

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2011
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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN46407
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9/23/11.</p> <p>Survey dates: November 17 and 18, 2011</p> <p>Facility number: 000368 Provider number: 15E187 AIM number: 100275220</p> <p>Survey team: Kathleen (Kitty) Vargas, RN, TC Heather Tuttle, RN</p> <p>Census bed type: NF: 22 Total: 22</p> <p>Census payor type: Medicaid: 21 Other: 1 Total: 22</p> <p>Sample: 6 Supplemental Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>December 4, 2011 Ms. Kim Rhoades, R.N. Director Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Plan of Correction Dear Ms. Rhoades, I am submitting CMS-2567 plan of correction as a credible allegation of compliance to the revisit survey November 18, 2011. All corrections will be completed by December 18, 2011. Please contact me if you have any questions. Sincerely, Herberta B. Miller Mrs. Herberta B. Miller Administrator</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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F0282 SS=D	<p>Quality review completed on November 22, 2011 by Bev Faulkner, RN</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>	F0282	<p>ADDENDUM F 282</p> <p>Charge Nurse will monitor pressure relieving devices ie: chair, gel cushions on all shifts when the resident is in a wheelchair or geri-chair and air mattress when residents are in bed daily ongoing. This is a daily assigned duty for the charge nurse.</p> <p>The nurse rounds schedule:</p> <p>1-round during tour check held at 8a.m., 4p.m., 12a.m.</p> <p>2-round during medication pass which is 9am, 1pm, 5pm, 9pm</p> <p>3-round mealtime: 8am-12pm-6pm</p> <p>4-round after residents are toileted after meals 10am, 2pm,</p>	12/18/2011

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			<p>7p.m.</p> <p>Day Shift Rounds: 8am, 9am, 11am, 1pm, 3pm, 4pm</p> <p>Evening Shift Rounds: 4pm, 5p.m, 6pm, 7pm, 9pm, 11pm, 12am</p> <p>Nigh Shift Rounds: 12am, 3am, 5am, 7am, 8am</p> <p>Even though we do rounds often the nurse will be responsible for filling out the pressure relieving device monitoring form daily at the following time: 12a, 3a, 5a, 8a, 11a, 2p, 4p, 6p, 9p.</p> <p>Resident Name</p> <p>Pressure Relieving Device Fuctioning Properly Y = Yes N = No</p> <p>Nurse Rounds</p> <p>D.O.N. MONITORING</p> <p>12am</p> <p>3am</p>		

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			GEL CUSHION		
			AIR MATTRESS		

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			<p>functioning during nursing rounds but log sheet will be completed during tour check daily during the beginning of each shift and malfunctioning equipment will be reported to the D.O.N. for replacements.</p> <p>A copy of the dietician recommendations is left for the FSS and DON to review after each visit from the dietician. The dietician schedules her visits and the DON usually meets with the dietician upon her visits or correspond via telephone. FSS is usually schedule to work when dietician visits but if he is off a copy of her report is given to him on his next scheduled work day. Upon receiving the dietician report both the FSS and DON will sign the report and date of review on the dietician recommendation form.</p> <p>The FSS will complete the diet tray card accuracy form during his monitoring. The form indicates the residents name and diet type. The FSS then indicates if it is B for breakfast, L for lunch and D for dinner in the box along with a – for incorrect diet card and + for correct diet card.</p> <p>RESIDENT X</p> <p>PUREED</p> <p>SUPER CEREAL DLY</p>		

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			practice? Interview with the cook was held an he stated that he had spilled a gallon of milk by accident and since he was new he did not want to report this mistake however the FSS was informed that he could have informed the administrator of the mistake and went across the street and purchased more milk. The administrator further stressed the importance of using their heads and think about what they are doing. It is a simple thing to read and take pride in what they are doing as part of the dietary staff she further stated she would not accept any more deficient practices from this area. Administrator discussed with the administrative designee that efficiency would have to improve since the tray cards monitoring was her designated task. Milk was purchased from Resident# 18 received his milk with supper meal. Resident#1 was assessed by Physical Therapy and changed resident to a wheelchair instead of a geri-chair and chair cushion recommended. Pressure area on Resident# 1 healed on 11/22/11 and she continues with chair cushion and skin is monitored daily during her daily tub bath and weekly skin assessments performed on the 7, 14, 21, 28 or each month. Resident# 9 albumin and pre-albumin level was drawn on 11/7/11 no new orders were received. Dietician reviewed her	

