

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 12/03/2015
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NAME OF PROVIDER OR SUPPLIER LYND PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2410 E MCGALLIARD RD MUNCIE, IN 47303
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: December 2 and 3, 2015</p> <p>Facility Number: 004428 Provider Number: 004428 AIM Number: N/A</p> <p>Residential Census: 47:</p> <p>Sample: 8</p> <p>These State findings are in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on December 7, 2015.</p>	R 0000	<p>RE Survey Event #RDUT11</p> <p>Submission of this response and Plan ofCorrection is not a legal admission that a deficiency exists or that thisStatement of Deficiencies was correctly cited, and is also Not to be construed asan admission against interest by the residence or an employees, agents or otherindividuals who drafted or may be discussed in the Plan of Correction. In addition preparation and submission ofthis Plan of Correction does Not constitute an admission or agreement of anykind by the facility of the truth of any facts alleged or the correctness ofany conclusions set forth in this allegation by the survey agency</p>	
R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified</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>medication aides.</p> <p>Based on observation, record review, and interview, the facility failed to ensure sliding scale insulin was administered in accordance with physician's orders for 1 of 1 resident reviewed with sliding scale insulin coverage (Resident #R7), and failed to ensure the nursing staff obtained a physician ordered laboratory test for 1 of 2 residents reviewed for laboratory testing. (Resident #R18)</p> <p>Findings include:</p> <p>1. Resident #R7 was observed during a blood sugar reading and insulin administration on 12/2/15 at 12:28 p.m., with LPN #4.</p> <p>The clinical record for Resident #R7 was reviewed on 12/2/15 at 2:05 p.m. Diagnoses for Resident #R7 included, but was not limited to, diabetes, dementia, and hypertension.</p> <p>Current physician orders for Resident #R7 included, but were not limited to, the following:</p> <p>a. Blood sugar monitoring three times a day. The original date of this order was 8/25/15.</p> <p>b. Humalog (insulin) per sliding scale</p>	R 0241	<p>P241</p> <p>1.1. Resident #7's physician was notified of the error immediately upon the situation being brought to our attention on December 3, 2015 and the order was clarified.</p> <p>1. No current residents were affected by the alleged deficient practice.</p> <p>2. Staff involved in medication administration was made aware of the error and correction and will be in-serviced on December 21, 2015 by C. Priest, RN, Care Services Manager, on proper administration of sliding scale insulin.</p> <p>3. The Care Services Manager is responsible for sustained compliance. The CSM and/or designee will review insulin administration MARs weekly for 4 weeks, then monthly thereafter, for compliance. Review will be ongoing.</p> <p>4. Completion date: 12/31/2015</p> <p>1.1. Resident #18's lab was re-ordered immediately when the situation was brought to our attention on December 3, 2015. The lab test was performed and results were received on the same day, December 3, 2015. The results of the lab showed no abnormal results and were communicated to the physician on December 3, 2015.</p> <p>2. No current residents were</p>	12/31/2015			

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	<p>greater than 200 = 3 units greater than 250 = 5 units greater than 300 = 8 units greater 350 = 11 units and call the physician The original date of this order was 8/25/15.</p> <p>c. Lantus (insulin) inject 22 units subcutaneously every bedtime. The original date of the order was 9/22/15.</p> <p>d. Metformin extended release (a diabetic medication) 500 mg 4 tablets (2000 mg) by mouth once a day. The original date of this order was 9/9/14.</p> <p>Review of the September, October and November, 2015, Medication Administration Record (MAR) for Resident #R7 indicated the following:</p> <p>September 13, 5:00 p.m., the blood sugar result was 350, 11 units of Humalog was documented as having been given. The resident should have received 8 units of Humalog.</p> <p>September 14, 5:00 p.m., the blood sugar result was 350, 11 units of Humalog was documented as having been given. The resident should have received 8 units of Humalog.</p>		<p>affected by the alleged deficient practice.</p> <p>3. Nursing staff will be in-serviced on 12/21/2015 by the Care ServicesManager on follow up for new orders.</p> <p>4. The Care Services Manager is responsible for sustained compliance. The CSM and/or designee will review neworders on routine scheduled days to ensure follow up to lab orders has beencompleted, to maintain compliance. Reviewof orders will be ongoing.</p> <p>5. Completion date: 12/31/2015</p>				

