

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155342	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER MOUNT VERNON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00174640</p> <p>Complaint IN00174640 - Unsubstantiated, due to lack of sufficient evidence.</p> <p>Survey dates: June 10, 11, 15, 16, 17, and 18, 2015</p> <p>Facility number: 000234 Provider number: 155342 AIM number:100273490</p> <p>Census bed type: SNF/NF: 60 Total: 60</p> <p>Census payor type: Medicare: 8 Medicaid: 38 Other: 14 Total: 60</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>The preparation and/or execution of this plan of correction does not constitute agreement or admission by the provider 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. We would like to request a Paper Compliance Revisit for the survey completed June 18, 2015. Please request any additional information required for evidence of substantial compliance.</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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F 0371 SS=E Bldg. 00	<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 ensure foods were served, stored, and prepared under sanitary conditions, for 2 of 2 observations of the kitchen and 1 of 3 observations of meal distribution, in that, the kitchen floor and walls were soiled, food was stored with no label or date, kitchen equipment was soiled, and food was prepared with buckets of cleansing and sanitizing solutions on the same table. This had the potential to affect all 60 residents in the facility.</p> <p>Findings include:</p> <p>1. During the initial tour of the kitchen on 6/10/15 at 8:56 a.m. - 9:25 a.m., the following were observed:</p> <p>1. The floors in the kitchen, dishwashing, and dry storage areas were observed to be soiled with dirt and debris.</p>	F 0371	<p>It is the policy of Mt. Vernon Nursing and Rehabilitation Center to ensure that the facility stored, prepared, distributed and served food under sanitary conditions. 1. The kitchen floors and walls were immediately cleaned by 6/11/15. A walk-through was completed on 6/18/15 to determine the repair and painting needed for the walls and ceilings including the dishwashing and storage areas, identified by the survey. A contract proposal was submitted and approved for this project and is to be completed by 7/15/15. The contractors will be Rose Painting. The chicken with no label or date was immediately discarded by 6/10/15. Kitchen drawer which held the clean utensils was immediately cleaned by 6/16/15. Utensils were cleaned. Food that was prepared next to the cleaning buckets was discarded. Doors to the freezer were immediately cleaned. All staff were re in-serviced on proper serving techniques when serving residents or their families,</p>	07/15/2015

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	<p>2. The walls in the kitchen, dishwashing area, and dry storage area were soiled, had holes in them, and had paint missing.</p> <p>3. The freezer in the dry storage area had two (2) opened bags of frozen chicken patties with no date or label on them. One (1) of the chicken patties were observed to be lying on a shelf and 1 on the floor of the freezer. .</p> <p>4. The drawers under the prep table containing clean utensils were soiled.</p> <p>5. The front of the dishwasher had a white deposit built up on it. A bucket which indicated, "detergent water only" was observed on the food prep table. DA (dietary aide) #1 was observed to be placing frozen cookie dough on a baking pan with the bucket present.</p> <p>6. During an observation on 6/10/15 at 12:03 p.m. - 12:30 p.m., SS #1 was observed to be passing drinks and food to the residents in the main dining room. SS #1 was observed to move her eye glasses from her face to her head frequently while distributing the drinks and food. SS #1 was also observed to move her hair from her face while distributing food to the residents. No hand hygiene was performed.</p>		<p>including hand washing. Long hair is to be pulled back with some tie or ribbon and staff are not to touch their face or clothing and then touch the residents' food or drink. This was completed 6/19/2015. All residents have the potential to be affected. Dining Duty has been an expectation for all department leaders and they will be provided with appropriate aprons and reminded to tie back their long hair. There are 2 sanitizing solution dispensers in the dining rooms for staff to use. Dietary Manager/Designee cleaned all the floors in the kitchen area. Dietary Manager inspected all the food in the dry storage area to ensure all food was properly stored and labeled. Dietary manager inspected and cleaned all drawers. Dietary manager inspected /cleaned all door handles. All dietary staff were re in-serviced on the labeling, dating and proper storage of food in the freezers, coolers and dry storage. This was completed on 6/11/15. All dietary staff were re in-serviced on the cleaning and sanitation checklist and the follow up documentation necessary to track proper maintenance. Dietary manager will make observations daily to ensure food is properly labeled, kitchen floors are properly cleaned and in good repair, and kitchen drawers are clean. Dietary manager/designee will make observations during each meal prep to ensure</p>	