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	<p>Based on observation, record review, and interviews, the facility failed to ensure Physician Orders were followed related to milk served at meals for 1 of 3 residents with weight loss in a sample of 6. The facility also failed to ensure gel cushions were in chairs and lab tests were completed for 2 of 2 residents with pressure ulcers in a sample of 6. (Residents #1, #9, and #18)</p> <p>Findings include:</p> <p>1. On 11/17/11 at 8:15 a.m., Resident #18 was observed eating his</p>		<p>lab levels on 11/27/11 and indicated Super Cereal daily, Pudding 2 times daily and Fibersource HN , Vitamin B12 injection monthly, Vitamin D 2 times daily and Theragram Vitamin daily is effective in promoting wound healing. Resident #9 returned for a follow-up wound clinic visit was 12/1/11 no new orders received and next scheduled visit to the wound clinic is 12/8/2011. Interview was held with the nurse receiving Resident# 9 back from her wound clinic visit and she admitted that she honestly did not see the order written at the wound clinic. All nurses were instructed to review all orders closely and to send an order sheet with Resident# 9 when she goes to the wound clinic.</p>		

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	<p>breakfast meal. At that time, the resident was not served any milk to drink. The resident's tray card indicated milk for breakfast.</p> <p>On 11/17/11 at 12:20 p.m., Resident #18 was observed eating his lunch. At that time, the resident was not served milk to drink. The resident's tray card indicated milk for lunch.</p> <p>The record for Resident #18 was reviewed on 11/17/11 at 11:00 a.m. Review of the Physician Orders on the current November 2011 recap indicated milk with all meals.</p> <p>Review of the Tray Accuracy QA (Quality Assurance) on 11/18/11 at 8:40 a.m., indicated the resident did not receive milk for breakfast and lunch on 11/17/11 because there was less than a gallon of milk left and not enough for all the residents.</p> <p>Interview with the Administrator on 11/18/11 at 10:45 a.m., indicated the resident should have received milk with all of his meals.</p> <p>2. Resident #1 was observed on 11/17/11 at 9:35 a.m. The resident was seated on the toilet. CNA (Certified Nursing Assistant) #1 was</p>				

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	<p>assisting the resident with toileting. There was a dressing noted to the resident's left buttock.</p> <p>After the resident voided, CNA#1 transferred the resident to the geri-chair, there was no gel cushion in the geri-chair.</p> <p>The resident was observed on 11/17/11 at 12:20 p.m., seated in a geri-chair in the main dining room, there was no gel cushion in the resident's chair.</p> <p>The resident was observed on 11/17/11 at 2:00 p.m., in her room seated in the geri-chair. There was no gel cushion in the chair.</p> <p>Interview with LPN #1 on 11/17/11 at 2:00 p.m., indicated there was no gel cushion in the Resident #1's chair. She indicated she would obtain a gel cushion for the resident.</p> <p>The record for Resident #1 was reviewed on 11/17/11 at 10:45 a.m. The resident had diagnoses that included, but were not limited to, dementia, hypertension and anemia.</p> <p>The resident was admitted to the facility on 11/15/11. Review of the Admission Assessment, dated</p>			

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	<p>11/15/11, indicated the resident was admitted to the facility with 2 pressure ulcers on her left buttock. Both pressure ulcers had a partial thickness loss of dermis.</p> <p>Review of the Physician's Order, dated 11/15/11, indicated the resident was to have an air mattress to her bed and a gel cushion to the chair.</p> <p>Interview with the Administrator on 11/18/11 at 12:15 p.m., indicated the gel cushion was to be in the resident's chair as ordered by the physician.</p> <p>3. The record for Resident #9 was reviewed on 11/17/11 at 1:00 p.m. The resident had diagnoses that included, but were not limited to, failure to thrive, hypertension and Parkinson's disease.</p> <p>The Physician's Orders were reviewed. There was a Physician Order, dated 11/10/11, that indicated an albumin level and a pre-albumin level (lab tests that indicate protein levels) were to be obtained.</p> <p>Review of the lab test results indicated there were no albumin and pre-albumin results in the record.</p> <p>Interview with LPN #1 on 11/17/11 at</p>				

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	<p>1:50 p.m., indicated the lab results were not in the resident's record. She indicated she would notify the lab to see if the tests were completed.</p> <p>Interview with LPN #2 on 11/18/11 at 10:00 a.m., indicated the lab tests were not obtained until 11/17/11. She indicated the Physician's Orders were not followed and the labs were not obtained timely. She indicated the facility failed to inform the lab of the Physician's Order.</p> <p>This deficiency was cited on 9/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35(g)(2)</p>				

