

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155661	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/13/2013
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NAME OF PROVIDER OR SUPPLIER  OWEN VALLEY HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 9, 10, 11, 12, &amp; 13/ 2013</p> <p>Facility number: 010892 Provider number: 155661 AIM number: 200229560</p> <p>Survey team: Cheryl Mabry, RN-TC Diana McDonald, RN (September 11, 12, &amp; 13/ 2013) Susan Worsham, RN Melissa Gillis, RN</p> <p>Census bed type: SNF: 17 SNF/NF: 80 Total: 97</p> <p>Census payor type: Medicare: 17 Medicaid: 67 Other: 13 Total: 97</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on</p>	F000000		
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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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	September 24, 2013, by Brenda Meredith, R.N.			

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F000362 SS=E	<p>483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL The facility must employ sufficient support personnel competent to carry out the functions of the dietary service. Based on observation, interview and record review, the facility failed to employ sufficient support personnel competent to carry out the functions of the dietary service for 5 of 5 residents observed for sufficient dietary support. (Resident #12, #19, #73, #29, &amp; #97).</p> <p>Findings include</p> <p>Observation on 9/9/13, indicated trays were served in the main dining area, at 12:40 p.m. Review of the meal time documentation sheet, received on 9./9/13 at 9:02 a.m., from the Administrator indicated lunch was at 12:15 p.m.</p> <p>At 12:50 p.m., kitchen employee # 5 was observed washing dishes and Employee # 2 was observed standing around. When asked if substitute trays had been prepared both employees indicated that they were not aware of substitutes being needed. Employee #2 also indicated that the DM (dietary manager) is responsible for preparing substitute trays. Interview with the DM indicated</p>	F000362	<p>F 362Resident # 12,19,73,29,and 97 suffered no ill effects from the alleged allegations.Completion Date 10-11-13 All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the campus will ensure it employs sufficient support personnel competent to carry out the functions of the dietary serviceCompletion Date 10-11-13 An in service was provided to dietary and nursing concerning ordering of cafe alternates. Dietary staff was in serviced on implementing the one table ahead system. Systemic change is implementation of a cafe alternate production sheet and implementation of one table ahead serving system.Completion Date 10-11-13 DFS/designee will interview three random residents daily to ensure meal served timely and as ordered 5x week x one month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 10-11-13</p>	10/11/2013	

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	<p>that no one told her that substitute trays were needed.</p> <p>The restorative dining area had received 3 trays by 12:55 p.m. Resident #12, #19, #73, #29 and #97 had requested substitute trays. The substitute trays were not served until 1:00 p.m., at which time Resident #12 had eaten the tray that [gender] didn't desire and had left the dining area and went back to [gender] room.</p> <p>On 9/9/13 at 12:45 p.m., interview with Resident #12, #19, #73, #29, and #97 indicated that they did like menu selection. Resident #73 had requested an item from the menu only to be told by Employee #1 that the selection was not available.</p> <p>During an interview on 9/9/13 at 12:12:47 p.m., Employee #1 was questioned about the menu selection. She indicated " this is the current menu, but we are out of roast beef manhattan, and turkey manhattan." When asked how do you notify kitchen staff of substitute trays being needed, she indicated "I blurt it out in the kitchen." When asked how do you know that the staff heard you? Employee #1 indicated "they acknowledge." When asked if they acknowledged her this time, she</p>				

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	<p>indicated "yes."</p> <p>Review of documentation received, on 9/9/13 at 9:02 a.m., from the Administrator indicated meal times Legacy hall, breakfast 7 a.m., lunch 12:15 p.m., dinner 5:00 p.m., and Healthcare meal times, breakfast 7:15 a.m., lunch 12:15 p.m., dinner 5:15 p.m.</p> <p>3.1-20(h)</p>			

