

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 09/07/2016
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NAME OF PROVIDER OR SUPPLIER  PRIMROSE RETIREMENT COMMUNITY OF KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 329 W RAINBOW DR KOKOMO, IN 46901
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 6 and 7, 2016</p> <p>Facility Number: 011555 Provider Number: 011555 AIM Number: NA</p> <p>Census Bed Type: Residential: 30 Total: 30</p> <p>Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on September 9, 2016.</p>	R 0000		
R 0026  Bldg. 00	<p>410 IAC 16.2-5-1.2(a) Residents' Rights - Noncompliance (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies regarding residents' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their implementation.</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>These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents ' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents ' rights are updated or changed. There shall be documentation that each resident is in receipt of the described residents ' rights and responsibilities. A copy of the residents ' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.</p> <p>Based on record review and interview, the facility failed to ensure a resident was provided a copy of the resident's rights upon admission. This affected 1 of 8 Residents reviewed. (Resident # 5).</p> <p>Findings include:</p> <p>During review of the clinical record on 9/6/16 at 11:00 a.m., the acknowledgement of the Resident's Rights was not located in either the clinical record or business office records for Resident # 5. The Resident was admitted to the facility on 2/3/15, with diagnoses that included but were not limited to, Hemiplegia, Cerebral Artery Occlusion with infarct, and Atrial Fibrillation.</p> <p>During an interview with the Director of Nursing (DON) and the Executive</p>	R 0026	<p>R 0026</p> <ol style="list-style-type: none"> <li>Resident #5 has received a copy of the residents' rights.</li> <li>All resident business files have been audited to ensure that all residents have received a copy of the residents' rights.</li> <li>The Community policy regarding Residents Rights was reviewed without change. The ED or her representative will review Residents Rights with every resident and/or her representative on admission at which time a copy of the Residents Rights will be provided. An acknowledgement will be signed by the resident and/or his representative to show he/she received a copy of the Residents Rights.</li> <li>The ED or her representative will audit the business file of every new resident within 72 hours of admission to ensure the resident received a copy of the Residents Rights. Results of these audits will</li> </ol>	09/23/2016

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R 0273 Bldg. 00	<p>Director (ED) on 9/7/16 at 10:15 a.m., the ED indicated she was unable to locate any documentation the Resident received the Resident's Rights handbook on admission.</p> <p>A review of the current policy titled "Protecting and Ensuring Resident's Rights" received from the Executive Director on 9/7/16 at 11:15 a.m., indicated "... Procedure... 1. Residents will be informed of the Resident's rights in writing. This may be accomplished by providing them a copy of their rights in the Resident Handbook...."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure leftover foods were discarded, food was dated when opened and securely covered, and food items were refrigerated in 1 of 1 kitchens reviewed. This deficient practice had the potential to affect 30 out of 30 residents receiving food from the kitchen.</p> <p>Findings include:</p>	R 0273	<p>be reported to the monthly QA committee X3 months to ensure compliance.</p> <p>5. Completed by 9/23/16</p>	09/23/2016

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	<p>During a tour of the kitchen with the Dining Services Director on 9/6/2016 at 9:35 a.m., the following were observed:</p> <p>The dry storage area was observed to have:</p> <p>One package of hamburger buns opened and not dated</p> <p>One package of sub buns opened and not dated.</p> <p>One container of nutmeg opened and not dated.</p> <p>One container of dill weed opened and not dated.</p> <p>One container of whole cloves opened and not dated.</p> <p>One bag of jello opened and not dated.</p> <p>One bag of elbow macaroni opened and not dated.</p> <p>One bag of corn flakes opened and not dated.</p> <p>One box of bananas opened and not dated.</p> <p>One box of scalloped potatoes opened and not dated.</p> <p>One bag of red potatoes, opened and not dated with brown liquid leaking from the bag and strong foul odor noted.</p> <p>One box of white Idaho potatoes opened and not dated.</p> <p>Seven pieces of sugar cream pie on individual plates not dated.</p> <p>One bag of prepared biscuits dated 9-2.</p>		<p>dated; the bag of corn flakes opened and not dated; the box of bananas opened and not dated; the box of scalloped potatoes opened and not dated; the bag of red potatoes opened and not dated; the box of white Idaho potatoes opened and not dated; seven pieces of sugar cream pie on individual plates not dated; the bag of prepared biscuits dates 9-2; the package of English muffins opened and not dated; and the plastic jug of rice wine vinegar opened and not dated.</p> <p>The following items in the kitchen food preparation area were discarded: the container of black pepper opened and not dated; the container of white pepper opened and not dated; the container of celery seed opened and not dated; the container of cinnamon opened and not dated; the container of Italian seasoning opened and not dated; the container of garlic herb seasoning opened and not dated; the bag of potato chips opened and not dated; the bag of tortilla chips opened and not dated; the bottle of Frank's hot sauce opened and not dated; the jug of olive oil opened and not dated; the container of pancake syrup opened and not dated; the squeeze container of ketchup opened, not dated and not refrigerated; and the two squeeze containers of relish that were opened, not dated and not refrigerated.</p>	

