

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155761	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/03/2013
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2 E TILDEN BROWNSBURG, IN 46112
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: May 28, 29, 30, 31, 2013, and June 3, 2013.</p> <p>Facility Number: 011367 Provider Number: 155761 AIM Number: 200851590</p> <p>Survey Team: Heather Lay, RN - TC Lora Brettnacher, RN Jeanna King, RN Karen Hartman, RN Yolanda Love, RN [5/28/13, 5/29/13, and 5/30/13]</p> <p>Census Bed Type: SNF: 14 SNF/NF: 111 Residential: 9 Total: 134</p> <p>Census Payor Type: Medicare: 29 Medicaid: 73 Other: 32 Total: 134</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW on or after June 24, 2013.</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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	Quality Review completed on 06/10/2013 by Brenda Nunan, RN.			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a coordinated hospice care plan for 1 of 1 resident reviewed for hospice services [Resident #58] and failed to develop a plan of care for 1 of 1 resident reviewed for Preadmission Screening and Resident Review [PASRR] level II services [Resident #15].</p> <p>Findings include:</p> <p>1. On 5/31/13 at 10:03 A.M., Resident #58's record was reviewed.</p>	F000279	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident #58 had her care plan update to reflect coordination of care with her hospice company. Resident #15 had her care plan updated to reflect her PASSAR recommendations.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will</p>	06/24/2013	

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	<p>Diagnoses included, but were not limited to, Alzheimer's dementia, anxiety, and transient cerebral ischemia.</p> <p>A "Hospice Care Plan," dated 2/14/13, indicated, "...Resident [Resident #58] is receiving hospice services related to diagnosis of Alzheimer's dementia... Goal: Resident will have comfort maintained... Approach: Encourage socialization/activities as tolerated or able... Hospice services per hospice plan of care...."</p> <p>There was no documentation of a coordinated hospice care plan in Resident #58's clinical record.</p> <p>On 5/31/13 at 4:15 P.M., in an interview, the DoN indicated there was no . coordinated care plan.</p> <p>In an interview, on 6/3/13 at 2:50 P.M., the Minimum Data Set [MDS] Coordinator indicated Resident #58 had two care plans, the facility generated hospice care plan and the hospice agency care plan. She indicated the hospice staff schedule changed daily; therefore, a coordinated care plan was not developed.</p>		<p>be identified and what corrective actions will be taken? All other residents that receive these services have the potential to be affected. Those residents with PASSAR recommendations and hospice services care plans were audited and reviewed to assure current services and coordination of care were included.</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 meeting was held on June 11 th with all hospice providers contracted to discuss coordination of care requirements with Brownsburg Meadows. On June 11 th the Interdisciplinary team responsible for developing and updating care plans was in-serviced and educated on the requirements by Carrie August, MDS Coordinator. All PASSAR recommendations will be kept on file with the Social Service Director and they will be responsible for assuring that the care plan is updated and reflects current recommendations. The DNS/Designee will monitor the care plans to ensure the PASSAR and hospice services are included.</p>				

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	<p>2. Resident #15's record was reviewed on 6/1/2013 at 11:11 A.M. Resident #15 had diagnoses which included, but were not limited to, moderate intellectual disabilities due to brain damage at birth, depressive disorder, and psychosis dementia with behaviors.</p> <p>Review of the PASSAR recommendations dated 3/18/12, indicated Resident #15, "...may benefit from work on basic math skills and literacy needs as well as work on money skills...."</p> <p>During an interview on 6/1/2013 at 11:41 A.M., Social Service Staff (SS)</p>		<p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place? To ensure compliance, the DNS/ Designee is responsible for completion of the care plan CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>		

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	<p>#52 indicated, Resident #15's last PASARR (Preadmission Screening and Annual Resident Review) assessment was completed in March 2013, however the facility had not received the paper work yet because it usually took three months to arrive. SS #52 indicated, she was not aware of the current recommendations due to the PASSAR staff, "just write their report and leave." At this time, the DON (Director of Nursing) and SS #52 was asked to provide the 2012 recommendations.</p> <p>During an interview on 6/2/2013 at 7:38 A.M., the DON was asked to provide documentation the services recommended in the PASSAR, regarding math, money, and literacy needs were part of Resident #15's plan of care and being provided to Resident #15.</p> <p>During an interview on 6/3/2013 at 9:42 A.M., the Executive Director (ED) indicated, the facility had not developed a coordinated care plan to ensure the recommendations from the 2012 PASSAR evaluation were implemented.</p> <p>3.1-35(a)</p>			