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	<p>September 16, 5:00 p.m., the blood sugar result was 350, 11 units of Humalog was documented as having been given. The resident should have received 8 units of Humalog.</p> <p>September 18, 5:00 p.m., the blood sugar result was 236, 5 units of Humalog was documented as having been given. The resident should have received 3 units of Humalog.</p> <p>September 27, noon, the blood sugar result was 246, 5 units of Humalog was documented as having been given. The resident should have received 3 units of Humalog.</p> <p>September 30, noon, the blood sugar result was 250, 5 units of Humalog was documented as having been given. The resident should have received 3 units of Humalog.</p> <p>October 3, noon, the blood sugar result was 250, 5 units of Humalog was documented as having been given. The resident should have received 3 units of Humalog.</p> <p>October 19, 5:00 p.m., the blood sugar result was 285, 8 units of Humalog was documented as having been given. The</p>			

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	<p>resident should have received 5 units of Humalog.</p> <p>October 24, 5:00 p.m., the blood sugar result was 384, 8 units of Humalog was documented as having been given. The resident should have received 11 units of Humalog.</p> <p>October 26, 5:00 p.m., the blood sugar result was 349, 11 units of Humalog was documented as having been given. The resident should have received 8 units of Humalog.</p> <p>November 2, noon, the blood sugar result was 350, 11 units of Humalog was documented as having been given. The resident should have received 8 units of Humalog.</p> <p>November 6, 5:00 p.m., the blood sugar result was 349, 11 units of Humalog was documented as having been given. The resident should have received 8 units of Humalog.</p> <p>November 26, noon, the blood sugar result was 244, 5 units of Humalog was documented as having been given. The resident should have received 3 units of Humalog.</p> <p>November 27, 5:00 p.m., the blood sugar</p>			

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	<p>result was 579, 7 units of Humalog was documented as having been given. The resident should have received 15 units of Humalog per physician verbal order upon notification of the blood sugar.</p> <p>The record indicated Resident #R7 had received the incorrect dose of sliding scale insulin coverage 6 times in September, 2015, 4 times in October, 2015, and 4 times in November, 2015.</p> <p>During an interview on 12/3/15 at 10:40 a.m., the Director of Nursing (DON) indicated Resident #R7 should have received 3 units of Humalog if the blood sugar result was greater than 200, 5 units of Humalog if the blood sugar result was greater than 250, etc. The DON indicated if the blood sugar result was 250, the resident should have received 3 units of Humalog. The DON indicated if the blood sugar result was 350, the resident should have received 8 units, and if the blood sugar result was greater than 350, then the resident should have received 11 units of Humalog.</p> <p>Review of the current, 1/1/2013, facility policy, titled "MEDICATION ADMINISTRATION", provided by the DON on 12/3/15 at 8:31 a.m., included, but was not limited to, the following:</p>			

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	<p>"I. Medications and treatments are administered to residents as determined by review of their medication status, and in accordance with physician order, state laws and assisted living regulations... ...III. The six [rights] of medication and treatments administration are observed-right resident, right medications, right dose, right form and route, right time, right documentation...."</p> <p>2. The clinical record for Resident #R18 was reviewed on 12/2/15 at 10:57 a.m. Diagnoses for Resident #R18 included, but were not limited to, hypertension, diabetes, and pain.</p> <p>An order dated 11/18/15, indicated R#18 was to have a potassium level drawn in one week (11/25/15). The clinical record lacked any results for a potassium level after 11/18/15.</p> <p>During an interview on 12/3/15 at 10:40 a.m., the DON and LPN #4 indicated the potassium level had not been rechecked after 11/18/15 for Resident #R18. The DON indicated they had not been aware of the missing lab before 12/2/15.</p> <p>During an interview on 12/3/15 at 1:09 p.m., the DON indicated they did not have a policy related to laboratory testing and tracking.</p>			

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R 0273 Bldg. 00	<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, record review, and interview, the facility failed to ensure the staff followed the labeling and dating of food protocols, the cleanliness of kitchen equipment, and storage areas for 2 of 2 observations. This deficient practice had the potential to effect 47 of 47 residents receiving meals in the facility. (CNA #'s 1 and 2, Chef #3)</p> <p>Findings include:</p> <p>During 12/2/15, 9:06 a.m. and 10:48 a.m., kitchen sanitation tours the following sanitation and food labeling concerns were observed:</p> <p>a. The surface of the stove had black and brown residue around the burners and on the back splash.</p> <p>b. The stove fronts and handles had sticky residue.</p> <p>c. The refrigerator labeled "Lunch meat, cheese, milk" had a red liquid substance</p>	R 0273	<p>P273</p> <p>1.a. and b. The surface of the stove, stove fronts and handles were cleaned on 12/2/15 c. The red liquid substance in the refrigerator was cleaned up on 12/2/15 d. The dry storage area was cleaned of debris and dirt on 12/2/15 e. The window seal in dry storage area was cleaned on 12/2/2015. f. The legs of the dish machine was cleaned on 12/3/15 g. The zip lock plastic bag was discarded immediately on 12/2/15. h. The strawberries and cabbage were discarded immediately on 12/2/15. i. The 2 zip lock plastic bags in the leftover refrigerator werediscarded immediately on 12/2/15. j. The bag of waffles in the freezer were discarded immediately on 12/2/15</p> <p>2. Currentresidents have the potential to be affected by the alleged deficient practice. 3. Staff was in-serviced on</p>	12/31/2015