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	<p>One package of English muffins opened and not dated.</p> <p>One plastic jug of rice wine vinegar opened and not dated.</p> <p>The kitchen food preparation area was observed to have:</p> <p>One container of black pepper opened and not dated.</p> <p>One container of white pepper opened and not dated.</p> <p>One container of celery seed opened and not dated.</p> <p>One container of cinnamon opened and not dated.</p> <p>One container of Italian seasoning opened and not dated.</p> <p>One container of garlic herb seasoning opened and not dated.</p> <p>One bag of potato chips opened and not dated.</p> <p>One bag of tortilla chips opened and not dated.</p> <p>One bottle of Frank's hot sauce opened and not dated.</p> <p>One jug of olive oil opened and not dated.</p> <p>One container of pancake syrup opened and not dated.</p> <p>One squeeze container of ketchup opened, not dated and not refrigerated.</p> <p>Two squeeze containers of relish, opened, not dated and not refrigerated.</p>		<p>The following items in the refrigerator were discarded: one package of hotdogs opened and not dated; the container of cooked shrimp not dated; the vanilla pie opened and not dated; the package of butter opened and not dated; the whole ham opened and not dated; the package of ham slices, opened and dated 8/28; the package of Swiss cheese slices opened and not dated; the package of American cheese slices opened and not dated; the package of grated parmesan cheese opened and not dated; the individual serving bowl of beets not dated; the package of spinach opened and not dated; the squeeze bottle of chocolate syrup (not in its original container) not dated; the container of liquid whole eggs opened and not dated; and the plastic bag of red onion slices not dated.</p> <p>The following items in the freezer were discarded: the package of French fries opened and not dated; the package of peas opened and not dated; the package of chicken breasts opened and not dated; the package of fried chicken pieces opened and not dated; and the ice cream dessert on the metal tray that was not covered and not dated.</p> <p>2. All food was examined to ensure that all items were properly stored and dated and that all items</p>	

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	<p>The refrigerator was observed to have: One package of hot dogs opened and not dated. One container of cooked shrimp not dated. One vanilla pie opened and not dated. One package of butter opened and not dated. One whole ham opened and not dated. One package of ham slices, opened and dated 8/28, not securely covered and edges of meat dried. One package of shredded mozzarella cheese opened and not dated. One package Swiss cheese slices opened and not dated. One package of American cheese slices opened and not dated. One package grated parmesan cheese opened and not dated. One individual serving bowl of beets not dated. One package of spinach opened and not dated. One squeeze bottle of chocolate syrup (not original container) not dated. One container liquid whole eggs opened and not dated. One plastic bag of red onion slices not dated.</p> <p>The freezer was observed to have: One package of french fries opened and not dated.</p>		<p>past their expiration date were discarded according to community policy.</p> <p>3. The community's Dietary Polices regarding storage of products were reviewed without change. All kitchen staff will be educated on the proper storage and disposition of food. The Cook will be responsible to ensure that all food items are properly stored, dated and discarded daily.</p> <p>4. The Dining Services Manager will audit all food items 3X weekly X90 days, then 2X monthly ongoing to ensure all food items are properly stored and dated and that all items are discarded according to community policy. Results of these audits will be reported to the QA committee monthly X 6 months.</p> <p>5. Completed by 9/23/16</p>				

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	<p>One package of peas opened and not dated.</p> <p>One package of chicken breasts opened and not dated.</p> <p>One package of fried chicken pieces opened and not dated.</p> <p>One ice cream dessert on metal tray, not covered and not dated.</p> <p>During an interview on 9/6/16 with the Dining Services Director, he indicated the sugar cream pie should have been refrigerated, the ketchup and relish should have been refrigerated, the ice cream dessert should have been covered., all items should have date opened and covered.</p> <p>A current policy titled, " Primrose Dietary Policy" received from the Dining Services Director on 9/6/16 at 11:00 a.m., indicated "... Storage of Products...All perishable items should be stored either in refrigerators with temperatures of 40 degrees F (Fahrenheit) or below or in freezers with temperature of 0 degrees F or below. Wrap, cover or seal all refrigerated and frozen foods and label with the preparation date or date received from the primary food vendor...Leftovers and Prepared Food. Store all prepared foods in an appropriate container, cover with an airtight lid or cellophane, and label the container with the type of food</p>			