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F000371 SS=F	<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 food had been labeled with an open/use by date, prepare food using proper handwashing techniques, and protect food from possible contamination of a hazardous chemical for 1 of 1 kitchen observation. This deficient practice had the potential to affect 124 of 124 residents eating food stored and prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>Observations in the facility's kitchen beginning on 5/28/2013 at 7:55 A.M.: Dietary staff #51 was observed preparing fruit trays on a prep counter. The sink located on the prep counter had red buckets on both sides of the sink containing a solution identified as "quat" (Sani-Tabs Sanitizing Tablets dissolved in water to provide a sanitizing solution for food contact surfaces that are utilized in the food service industry) cleaning</p>	F000371	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The undated food was removed from the fridge/freezer and thrown out. The disinfectant was removed from the kitchen counter and away from the food. The staff was educated on use of gloves and hand washing. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what correction actions will be taken? All residents have the potential to be affected. Dietary staff was in-serviced on hand washing, proper use of disinfectant, and labeling of food on June 5, 2013 by the Dietary Manger. The dietary manager will be responsible for monitoring the kitchen for proper hand washing, use of disinfectants, and to assure all food is dated correctly on a daily basis. Staff will be responsible for completing a checklist on a daily basis to assure all food is dated. 3. What measures will be put into place</p>	06/24/2013			

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	<p>solution by the Dietary Manager. To the left of one of the buckets containing quat solution was an uncovered pitcher containing yellow liquid identified by Dietary staff #51 as "lemonade" to be used for breakfast. Dietary staff #51 was observed with gloves on, rinsing lettuce in the sink with quat cleaning solution on the edge of both sides of the sink. She then placed the lettuce on plates. Without changing gloves, she reached into the bucket of quat cleaning solution and removed a cloth and wiped the prep counter off. Without waiting for the solution to dry, she placed a produce bag with holes containing grapes on the wet counter. She then removed her gloves and put on new gloves, without washing her hands. She picked the grapes off the stems and placed them into a colander. At 8:09 A.M. she took the colander containing the grapes to the sink. One container of quat solution remained on the right side of the sink. She used her gloved right hand to adjust the water by turning the handles of the sink, rinsed the grapes for 5 seconds, wiped the excess water off of the edge of the sink with her right gloved hand, and without changing gloves put the grapes on the plates with the lettuce, She then removed her gloves and put new</p>		<p>or what systemic changes will be made to ensure that the deficient practice does not recur? Dietary staff was in serviced on hand washing, proper use of disinfectant, and labeling of food on June 5, 2013 by the Dietary Manger. The dietary manager will be responsible for monitoring the kitchen for proper hand washing, use of disinfectants, and to assure all food is dated correctly on a daily basis. Staff will be responsible for completing a checklist on a daily basis to assure all food is dated.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place? To ensure compliance, the Dietary Manager/ Designee is responsible for completion of the hand washing and labeling/dating CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>		

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	<p>gloves on without washing her hands, rinsed strawberries in the sink with the quat solution sitting on the side of the sink, used her gloved hand to adjust the water by touching the sink handles, rinsed the strawberries, wiped the excess water off the edge of the sink with her gloved right hand, then without changing gloves proceeded to slice strawberries and place them on the plates.</p> <p>During an interview on 5/28/2013 at 8:10 A.M., the Dietary Manager indicated food should not have been prepared next to the quat solution and removed the quat solution from the sink. At this time, she was informed of the above observations and was asked to provide the facility's hand washing policy.</p> <p>Observations made on 5/28/2013 at 8:20 A.M., with the Dietary Manager included: A bag of opened walnuts not marked with an open and/or use by date, two bags of opened mixed vegetables not marked with an open and/or use by date, and an opened bag of fish sticks not marked with an open and/or use by date.</p> <p>During an interview on 5/28/2013 at 8:20 A.M., the Dietary Manger indicated, it was the facility's policy to</p>				

