

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155290	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/20/2014
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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 ARMORY RD DELPHI, IN 46923
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F000000	<p>This visit was for Recertification and State Licensure survey.</p> <p>Survey dates: June 16,17,18,19, and 20, 2014</p> <p>Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300</p> <p>Survey Team: Maria Pantaleo, RN, TC Rita Mullen, RN Bobette Messman, RN (June 16,17,and 18, 2014)</p> <p>Census bed type: SNF: 19 SNF/NF: 38 Total: 57</p> <p>Census payor type: Medicare: 11 Medicaid: 29 Other: 17 Total: 57</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on June 27, 2014.</p>	F000000	<p>St. Elizabeth Healthcare Center (the Provider) submits this Plan of Correction (POC) in accordance with specific regulator requirements. The submission of this POC does not indicate an admission by St. Elizabeth Healthcare Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of St. Elizabeth Healthcare Center. This POC shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only. The facility respectfully requests a desk review of the deficiencies noted.</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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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review,</p>	F000157	1) Facility failed to ensure the physician was not notified of refusal of supplements of one	07/20/2014			

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	<p>the facility failed to notify a physician of a resident's refusal of a supplement for weight maintenance for 1 of 3 residents reviewed for nutrition (Resident #45).</p> <p>Findings include:</p> <p>The clinical record of Resident #45 was reviewed on 6/19/14 at 9:30 a.m. Diagnoses included but were not limited to, fractured right hip, gastric reflux and osteoporosis. Resident #45 was admitted to the facility on 1/8/14.</p> <p>A Nursing Admission Assessment, dated 1/8/14, indicated the resident weighted 148.2 lbs.(pounds), had no edema, good pedal pulses and was on a regular diet.</p> <p>A Care Plan for "Height/Weight," dated 1/10/14, indicated "My admission weight is up about 8 pounds from my UBW Usual body Weight...review my over all weight trends...for any undesired weight change and make any necessary recommendations to my physician for consideration...goal for me to maintain my weight at a healthy range for me without any unwarranted significant weight changes...."</p> <p>A physician's order, dated 1/9/14 and revised on 1/14/14, indicated "Med Pass [a dietary supplement to maintain</p>		<p>of three residents. Resident # 45 has discharged to home. Nursing Staff were inserviced on failure to notify physicians 2) Current Residents receiving supplements were reviewed to verify that physician did not need notified of refusal 3) Residents receiving supplements will be reviewed weekly at Clinically at Risk Meetings 4) Those residents receiving supplementswill be reviewed during QA Meeting x's 3 months</p>		

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	<p>weight]120 ml [milliliter] BID [twice a day]."</p> <p>Medication Administration Records, for the months of January and February 2014, indicated Resident #45 refused the Med Pass eleven times from January 24th to the 29th and twelve times from February 1st to the 6th.</p> <p>A Fax to the physician, dated 2/5/14 at 6:10 p.m., indicated the following: "1/8 admit [admission] wt [weight] 148.2 [pounds] 1/12 - 146 ,1/18 - 137.8 [a 71/2% weight loss from admission], 2/1 - 129.8 ,2/5 rewt [reweight] 130.4 [a 17.8# weight loss from admission]. ave [average][sic] meal 72% snack 77%. Rec's [receives] med pass 120 ml bid btw [between] meals. 2/6/14 added fortified foods. d/c [discontinued] med pass supplement d/t [due to] refusal...."</p> <p>During an interview with LPN # 1, on 6/20/14 at 9:30 a.m., she indicated if a resident refuses medications for three days we are suppose to call the doctor.</p> <p>During an interview with the Director of Nursing, on 6/19/14 at 12:30 p.m., she indicated she could not find where the MD was notified of the resident not taking the med pass until 2/5/14. We started the fortified foods 2/6/14.</p>						

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F000325 SS=D	<p>3.1-5(a)(3)</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. Based on interview and record review, the facility failed to maintain a resident's weight for 1 of 3 residents reviewed for nutrition (Resident #45).</p> <p>Findings include:</p> <p>The clinical record of Resident #45 was reviewed on 6/19/14 at 9:30 a.m. Diagnoses included but were not limited to, fractured right hip, gastric reflux and osteoporosis. Resident #45 was admitted to the facility on 1/8/14.</p> <p>A Nursing Admission Assessment, dated</p>	F000325	<p>1) Facility failed to ensure 1 of 3 residents reviewed for weight loss as assessed and interventions implemented to prevent further weight loss. Resident # 45 has discharged home 2) Current residents weights have been reviewed for the last 30 days. Any significant weight loss noted 5% or greater, the Physician, family, and Registered Dietician have been notified and recommendations noted as indicated 3) When Significant weight loss is noted a re-weight will be completed for verification of the weight. Physician, family and Registered Dietician will be notified of the</p>	07/20/2014

