

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 16, 17, 18, 19 and 20, 2015</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 2 Medicaid: 67 Other: 15 Total: 84</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on November 24, 2015.</p>	F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>We respectfully request desk review</p>	
F 0282	483.20(k)(3)(ii)			

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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SS=D Bldg. 00	<p>SERVICES BY QUALIFIED PERSONS/PER 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 follow a physician order to monitor a pulse daily for 1 of 6 residents reviewed for medications. (Resident #61)</p> <p>Finding includes:</p> <p>On 11/20/15 at 1:20 P.M., a record review for Resident #61 was conducted. A Physician order, dated 5/6/15, indicated, "Donepezil HCL [hydrochloride] [an anti-Alzheimer medication] 5 mg [milligram] tablet...give 1 tablet orally once a day."</p> <p>A Physician order, dated 7/13/15, indicated, "Daily blood pressure and pulse-if pulse < [less than] 50 call [physician name] at [physician phone number]." A Physician order, dated 9/11/15, indicated, "Amlodipine besylate [a calcium channel blocker, antianginal] 5 mg tab [tablet]...give 1 tablet by mouth once a day."</p> <p>The MAR (Medication Administration Record) indicated these medications have a possible side effect of bradycardia (a pulse less than 60 beats per minute).</p>	F 0282	<p>We respectfully request desk review for this citation. F 282 1. Resident #61 is nowhaving her pulse monitored per MD order. 2. An audit has been conducted to determine if any other residents of the facility are currently being monitored for pulse rate, and any needed changes to their orders have been completed. 3. The Staff Development Coordinator or designee will in-service licensed staff on the policy and procedure for medication administration and following physician orders, per plan of care by qualified personnel. 4. The DNS or designee will monitor 3X weekly for evidence of proper procedures being followed for pulse being monitored and physician notification taking place as ordered. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	12/20/2015			

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F 0309 SS=D Bldg. 00	<p>The MAR (Medication Administration Record) for Resident #61 indicated no documentation of a pulse record for November 1st through the 20th of 2015.</p> <p>During an interview on 11/20/2015 at 1:20 P.M., the DON (Director of Nursing) indicated, "...they have not been recording the pulse...."</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to monitor a dialysis site daily for bruit, thrill and signs and symptoms of infection, for one of one residents reviewed for hemodialysis. (Resident #61)</p> <p>Finding includes:</p>	F 0309	We respectfully request desk review for this citation. F 309 1. Resident #61 is now having her dialysis site monitored per care plan. 2. Resident #61 is currently the only hemodialysis patient at the facility. 3. The Staff Development Coordinator or designee will in-service licensed staff on the policy and procedure for monitoring of dialysis site to	12/20/2015

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	<p>On 11/20/15 at 10:33 A.M., a record review for Resident #61 was conducted. The Physician orders indicated diagnosis of, but not limited to, diabetes mellitus, chronic kidney disease and hemodialysis.</p> <p>A care plan, dated 05/07/2015, indicated, "...[Resident #61 name] needs hemodialysis r/t [related to] End Stage Renal Failure...Monitor shunt site by palpating for thrill and auscultating for bruit daily. Notify physician of absence of thrill or bruit...."</p> <p>The dialysis log was missing documentation of the assessments for August 1, 2, 4, 5, 8, 9, 15, 16, 20, 21, 22, 24, 26, 28, 29, 30; September 1, 5, 6, 11, 13, 16, 18, 19, 21, 22, 23, 25, 26, 27, 28, 29; October 2, 4, 5, 7, 9, 10, 11, 12, 14, 16, 18, 20, 21, 23, 24, 25, 26, 28, 30; and, November 1, 6, 8, 10, 11 and 18, 2015.</p> <p>The "Dialysis Log," included in the MAR (Medication Administration Record) indicated, "...Daily Site Care...Access Site: S/SX [signs and symptoms] of infection present [+/-]:...*Bruit or thrill present [+/-] if applicable:..."</p> <p>On 11/20/15 at 11:15 A.M., during an interview, the DON (Director of Nursing) indicated, "...they have not been doing checks daily...."</p>		<p>achieve the highest well being for patients receiving dialysis. 4. The DNS or designee will monitor 3X weekly for proper monitoring and care of any patients receiving dialysis, and physician notification taking place as ordered and per plan of care. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	

