

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155738	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/08/2014
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NAME OF PROVIDER OR SUPPLIER  MILTON HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 206 E MARION ST SOUTH BEND, IN 46601
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F000000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 8-26-2014, which resulted in an Immediate Jeopardy. This visit included the PSR to the State Residential Licensure Survey completed on 8-26-2014.</p> <p>Survey dates: October 6, 7 and 8, 2014</p> <p>Facility number: 001141 Provider number: 155738 AIM number: 200905640</p> <p>Survey team: Julie Baumgartner, RN - TC Shauna Carlson, RN Pamela Williams, RN</p> <p>Census bed type: SNF: 8 SNF/NF: 22 Residential: 19 Total: 49</p> <p>Census payor type: Medicare: 8 Medicaid: 16 Other: 6 Total: 30</p>	F000000		

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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F000226 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on October 16, 2014, by Brenda Meredith, R.N.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure for investigating allegations of abuse for 2 of 3 residents reviewed. (Resident #22 and Resident #43)</p> <p>Finding includes:</p> <p>On 10-6-2014 at 12:30 P.M., all Incident Report Forms, that were submitted by the facility for reporting allegations of abuse after 8-26-2014, were received from the SSD (Social Service Director).</p> <p>On 10-6-2014 at 12:35 P.M., a record review of an Incident Report Form</p>	F000226	<p>F 226</p> <p>1.Please note, it appears that resident #43 should be identified as resident #13. In both the cases, CNA # 6 and CNA #8, immediately left the room when the resident started making the allegation and did not provide care to any other resident until the allegation was reported and investigated. Social Service has routinely followed both residents for possible related psychosocial concerns, none have been evident.</p> <p>2.The DON, ADON, and SSD provided one-on-one training in relation to identifying abuse and reporting with all staff, 10/25/14 - 10/27/14. This in-service, attached, created seven scenarios related to</p>	10/27/2014

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	<p>regarding Resident #43, dated 8-29-2014, indicated, "...Brief Description of Incident:...During res [resident] am [morning] care, res. Began "yelling" "quit hitting me". Staff person, [Employee name, Employee #6], was helping res get dressed. Res. [staff] immediately left res. room, reported what happened to the nurse and remained out of her care until the shift ended...Immediate Action Taken: Staff member remained out res care...."</p> <p>On 10-6-2014 at 12:38 P.M., an Incident Report Form regarding Resident #22, dated 9-2-2014, indicated, "...Brief Description of Incident: On 9/1/14, staff members [Employee name, CNA #8] and [Employee name, CNA #9], were putting res to bed when res accused [Employee name, CNA #8] of using bad words and threatening to "kick her a**"...Immediate Action Taken: Co-worker completed care...."</p> <p>On 10-6-2014 at 12: 46 P.M., an Incident Report Form regarding Resident #22, dated 9-19-2014, indicated, "...Brief Description of Incident...9/19/2014...Res stated that [Employee name, CNA #8] had been rough with her during care...."</p> <p>On 10-8-2014 at 11:22 A.M., an interview was conducted with the DON</p>		<p>allegations of abuse for the staff to review with their instructor. Each scenario required the following questions to be answered: What do you do? What type of abuse is this? What can be a resident side effect/reaction? What happens if this is not reported? DON or designee will review abuse identification, prevention, and reporting monthly with CNA and nursing staff x 12 months. On 10/27/14 the Caring Partners Program, attached, was initiated. Each Dept. Manager is responsible to have daily contact with their assigned residents. This contact will monitor whether there were any resident concerns.</p> <p>3.The DON or designee will randomly assess staff for ability to state types of abuse, how to identify abuse, what to do if witnessing abuse, and how to report abuse weekly for 3 months, monthly for 3 months, then bi-monthly for 6 months. Any unreported or non-timely reporting will require disciplinary action up to and including termination.</p> <p>4.The DON and Nurse Consultant will randomly assess staff for ability to state types of abuse, how to identify abuse, what to do if witnessing abuse, and how to report abuse weekly for 3 months, monthly for 3 months, then bi-monthly for 6 months. Audits will be reviewed monthly by the Administrator and</p>				

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F000371	<p>(Director of Nursing). The DON indicated, "...the staff had not been suspended pending the investigations for any of the incidents...they did not take care of the residents during the investigative process but did take care of others during their shifts...."</p> <p>On 10-8-2014 at 2:41 P.M., the Abuse prevention and Reporting Policy, dated 7-12-2012, was received from the DON and the DON indicated this was the current policy. Review of the policy indicated, "...Standards:...28...d. Suspend staff suspected or alleged as abuser and escorted by a department director from the building...."</p> <p>This deficiency was cited on 8-26-2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-28(a)</p>		Quality Assurance Committee for 6 months. The QA will on an on-going basis continue monitoring state reportable and other concerns monthly until there have been three QA monitoring will then go to quarterly and will remain on-going.				
	483.35(i)						