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F0314 SS=D	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	F0314	F Tag 314 1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 pressure area is healed. A chair cushion is provided in her wheelchair, air mattress is on the bed and braden scale assessment updated. Daily baths are given each am and weekly skin checks are performed on the 7th, 14th, 21st, and 28th of each month. Resident #9 pressure areas continue to heal she is transported to the wound clinic for updated treatments and interventions. Labs were drawn on 11/17/2011 and no new orders were received. Resident #9 returned to the wound clinic on 11/27/2011 and no new orders were received. 11/17/11 Lab was reviewed by the dietician on 11/25/11 and no new recommendations were noted. Dietician reviewed her lab levels on 11/25/11 and indicated Super Cereal daily, Pudding 2 times daily and Fibersource HN , Vitamin B12 injection monthly, Vitamin D 2 times daily and	12/18/2011	

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			<p>Theragram Vitamin daily is effective in promoting wound healing. Resident #9 returned for a follow-up wound clinic visit was 12/1/11 no new orders received and next scheduled visit to the wound clinic is 12/8/2011. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All residents using gel cushion were re-assessed. No other residents affected only two residents require the use of a gel cushion at this time. All residents labs and lab orders were reviewed during the monthly audit. No other residents affected. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Nursing In-Service was presented on facility policy and procedure regarding pressure sore healing, taking and implementation of physician and laboratory orders. All residents with gel cushions Braden Scale assessments were updated and implementation of pressure relieving devices done. Currently 2 residents require gel cushions. 9 residents require chair cushions, 1 special chair cushion built in to personal wheelchair, 1 resident refuses to use a cushion and 1 resident only in geri-chair for meals and transport at other times resident is in playpen. One licensed</p>		

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			nurse will be assigned to monitor lab audit weekly times 1 month, then monthly ongoing with the review of monthly physician recap lab orders A list of resident requiring pressure relieving devices will be provided for staff and monitored by charge nurse on each shift. A lab audit was performed on all residents 4. How the corrective action will be monitored to ensure the deficient practice will not recur. One licensed nurse will be assigned to monitor lab audit weekly times 1 month, then monthly ongoing with the review of monthly physician recap lab orders. D.O.N. will monitor lab audits monthly times 2 months then quarterly for 6 months. Every charge nurse will observe gel cushions and pressure relieving devise and when making rounds and passing medication daily. Director of Nursing will monitor pressure relieving devices weekly and update resident list for those requiring pressure relieving devices. D.O.N. will then designate 1 licensed nurse to monthly update the resident listing of pressure relieving devices ongoing. D.O.N. will monitor compliance quarterly for 6 months. QA will receive reports and review quarterly and make recommendations as needed. 5. Date completed: December 18, 2011 Please refer to previous forms for lab audit and pressure relieving devices for	

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			<p>previous F Tag 282. ADDENDUM F 314</p> <p>ADDENDUM</p> <p>Charge Nurse will monitor pressure relieving devices ie: chair, gel cushions on all shifts when the resident is in a wheelchair or geri-chair and air mattress when residents are in bed daily ongoing. This is a daily assigned duty for the charge nurse.</p> <p>The nurse rounds schedule:</p> <p>1-round during tour check held at 8a.m., 4p.m., 12a.m.</p> <p>2-round during medication pass which is 9am, 1pm, 5pm, 9pm</p> <p>3-round mealtime: 8am-12pm-6pm</p> <p>4-round after residents are toileted after meals 10am, 2pm, 7p.m.</p> <p>Day Shift Rounds: 8am, 9am, 11am, 1pm, 3pm, 4pm</p> <p>Evening Shift Rounds: 4pm, 5p.m, 6pm, 7pm, 9pm, 11pm, 12am</p> <p>Nigh Shift Rounds: 12am, 3am, 5am, 7am, 8am</p> <p>Even though we do rounds often the nurse will be responsible for</p>	

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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN46407		
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	Based on observation, record review, and interview, the facility failed to ensure pressure reducing devices were in place and lab tests were obtained for 2 of 2 residents with		<p style="text-align: center;">SAMPLE FORM</p> <p>The pressure relieving devices will be monitored for proper functioning during nursing rounds but log sheet will be completed during tour check daily during the beginning of each shift and malfunctioning equipment will be reported to the D.O.N. for replacements.</p>		

