

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 12/22/2015
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF COLLEGE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 8810 COLBY BLVD INDIANAPOLIS, IN 46268
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 21 & 22, 2015.</p> <p>Facility number: 013034 Provider number: 013034 AIM number: N/A</p> <p>Census bed type: Residential : 31 Total: 31</p> <p>Sample : 10</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on December 29, 2015.</p>	R 0000	<p>The following is the Plan of Correction for MorningSide of College Park in regards to the Statement of Deficiencies for the State Residential Licensure Survey completed on December 22,2015.This Plan of Correction is not to be construed as an admission of or agreement with findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements.In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding,nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p>	
R 0123 Bldg. 00	<p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance</p> <p>(h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <p>(1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable.</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>(5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable.</p> <p>(6) Position in the facility and job description.</p> <p>(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.</p> <p>(8) Signed acknowledgement of orientation to residents' rights.</p> <p>(9) Performance evaluations in accordance with facility policy.</p> <p>(10) Date and reason for separation.</p> <p>Based on interview and record review, the facility failed to provide documentation of employee orientation to specific job skills for 5 of 5 employees reviewed for accurate personnel records. (LPN # 1, CNA # 9, Cook #10, Housekeeper # 11, and Maintenance worker # 12)</p> <p>Findings include:</p> <p>Employee files for LPN # 1, CNA # 9, Cook #10, Housekeeper # 11, and Maintenance worker # 12 were reviewed on 12/21/2015 at 1:30 p.m. The files contained job descriptions and a general orientation to the facility, but did not contain documentation of orientation to specific job skills.</p> <p>During an interview on 12/21/2015 at 2:27 p.m., the Director of Nursing indicated the facility did not have a specific job orientation training checklist</p>	R 0123	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No resident was known to be affected by this deficient practice. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A job specific skills orientation checklist will be developed for each department. Each department manager will review and re-orientate to the job specific skills with each employee in his/her department. Employee will sign checklist upon completion. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? All department managers will adhere to the job specific skills orientation checklist for his/her department. The checklist will be signed by employee upon</p>	01/19/2016			

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R 0273 Bldg. 00	<p>or any documentation of employee orientation to specific job skills for any department in the facility.</p> <p>During an interview on 12/22/2015 at 2:10 p.m., the Business Office Manager indicated there was no facility policy specifically relating to personnel files.</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 all food preparation and handling areas were maintained in a sanitary manner. This deficient practice had the potential to affect 31 of 31 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on 12/21/15 at 10:30 a.m., the following was observed:</p> <ul style="list-style-type: none"> - One red bucket with gray water and a white towel was located on the prep table. - One red bucket with gray water and black debris floating on top was located 	R 0273	<p>completion and included in the individual's personnel file. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? The business manager will monitor each new employee personnel file to ensure the job specific orientation checklist is complete and signed before an employee is allowed to begin work.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No resident was known to be affected by this deficient practice. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? -Kitchen walls, ceiling tiles, ceiling/door vents, prep tables, floors, storage racks, spices/racks, radio, extension cord, dock alarm bell, fire extinguisher and food carts cleaned. -Trash cans in food preparation areas covered. -Open trash can touching covered, dry bulk food moved to appropriate location. -Sliced breads located</p>	01/19/2016

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	<p>by the soiled dish area.</p> <ul style="list-style-type: none"> - Black debris was noted to coat the vent at the base of the mechanical room door. Air was freely flowing from the vent towards the prep table. A box of open bananas and a box of open oranges were located on the bottom of the prep table. - A black/green substance was observed to cover an orange located on the lower level of the prep table between the boxes of oranges and bananas. - Black debris coated the ceiling vents and free flowing air was blowing onto spices, prep tables, an open puree machine and a deep fryer containing onion rings. - A radio, extension cord, spices, spice rack and a storage rack located above the prep table and food sink were covered with gray debris. - Gray debris was observed to coat the dock alarm bell located by the hand sink. - Gray debris and residue were located on the fire extinguisher next to the mixer on the prep table. - A food cart with three shelves contained six bags of onion rings. The cart had a large amount of food debris and gray residue on each shelf as well as debris caked on the wheels. - Pieces of meat, vegetables and other miscellaneous debris were observed on the floors throughout the kitchen. - Food debris was observed on the floor 		<p>on shelf are labeled with an open or use by date. -The door on the refrigerator in the rear of the kitchen was closed and checked for adequate seal. -Open containers including mayonnaise, ranch dressing and salsa are dated appropriately. -Cook#2's prescription medication immediately removed. -Clear glass with pink fluid, ice and straw sitting in food warmer immediately removed along with bags labeled "cayenne and doritos". -Dishwasher#6's personal drink was immediately removed -In services for proper sanitation and safety procedures including labeling and storage of food, hand washing, glove usage and hair covering will be completed for dining/kitchen staff. -Test strips being used to verify the concentration of the sanitizer. -Test strips being used to verify the dishwasher machine sanitizing temperature. -Dishwasher machine will be inspected by a qualified company to verify it's working order. If repairs are needed the machine will be repaired. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? Manager of Dining Services/Designee to monitor the kitchen daily using a Kitchen Sanitation Checklist to ensure all areas are maintained in accordance with state and local</p>	