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	<p>1/8/14, indicated the resident weighed 148.2 pounds, had no edema, good pedal pulses and was on a regular diet.</p> <p>A Care Plan for "Height/Weight," dated 1/10/14, indicated "My admission weight is up about 8 pounds from my UBW (Usual body Weight)...review my over all weight trends...for any undesired weight change and make any necessary recommendations to my physician for consideration...goal for me to maintain my weight at a healthy range for me without any unwarranted significant weight changes..."</p> <p>A Care Plan for "Meals/Snacks/Fluids," dated 1/10/14, indicated "I have increased protein needs for healing...overall maintenance of my individualized adequate nutrition and hydration with regard to my nutritional needs...provide the diet as ordered by my doctor...administer my medications and supplements as ordered..."</p> <p>A physician's order, dated 1/9/14 and revised on 1/14/14, indicated "Med Pass [a dietary supplement to maintain weight] 120 ml [milliliter] BID [twice a day].</p> <p>The Weights for this resident were as follows:</p>		<p>significant weight loss. Residents will be monitored weekly at Clinically At Risk meeting by DHS/Designee until weight stable then removed from clinically at risk. Clinical at risk meeting weekly is ongoing. 4) Results will be reviewed in QA x's 3 months.</p>				

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	<p>Admission weight on 1/8/14 was 148.2 lbs (pounds)</p> <p>Weight on 1/12/2014: 146 lbs.</p> <p>Weight on 2/01/2014: 130 lbs (which was 16 lbs. less or a 11.0% loss)</p> <p>Weight on 2/06/2014: 129 lbs (which was 17 lbs. less or a 11.6% loss)</p> <p>Weight on 3/02/2014: 125 lbs (which was 21 lbs. less or a 14.4% loss)</p> <p>Medication Administration Records for the months of January and February 2014, indicated Resident #45 refused the Med Pass eleven times from January 24th to the 29th and twelve times from February 1st to the 6th.</p> <p>A Fax to the physician, dated 2/5/14 at 6:10 p.m., indicated the following:</p> <p>"1/8 admit [admission] wt [weight] 148.2 lbs [pounds]. 1/12 - 146 lbs, 1/18 - 137.8 lbs, 2/1 - 129.8 lbs, 2/5 rewt [reweight] 130.4 lbs. ave [sic] [average] meal 72% snack 77%. Rec's [receives] med pass 120 ml bid btw [between]) meals. 2/6/14 added fortified foods. d/c [discontinued] med pass supplement d/t [due to] refusal...."</p>			

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	<p>A "Nutrition Assessment and Data Collection," dated 1/8/14, indicated the resident's usual body weight (UBW) was between 135 to 140 lbs and the current weight was 148 lbs. The resident's weight was up 5.8% and expected to go down to UBW.</p> <p>A "Nutrition Assessment and Data Collection," dated 1/10/14, indicated the resident's current weight was 148 lbs. and there were on concerns.</p> <p>A "Nutrition Assessment and Data Collection," dated 1/23/14, indicated the resident's current weight was 137.8 lbs. the weight had decreased 10.4 pounds in 2 weeks and closer to UBW of 135 - 140 lbs., and was likely related to fluid fluctuation post-op.</p> <p>A "Nutrition Assessment and Data Collection," dated 2/6/14, indicated the resident's current weight was 130.4 lbs. and a significant loss (12%) following a significant gain (5.8%). Also indicated the resident was on Med Pass BID and will recommend fortified foods to promote stable weight. A second note, dated 2/6/14, indicated, "Res (Resident) refusing 2 Cal (Med Pass) supplement - will d/c & encourage fortified foods."</p>			

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F000371 SS=F	<p>A "Nutrition Assessment and Data Collection," dated 3/7/14, indicated the resident's current weight was 124.8#. Weight down 5 lbs (3.8%). No significant change but concerning loss. The resident was 10 lbs. below UBW and was on fortified foods. The recommendation was to encourage snacks between meals.</p> <p>A review of Resident #45's meal intakes, dated 1/9/14 to 3/27/14, indicated the resident had been receiving snacks three times a day.</p> <p>During an interview with the Director of Nursing, on 6/19/14 at 12:30 p.m., she indicated the doctor was notified of the resident not taking the med pass on 2/5/14 and the fortified foods were started on 2/6/14. The resident said she ate as much as she wanted to and she wouldn't eat more. Some times when she refused the med pass she would ask for cookies and milk.</p> <p>3.1-46(b)</p>						
	483.35(i) FOOD PROCURE,						

