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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155472 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/27/2016 |
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| NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268 |
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| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00202167.</p> <p>Complaint IN00202167- Substantiated. No deficiencies to the allegations are cited.</p> <p>Survey dates: June 20, 21, 22, 23, 24 & 27, 2016.</p> <p>Facility number: 000548 Provider number: 155472 AIM number: N/A</p> <p>Census bed type: SNF: 7 NCC: 63 Residential: 141 Total: 211</p> <p>Census Payor type: Medicare: 7 Other: 204 Total: 211</p> <p>Sample: 7</p> <p>These deficiencies reflect state findings</p> | F 0000 | <p>This plan of correction constitutes the written compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by the state and federal laws.</p> | |
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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>in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review Completed 6/29/16 by 29479.</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> <p>Based on observation, interview, and record review the facility failed to ensure foods were stored under sanitary conditions, included labels with dates, and was disposed of when outdated for 1 of 1 kitchen observations. This deficient practice had the potential to effect 12 out of 12 residents who ate from the kitchen.</p> <p>Finding includes:</p> <p>The kitchen was observed on 6/20/2016 at 10:07 a.m. with the Dietary Director. A container of lemon cream dated as opened on 6/15/16 with a removal date of 6/18/16 was observed in the refrigerator. Diced pears in a container dated as opened 6/16/16 with a removal date of 6/19/16 was observed in the refrigerator. Prunes in a container dated as opened 6/16/16 with a removal date of 6/19/16 was observed in the refrigerator. The</p> | F 0371 | <p>1.It is the policy of the facility that food items are labeled and properly dated and food items that are out of date by facility standards are immediately disposed of. All items that were found out of date were immediately removed and disposed of. Items that were visualized on the floor were immediately placed on shelves. Any open boxed containing foods were properly sealed.</p> <p>2.All items were immediately removed and therefore no residents were adversely affected.</p> <p>3.To enhance current compliant operations and under the direction of the Director of Dining Services the policy regarding food and supply storage procedures is being reviewed with all food service staff with signature required. Re-education of dining staff has been initiated and will be completed by 7/9/16.</p> | 07/15/2016 |
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| | <p>Dietary Director indicated staff should be looking for expired items daily and removing them from storage.</p> <p>Two boxes of tilapia, and a box of breaded fish were observed in the freezer with the box flaps wide open, and interior plastic bag opened. Inside the box was individual loose servings of fish. The Dietary director indicated the interior bags and box flaps of bulk food items should be closed.</p> <p>A large box of lids for cups, and a box of bagged coke syrup was observed on the floor in the dry food storage room. The Dietary Director indicated boxes should not be stored on the floor.</p> <p>The nourishment room was observed on 6/20/16 at 10:30 a.m., with the dietary director. A biscuit in a take-out container from a retail vendor was observed without a label or a date, and a covered resident's dinner plate was observed without a label or date in the refrigerator. During an interview with the Dietary Director he indicated foods stored in the refrigerator should be labeled and dated.</p> <p>A current policy titled " FOOD AND SUPPLY STORAGE PROCEDURES", received from the Dietary Director on 6/20/16 at 2:10 p.m., indicated,</p> | | <p>4.As a means of ongoing compliance, the food service supervisors have included monitoring proper storage, and label and dating of food to their daily 'safety pulse audits'. Any concerns will be corrected immediately. Findings of the daily audits will be submitted and reviewed in the quarterly QA/QAPI meetings on an ongoing basis.</p> <p>1.The biscuit, the take out container, and resident's dinner plate were immediately removed from the pantry refrigerator.</p> <p>2.There were no residents were adversely affected.</p> <p>3.To enhance current compliant operations the unit pantry storage policy has been posted in each unit pantry. Under the direction of the Director of nursing, the nursing staff is being re-educated on the policy for unit pantry storage with signature required. In-servicing was initiated on 6/29/16 and will be completed by 7/15/16.</p> <p>4.As a means of ongoing compliance, an audit of the nurse's station unit pantries will be done at least twice weekly by a nurse supervisor. Any concerns for food without dates or out of date by facility standards will be addressed immediately. Findings of the twice weekly audits will be reviewed in QA/QAPI at the quarterly meetings on an ongoing basis.</p> | |

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| F 0431 SS=D Bldg. 00 | <p>"POLICIES: All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption...DRY STORAGE: ...store dry and staple items at least 6 inches above the floor...REFRIGERATION STORAGE:... Discard food past the use-by-date or expiration date...Label and date containers...FROZEN STORAGE:... Wrap food tightly to prevent cross contamination...."</p> <p>A current policy titled "FOOD STORAGE CHART", received from the dietary director on 6/20/16 at 2:10 p.m., indicated, "...unused portions of prepared cream, and opened canned fruit and vegetables should be discarded after 3 days...."</p> <p>3.1-21(i)(3)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt</p> | | | |

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| | <p>and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to follow disposal procedures of medications for 2 of 10 residents reviewed for medication administration (Resident #21 and #59).</p> <p>Finding includes: During an observation of medication</p> | F 0431 | <p>1. It is the policy of the facility to dispose of all medication in the medication disposal bottle. Resident #21 and Resident #59 were not affected adversely. Furthermore, RN #4 indicated she got nervous with the surveyor observing the medication pass and realized that she did not dispose of the medications appropriately and immediately</p> | 07/15/2016 |

