

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/10/2016
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202017.</p> <p>Complaint IN00202017 - Substantiated. Federal/State deficiencies related to these allegations are cited at F312 and F371.</p> <p>Survey dates: June 9 and 10, 2016</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Census bed type: SNF: 12 NF: 19 SNF/NF: 1 Residential: 20 Total: 52</p> <p>Census payor type: Medicare: 13 Medicaid: 19 Other: 20 Total: 52</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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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F 0312 SS=D Bldg. 00	<p>QR completed by 11474 on June 13, 2016.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to ensure residents who were dependent on staff for grooming and personal hygiene received those services in regards to oral hygiene for 1 of 4 residents reviewed for assistance with activities of daily living. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/9/2016 at 11:43 a.m. Diagnoses for Resident B included, but were not limited to, Alzheimer's Disease, hypertension, osteoarthritis, major depressive disorder and chronic peripheral venous insufficiency.</p> <p>Resident B had a current quarterly Minimum Data Set assessment (MDS), dated 5/10/2016, which indicated the</p>	F 0312	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint survey completed on 6/10/2016. Please accept this plan of correction as the provider's credible allegation of compliance as of July 6, 2016.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance. It is the practice of this provider to ensure oral hygiene is provided for residents that are</p>	07/06/2016

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	<p>resident required extensive assistance with one person assist for hygiene and bathing.</p> <p>Resident B's Activities of Daily Living (ADL) Care Plan, initiated 2/9/2016 indicated the following: "... Please assist me with oral care 3x [sic] daily. Place toothpaste on toothbrush and hand to me. Encourage me to brush. Please encourage me to remove my upper partial and assist me with cleaning it...."</p> <p>Review of Resident B's nursing notes and the "Point of Care ADL Category Report," dated 5/30/2016 through 6/9/2016 for personal hygiene, indicated the following: 5/31/2016 personal hygiene was provided twice. 6/1/2016 personal hygiene was provided twice. 6/2/2016 personal hygiene was provided once. 6/3/2016 personal hygiene was not provided. 6/4/2016 personal hygiene was provided twice. 6/5/2016 personal hygiene was provided once. 6/6/2016 personal hygiene was provided twice.</p> <p>Review of the Dental Exam Progress</p>		<p>dependent on staff for grooming and personal hygiene. What corrective actions will be accomplished for those residents founds to have been affected by the deficient practice: Resident B's care plan and Physician's orders were reviewed. Resident has Physician's order and care plan for oral care after each meal and at HS. Nursing staff are to document on MAR for this resident when oral hygiene is completed. Resident has a care plan that she will refuse to open her mouth at times. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: Any resident dependent for oral hygiene has the potential to be affected by this deficient practice. Care plans and ADL point of care orders will be reviewed for presence and accuracy on all resident's that are dependent for oral hygiene. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur: DHS or designee will re-educate nursing staff regarding campus policy on provision of oral hygiene and documentation of care by July 6, 2016 How the corrective actions will be monitored to ensure the deficient practice</p>				

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	<p>notes, dated 4/22/2016, indicated Resident B was provided a dental referral for the removal of 4 non restorable teeth. The noted indicated Resident B had inflamed gingival tissue and a moderate level of debris.</p> <p>Review of the Dental Exam Progress Notes, dated 5/5/2016, indicated Resident B had inflamed gingival tissue and a heavy level of debris.</p> <p>Review of the Dental Exam Progress Notes, dated 5/9/2016, indicated Resident B had slightly inflamed gingival tissue and a moderate level of debris.</p> <p>During an observation on 6/9/2016 at 10:00 a.m., Resident B was sitting in a wheelchair in the resident lounge. Resident B's teeth were noted with a small amount of debris at the gum line. Resident B was unable to verify if oral care had been provided.</p> <p>During an observation on 6/9/2016 at 1:15 p.m., Resident B was sitting in a wheelchair in the resident lounge. Resident B's teeth were noted with a small amount of debris at the gum line. Resident B was unable to verify if oral care had been provided.</p> <p>During an observation on 6/9/2016 at</p>		<p>will not recur: The following audit (Personal hygiene- oral hygiene) for 5 residents will be conducted by the DHS or designee weekly times 8 weeks, then monthly times 2 months to ensure compliance of bathroom accommodation and call light accessibility. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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	<p>3:25 p.m., Resident B was sitting in a wheelchair in the resident lounge. Resident B's teeth were noted with a small amount of debris at the gum line. Resident B was unable to verify if oral care had been provided.</p> <p>During an observation on 6/10/2016 at 8:30 a.m., Resident B was sitting in a wheelchair in the resident lounge. Resident B's teeth were noted with a small amount of debris at the gum line. Resident B was unable to verify if oral care had been provided.</p> <p>During an observation on 6/10/2016 at 10:30 a.m., Resident B was sitting in a wheelchair in the resident lounge. Resident B's teeth were noted with a small amount of debris at the gum line. Resident B was unable to verify if oral care had been provided.</p> <p>CNA # 7 was interviewed on 6/9/2016 at 12:22 p.m. She indicated the nurses had been documenting on the oral care for Resident B in the nursing notes. She was aware oral care was to be done for the resident three times daily.</p> <p>During an interview on 6/10/2016 at 9:58 a.m., the Clinical Consultant Nurse indicated the ADLs were to be documented in the computer each shift.</p>			