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	<p>label all opened food with an open date. At this time, she was asked to provide the facility's food storage policy.</p> <p>On 5/31/2013 at 1:00 P.M., the Executive Director (ED) provided the facility's current "Food Handling Policy" dated 4/01, a policy titled "Use of Gloves" dated 4/11, and a policy titled, "Food Storage" dated 7/11.</p> <p>The policy titled, "Food Handling Policy" indicated, "...Employees will minimize the potential for food contamination...Food employees will clean their hands and exposed portions of their arms: ...after handling soiled surfaces, equipment or utensils; during food handling, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; directly before touching ready-to eat food or food-contact surfaces...."</p> <p>The policy titled, "Use of Gloves" indicated, "...Hands will be washed...before putting on gloves...Gloves are just like hands; they get soiled. anytime a contaminated surface is touched, gloves must be changed and hands washed...."</p>			

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	<p>The policy titled, "Food Storage" indicated, "...Chemicals must be...kept in an area away from food...Frozen foods should be covered, labeled and dated...."</p> <p>A Material Safety Data Sheet (MSDS) dated 11/6/03, provided by the ED on 6/3/2013 at 9:30 A.M., indicated, "...Sani-Tabs Sanitizing Tablets.... Danger: This product is a solid blue tablet. Causes severe eye and skim damage. Do not get in eyes, skin or clothing. Harmful if swallowed.... Ingestion. If tablet is crushed ingestion dust or if in solution may cause moderate to severe irritation to the digestive tract. Excessive ingestion may cause chemical burns to the mouth, throat, and abdomen...."</p> <p>3.1-21(i)(3)</p>				

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F000406 SS=D	<p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on record review and interview, the facility failed to ensure recommendations were implemented in accordance with a residents Preadmission Screening and Annual Resident Review (PASARR) report for 1 of 1 residents reviewed for PASARR requirements (Resident #15).</p> <p>Findings:</p> <p>Resident #15's record was reviewed on 6/1/2013 at 11:11 A.M. Resident #15 had diagnoses which included, but were not limited to, moderate intellectual disabilities due to brain damage at birth, depressive disorder, and psychosis dementia with behaviors.</p> <p>Review of the PASSAR</p>	F000406	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The Activity Director has developed a plan for Resident #15 that will incorporate weekly use of math, literacy, and money skills. Her care plan was updated to reflect these PASSAR recommendations.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what correction actions will be taken? All residents with PASSAR recommendations were audited by the Social Service Director and found to be in compliance.</p>	06/24/2013	

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	<p>recommendations dated 3/18/12, indicated Resident #15, "...may benefit from work on basic math skills and literacy needs as well as work on money skills...."</p> <p>A 5/6/2013, quarterly Minimum Data Set Assessment Tool (MDS) indicated, Resident #15 was cognitively intact.</p> <p>During an interview on 6/1/2013 at 11:41 A.M., Social Service Staff (SS) #52 indicated, Resident #15's last PASARR (Preadmission Screening and Annual Resident Review) assessment was completed in March 2013, however the facility had not received the paper work yet because it usually took three months to arrive. SS #52 indicated, she was not aware of the current recommendations due to the PASSAR staff, "just write their report and leave." At this time, the DON (Director of Nursing) and SS #52 was asked to provide the 2012 recommendations.</p> <p>During an interview on 6/2/2013 at 7:38 A.M., the DON was asked to provide documentation the services recommended in the PASSAR, regarding math, money, and literacy needs were part of Resident #15's plan of care and being provided to</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?All residents who receive PASSAR recommendations will have them reviewed by the Interdisciplinary team to assure they are being followed and care planned. All PASSAR recommendations will be kept on file with the Social Service Director and they will be responsible for assuring that the care plan is updated and reflects current recommendations.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place?To ensure compliance, the Social Service Director/ Designee is responsible for completion of the PASSAR CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>				