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| | <p>administration on 6/22/16 at 1:39 p.m., RN #4 prepared Tylenol 500 milligrams (MG) and Sinemet (used to treat Parkinson's symptoms) 25 mg. Resident #21 was receiving therapy so the nurse wrote the resident's name on the medication cup and placed it in the medication cart. The nurse removed the medications from the cart and disposed of the in the trash container attached to the medication cart.</p> <p>During an observation on 6/22/16 at 1:39 p.m., RN#4 entered Resident #59's room for a medication administration. Resident #59 refused the medication. The medication to be administered at that time was Tylenol 650 mg. RN #4 disposed of the Tylenol in a trash can located on the right side of the medication cart.</p> <p>During an interview on 6/22/2016 at 1:43 p.m., with the Unit Manager present, Licensed Practical Nurse (LPN) #5 indicated medications should be destroyed with two people no matter what type of medication and the medication disposal bottle should be used.</p> <p>During an interview on 6/22/16 at 1:48 p.m., RN#4 indicated she did not need to have a second person to dispose of non-narcotic medications. RN #4 indicated that the medications for</p> | | <p>retrieved the medication and disposed of it in the medication disposal bottle as per policy.</p> <p>2.Surveyors observed other nursing staff and medication administrations and there were no other concerns. No residents were adversely affected.</p> <p>3.To enhance current compliant operations at the direction of the director of nursing, nursing staff are being re-educated on the disposal of medication policy with signature required. In-servicing was initiated on 6/29/16 and will be completed by 7/15/16.</p> <p>4.As a means of ongoing compliance, Nurse supervisor's will conduct medication administration observations twice weekly for the next 3 months. Any deficiencies will be addressed immediately. If 100% compliance is met in the 3 months then medication observations will be conducted monthly thereafter. Reports of the medication administration observations will be reviewed in QA/QAPI on a quarterly basis ongoing.</p> | |

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| R 0000 Bldg. 00 | <p>Resident #21 and Resident #59 should have been disposed in a medication disposal bottle and not disposed in the trash.</p> <p>During an interview on 6/22/2016 at 2:06 p.m., the Director of Nursing (DON) indicated the facility's acceptable practice of medication disposal was to dispose of medications in the medication disposal bottle (bottle containing liquid to destroy medications).</p> <p>On 6/22/16 at 2:54 p.m., the DON provided the current policy titled, "Disposal Of Medications And Medication-Related Supplies." The policy indicated, "...A. Tablets, capsules and liquids are washed down the toilet or hoper sink or disposed in another acceptable manner... C. Medication destruction occurs only in the presence of two individuals, including, two licensed nurses or one licensed nurse and pharmacist...."</p> <p>3.1-25(s)(6)</p> <p>This visit was for a State Residential Licensure Survey.</p> | R 0000 | This plan of correction constitutes the written compliance for the deficiencies cited. However, | |

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| R 0273 Bldg. 00 | <p>Residential Census: 141</p> <p>Sample: 7</p> <p>This State finding is cited in accordance with 410 IAC- 16.2-5.</p> <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, interview, and record review the facility failed to ensure foods were stored under sanitary conditions, included labels with dates, and was disposed of when outdated for 1 of 1 kitchen observations. This deficient practice had the potential to effect 63 out of 63 residents that ate from the kitchen.</p> <p>Finding includes:</p> <p>The kitchen was observed on 6/20/2016 at 10:07 a.m. with the Dietary Director. A container of lemon cream dated as opened on 6/15/16 with a removal date of 6/18/16 was observed in the refrigerator. Diced pears in a container dated as opened 6/16/16 with a removal date of 6/19/16 was observed in the refrigerator. Prunes in a container dated as opened 6/16/16 with a removal date of 6/19/16</p> | | | R 0273 | <p>submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by the state and federal laws.</p> <p>1.It is the policy of the facility that food items are labeled and properly dated and food items that are out of date by facility standards are immediately disposed of. All items that were found out of date were immediately removed and disposed of. Items that were visualized on the floor were immediately placed on shelves. Any open boxed containing foods were properly sealed.</p> <p>2.All items were immediately removed and therefore no residents were adversely affected.</p> <p>3.To enhance current compliant operations and under the direction of the Director of Dining Services the policy regarding food and supply storage procedures is being reviewed with all food service staff with signature required. Re-education of dining staff has been initiated and will be completed by 7/9/16.</p> | | 07/11/2016 |

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| | <p>was observed in the refrigerator. The Dietary Director indicated staff should be looking for expired items daily and removing them from storage.</p> <p>Two boxes of tilapia, and a box of breaded fish were observed in the freezer with the box flaps wide open, and interior plastic bag opened. Inside the box was individual loose servings of fish. The Dietary director indicated the interior bags and box flaps of bulk food items should be closed.</p> <p>A large box of lids for cups, and a box of coke syrup was observed on the floor in the dry food storage room. The Dietary Director indicated boxes should not be stored on the floor.</p> <p>The nourishment room was observed on 6/20/16 at 10:35 a.m., with the dietary director. An unlabeled and undated slice of pizza in a retail vendor's container, an unlabeled and undated opened bottle of Gatorade, and an unlabeled and undated container of berries from a retail vendor was observed in the refrigerator. During an interview with the Dietary Director he indicated foods stored in the refrigerator should be labeled and dated.</p> <p>A current policy titled " FOOD AND SUPPLY STORAGE PROCEDURES,"</p> | | <p>4.As a means of ongoing compliance, the food service supervisors have included monitoring proper storage, and label and dating of food to their daily 'safety pulse audits'. Any concerns will be corrected immediately. Findings of the daily audits will be submitted and reviewed in the quarterly QA/QAPI meetings on an ongoing basis.</p> | |

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| | received from the Dietary Director on 6/20/16 at 2:10 p.m., indicated, "POLICIES: All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption...REFRIGERATION STORAGE:...Label and date containers..." | | | | |