

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 08/16/2016
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NAME OF PROVIDER OR SUPPLIER SENIOR SUITES AT THE LELAND, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>This visit included the Investigation of Complaint IN00202246 and IN00204545.</p> <p>Complaint IN00202246 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00204545 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 15 and 16, 2016</p> <p>Facility number: 012497 Provider number: 012497 AIM number: N/A</p> <p>Census bed type: SNF/NF: 95 Total: 95</p> <p>Census payor type: Medicaid: 74 Other: 21 Total: 95</p> <p>Sample: 7</p>	R 0000		

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 0154 Bldg. 00	<p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 30576 on August 19, 2016</p> <p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the walk in freezer was maintained, dietary staff properly cleaned the thermometer used to test food temperatures, and the sanitizer used to clean the food prep surfaces was documented as tested for 13 of 47 days for 2 of 2 observations. This had the potential to affect all 95 residents in the facility.</p> <p>Findings include:</p> <p>The initial dietary tour was done with the Dietary Manager on 8/15/16 at 10:30 a.m. The walk in freezer was observed to have an area on the left side of the cooling unit that had leaked water and was frozen in an area approximately 4</p>	R 0154	<p>R 154 410 IAC16.2-5.1.5(k) 1. <u>What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</u> 2. <u>How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</u> 3. <u>What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?</u> 4. <u>How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u> In-service and re-education of proper cleaning and sanitizing of thermometers used to check food temps was conducted. Dietary Manager will observe dietary staff cleaning food temp thermometers 4 x week for 4 weeks, then 3 x week for 3 weeks, then 2 x week for 2</p>	09/02/2016

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	<p>inches by 5 inches with an icicle that had dripped down onto a box of frozen bread. The Dietary Manager indicated there had been a leak. The 2 fan covers on the cooling unit were covered with rust and the Dietary Manager indicated the rust had been on the fan covers for awhile but she wasn't sure how long.</p> <p>During an observation, on 8/15/16 at 11:17 a.m., Cook #1 was observed as she obtained food temperatures. She placed the thermometer in the lima beans, obtained the temperature, wiped the thermometer with her apron, then placed the thermometer in the rice. When she removed the thermometer from the rice, she wiped it off with a gloved hand and placed it in the corn.</p> <p>On 8/15/16 at 11:24 a.m., Cook #2 indicated they use alcohol wipes to clean off the thermometer between foods.</p> <p>On 8/16/16 at 3:15 p.m., Cook #1 indicated she usually uses alcohol wipes to clean the thermometer and doesn't remember wiping the thermometer on her apron or glove.</p> <p>On 8/16/16 at 2:50 p.m., the Dietary Manager indicated they use the water/sanitizer mix to sanitize the food prep surfaces just as it comes out of the</p>		<p>weeks and then 1 week for 1 week to ensure proper practices our continued. · Dietary Manager re-educated all dietary staff on proper daily testing of the sanitation of food prep area. To ensure daily testing is completed on 3-tier sink, Dietary Manager will observe the staff completing daily testing on PPM's of the 3 tier sink 4 X a week for 4 weeks, then 3 X a week for 3 weeks, then 2 X a week for 2 weeks, then 1 X week for 1 week. · Two fan covers for the cooling unit in the walk in freezer have been ordered to replace the rusted fan covers. Roof will be assessed and will have estimate of areas that have caused the leak. Areas of concern on the roof will be fixed after problem area is evaluated and estimate is completed.</p>				

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	<p>hose; they hold their dish cloth under the water and they don't put it in buckets. She said the hose is hooked up to both the sanitizer and water above the 3 compartment sink and they test the sanitizing solution once in the morning, when they come in. She said they use test strips to check the PPM's (parts per million), and she couldn't find the test strips at this time.</p> <p>On 8/16/16 at 3:43 p.m., the Dietary Manager provided a "Pot and Pan Test Strip Log" for July and August 2016. The log for July was missing 8 days where the PPM's were not documented that the sanitizer had been checked. The dates missing were July 9, 10, 12, 15, 16, 22, 23 and 25.</p> <p>The log for August was missing 5 days between 8/1 and 8/16 where the PPM's were not documented that the sanitizer had been checked. The dates missing were August 7, 9, 10, 14 and 16.</p> <p>On 8/16/16 at 3:40 p.m., the Dietary Manager indicated Cook #3 is responsible to take and document the sanitizer test on the days she is off and that the missing days were the days she was off.</p> <p>A policy for "Temp Tracking Policy for</p>			

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R 0409 Bldg. 00	<p>the Kitchen" was provided by the Dietary Manager on 8/16/16 at 4:00 p.m. The policy indicated: "Procedure...PPM's should be taken at least once a day for the three-tier sink...."</p> <p>410 IAC 16.2-5-12(d) Infection Control - Noncompliance (d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.</p> <p>Based on record review and interview, the facility failed to ensure 2 of 7 residents had a health statement. (Resident #A and Resident #C)</p> <p>Findings include:</p> <p>1. Resident #A's record was reviewed on 8/16/16 at 9:25 a.m. The record indicated Resident #A had been admitted almost 2 years ago and had current diagnoses that included, but were not</p>	R 0409	<p>R 154 410 IAC16.2-5.12(d)</p> <p>-</p> <p>1. <u>What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</u></p> <p>2. <u>How will the facility identify other residents having the potential to be affected by the same</u></p>	09/01/2016

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	<p>limited to, migraine, pain, edema, gastro-esophageal reflux disorder, and chest pain.</p> <p>The record indicated there was no annual health statement for Resident #A.</p> <p>During an interview, on 8/16/16 at 4:02 p.m., the Administrator indicated the physician didn't provide a health statement; the physician said it was the tuberculosis screening and said the facility provides that. The Administrator provided follow up exams dated 4/26/16 and 7/22/16 and neither had the health statement on them.</p> <p>2. Resident #C's record was reviewed on 8/16/16 at 10:30 a.m. The record indicated Resident #C had been admitted at the beginning of this year. Resident #C's diagnoses included, but were not limited to, pain, insomnia, anemia, diabetes, edema, anxiety, and depression.</p> <p>The record indicated there was not annual health statement for Resident #C.</p> <p>During an interview, on 8/16/16, at 4:01 p.m., the Administrator indicated the physician faxed over a statement the resident was free of infectious disease at 3:23 p.m. today, and provided the statement.</p>		<p><u>alleged deficient practice and what corrective action will be taken?</u></p> <p>3. <u>What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?</u></p> <p>4. <u>How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u></p> <p>• <input type="checkbox"/> A Health Statement has been added to the Physician-Order-Sheets for all residents stating that the resident is free of infectious diseases.</p> <p>• <input type="checkbox"/> A yearly History and Physical form has been added to each resident's medical record and will be sent yearly to all physicians for them to complete on each resident. This will include history of significant past or present illness, infectious diseases, and a statement verifying that the resident shows</p>	

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			noevidence of tuberculosis in an infectious stage. • <input type="checkbox"/> Alog was created to monitor the receipt of the yearly History and Physical form.		