "I only use a few spices. It looks like I need to throw some things away." He further indicated the spatula was not clean and he would take care of that.</p> <p>On 5/24/2016 at 4:29 p.m., the Director of Clinical services provided the policy "Food Storage" dated 6/18/2012, and indicated it was the policy currently being used by the facility. The policy did not address expired foods.</p> <p>On 5/19/2016 at 3:29 p.m., the Administrator provided the policy "General HACCP (Hazard Analysis and Critical Control Points) Guidelines For Food Safety" dated 1/22/2012, and indicated it was the policy currently being used by the facility. The policy indicated, "... F. Thaw meat, fish and/or poultry in a refrigerator in a drip proof container and in a way that prevents cross contamination (on a lower shelf with nothing underneath or near it) ..."</p> <p>On 5/23/2016 at 11:00 a.m., the</p>			

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	<p>Administrator indicated the facility does not have a policy related to the shelf live and expiration date of spices.</p> <p>On 5/24/2016 at 3:44 p.m., the Director of Clinical Services provided the policy "Handling Clean Equipment and Utensils" dated 3/17/2012, and indicated it was the one currently being used by the facility. The policy indicated, "... B. Clean equipment and utensils will be stored in a clean, dry location ..."</p> <p>3.1-21(i)(3)</p>			