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F 0329 SS=D Bldg. 00	<p>A policy related to the assessment of dialysis site care was not available.</p> <p>3.1-37(a)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to adequately monitor medications which could cause bradycardia for 1 of 6 residents reviewed for medications. (Resident #61)</p>	F 0329	We respectfully request desk review for this citation. F 329 1. Resident #61 is now having her pulse monitored. 2. An audit has been conducted to determine if any other residents of the facility	12/20/2015

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	<p>Finding includes:</p> <p>On 11/20/15 at 1:20 P.M., a record review for Resident #61 was conducted. A Physician order, dated 5/6/15, indicated, "Donepezil HCL [hydrochloride] [an anti-Alzheimer medication] 5 mg [milligram] tablet...give 1 tablet orally once a day." A Physician order, dated 7/13/15, indicated, "Daily blood pressure and pulse-if pulse < [less than] 50 call [physician name] at [physician phone number]." A Physician order, dated 9/11/15, indicated, "Amlodipine besylate [a calcium channel blocker, antianginal] 5 mg tab [tablet]...give 1 tablet by mouth once a day."</p> <p>The MAR (Medication Administration Record) indicated these medications have a possible side effect of bradycardia (a pulse less than 60 beats per minute).</p> <p>The MAR (Medication Administration Record) for Resident #61 indicated no documentation of a pulse record for November 1st through the 20th of 2015.</p> <p>During an interview on 11/20/2015 at 1:20 P.M., the DON (Director of Nursing) indicated, "...they have not been recording the pulse...."</p>		<p>are currently being monitored for receiving meds that could cause brachycardia, and any needed changes to their orders have been completed. 3. The Staff Development Coordinator or designee will in-service licensed staff on the policy and procedure for medication administration and following physician orders to ensure unnecessary medications are not being administered. 4. The DNS or designee will monitor weekly for evidence of proper procedures being followed for pulse being monitored related to medication administration and physician notification taking place as ordered. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance. 5. Date of completion: 12/20/15</p>				

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F 0371 SS=E Bldg. 00	<p>3.1-48(a)(3)</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</p> <p>Based on observation, interview and record review, the facility failed to prepare and serve food in a sanitary manner related to food storage, handwashing and food service in 1 of 1 kitchens and 2 of 2 dinning rooms. This had the potential to affect 53 of 84 residents who received meals from the kitchen and were served in the dining rooms.</p> <p>Findings include:</p> <p>1. On 11/16/15 between 10:27 A.M., and 10: 55 A.M., the initial kitchen tour was performed with the DM (Dietary Manager), the following was observed:</p> <p>In a reach in cooler:</p>	F 0371	<p>We respectfully request desk review for this citation. F 371 1. The undated/outdated items have all been disposed of. The plastic pitchers and large stock pan have been rewashed and correctly stored. The plastic scoop in the flour bin has been disposed of and the contents of the bin have been replaced. Employees are in compliance with the policy for hand-washing and proper handling of foods during meal service. The cook observed doing the puree has been in-serviced on proper sanitation procedures. 2. The remaining food items and food service items have been inspected for proper storage and any needed corrections have been made. No other observations were noted of staff touching food. 3. The Registered Dietician or designee will in-service the Dietary staff on the procedure for proper food</p>	12/20/2015

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	<p>An open package sliced of bologna with a use by date of 11/15/15. The DM indicated "... that shouldn't be in there...."</p> <p>In a reach in cooler by the food line:</p> <p>An open, undated, gallon of 2% milk.</p> <p>An undated, open to air, 18.75 pound box of Pillsbury cinnamon rolls. The DM indicated at this time "... it should be dated when opened and shouldn't be open to air...."</p> <p>In a reach in cooler by the dry storage room:</p> <p>A container of rice pudding and Jello with a use by date of 11-15-15. The DM indicated " those shouldn't be in there...."</p> <p>In a reach in freezer by the dry storage room:</p> <p>A package of cream of broccoli frozen condensed soup with a use by date of 11-9-15. The DM indicated "...that should be thrown out...."</p> <p>In the dry storage room:</p> <p>A bulk flour container with a plastic cup in it. The DM indicated "...that shouldn't</p>		<p>storage, including dating opened food items and disposal of outdated items along with in-servicing on hand-washing and proper storage of pans and pitchers. The Staff Development Coordinator, or designee will in-service other staff involved in meal service on the proper hand washing and foodhandling procedures. 4. The Registered Dietician or designee will conduct 3X weekly audits of the kitchen to ensure sanitation and food storage procedures are being followed, as well as monitoring meal service 3 X weekly to ensure proper hand washing and foodhandling procedures are being followed in the dining rooms. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI Meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	

