

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/24/2015
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 VALPARAISO ST VALPARAISO, IN 46383
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 23 and 24, 2015</p> <p>Facility number: 010757 Provider number: 010757 AIM number: NA</p> <p>Residential Census: 69</p> <p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 26143, on September 28,2015.</p>	R 0000		
R 0092  Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to</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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R 0144 Bldg. 00	<p>familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on record review and interview the facility failed to invite the local fire department to a fire drill at least every 6 months.</p> <p>Finding includes:</p> <p>The fire drill records were reviewed on 9/23/15 at 1:45 p.m. There was lack of documentation to indicate the local fire department attended or was invited to a fire drill after 12/5/14.</p> <p>Interview with the Maintenance Technician on 9/24/15 at 2:00 p.m., indicated the last time he had invited the fire department to participate in a fire drill was 12/5/14.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in</p>	R 0092	<p>* The fire department has been contacted to schedule a fire and disaster drill that will include the local fire department. They will be invited to participate on a semi-annual basis. * Monitoring for compliance will be accomplished via Brookdale corporate electronic maintenance reporting process (TELS) and calendar reminders for Maintenance and Executive Director. * Monthly fire drills will be conducted rotating all shifts. * The Executive Director/Designee has completed fire drills on all shifts according to policy.</p>	10/24/2015			

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	<p>a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to maintain a state of cleanliness and good repair related to gouged and chipped walls and corners in 1 of 3 resident rooms observed. (Resident #5)</p> <p>Finding includes:</p> <p>Resident #5's room was observed on 9/24/15 at 10:20 a.m. Chunks of plaster were missing from one bedroom wall corner and one bathroom wall corner. There were also gouges and mars to several other bedroom walls.</p> <p>An environmental tour was conducted with the Maintenance Technician on 9/24/15 at 2:00 p.m. In Resident #5's room, the missing plaster, gouges and mars remained and were observed by the Maintenance Technician.</p> <p>Interview with the Maintenance Technician at the time of the observation, indicated facility staff cleans residents' rooms at least weekly and should have noticed the problems with the walls and reported it on the Maintenance Log to be fixed.</p>	R 0144	<p>* Executive Director/Designee will make monthly inspections of all apartments to maintain standards of cleanliness and good repair. * Resident #5's room has been repaired to eliminate gouges and mars on walls. * Staff will be inserviced on the importance of reporting maintenance issues that need addressed to ensure repairs are made in a timely manner. This will occur at daily stand up meetings and monthly staff meetings. * Electronic maintenance log to be implemented and will be monitored for completion/compliance by the Executive Director/Designee, on a weekly basis.</p>	10/24/2015

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R 0214  Bldg. 00	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to update a service plan semi annually and with a change in condition for 2 of 7 residents reviewed for service plans in a total sample of 7. (Resident #7 and #8)</p> <p>Findings include:</p> <p>1. Resident #7's closed record was reviewed on 9/24/15 at 8:55 a.m. The resident's diagnoses included, but were not limited to, hypertension and depression.</p> <p>The resident was readmitted to the facility on 8/4/15 following a hospitalization. The resident had experienced a change in condition and was receiving hospice services.</p> <p>A service plan, dated 12/18/14, had a hand written note on it that indicated, "...went to hosp (hospital) for fall 7/31/15- returned 8/4/15 on hospice, remains unresponsive."</p>	R 0214	<p>* All residents will be evaluated semi-annually, or upon change in condition, to ensure meeting the needs of all residents through an accurate Service Plan. Health and Wellness Directors, or their Designee, will review monthly for completion. * Executive Director/Designee will audit resident service plans to ensure compliance on a monthly basis. * A review of all resident charts will be completed to audit that Service Plans are accurate and have been reviewed over the last six months.</p>	10/24/2015			