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R 0298 Bldg. 00	<p>and the date...Leftover foods that cannot be frozen should be discarded after THREE days from the refrigerator if not used...."</p> <p>A printable Food Storage Chart received from the Dining Services Director on 9/6/16 at 11:00 a.m., indicated "...storage time...ketchup...5 months opened in fridge...pickles, olives, relishes 3 months opened in fridge...."</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on record review and interview, the facility failed to ensure the pharmacy medication review was completed for 1 of 8 residents reviewed. (Resident # 6)</p> <p>Findings include:</p> <p>The clinical record for Resident # 6 was</p>	R 0298	<p>R 0298</p> <p>1. Resident #6 has received a pharmacy medication review.</p> <p>2. An audit of all resident medical records has been made to ensure that every resident has had a pharmacy medication review within</p>	09/23/2016			

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	<p>reviewed on 9/6/16 at 11:30 a.m. A physician order dated 5/19/16 indicated to have nursing hold Resident #6's medications and dispense them as prescribed. A physician order dated 5/26/16 indicated Resident #6 may give her own medications again. A physician order dated 7/13/16 indicated to take all medications out of Resident #6's room and have nurses administer the medications.</p> <p>During an interview with the Director of Nursing on 9/7/16 at 10:15 a.m., she indicated no pharmacy review was completed for Resident #6 during the August Pharmacy review and should have been completed.</p> <p>A current policy titled "Consultant Pharmacist Services" received from the Executive Director on 9/7/16 at 11:15 a.m., indicated "...Review the medication regimen of each resident at least quarterly or as defined by applicable state regulation/Pharmacy Contract to identify any potential or actual medication-related problems, including untreated indications, improper drug selection, sub-therapeutic dosage, Failure to receive drugs, overdosage, adverse drug reactions (ADRs), drug interactions, and drug usage without indication...."</p>		<p>the past 60 days.</p> <p>3. The community policy "Consultant Pharmacist Services" was reviewed without change. The DON or her representative will provide a list of current residents to the Pharmacy consultant at the beginning of the consultant's visit (every 60 days). Upon completion of the medication review, the Pharmacy consultant will document completion in each resident's medical record. At the conclusion of each visit, the Pharmacy consultant will provide a report of the residents who received a medication review.</p> <p>4. The DON or her representative will audit all resident medical records after the Pharmacy consultant's visit to ensure that all residents received a medication review. The results of the audits will be reported to the QA committee after the next three Pharmacy consultant visits to ensure compliance.</p> <p>5. Completed by 9/23/16</p>	

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R 0410  Bldg. 00	<p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview, the facility failed to do annual mantoux testing on a resident for Tuberculosis (TB). This affected 1 of 8 residents reviewed for Tuberculin skin tests in a sample of 8. (Resident #9).</p> <p>Findings include:</p> <p>The clinical record of Resident #9 was reviewed on 9/6/17 at 3:25 p.m., Diagnoses included, but were not limited to, Maglinant Neoplasm of kidneys, Congestive Heart Failure, Atrial Fibrillation, and Prostate Carcinoma</p>	R 0410	<p>R 0410</p> <ol style="list-style-type: none"> <li>Resident #9 is deceased.</li> <li>All active resident records have been audited to ensure the annual Mantoux testing has been completed.</li> <li>The community policy "TB Control Plan" was reviewed without change. Nursing staff will be educated on the policy. All residents will have an annual Tuberculin Skin Test (TST) in their anniversary month. Results of the test will be documented in the resident's</li> </ol>	09/23/2016			

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	<p>A Mantoux (Tuberculin skin test) Test record for Resident #9 indicated Resident #9 was due for annual tuberculosis testing on 5/16/16, there was no indication in the medical record the testing was completed on or around that date.</p> <p>During an interview with the Director of Nursing (DON) and the Executive Director (ED) on 9/7/16 at 10:15 a.m., the DON indicated the TB skin test for Resident #9 was not done.</p> <p>A review of the current policy titled "TB Control Plan" received from the ED on 9/7/16 at 11:15 a.m., indicated, "...Ongoing Monitoring and Education. Following specific State regulations, routine ongoing monitoring will be done one or more of the following means: 1. Annual Tuberculin Skin Testing (TST) using the one step process...."</p>		<p>record.</p> <p>4. The DON or her representative will audit the resident records on a monthly basis to ensure every resident has received an annual Mantoux test. Results of these audits will be reported to the monthly QA committee X 3 months to ensure compliance.</p> <p>5. Completed by 9/23/16</p>	