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	<p>pressure ulcers in a sample of 6. (Residents #1 & #9)</p> <p>Findings include:</p> <p>1. Resident #1 was observed on 11/17/11 at 9:35 a.m. The resident was seated on the toilet. CNA (Certified Nursing Assistant) #1 was assisting the resident with toileting. There was a dressing noted to the resident's left buttock.</p> <p>After the resident voided, CNA #1 transferred the resident to the geri-chair, there was no gel cushion in the geri-chair.</p> <p>The resident was observed on 11/17/11 at 12:20 p.m., seated in a geri-chair in the main dining room, there was no gel cushion in the resident's chair.</p> <p>The resident was observed on 11/17/11 at 2:00 p.m., in her room seated in the geri-chair. There was no gel cushion in the chair.</p> <p>Interview with LPN #1 on 11/17/11 at 2:00 p.m., indicated there was no gel cushion in the Resident #1's chair. She indicated she would obtain a gel cushion for the resident.</p>						

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	<p>The record for Resident #1 was reviewed on 11/17/11 at 10:45 a.m. The resident had diagnoses that included, but were not limited to, dementia, hypertension and anemia.</p> <p>The resident was admitted to the facility on 11/15/11. Review of the Admission Assessment, dated 11/15/11, indicated the resident was admitted to the facility with 2 pressure ulcers on her left buttock. Both pressure ulcers had a partial thickness loss of dermis.</p> <p>The form titled "Weekly Wound Assessment" was reviewed. There was an entry, dated 11/15/11, that indicated the resident had a pressure ulcer on her left buttock. The pressure ulcer was 4 cm (centimeters) x 1.5 cm in size. There was another entry also dated 11/15/11 that indicated the resident had a pressure ulcer on her left lower buttock that was 1.5 cm x .2 cm in size. Both pressure ulcers were indicated to have 0 cm of depth. The form also indicated that the pressure relieving devices to be used were the air mattress in bed and the gel cushion in the chair.</p> <p>Review of the Physician's Orders, dated 11/15/11, indicated the resident was to have an air mattress to her</p>			

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	<p>bed and a gel cushion to the chair.</p> <p>Interview with the Administrator on 11/18/11 at 12:15 p.m., indicated the gel cushion was to be in the resident's chair as ordered by the physician.</p> <p>2. Resident #9 was observed in bed on 11/17/11 at 9:50 a.m. There were dressings noted on the resident's left gluteus and on the resident's left ischial area. Interview with LPN #1 at that time, indicated the resident had pressure ulcers on her left ischial area and on her left gluteus.</p> <p>The record for Resident #9 was reviewed on 11/17/11 at 1:00 p.m. The resident had diagnoses that included, but were not limited to, failure to thrive, hypertension and Parkinson's disease.</p> <p>The form titled "Wound Assessment Sheet" was reviewed. The form was completed by the wound clinic. The form indicated the resident had a pressure ulcer on her left gluteus and her left ischial area. The form indicated both wounds had a partial thickness loss of dermis. An entry, dated 11/10/11, indicated the left ischial wound was 2 cm x 1.8 cm in size and .2 cm in depth. The wound on the resident's left gluteus was 6.5 x</p>				

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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN46407
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	<p>3.9 cm in size and 0 cm in depth.</p> <p>The Physician's Orders were reviewed. There was a Physician Order, dated 11/10/11, that indicated an albumin level and a pre-albumin level (lab tests that indicate protein levels) were to be obtained.</p> <p>Review of the lab test results indicated there were no albumin and pre-albumin results in the record.</p> <p>Interview with LPN #1 on 11/17/11 at 1:50 p.m., indicated the lab results were not in the resident's record. She indicated she would notify the lab to see if the tests were completed.</p> <p>Interview with LPN #2 on 11/18/11 at 10:00 a.m., indicated the lab tests were not obtained until 11/17/11. She indicated the resident goes to the wound clinic for her pressure ulcers and the physician at the wound clinic ordered the lab tests to assess the resident's protein status for wound healing. She indicated the facility failed to inform the lab of the physician's order.</p> <p>This deficiency was cited on 9/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			

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	3.1-40(a)(2)				

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F0334 SS=E	<p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes</p>			

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	<p>documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p>	F0334	<p>F 334 INFLUENZA & PNEUMOCOCCAL IMMUNIZATION 1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? It has always been our practice to administer influenza vaccine during the month of December if any one consented to the vaccine. The facility orders the vaccine after all family members have the opportunity to respond to the consent form. The reason for this practice is that we have few residents who consent to this vaccine and the vaccine is delivered by multi-vial and only good for 30 days after it is opened. We have an additional 5 residents whose families have not signed the consent form they</p>	12/18/2011