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	<p>be in there...."</p> <p>On 11/16/15 at 1:07 P.M., review of the current policy " Food Storage Guidelines" and "Food and Supply Storage," dated 9-4-12 and 8/31/12, provided by the RD (Registered Dietician) indicated " ... follow the product use by dated marked on the package... A... food products that are opened and not completely used ... should be labeled as to its contents and use by dates...."</p> <p>On 11/17/15 at 9:42 A.M., Cook #5 was observed to puree beef tips, touch the recipe book, without washing her hands pureed zucchini, she then wash her hands for 8 seconds.</p> <p>On 11/17/15 at 9:49 A.M., a plastic pitcher and a large stock pan was observed stored upright next to handwashing sink. The RD indicated "... those are clean and no, they shouldn't be stored upright..."</p> <p>During an interview on 11/20/15 at 9:55 A.M., the DM indicated, handwashing should be for 20 seconds ... before gloves are put on and after taking gloves off... after touching any part of the body...after touching dirty dishes...leaving and coming back into the kitchen... food</p>			

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	<p>should dated when open and thrown out after the use by date...."</p> <p>2. On 11/16/15 between 12:05 P.M. and 12:22 P.M., in the Reflections dining room the following was observed:</p> <p>At 12:08 P.M., employee #6 was observed to wash her hands for 8 seconds then served a lunch tray to a resident.</p> <p>At 12:10 P.M., employee #6 was observed to wash her hands for 8 seconds, then served a lunch tray to a resident.</p> <p>At 12:12 P.M., employee #7 was observed to wash her hands for 13 seconds, then served a resident a lunch tray.</p> <p>At 12:19 P.M., employee #6 was observed to wash her hands for 7 seconds, then served a lunch tray to a resident.</p> <p>At 12:20 P.M., employee #8 was observed to wash her hands for 5 seconds, then served a lunch tray to a resident.</p> <p>At 12:22 P.M., employee #7 was observed to clean up a spilled drink off the floor, wash her hands for 14 seconds,</p>			

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	<p>then serve a lunch tray to a resident.</p> <p>At 12:23 P.m., employee # 6 was observed to remove a slice of bread from a wax paper wrapper, with her bare hand, and butter it for a resident.</p> <p>On 11/16/15 between 12:05 P.M. and 12:22 P.M., in the main dining room the following was observed:</p> <p>At 12:39 P.M., employee #9 was observed to remove a slice of bread from a wax paper wrapper, with his bare hand, then placing it on a residents lunch plate.</p> <p>At 12:42 P.M., employee #10 was observed removing a slice of bread from a wax paper wrapper and buttering it, with her bare hands, then placing it on a residents lunch plate.</p> <p>At 12:44 P.M., employee #9 was observed to remove a slice of bread from a wax paper wrapper, with his bare hand, then placing it on a residents lunch plate.</p> <p>At 12:47 P.M., employee #11 was observed removing a slice of bread from a wax paper wrapper., with a knife and her bare thumb, then placing it on a residents plate.</p> <p>On 11/19/15 at 1:05 P.M., a current</p>			

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	<p>policy entitled "Dining Standards," received from the DON (Director of Nursing) on 11/19/15 at 1:00 P.M., and dated 01/05/12, indicated, " ...Compliance Guidelines ...40. Staff completes hand hygiene according to procedure at the beginning of meal service and as needed throughout the meal service ...41. Staff does not serve food to patients after collecting soiled plates and food waste unless they have properly washed their hands "</p> <p>On 11/19/15 at 1:10 P.M., a policy entitled " Hand Hygiene/Handwashing " , received from the DON on 11/19/15 at 1:00 P.M., and dated 08/31/11, indicated, " ...Rationale ...Before donning gloves for working with food ...Before and during food preparation; as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; ...Intermittently after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to the patients or environments; ...Procedure ...2. Rub hands together with vigorous friction for 20 seconds.... "</p> <p>During an interview on 11/20/15 at 9:55 A.M., the Dietary Manager indicated "... employees should not handle food with</p>			