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	<p>7. During an observation of the kitchen on 6/17/15 at 10:45 a.m., a measuring cup and ladle were observed to be on a piece of paper next to a bucket of water with detergent in it. Another bucket was sitting beside of it which indicated, "Sanitizing solution only."</p> <p>8. During an observation of the kitchen on 6/17/15 at 10:47 a.m., the doors handles on the freezer in the dry storage area had a white build up on them.</p> <p>During an interview on 6/10/15 at 9:03 a.m., the dietary manager (DM) indicated she had been training a new staff. The DM indicated she would discard the chicken patties immediately and remind the staff regarding labeling and dating opened food products.</p> <p>During an interview on 6/17/15 at 11:40 a.m., the DM indicated she would have the buckets of solution removed from the food prep table. She indicated the staff had not done this in the past but recently had been sitting the cleaning buckets on the prep table again. She indicated she would need to remind the staff again to not do this.</p> <p>During an interview with SS #1 on 6/18/15 at 8:36 a.m., SS #1 indicated</p>		<p>chemicals are not in food prep areas. The Executive Director or designee will complete rounds in the kitchen, dishwashing and storage areas daily x 1 week, 2 days a week x 4 weeks and then weekly thereafter. These rounds will be documented on the quick sanitation checklist and submitted, with daily work orders, to the QAPI committee for review and recommendation for 6 months.</p>	

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	<p>hand hygiene should be performed after passing every third tray. SS #1 further indicated hand hygiene would need to be performed if you had touched a resident or if you had touched your hair, glasses, or anything else that was considered unclean. SS #1 indicated she normally pulled her hair back to keep it out of her way while passing food and drinks, but had not had time to do it that day.</p> <p>A policy, dated July 2010, and obtained from the DON (Director of Nursing) on 6/18/15 at 8:43 a.m., indicated walls, floors, ceilings, equipment, and utensils were to be cleaned, sanitized, and in good working order.</p> <p>The "Retail Food Establishment Sanitation Requirements", dated November 13, 2004, indicated, under 410 IAC-7-24-129 "(a)(1), hands should be washed after touching bare human body parts other than clean hands and clean, exposed portions of the arm." The requirement further indicated, under 410 IAC-7-24-129" (a)(11), hands should be washed after engaging in other activities that contaminate the hands. "</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						

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F 0441 SS=D Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and</p>			

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	<p>transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control procedures were followed for 2 of 7 residents observed receiving care, in that, glove changes and hand sanitization were not performed during personal care. (Resident #10, Resident #20)</p> <p>Findings include:</p> <p>1. During an observation on 6/15/15 at 8:46 a.m., CNA #1 and CNA #2 were observed to be performing pericare on Resident #10. CNA #1 and CNA #2 were observed to apply gloves. CNA #1 was observed to crank the bed up and remove the top sheet and a soiled brief from the resident. CNA #1 covered Resident #10 with a clean towel. After pericare was performed by CNA #2, CNA #1 was observed to turn Resident #10 to the left side. CNA #1 was observed to wash and dry Resident 10's rectal area and buttocks. CNA #1 changed her gloves with no hand hygiene being performed. CNA #1 applied lotion to the resident. CNA #1 was observed to apply a clean brief to Resident #10. CNA #1 and CNA #2 was observed to turn Resident #10 to the right side and cover</p>	F 0441	<p>It is the policy of Mt. Vernon Nursing and Rehabilitation Center to ensure procedures are in place for an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to prevent the development and transmission of disease and infection. All nursing staff were re in-serviced 6/11/15 through 6/18/15 regarding proper hand sanitation policy and procedure and glove change during personal care. Resident #10 and #20 are receiving care with proper infection control procedures. All residents have the potential to be affected. All nursing staff were re in-serviced 6/11/15 through 6/18/15 regarding proper hand sanitation policy and procedure and glove change during personal care. CNA #1 and #2 had skills validation for pericare conducted 6/15/15. All nursing staff were re in-serviced 6/11/15 through 6/18/15 regarding proper hand sanitation and glove change during personal care. The DNS/designee will observe glove change and proper hand washing during resident care moving from a contaminated body site to a clean body site on each shift. The Infection Control in-service will be scheduled quarterly and is mandatory for all staff. Nursing staff will be observed for proper hand hygiene each shift daily x 1 week, then</p>	07/15/2015