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	<p>There was lack of documentation in the resident's record to indicate the service plan had been updated following the resident's change in condition.</p> <p>Interview with the Memory Care Health &amp; Wellness Director on 9/24/15 at 11:10 a.m. indicated a service plan had been completed in June but had not been updated following the resident's return to the facility to reflect the resident's change in condition.</p> <p>2. Resident #8's closed record was reviewed on 9/24/15 at 9:15 a.m. Diagnoses included, but were not limited to, chronic kidney disease, diabetes mellitus, weight loss, cardiac bypass, macular degeneration, and legally blind.</p> <p>Review of the resident's service plans indicated the last completed and signed service plan was dated 12/8/14.</p> <p>Interview with the Assisted Living HWD (Health and Wellness Director) on 9/24/15 at 10:00 a.m., indicated all records for Resident #8 should have been in his closed file, including a more recent service plan.</p> <p>Interview with the Memory Care HWD on 9/24/15 at 11:00 a.m., indicated</p>			

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R 0216 Bldg. 00	<p>Resident #8 should have had a more recent service plan printed and in the chart. She further indicated the resident was no longer in the computer system after discharge and there was no documentation to indicate a more recent service plan had been completed.</p> <p>A policy titled "Service Plan Policy" was provided by the Memory Care HWD on 9/24/15 and deemed as current. The policy indicated, " .... 2) The Health and Wellness Director (HWD), Assisted Living Director, or designee will generate a service plan for each resident, using the evaluation and service plan software system. The service plan should be reviewed and revised as necessary by the community care team under the direction of the Executive Director (ED), or designee, or nurse: a. Periodically thereafter. b. Following a change in the condition of the resident that results in altered care needs over a period of greater than two weeks ...."</p> <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of</p>			

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	<p>the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on record review and interview, the facility failed to ensure a medication self-administration evaluation was completed quarterly as per the facility policy for 1 of 7 residents reviewed for self-administration of medications in a total sample of 7. (Resident #2)</p> <p>Finding includes:</p> <p>The record for Resident #2 was reviewed on 9/23/15 at 1:55 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, diabetes mellitus, congestive heart failure, hypertension and arthritis.</p> <p>Review of the resident's Service Plan dated 6/18/15, indicated the resident self-managed their own medications. This included self-administering, ordering, coordinating and safe storage. The Service Plan indicated to conduct an assessment of the resident's ability to</p>	R 0216	<p>* Review was completed of all residents that curently self-administer medications on ability to manage independently. All residents who self-administer medications will be re-evaluated semi-annually, or upon any change of condition. * Self-administration of medications will be audited on a monthly basis by the Health and Wellness Director/Designee.</p>	10/24/2015			

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	<p>self-manage their medications.</p> <p>Review of the September 2015 POS (Physician Order Summary), indicated the resident had an order to take medications independently</p> <p>Review of a Self-Administration of Medications Review form completed on 5/6/15, indicated the resident had a Physician Order to self-administer medications. The Review indicated the approval to self-administer medications had been granted. The Review further indicated a re-evaluation should be conducted quarterly and following a change of condition.</p> <p>There was no indication in the resident's record that a re-evaluation of self-administering medications had been completed since 5/6/15.</p> <p>Interview with the Memory Care Health &amp; Wellness Director on 9/23/15 at 3:25 p.m., indicated a re-evaluation of self-administering medications had not been completed for the resident since 5/6/15.</p> <p>Interview with the Assisted Living Health &amp; Wellness Director on 9/24/15 at 10:00 a.m., indicated according to the facility's policy a re-evaluation of</p>						

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	<p>self-administration of medications should be completed on the residents quarterly or with a significant change of condition. She further indicated the resident had not had a re-evaluation completed since 5/6/15 and the resident should of had one completed since then.</p> <p>A "Medications &amp; Treatment - Self-Administration of Medication Policy", received as current from the Assisted Living Health &amp; Wellness Director on 9/24/15 at 9:30 a.m., indicated "...Policy Detail 1. If the resident desires to self-administer medications, an evaluation should be conducted by the Nurse, of the resident's cognitive, physical, and visual ability to carry this out. This evaluation will be completed using the Self-Administration of Medications Review form initially, quarterly, or as per state regulation and with change in resident condition...."</p>			