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F 0465 SS=D Bldg. 00	<p>their bare hands... handwashing should be for 20 seconds... before gloves are put on and after taking gloves off... after touching any part of the body...after every third tray is served...."</p> <p>3.1-21(i)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure a sanitary and comfortable environment was maintained related to missing tile, clean floors, peeling paint and marred walls in 5 of 35 rooms observed for environment. (Rooms 110, 404, 405, 406, 610, and the main hallway)</p> <p>Findings include: During the Environmental tour on 11/19/15 between 2:30 P.M. and 2:50</p>	F 0465	<p>We respectfully request desk review for this citation. F 465</p> <p>1. (1) The floor in the main hallway with the areas of missing tile has been repaired. (2) Room 610 has had the wall repaired and painted, the caulking around the sink has been repaired, and the floor has been cleaned. (3) The bottom edge of the fire door in the 600 hallway has been repaired. (4) The bottom edge of the fire door in the South hallway has been repaired. (5) The bathroom wall in room 110 has been repaired and painted. (6) In room 404 the flooring concerns</p>	12/20/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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	<p>P.M., with the Executive Director, Maintenance and Housekeeping supervisors, the following was observed :</p> <p>1. Tile in the main hallway between the north and south units, 2 areas of floor with 2 x (by) 2 inches of linoleum flooring missing. The ED (Executive Director) indicated "we've identified this as a issue...." The Maintenance supervisor indicated " ... this is where the old building and the new addition come together that causes a problem...."</p> <p>2. In room 610, in the bathroom, paint was observed to be peeled of the wall underneath the soap dispenser and around the sink, caulking around the sink was applied grossly uneven, the floor had debris in the corners.</p> <p>3. The bottom edge of the fire door in the 600 hallway was missing a 11 x 3 inch piece of veneer at the bottom and the remaining bottom edge of veneer was pulled away from the door.</p> <p>4. The bottom edge of the fire door in the south hallway was missing a 10 x 3 inch piece of veneer at the bottom and the remaining bottom edge of veneer was pulled away from the door.</p> <p>5. In room 110, in the bathroom the wall</p>		<p>have been repaired, and the floor has been cleaned. (7) In room 405 the caulk around the toilet has been repaired and the floor has been cleaned. (8) In room 406 the caulk around the toilet has been repaired and the floor has been cleaned. 2. All firedoors/floors/bathrooms in the facility have been inspected and are cleaned and in good working condition. 3. The Staff Development Coordinator or designee will in-service the staff on the procedure for notifying maintenance of any issues that need to be addressed, and housekeeping staff will be in-serviced on ensuring areas are properly cleaned and sanitized. 4. The Director of Maintenance or designee will inspect facility fire doors/floors/and bathrooms on a weekly basis. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly QAPI meeting. The QAPI Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	

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	<p>across from the bathroom door was marred and pitted. The maintenance Supervisor indicated " ... we try to keep up with walls... anyone can put in a maintenance request"</p> <p>6. In room 404, in the bathroom, the floor was dirty with dust and debris, a 2 x 2 inch area of missing linoleum at the bathroom door jam and a 3 x 3 inch area of missing linoleum at the main entrance to the room.</p> <p>7. In room 405, in the bathroom, the floor was dirty with dust and debris, caulk missing from around the toilet, and brown debris in the corner behind the main room door.</p> <p>8. In room 406, in the bathroom, the floor was dirty with dust and debris, caulk around toilet with brown stains on it.</p> <p>On 11/20/15 at 9:25 A.M., review of the forms titled " Housekeeping Services Group, INC. Housekeeping In-Service and Damp Mopping," dated 5/31/2000 and 7/17/2000, provided by the ED indicated"... Daily Floor Care: ... e...Use scraper to clean corners, along baseboards or to pick up any substance stuck to the floor...Run mop along baseboard, avoid pushing dirt in corners... Mop from far corner, behind</p>			

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	<p>commode, out door...."</p> <p>3.1- 19(f)</p>			