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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN46407
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			<p>had expressed their feelings to social service about the vaccine verbally but had not put it in writing. They have been contacted and have been urged to provide the facility with their decision by December 9, 2011. The influenza vaccine will be ordered from In-Touch Pharmacy and administered to Resident #2, #3, #4, #19, #21 and any other consenting resident on December 12, 2011. Influenza and Pneumococcal Vaccine will continued to be offered every year during flu season, October 1-March 31 to every resident. The annual influenza vaccine will be offered in the month of November and once consents are signed it will be administered during the month of December.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. Families and residents consenting to receive the influenza vaccine have been told they will receive the vaccine December 12, 2011 and verbalized no concerns with receiving the vaccine.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. A Social Service In-Service held for clarification that the facility can only act when on proper consent and authorization of influenza vaccine is signed no verbal</p>	

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			<p>consent or denial is acceptable. A Nursing In-Service was held to review the adverse reaction of the flu vaccine and the documentation requirements 4. How the corrective action will be monitored to ensure the deficient practice will not recur. Social Service will maintain a log of consent forms and refusal to the influenza and pneumococcal immunization records. D.O.N. will be responsible for order the flu vaccine and auditing the 72 hour documentation after flu vaccine is given. This log will be reviewed by the D.O.N. during flu season monthly during the months of November to March of each year. QA committee will review audits quarterly and determine of audits to continue or if changes need to be made. 5. Date completed: December 18, 2011 FLU VACCINE 72 HOUR MONITORING DATE FLU VACCINE ADMINISTERED: _____ INJECTION SITE: _____ BASELINE TEMP.: _____</p> <p>DATE TEMP. PAIN AT INJECTION SITE N-NO Y-YES IF YES INDICATE INTERVENTIONS WELLING AT INJECTION SITE N-NO Y-YES IF YES INDICATE INTERVENTION RASH NOTED N-NO Y-YES IF YES INDICATE INTERVENTION COMMENTS NURSE SIGNATURE</p>		

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	<p>Based on record review and interview, the facility failed to administer the influenza vaccine to 5 of 5 residents with signed consent forms to receive the influenza vaccine in the supplemental sample of 5. (Residents #2, #3, #4, #19, and #21)</p> <p>Findings include:</p> <p>1. The influenza consent form book was provided by the Social Worker on 11/18/11. There was a form titled "2011-2012 Flu Vaccination Consent and Release" signed by Resident #4 and dated 9/27/11. The resident indicated she did wish to receive the</p>		<p>ADDENDUM</p> <p>Any new residents admitted during flu season will be offered the flu vaccine during admission if they consent the flu vaccine along with the physician order being obtained the flu vaccine will be ordered and given when vaccine is received. Pharmacy provider is currently able to supply the facility with single vials of the flu vaccine. All residents consenting to the flu vaccine have received their vaccines. The facility has had no new admissions.</p>		

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	<p>influenza vaccine.</p> <p>The record for Resident #4 was reviewed on 11/18/11 at 10:00 a.m. There was no documentation that the influenza vaccine was offered to the resident.</p> <p>Interview with Resident #4 on 11/18/11 at 10:15 a.m., indicated she had not been given the influenza vaccine.</p> <p>2. Review of the "2011-2012 Flu Vaccination Consent and Release" form for Resident #19 indicated the resident's legal representative signed the form on 10/8/11. She indicated the resident was to receive the influenza vaccine.</p> <p>3. Review of the "2011-2012 Flu Vaccination Consent and Release" form for Resident #2 indicated the resident's legal representative gave verbal consent for the resident to receive the influenza vaccine on 10/4/11.</p> <p>4. Review of the "2011-2012 Flu Vaccination Consent and Release" form for Resident #21 indicated the resident's legal representative signed the form on 9/30/11. She indicated the resident was to receive the</p>				