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	<p>spilled on the inside bottom of the refrigerator.</p> <p>d. The dry storage area had debris and dirt under the wire shelves.</p> <p>e. The window seal in the dry storage area had debris/dust on it.</p> <p>f. The dish machine had food particles on the bottom legs of the machine. CNA #2 who was operating the machine indicated she did not notice that.</p> <p>g. Located in the "Lunch meat, cheese, milk" refrigerator was a zip lock plastic bag with approximately 10 round meat patties in it, without a label or date. CNA #1 indicated the meat was sausage from breakfast the previous day.</p> <p>h. Located in the "fruit and vegetable" refrigerator was an open container of strawberries without a date open label, and a large plastic bag with a cabbage in it without a label or date.</p> <p>i. Located in the "leftover" refrigerator was 2 zip lock plastic bags, one with a white liquid substance and the second bag had small pieces of a meat in it, both bags were without a label or a date.</p> <p>j. Located in the freezer in the back</p>		<p>12/21/2015 by D.Anderson, Executive Director, regarding the proper cleaning of the kitchen, and labeling, dating and storage of food.</p> <p>4.The Chef is responsible for sustained compliance. The ED and/or designee will audit the kitchen for cleanliness and appropriate labelling, dating and storage of food, 5 times weekly for 4 weeks, then 3 times weekly for 4 weeks, then weekly for 4 weeks. The audit results will be discussed during QA meetings. The QA committee will determine if continued auditing is necessary based on 3 consecutive months of full compliance.</p> <p>5.Completion date: 12/31/2015</p>				

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	<p>storage area was a large plastic bag of waffles without a label or date.</p> <p>During a 12/2/15, 2:17 p.m., interview, the Administrator indicated all 47 of the facilities' residents have meals prepared in the facility kitchen.</p> <p>During a 12/2/15, 2:42 p.m. interview, the Administrator indicated she could not produce any completed cleaning logs for the last 30 days.</p> <p>During a 12/3/15, 8:07 a.m. interview, Chef #3 indicated she oversees the dietary department. Chef #3 indicated she was responsible for cleaning of the kitchen and storage areas. Chef #3 indicated she had not kept logs of the cleaning she had completed.</p> <p>During a 12/3/15, 8:20 a.m. interview, CNA #1 indicated she had been trained on the labeling and dating of the food items, and the cleaning of the equipment and the kitchen storage areas.</p> <p>During a 12/3/15, 8:25 a.m. interview, CNA #2 indicated she had been trained on the labeling and dating of the food items, and the cleaning of the equipment and the kitchen storage areas.</p> <p>Review of a current, 4/2013, facility</p>			

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	<p>policy/procedure titled "Daily Cleaning Schedule and Morning Walk-thru", which was provided by the Administrator on 12/2/15 at 2:40 p.m. and identified as the current cleaning schedule indicated the following:</p> <ul style="list-style-type: none"> a. The Dietary Service Coordinator (DSC)/Cook should inspect kitchen sanitation and cleanliness daily. b. The DSC/Cook should inspect the stove top, grill and shelf above the stove daily. c. The refrigerators/freezers should be inspected daily for food items to be covered, labeled, and dated. d. The inside refrigerators/freezers should be cleaned weekly (or more as needed). e. The windows and window sills should be cleaned monthly (or more as needed). <p>Review of a current, 01/01/2013, facility policy/procedure titled "Storage of Products", which was provided by the Administrator on 12/2/15 at 2:48 p.m., section III indicated items should be dated before being stored.</p> <p>Review of a current, 01/01/2013, facility policy/procedure titled "Leftovers and prepared food", which was provided by the Administrator on 12/2/15 at 2:48 p.m., indicated "...Store all prepared foods in an appropriate container, cover</p>						

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	with an airtight lid or cellophane, and label the container with the type of food and the date...Foods stored in the refrigerator must be in appropriate storage containers...."						