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	<p>behind the griddle.</p> <ul style="list-style-type: none"> - Trash cans were not covered in the food preparation areas. - An open trash can was touching covered, dry bulk food items that were labeled as: flour, sugar and panko. - Sliced breads located on a shelf were not labeled with an open or use by date. - The door of the refrigerator in the rear of the kitchen was open; the thermometer reading was 45 degrees Fahrenheit. <p>Large, open containers of mayonnaise, ranch dressing and salsa were undated.</p> <ul style="list-style-type: none"> - A bottle of prescription medication, labeled with a Cook #2's name, was located on top of the radio above a prep table. - A clear glass with pink fluid, ice and a straw was half full. It was sitting in a food warmer labeled "Cayenne," along with a rolled up bag labeled "Doritos". - A covered, personal drink of <p>Dishwasher #6 was observed on the prep table. Dishwasher #6 took a drink of the beverage, wiped her mouth on her sleeve and then emptied trash with gloved hands.</p> <ul style="list-style-type: none"> - Server #7 did not have all of her hair contained within the hair net. - Cook #3 was wearing a soiled apron. He cooked and sliced bacon, cheese and tomato sandwiches with gloved hands. He then transferred the sandwiches to a prep table. He wiped his gloved hands 		<p>sanitation and safe food handling standards. Random audits will be reviewed at upcoming Quality Assurance meetings. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Random audits will be reviewed monthly to find trends through QA directed by the ED/Designee to ensure correction through education and monitoring. Audit outcomes will be reviewed at upcoming Quality Assurance Meetings. The Executive Director/Designee will be responsible for directing additional action, based on audit findings.</p>	

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	<p>on the apron multiple times, then retrieved a piece of wax paper and placed the paper in a holding tray. He then opened an oven door, picked up the prepared sandwiches and placed them in the holding tray without changing gloves.</p> <p>During an interview on 12/21/15 at 11:10 a.m., Dishwasher #6 indicated the solution in the red buckets was table sanitizer. She indicated there were no test strips to confirm the correct concentration of table and surface sanitizing solution and she did not know if the concentration of the solution in the buckets was correct. Dishwasher #6 also indicated the dishwashing machine should read between 160 -190 degrees Fahrenheit. She indicated there were no test strips to confirm that the correct temperature was reached.</p> <p>During an interview on 12/21/15 at 11:20 a.m., Cook #5 indicated he did not know the large containers of ranch, mayonnaise, salsa, or sliced breads needed to be labeled. He indicated personal drinks could be in the kitchen if covered and kept below a prep table or away from food prep areas. He also indicated personal medication should not be in the kitchen. At 11:37 a.m., Cook #5 performed a 13 second hand wash. Cook #5 then indicated hand washing</p>			

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	<p>should take 20 seconds. Cook #5 also indicated gloves should be changed between each task performed in the kitchen.</p> <p>During an interview on 12/21/15 at 11:44 a.m., Server #4 indicated all staff should wear hairnets when in the kitchen. Server #4 was in the kitchen and was not wearing a hairnet.</p> <p>During an interview on 12/21/15 at 1:10 p.m., the Dietary Manager indicated he had not had chemical test strips to confirm sanitizing solution for several months. He indicated he could not verify the concentration of the sanitizer was correct. Additionally, he indicated he had no test strips for the dishwashing machine to verify the dishwashing machine met sanitizing temperature. He stated the dishwashing machine had been a problem for a long time and he had a machine repair company evaluate the machine recently. He indicated they did not fix the machine, because they had to order parts. He indicated the kitchen continued to use the dishwashing machine despite the inability to confirm sanitizing temperatures.</p> <p>During an interview on 12/22/15 at 12:45 p.m., the Maintenance Supervisor indicated he was told yesterday by the</p>			

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	<p>Activities Director (Acting Administrator) that maintenance was responsible for cleaning the kitchen vents. He indicated the kitchen staff had previously performed this task and he had never performed any cleaning of the kitchen vents.</p> <p>During an interview on 12/22/15 at 3:38 p.m., the Activities Director (Acting in Administrator's absence) indicated the facility had no specific policy regarding handwashing. She indicated they follow the State's guidelines for handwashing.</p> <p>During an interview on 12/22/15 at 2:55 p.m., the Director of Nursing (DON) indicated all current kitchen policies were implemented in January 2014 when the Memory Care Unit opened.</p> <p>A current policy titled "Sanitation and Safety: Cleaning Standards for Food Contact and Non-Food Contact Surfaces," provided by the DON on 12/21/15 at 2:30 p.m., indicated,"... POLICY: High standards of cleanliness and sanitation will be defined and maintained...2. Follow by wiping all surfaces with Quaternary Sanitary Solution at the proper concentration recommended by manufacturer..."</p> <p>A current policy titled "Food</p>			