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	<p>Resident #15.</p> <p>During an interview on 6/3/2013 at 9:42 A.M., the Executive Director (ED) indicated, other than Resident 15's participation in bingo, where she exchanged bingo bucks, the facility had not developed a coordinated care plan or implemented the recommendations from the 2012 PASSAR evaluation. At this time she provided a 5th grade reading workbook and indicated Resident #15 used this book for reading skills. Observation of this book revealed no pages were completed. The ED was requested to provide a completed workbook. No completed work books were provided.</p> <p>During an interview on 6/3/2013 at 10:55 A.M., Resident #15 was shown the work book and asked if she had ever seen a book like that. She replied, "No."</p> <p>3.1-23(1)</p>				

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R000000	The following Residential findings were cited in accordance with 410 IAC 16.2-5.	R000000	The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF A POST SURVEY REVIEW on or after June 24, 2013.		

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R000273	<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 food had been labeled with an open/use by date, prepare food using proper handwashing techniques, and, protect food from possible contamination of a hazard chemical for 1 of 1 kitchen observation. This deficient practice had the potential to affect 9 of 9 residents eating food stored and prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>Observations in the facility's kitchen beginning on 5/28/2013 at 7:55 A.M.: Dietary staff #51 was observed preparing fruit trays on a prep counter. The sink located on the prep counter had red buckets on both sides of the sink containing a solution identified as "quat" (Sani-Tabs Sanitizing Tablets dissolved in water to provide a sanitizing solution for food contact surfaces that are utilized in the food service industry) cleaning solution by the Dietary Manager. To the left of one of the buckets</p>	R000273	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The undated food was removed from the fridge/freezer and thrown out. The disinfectant was removed from the kitchen counter and away from the food. The staff was educated on use of gloves and hand washing.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what correction actions will be taken? All residents have the potential to be affected. Dietary staff was in-serviced on hand washing, proper use of disinfectant, and labeling of food on June 5, 2013 by the Dietary Manger. The dietary manager will be responsible for monitoring the kitchen for proper hand washing, use of disinfectants, and to assure all food is dated correctly on a daily basis. Staff will be responsible for completing a checklist on a daily basis to assure all food is dated.</p>	06/24/2013			

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	<p>containing quat solution was an uncovered pitcher containing yellow liquid identified by Dietary staff #51 as "lemonade" to be used for breakfast. Dietary staff #51 was observed with gloves on, rinsing lettuce in the sink with quat cleaning solution on the edge of both sides of the sink. She then placed the lettuce on plates. Without changing gloves, she reached into the bucket of quat cleaning solution and removed a cloth and wiped the prep counter off. Without waiting for the solution to dry, she placed a produce bag with holes containing grapes on the wet counter. She then removed her gloves and put on new gloves, without washing her hands. She picked the grapes off the stems and placed them into a colander. At 8:09 A.M. she took the colander containing the grapes to the sink. One container of quat solution remained on the right side of the sink. She used her gloved right hand to adjust the water by turning the handles of the sink, rinsed the grapes for 5 seconds, wiped the excess water off of the edge of the sink with her right gloved hand, and without changing gloves put the grapes on the plates with the lettuce, She then removed her gloves and put new gloves on without washing her hands, rinsed strawberries in the sink with</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? Dietary staff was in serviced on hand washing, proper use of disinfectant, and labeling of food on June 5, 2013 by the Dietary Manger. The dietary manager will be responsible for monitoring the kitchen for proper hand washing, use of disinfectants, and to assure all food is dated correctly on a daily basis. Staff will be responsible for completing a checklist on a daily basis to assure all food is dated.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place?To ensure compliance, the Dietary Manager/ Designee is responsible for completion of the hand washing and labeling/dating CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is</p>		

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	<p>the quat solution sitting on the side of the sink, used her gloved hand to adjust the water by touching the sink handles, rinsed the strawberries, wiped the excess water off the edge of the sink with her gloved right hand, then without changing gloves proceeded to slice strawberries and place them on the plates.</p> <p>During an interview on 5/28/2013 at 8:10 A.M., the Dietary Manager indicated food should not have been prepared next to the quat solution and removed the quat solution from the sink. At this time, she was informed of the above observations and was asked to provide the facility's hand washing policy.</p> <p>Observations made on 5/28/2013 at 8:20 A.M., with the Dietary Manager included: A bag of opened walnuts not marked with an open and/or use by date, two bags of opened mixed vegetables not marked with an open and/or use by date, and an opened bag of fish sticks not marked with an open and/or use by date.</p> <p>During an interview on 5/28/2013 at 8:20 A.M., the Dietary Manger indicated, it was the facility's policy to label all opened food with an open date. At this time, she was asked to</p>		not achieved an action plan will be developed to assure compliance.				