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	<p>the resident with a clean sheet. Both CNAs were then observed to remove their gloves and wash their hands.</p> <p>2, During an observation on 6/16/15 at 9:28 a.m., CNA #1 and CNA #2 was observed to give a shower to Resident #20. Resident #20 was observed to be transferred to the shower bed using the Hoyer lift. CNA #1 was observed to remove the lift sling and soiled linen from under the resident. CNA #1 was observed to wash Resident #20's rectal area and buttocks. Resident #20 was observed to be incontinent of stool. CNA #1 was observed to obtain a clean washcloth and wash Resident #20's periaarea. CNA #1 was observed to dry the resident's hair and face, the right upper and lower torso, and the right axillary area. CNA #1 was observed to changed gloves. CNA #1 applied a clean shirt to Resident #20. The lift sling and clean brief were observed to fall onto the floor. CNA #1 was observed to pick the lift sling and brief off the floor. Resident #20's slacks were applied and CNA #1 was observed to place the brief and lift sling under the resident. CNA #2 was observed to apply Resident #20's shoes and assisted CNA #1 with transferring Resident #20 to the wheelchair using the Hoyer lift. After transferring the resident, CNA #1 and CNA #2 were observed to</p>		<p>weekly x 4 weeks and monthly x 6 months. Monthly, the infection control report is submitted to the QAPI committee monthly for quality compliance and the observation audits will be submitted to the QAPI committee for review for 6 months with further monitoring if indicated.</p>	

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F 0465 SS=E Bldg. 00	<p>remove their gloves and wash their hands.</p> <p>During an interview with CNA #2 on 6/15/15 at 9:15 a.m., CNA #2 indicated gloves should be removed and hands washed when going from clean to dirty. CNA #2 further indicated hands should be washed for 15 seconds.</p> <p>A policy, dated November, 2011, and obtained from the DON (Director of Nursing) on 6/18/15 at 8:15 a.m., indicated hand hygiene was to be performed during resident care if moving from a contaminated body site to a clean body site.</p> <p>3.1-18(b)(1) 3.1-18(l)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to provide a functional, safe, and comfortable environment for residents,</p>	F 0465	It is the policy of Mt. Vernon Nursing and Rehabilitation Center to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. Room 101 - Tile	07/15/2015

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	<p>for 2 of 2 units, in that, 12 of 30 rooms had walls and floors were soiled/marred, chipped or missing paint, and had faulty equipment. (Rooms 101, 102, 104, 107, 109, 114, 116, 117, 135, 137, 156, and 157)</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 6/10/15 at 3:46 p.m., Room 101 was observed. The floor of the bathroom entrance had a gap between the tiles. Wax build up was noted on the floor, the wall above the bed and the closet doors were marred. The room was observed, on 6/17/15 at 1:40 p.m.. and was unchanged. On 6/11/15 at 8:47 a.m., Room 102 was observed. The bedside fall mat was soiled and the bathroom door frame was cracked. The room was observed, on 6/17/15 at 1:45 p.m., and was unchanged. On 6/11/15 at 8:41 a.m., Room 104 was observed. The bathroom door frame had chipped paint and was marred. The bathroom walls were gouged. The room was observed, on 6/17/15 at 1:45 p.m., and was unchanged. On 6/11/15 at 9:11 a.m., Room 107 was observed. A strong urine odor was 		<p>gap was repaired, wax build up was cleaned, and marred walls were repaired by 7/1/15. Room 102 - Fall mat was cleaned, door frame was repaired by 6/30/15. Room 104 - Door frame was repaired, bathroom walls were repaired by 7/2/15. Room 107 - Bathroom was deep cleaned by 6/12/15, and cover for light is on order. Room 109 - Walls were repaired, floor cleaned, tape around air conditioner was replaced by 6/30/15. Room 114 - Bathroom floor was cleaned, tape around air conditioner was replaced, area around air conditioner was painted by 7/2/15. Room 116 - Bathroom floor and bedroom floor was cleaned by 6/12/15. Room 117 - Bathroom light was repaired by 6/12/15. Room 135 - Call light cord and bed were replaced by 6/11/15. Room 137 - Personal items and rug were removed by 6/12/15. Room 156 - Personal items were removed from the bathroom by 6/11/15. Room 157 - Bathroom sink was replaced by 6/12/15. All residents have the potential to be affected. A review of all the resident rooms was completed on 6/17/15 by the environmental staff and Executive Director. Repairs identified are scheduled for repair/replacement with a completion date of 7/12/15. The staff were re in-serviced on the use of the housekeeping/work order system to ensure that proper notification</p>	