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SS=F	<p><b>FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b> 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 have foods dated, dishes stored and hairnets worn to ensure procedures were followed to maintain sanitary conditions in 1 of 1 kitchen. This had the potential to affect 30 of 30 residents.</p> <p>Finding includes:</p> <p>On 10/6/14 at 12:00 P.M., the initial kitchen tour and interviews were conducted with the CDM (Certified Dietary Manager). The following was observed:</p> <p>In the salad refrigerator: - Two plates of salad with no date. - A box of lettuce with 1 head of lettuce in it with no date.</p> <p>Thirty dinner plates were observed on a serving cart, next to the serving line, stored right side up.</p> <p>Employee # 2 was observed walking into kitchen, past the hairnet line, with no</p>	F000371	F3711] The facility shall ensure that food is stored, prepared, distributed and served under sanitary conditions. No residents were identified as being affected by this practice. All dietary staff were in-serviced on 10/25/14 on: Refrigerator and Freezer storage, proper dating and labeling, hairnet usage and dish storage. 2] The Dietary Manager shall complete daily audits, audit attached, of proper use of hairnets, freezer and refrigerator storage, dish storage, dating and labeling. Any known or observed non-compliance requires corrective action. 3] Policies on Freezer Storage, Refrigerator Storage, Hair Restraints, Labeling and Dating, and Hand washing were developed and included in the in-service on 10/25/14. At least weekly, the Dietician and/or the Nurse Consultant shall monitor the audits for compliance to these referenced areas. 4] The Quality Assurance Committee shall review compliance at least monthly for 6 months or until compliance is maintained for 30 days.	10/27/2014			

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	<p>hairnet on. An interview with the CDM indicated that "... hairnets should be worn at all times when in the kitchen... they have to have a hairnet on when they come past the line by the salad area or the coffee pot...."</p> <p>In the refrigerator:</p> <ul style="list-style-type: none"> <li>- An open package of cooked ham with open date of 10/1/14.</li> <li>- 16 pasties and 16 muffins in plastic container with no open date.</li> <li>- A open container of sausage with no date.</li> <li>- A half of angel food cake with a open date of 9-29-14. The CDM indicated at this time "... we only keep food 3 days after opening it...."</li> <li>- An open Ziploc bag of grapes with no date.</li> </ul> <p>In the freezer:</p> <ul style="list-style-type: none"> <li>- An open bag of 24 glazed donuts with no date.</li> <li>- An open bag containing 5 Salisbury steaks dated 6-26-14. The CDM indicated at this time "... we should only keep them for 90 days in freezer after opening...."</li> </ul>			

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	<p>Downstairs meat freezer:</p> <ul style="list-style-type: none"> <li>- One open box of broccoli with no open date.</li> <li>- One open, thirty pound, bag of carrots with no date.</li> </ul> <p>On 10/7/14 at 11:05 A.M., the CDM was observed walking throughout the kitchen without a hairnet on.</p> <p>On 10/7/14 at 11:08 A.M. in the main freezer ,13 glasses of tomato juice were observed without dates.</p> <p>On 10/8/14 at 1:20 P.M., the CDM was observed throughout the kitchen without a hairnet on. The CDM indicated at this time"... I only wear a hair net when I'm preparing food, that's why I made the policy that way...."</p> <p>On 10/8/14 at 1:46 P.M., review of the current undated policies "Cold Food Storage and Frozen and Refrigerated Food Storage," provided by the CDM, indicated "... 11. Cove, label, and date all leftovers... 14. Do not keep potentially hazardous foods in the refrigerator for longer than 3 days... 3. Food may be stored in the refrigerator for 3 days...4. Food may be stored in the freezer for a maximum of three months...5. Food that is not used in the designated amount of</p>						

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F009999	<p>time... shall be discarded... 6. All product to be open dated...."</p> <p>On 10/8/14 at 1:46 P.M., the CDM indicated they did not have a hairnet policy.</p> <p>On 10/8/14 at 2:00 P.M., review of the current undated policy "Meal Service Safety," provided by the CDM on 10/6/14 at 12:33 P.M., indicated "... 4. All dishware, glassware, cookware, plastic ware will be stored inverted prior to plating for meal services... 9. Frozen food will only be kept 90 days...."</p> <p>This deficiency was cited on 8-26-2014. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-21(i)(2)</p>	F009999	n/a	10/27/2014

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R000000	Milton Home was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR (Post Survey Revisit) to the State Residential Licensure Survey.	R000000			