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F 0371 SS=E Bldg. 00	<p>"It is our expectation that ADLs are documented each shift. We have identified some lack of documentation."</p> <p>Review of a current policy, dated 5/10/2016, titled "Nursing Assistant ADL Documentation Guidelines Joint of Care" indicated the following: "Purpose: To documentation [sic] the type and amount of assistance provided to the resident for activities of daily living. Procedure: ... 2. ADL services will be conducted and documented by the CNA each shift at the "point of care" or as reasonably possible after care. ..."</p> <p>This Federal tag relates to Complaint IN00202017.</p> <p>3.1-38(a)(3)(C)</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>			
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	<p>Based on observation and interview, the facility failed to serve food under safe sanitary conditions related to the food handling during preparation and serving. This deficient practice had the potential to impact 52 of 52 residents who received meals which were prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>During the noon meal observation on 6/9/16 at 12:14 p.m., the following concerns were noted:</p> <p>a. Chef #3 was observed with facial hair uncovered while preparing food in the kitchen.</p> <p>b. Chef #4 was observed with facial hair uncovered while preparing food in the kitchen.</p> <p>c. Chef #5 was observed with facial hair uncovered while preparing food in the kitchen.</p> <p>During an interview on 6/9/16 at 12:54 p.m., the Director of Food Services indicated food handlers with facial hair should wear facial hair covering. The Director of Food Services indicated the facility was currently without facial hair covering but acknowledged the staff should have used hair nets to cover the</p>	F 0371	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint survey completed on 6/10/2016. Please accept this plan of correction as the provider's credible allegation of compliance as of July 6, 2016.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>It is the practice of this provider to serve food under safe and sanitary conditions related to the food handling during preparation and serving. What corrective actions will be accomplished for those residents founds to have been affected by the deficient practice: No resident's were affected by this alleged deficient practice. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All residents receiving meals</p>	07/06/2016

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	<p>facial hair. "We ran out. They are on order and should be in tomorrow. But they should have used the hair nets."</p> <p>Review of the current undated, policy titled "Dress Code and Uniform Standards", was provided by the Director of Nursing on 6/9/16 at 2:00 p.m., and indicated the following: "...Policy It is the policy of the Campus that employees dress in a consistent manner appropriate for working conditions to reflect the Company's high standards of customer service. Purpose This policy is intended to establish dress and uniform standards, to promote a positive image to customers, residents, family members, other employees and to meet the expectations of excellence from the community served. Guidelines Employees are expected at all times to dress neatly, in properly fitted clothing, in uniform (if required), and clean in appearance. The following guidelines apply to all employees unless otherwise noted and have been established to ensure the employees of the Company project the appropriate professional image, while also taking into consideration issues related to safety and protection of the employee: ...</p>		<p>prepared in the kitchen have the potential to be affected by this alleged deficient practice. Kitchen staff was educated on campus "Hair Restraint Policy" and all staff in the kitchen was provided with nets to cover facial hair. What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur: DHS or designee will re-educate staff regarding Hair Restraint Policy while in the kitchen by July 6, 2016. How the corrective actions will be monitored to ensure the deficient practice will not recur: The following audits (Sanitary Preparation in kitchen-hair restraints) for 3 meals (1 breakfast, 1 lunch, and 1 dinner) will be conducted by the DHS or designee weekly times 8 weeks, then monthly times x 2 months to ensure that all staff are following the campus hair restraint policy while in food preparation areas. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>3. Hair - Employee's hair should be kept clean, conservatively styled (cut and color), arranged neatly and worn in a way that adheres to all safety standards. A hair restraint or approved hat while serving food and in food preparation areas is required...</p> <p>4. Facial Hair - If an employee wears a beard or mustache, the beard or mustache must be kept neat and well groomed. A beard guard must be worn in the food preparation areas. The Director of Dining Services has the specific information as to what is appropriate for dining services...."</p> <p>This federal tag relates to Complaint IN00202017.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>			