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F000364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on observation, interview and record review, the facility failed to ensure food was palatable, attractive and at the proper temperature for 7 of 9 residents interviewed. (Resident # 16, #12, #73, #29, #27, #19, #146 ) Finding includes: 1. Review of clinical records on 9/13/2013 at 10:30 a.m., of " Resident Council Meeting Minutes " dated on 5/24/2013 indicated ... " New Business ...Sometime veg a cold ... Resident Council Follow-up Date: 5/27/2013...Dietary...The following are of concern was brought to the attention of the Residents Council on ...vegies softer ... Response: Talk to cooks about veg ... " Interview with Resident # 16 on 9/12/2013 at 11:20 a.m., indicated "I have never liked the food here. The food is never warm enough and you don't know what you are eating. I have asked for substitutes before and it is better than the main meal at times."</p>	F000364	F 364Resident # 146, 16, 12, 73, 29, 27, 19, and 146 suffered no ill effects from the alleged allegations.Completion Date 10-11-13 All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the campus will ensure food: is prepared by methods that conserve nutritive value, flavor, and appearance; and that food is palatable, attractive and at the proper temperatureCompletion Date 10-11-13 An inservice was provided to dietary staff concerning production of menu items in the new menu cycle to insure that the food was nutritious, flavorful, palatable, attractive, recognizable, and at the proper temperature. DFS and RD modified several menus to bring back resident favorites and to rename other entrees for clearer understanding by the residents.Completion Date 10-11-13 DFS/designee will interview three random residents daily to ensure that food is flavorful, palatable, attractive and recognizable 5x week x one month then 3x a week x one month then weekly with results	10/11/2013	

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	<p>The most recent Minumum Data Set (MDS) assessment, dated 6/12/2013, indicated Resident # 16 Brief Interview Mental Status (BIMS) was 15, cognitively intact.</p> <p>Observation of main dining room on 9/9/2013 at 12:00 p.m., indicated when residents received their food, they did not know what the food was. The dish was chicken divan and the food did not look appetizing in that it was runny and chunky. Resident #12, #19, #73, #29, and #27 asked for substitutes because of the way the food looked.</p> <p>2. On 9/9/13 at 12:15 p.m., observation of lunchtime meal being served in the Memory care unit (A hall) the appearance of the main course, which was described as a chicken casserole, had the appearance of a pile of mush, with heavy butter noted to be laying on top of serving pan after tin foil lid was removed. Responses from residents indicated that some were not happy with the meal, and substitutions were given.</p> <p>On 9/11/13 at 12:30 p.m., 2 test trays were requested, one regular meal</p>		forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/commentsCompletion Date 10-11-13		

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	<p>and the other one the substitution. The noodles on both plates were found to be cold, stiff, and lacked any type of seasoning. The vegetables on both trays were found to lack any type of seasoning.</p> <p>Resident #146 indicated that the food requests related to her request for hot eggs, were not always honored. She indicated that she does not get what she has asked for, and the items on the menu were not available.</p> <p>Interview with CNA#1 on 9/12/13 at 8:30 a.m., indicated Resident #146 was the only one on a hall of 11 residents. CNA #1 indicated it was hard to pass breakfast trays and to keep up with the needs of the residents who are in need of assistance, sometimes on a moments notice. CNA #1 indicated that a resident on D hall has special dietary needs and the residents husband has been bringing in the Silk milk that the resident needs.</p> <p>Interview with DM (Dietary Manager) on 9/12/13 at 9:40 a.m., indicated sometimes they do not have the back up food that is offered on the menu. Regarding specialized milk, the DM indicated that they go to the local grocery store and purchase the</p>				

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	specialized milk.  3.1-21(a)(2) 3.1-21(a)(4)			