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	<p>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, record review and interview, the facility failed to ensure food stored in the freezer, dry storage area, refrigerator was labeled, dated and kitchen equipment was free from debris in one of one kitchens in the facility. This deficient practice had the potential to impact 57 residents out of 57 residents residing in the facility.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 6/16/2014 at 9:30 a.m., the following observations were made:</p> <p>1. The freezer was observed to have open and undated items: 1 package of sausage links, 1 package of onions rings, 1 package of chicken legs, 1 package of french fries, 1 package of catfish, 1 package of hamburger patties, 1 package of haddock fish, 1 package of pretzels and 1 package of chicken tenders.</p> <p>The dry storage area was observed to have previously opened items with no open dates indicated: 1 package of rice</p>	F000371	<p>1) The following areas were audited to ensure all items had identifying labels with open dates. All walk-in coolers and freezers, all reach-in refrigeration units and dry storage areas. All refrigeration, freeze, and dry storage areas have been reviewed cleaned to remove any loose debris. 2) All residents have the potential to be affected by this alleged deficient practice. 3) Dietary Manager or designee will re-educate the dietary team on the following campus guidelines: 1) Proper identification and date marking for open items. Cleaning schedules for dry storage, refrigeration, and freezer units. 4) The following audits and/or observation will be conducted by the Dietary Manager or designee 3 times per weeks time 4 week, then monthly times 5 months to ensure compliance The results of the audit observations will be reported, reviewed and trended for compliance thru the campus QA Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	07/20/2014

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	<p>crisp cereal and 1 package of pan rolls.</p> <p>During an interview on 6/16/2014 at 9:30 a.m., the Director of Food Services indicated all items should be labeled in the freezer and the dry storage area. He indicated all open food should have been sealed and dated.</p> <p>A facility policy reviewed on 6/17/2014 at 10:00 a.m., titled "Storage Procedures", dated 2009, indicated the following:</p> <p>"Dry Storage of Food, ...6. Open packages are labeled, dated, and stored in closed containers...."</p> <p>" Frozen Storage, ... 3. All foods in the freezer are wrapped in moisture proof wrapping or placed in suitable containers, to prevent freezer burn. Items are labeled and dated...."</p> <p>2. During the tour of the kitchen, it was observed the char broiler had food debris on the grill.</p> <p>During an interview on 6/16/2014 at 9:30 a.m., the Manager of Food Services indicated the char broiler should have been clean and free of debris.</p> <p>Record review of facility policy "Grilling Made Easy" on 6/18/2014 at 9:45 a.m.,</p>			

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F000465 SS=E	<p>indicated the following:</p> <p>"...The Grates should be cleaned regularly with a heavy-duty grill brush, You can also soak the grates in a mixture of water and vinegar for a deep clean. Periodically remove the grates and brush them off on both sides...."</p> <p>3.1-21(i)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to maintain resident rooms (300,301,302,303,304,305,306,401,403,404,405,407,408,501,502,503,504,505,506,507,510,511,512,513,514,515,516,517,518, 521,522), and common areas in a clean orderly state of good repair. This deficient practice affected 33 out of 39 resident rooms observed.</p> <p>Findings include:</p>	F000465	<p>1) All resident rooms and common areas will be assessed for needed repair by completing a walk through and filling out work order. 2) Identification of other resident rooms and common areas will be identified through our preventive maintenance program and repair as needs 3) Same as above 4) Campus will add a kick plate to cover all doors identified in need of reapiir. Rooms will be audited when residents go home. ED/DPO/ESD or designee will round 1 x per week to review</p>	08/01/2014			

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	<p>During an environmental tour on June 19,2014 at 1:30 P.M., accompanied by Executive Director(ED) and Plant Operations (PO), the following were observed:</p> <p>300 Hallway</p> <p>Rooms 300 through 306 bathroom doors were found to have marred and gouged areas at a height of 35 inches from the floor.</p> <p>400 Hallway</p> <p>Rooms 401 through 407 were found to have marred and gouged areas on bathroom doors at a height of 35 inches from the floor. Room 408 had corner of inside wall chipped and paint off with plaster showing unpainted or covered. Door jam marred and chipped</p> <p>500 Hallway</p> <p>Rooms 500 through 521 were found to have marred and gouged areas on bathroom doors at a height of 45 inches from the floor. Room 522 had a corner of the inside wall chipped and paint off with steel reinforcement showing with wallboard plaster visible, no covering or paint.</p>		<p>reidents rooms and common areas. Resulted will be reviewed in our QA Committee Meeting x's 3 months.</p>				

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	<p>Common areas</p> <p>Laundry room door chipped and marred, storage door on 500 hallway chipped and marred door jams.</p> <p>During an interview on 6/19/14 at 1:30 P.M., the ED and the PO indicated each resident room receives preventative maintenance every six months The preventative maintenance inspection sheet includes an inspection and repair of walls that have gouges. Each room undergoes thorough cleaning after the resident moves out and prior to a new resident entering.</p> <p>3.1-19(f)</p>				