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	<p>Safety-Hand contact with Ready to Eat Foods/Glove Use," provided by the DON on 12/21/15 at 2:30 p.m., indicated "...POLICY: All food preparation and serving areas are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24...Hands shall be properly washed in accordance with facility policy...2. Gloves must be discarded and hands washed any time the employee leaves the work area or when gloves become damaged, soiled, or potentially contaminated by touching a non-food contact surface or body part. Clean gloves will be donned when returning to the work area or starting a new task...."</p> <p>A current policy titled "Food Safety: Leftovers," provided by the DON on 12/21/15 at 2:30 p.m., indicated "...3. Leftover foods shall be properly covered, labeled and dated with date product was prepared and use by (discard) date...."</p> <p>A current policy titled "Date Marking/Labeling," provided by the DON on 12/21/15 at 2:30 p.m., indicated "...Dining Service Employees will label and date food items with appropriate 'use by' or 'date opened'...1. The 'Use by' date will be marked on the label of a leftover food item as seven (7) days from date</p>			

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R 0302 Bldg. 00	<p>food was placed into the cooler as a leftover...2. The container must be labeled with the date opened when any multiple-serving size container of a refrigerated food item is opened...."</p> <p>A current policy titled "Sanitation and Safety: Cleanliness Standards," provided by the DON on 12/21/15 at 2:30 p.m., indicated "...Cleaning and sanitizing are two separate processes...Sanitizing is the use of chemical (chlorine, iodine, quaternary ammonia) or temperature (180 degrees and above) to kill bacteria remaining on surfaces after they have been cleaned. It is not enough for food surfaces to look clean...1. Sanitizer buckets...a. Sanitizer solution is an appropriate concentration (use test strip to determine)...c. Solution is clean d. Solution is changed at least every four hours...."</p> <p>410 IAC 16.2-5-6(c)(6) Pharmaceutical Services - Deficiency (6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength. Based on observation, interview and record review, the facility failed to properly label physician ordered over-the-counter medications for 3 of 5</p>	R 0302	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No resident was known	01/19/2016

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	<p>residents observed during facility medication pass (Residents #16, #21 and #27).</p> <p>Findings include:</p> <p>During a medication pass on 12/21/15 at 2:00 p.m., LPN #1 was observed administering one drop of Systane eye drops in each of Resident #27's eyes. The eyedrop box did not have an affixed label identifying the resident name, physician name or physician order for administration.</p> <p>During a medication pass on 12/21/15 at 4:35 p.m., LPN #8 was observed administering 1 tablet of super B complex to Resident #21. The bottle did not have an affixed label identifying the resident name, physician name, or physician order for administration.</p> <p>During a medication pass on 12/21/15 at 4:45 p.m., LPN #8 was observed administering Aspirin 81 mg (milligrams) and 1 tablet Diallyvite with Zinc to Resident #16. Neither bottle had an affixed label identifying the resident name, physician name, or physician order for administration.</p> <p>During an interview on 12/22/15 at 3:40 p.m., the Director of Nursing indicated</p>		<p>to be affected by this deficient practice. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Director of Nursing completing audit of all residents with physician ordered over-the-counter medications to ensure all over-the-counter medications are properly labeled identifying the resident name, expiration date, name and strength of the drug and physician name or physician order for administration. Notice to families regarding proper labeling and delivery of over-the-counter medication. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? In-service for nurses completed for over-the-counter medication management and administration. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Proper labeling of over-the-counter drugs to be administered will be monitored monthly by the Director of Nursing using the QA processing to detect trends and needs for further education. Letters sent to pharmacy services utilized by community indicating all over-the-counter medications will</p>	

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	<p>the over-the-counter medications should have been labeled and they were inadvertently missed.</p> <p>A current policy titled "Medication Management - Medication Administration," dated February 2013, provided by the Director of Nursing on 12/22/15 at 12:00 p.m., indicated "...Over-the-counter medications must have the original label attached and be identified with the following: A. Resident's name. B. Physician's name. C. Expiration date. D. Name and strength of the drug...."</p>		<p>be labeled appropriately upon delivery. Audit outcomes will be reviewed at upcoming Quality Assurance Meetings. The Executive Director/Designee will be responsible for directing additional action, based on audit findings.</p>				