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	<p>noted in the bathroom. The bathroom also had debris along the edges of the floor, on the door, and the ceiling light had no cover. The strips in front of the commode were soiled.</p> <p>The room was observed on 6/17/ at 1:50 p.m. The bathroom had no odor, the floor was clean, and the strips in front of the commode were clean. The bathroom light had no cover over it.</p> <p>5. On 6/11/15 at 9:11 a.m., Room 109 was observed. The walls near the bed were marred. The floor mat next to the bed was soiled and there were holes in the wall behind the television and chest of drawers. The tape around the air conditioner was loose.</p> <p>The room was observed, on 6/17/15 at 1:50 p.m., and was unchanged.</p> <p>6. On 6/10/15 at 3:14 p.m., Room 114 was observed. Black spots were noted on the bathroom floor, tape around the air conditioner was loose, and the area around the air conditioner lacked paint. On room was observed, on 6/17/15 at 1:55 p.m., and was unchanged.</p> <p>7. On 6/11/15 at 9:49 p.m., Room 116 was observed. A dead spider was observed on the bathroom floor. The bedroom floor had dirt and debris build-up along the edges.</p>		<p>was completed for consistent up-keep. Evidence of our work order system was identified with the sink being replaced prior to the look back and the broken crank on the bed being replaced prior to the look back. The personal items in two bathrooms were put away prior to the end of the shift that same day. All staff were re in-serviced on the room readiness checklists. All housekeeping staff were re in-serviced on the deep cleaning schedule and the follow up for the work order system. The ED will conduct rounds daily to ensure resident rooms are clean and in good repair. The Executive Director and the Maintenance Director will complete full environmental rounds daily x 1 week, then random units daily ongoing. A housekeeper will participate in the daily rounds x 3 week to provide clarity of environmental expectations and the communication needed. Monthly audits from daily/weekly rounds will be submitted to the QAPI committee for further monitoring as indicated. Favorable audits will determine need for further report submission to QAPI.</p>	

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	<p>The room was observed, on 6/17/15 at 2:00 p.m., and the floors were free of debris and the dead spider.</p> <p>8. On 6/10/15 at 3:47 p.m., Room 117 was observed. The bathroom light was dim and flickering. The room was observed, on 6/17/15 at 2:05 p.m., and the bathroom light had been repaired.</p> <p>9. On 6/11/15 at 8:52 a.m., Room 135 was observed. The bed B call light cord was not intact and the bed crank was broken. The room was observed, on 6/17/15 at 2:15 p.m., and the call light cord and the bed had been replaced.</p> <p>10. On 6/11/15 at 8:48 a.m., Room 137 was observed. Unlabeled skin protectant was found on the sink of a shared bathroom. A rug in front of a recliner had dirt and debris on it. The room was observed on 6/17/15 at 2:20 p.m. There were no personal items in the bathroom and there was no rug in front of the recliner.</p> <p>11. On 6/10/15 at 3:46 p.m., Room 156 was observed. There was an unidentified toothbrush and denture cup on the shared bathroom sink. The room was observed on 6/17/15 at</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155342	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER MOUNT VERNON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620
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	<p>2:25 p.m. There were no personal items in the bathroom.</p> <p>12. On 6/10/15 at 2:52 p.m., Room 157 was observed. The bathroom sink faucet was very loose.</p> <p>The room was observed, on 6/17/15 at 2:30 p.m., and the bathroom sink faucet had been replaced.</p> <p>An interview with the Housekeeping Supervisor, on 6/18/15 at 8:50 a.m., indicated deep cleaning of resident rooms was done on a monthly basis. She also provided a deep cleaning schedule, project calendar, and a quality control inspection sheet which were used for tracking purposes.</p> <p>3.1-19(f)</p>			