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	<p>influenza vaccine.</p> <p>5. Review of the "2011-2012 Flu Vaccination Consent and Release" form for Resident #3 indicated the resident signed the form on 9/27/11. She indicated that she did wish to receive the influenza vaccine.</p> <p>Interview with the Administrator on 11/18/11 at 10:30 a.m., indicated that no influenza vaccines had been administered to the residents; she indicated she was not certain if the vaccine was ordered.</p> <p>Interview with the Social Worker on 11/18/11 at 10:45 a.m., indicated that she had spoken to all the residents and/or the resident's legal representatives to obtain consents or refusals for the influenza vaccine. She also indicated that she had informed nursing services of the residents that had consents to receive the influenza vaccines.</p> <p>The facility's plan of correction indicated the residents would be offered the 2011-2012 influenza vaccine and once the consent was signed the resident would receive the influenza vaccine.</p> <p>This deficiency was cited on 9/23/11.</p>				

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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN46407
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F0363 SS=F	<p>The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>3.1-13(a)</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. Based on observation, record review and interview, the facility failed to ensure the breakfast and lunch menus were followed as prepared and signed by the Registered Dietitian for 2 of 3 meals observed for accuracy of the menu. (The Breakfast and Lunch meals). This had the potential to effect 22 of the 22 residents who reside in the facility.</p> <p>Findings include:</p> <p>1. On 11/17/11 at 8:15 a.m., the</p>	F0363	F 363 MENUS 1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Interview with the cook was held and he stated that he had spilled a gallon of milk by accident and since he was new he did not want to report this mistake however the FSS was informed that he could have informed the administrator of the mistake and went across the street and purchased more milk. The administrator further stressed the importance of using their	12/18/2011

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	<p>residents were in the main dining room beginning to eat breakfast. At that time, the breakfast meal served was scrambled eggs, toast, and cream of rice cereal. The residents were given coffee and juice to drink. Milk was not served to any of the residents.</p> <p>On 11/17/11 at 12:13 p.m., the residents were seated in the main dining room eating their lunch meal. At that time, the residents were served liver and onions, white rice with gravy, peas and carrots and lemon pie. The residents received coffee and juice to drink. Milk was not served to any of the residents.</p> <p>Review of the menu posted on the wall in the main dining room indicated the menued items for the 11/17/11 breakfast meal was cream of rice, fried eggs, biscuits and gravy, coffee, juice and milk. The menu had not been changed or updated to reflect the changes.</p> <p>Review of the menu posted on the wall in the main dining room indicated milk was also on the menu to be served for the lunch meal on 11/17/11.</p> <p>Review of the Administrator</p>		<p>heads and think about what they are doing. It is a simple thing to read and take pride in what they are doing as part of the dietary staff she further stated she would not accept any more deficient practices from this area.</p> <p>It was also stressed by the administrator to the dietary staff that the menu must be served as posted. It was also discussed that their were 2 people working in the kitchen and the store is across the street, however the dietary staff will use production sheets to ensure proper food usage and food inventory. After further discussion FSS stated the retired female cook made the biscuits homemade in the past and the resident's preferred the homemade biscuits rather than the store bought biscuits. Food orders are done weekly. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. No other deficiencies noted.3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. The dietary staff will serve the menu as planned. All menus were reviewed by the dietician and an in-service will be held by the dietician on 11/25/2011.</p> <p>The dietician will work with dietary</p>		

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	<p>monitoring log audit tool indicated there was no problems on 11/17/11 with the "menu served and frequency."</p> <p>Interview with the Dietary Food Manager on 11/17/11 at 7:23 a.m., indicated he was not serving biscuits and gravy due to not having any biscuits. Further interview with the Dietary Food Manager on 11/18/11 at 8:40 a.m., indicated milk was not served yesterday (11/17/11) for the breakfast and lunch meals due to only having less than a gallon of milk for the residents. He further indicated he had sent his son to the grocery store to purchase more gallons of milk.</p> <p>This deficiency was cited on 9/23/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-20(i)(4)</p>		<p>staff and in-service them on the production sheet and prepare the order sheet for a 2 week period to ensure all food items will be present.</p> <p>In-services will be ongoing until they fully retain information given times 2 months</p> <p>All dietary orders were audited with tray cards were reviewed with dietary staff. All dietary cards have been revised, enlarged and color coded to improve accuracy.</p> <p>All menus will review of and updated according to resident's likes with enlargement enhancements to each menu cycle.</p> <p>This revision will be done by the dietician and completed by 12/18/11.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur. Menu served log will be used daily and monitored daily by administrative designee for 1 month then quarterly for 6 months.</p> <p>Menu served log will be monitored bi-weekly by the dietician.</p> <p>Ongoing in-services will continue to be done and reminders will be placed on the serve tray line.</p> <p>QA committee will review audits quarterly and determine of audits</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/18/2011
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			to continue or if changes need to be made. 5. Date completed: December 18, 2011		