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	<p>provide the facility's food storage policy.</p> <p>On 5/31/2013 at 1:00 P.M., the Executive Director (ED) provided the facility's current "Food Handling Policy" dated 4/01, a policy titled "Use of Gloves" dated 4/11, and a policy titled, "Food Storage" dated 7/11.</p> <p>The policy titled, "Food Handling Policy" indicated, "...Employees will minimize the potential for food contamination...Food employees will clean their hands and exposed portions of their arms: ...after handling soiled surfaces, equipment or utensils; during food handling, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; directly before touching ready-to eat food or food-contact surfaces...."</p> <p>The policy titled, "Use of Gloves" indicated, "...Hands will be washed...before putting on gloves...Gloves are just like hands; they get soiled. anytime a contaminated surface is touched, gloves must be changed and hands washed...."</p> <p>The policy titled, "Food Storage"</p>			

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	<p>indicated, "...Chemicals must be...kept in an area away from food...Frozen foods should be covered, labeled and dated...."</p> <p>A Material Safety Data Sheet (MSDS) dated 11/6/03, provided by the ED on 6/3/2013 at 9:30 A.M., indicated, "...Sani-Tabs Sanitizing Tablets.... Danger: This product is a solid blue tablet. Causes severe eye and skim damage. Do not get in eyes, skin or clothing. Harmful if swallowed.... Ingestion. If tablet is crushed ingestion dust or if in solution may cause moderate to severe irritation to the digestive tract. Excessive ingestion may cause chemical burns to the mouth, throat, and abdomen...."</p>			

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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, and policy review, the facility failed to ensure staff washed their hands after each direct resident contact during 1 of 1 medication administration observations (Residents #550, #551, #552, #553).</p> <p>Findings include:</p> <p>During an observation on 5/30/2013 at 9:14 A.M., Licensed Practical Nurse (LPN) #53 administered medication, including nasal spray, to Resident #550. LPN #53 left Resident #550 's room, signed off the medications, put the nasal spray back into the medication cart, reached into her pocket to remove her pager, and entered Resident #551 's room. LPN #53 did not wash/sanitize her hands after administering medication to Resident #550 and/or prior to assisting Resident #551 with personal care.</p> <p>During an observation on 5/30/2013 at 9:18 A.M., LPN #53 prepared Resident #552 's medication, entered his room, administered his</p>	R000414	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Nurse # 53 was immediately educated regarding policy on hand washing when this was brought to our attention.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what correction actions will be taken? All other residents have the potential to be affected. Nursing staff was in-serviced on hand washing by the Staff Development Coordinator.</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? Nursing staff was in-serviced on the hand washing policy and procedure by the Staff Development Coordinator. Monthly, a med pass competency check off will be completed that</p>	06/24/2013			

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	<p>medications, including respiratory inhalers, left his room, signed the medication administration record (MAR), opened the medication cart and returned the inhalers. LPN #53 prepared Resident #553 's medications. LPN #53 did not wash/sanitize her hands after direct contact with Resident #552 and/or prior to the preparation of Resident #553 's medications.</p> <p>During an observation on 5/30/2013 at 9:31 A.M., LPN #53 entered Resident #550 's room, removed medication from her pocket, put the medication in a nebulizer, handed it to Resident #550 and left her room without washing/sanitizing her hands On 5/31/2013 at 1:00 P.M., the Executive Director (ED) provided the facility's current "Hand Washing" policy dated 5/06. This policy indicated, "...staff will wash hands after engaging in...activities that contaminate hands...."</p>		<p>includes observation of hand washing while passing meds.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur (i.e., what quality assurance program will be put into place?To ensure compliance, the Director of Nursing/ Designee is responsible for completion of the hand washing CQI tool, weekly x 4 weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance.</p>		