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F000371 SS=F	<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 Based on observation and record review, the facility failed to ensure the staff wore hair protectors and clean clothing, washed hands, and did not use nail polish while preparing and serving foods. This had the potential to effect all 97 of 97 residents residing in the facility.</p> <p>Finding includes:</p> <p>1. Upon initial kitchen tour on 9/9/13 at 7:50 a.m., observation of both handwashing sinks indicated dirty dark areas that were easily wiped away with a cloth. Observation indicated Cook #1 had nail polish on all fingers. Observation indicated Cook #3 had a full beard, but did not place a protector over their face until after initial tour was begun. Observation of food being served in the main dining room on 9/10/13, 9/11/13, 9/12/13, and 9/13/13, indicated cook #3 did not have on a beard protector at any time while serving the food from the steam table.</p>	F000371	<p>F 371All residents suffered no ill effects from the alleged allegations.Completion Date 10-11-13 All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the campus will ensure it stores, prepares, distributes and serves food under sanitary conditionsCompletion Date 10-11-13 An inservice was provided to dietary staff concerning proper uniform and personal hygiene. Inventory of chef coats has been updated. Storage rack has been relocated out of preparation area. Meal managers &amp; other servers where inserviced regarding proper sanitation while serving food in the DR. Dietary will provide tongs for securing all items on DR salad bar per policy. All staff serving salads will utilize tongs when securing items from salad bar. Nursing staff was inserviced regarding changes in hallway assignments during meal service to accommodate resident requests timely.Completion Date 10-11-13 DFS/designee will review each employee 1X week</p>	10/11/2013			

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	<p>2. During the tour, observation of chef jackets indicated they were on a rack in the kitchen across from where food was being prepared. Observation of jackets indicated that approximately 15 of 20 jackets had stains and areas of black smears. Observation of an arriving kitchen assistant indicated the kitchen assistant pulled out and put back 7 jackets prior to picking one. Observation of the one the kitchen assistant put on, indicated it also had black stained areas.</p> <p>3. Observation of dining room staff, on 9/13/13 at 12:15 p.m., indicated no gloves were worn when making each salad, nor when salads were being served.</p> <p>4. Observation on 9/9/2013 at 12:00 p.m., in main dining room, indicated Social Service Director served drinks and food plates for 26 residents and used only an alcohol based gel. The Social Service Director did not wash her hands during the serving of drinks and food for residents in the main dining room.</p> <p>5. Record review on 9/9/2013 at 8:05 a.m., of policy, "Handwashing," no</p>		<p>for uniform &amp; personal hygiene compliance. DFS/ESD will inspect chef coat inventory monthly &amp; replace as necessary. DHS/designee will monitor hallways daily to ensure meal service and resident requests are met timely. DHS/designee will interview 3 random residents 3X week for one month then weekly with results forwarded to QA committee monthly X 6 months for review and further suggestions/comments. ED/designee will monitor servers in DR for adherence to proper sanitation standards during 5 meals per week for 1 month then 3 meals per week for 5 months. Nursing manager will monitor one meal during each weekend. Completion Date 10-11-13</p>		

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	<p>date, indicated..."Handwashing is the single most important factor in preventing transmission of infections. Inadequate handwashing has been responsible for many outbreaks of infectious disease in LTCF [Long Term Care Facilities]...Policy All health care workers shall wash their hands frequently and appropriately... Health Care Workers shall wash hands:...</p> <p>2. Before/after preparing/serving meals, drinks, tube feedings, etc... Note:...</p> <p>2. Waterless hand cleaning products such as alcohol based gels, foams, rinses provide an acceptable alternative to handwashing in certain instances...Wash hands with soap and water after 4-5 uses of the waterless products."</p> <p>3.1-21(i)(2)</p>			

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt 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 ensure one of two Emergency Drug Kits (EDK) located in Medication</p>	F000431	F 431No residents suffered ill effects from the alleged allegations.Completion Date 10-11-13 All residents have the potential to be affected by the	10/11/2013			

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	<p>Room A was maintained in a secure manner.</p> <p>Findings include: On 9/12/13 at 9:51 a.m., accompanied by the Campus Support Nurse, one of two Emergency Drug Kits located in medication Room A was observed unlocked on top of the counter.</p> <p>Interview with QMA #1, on 9/12/13 at 9:55 a.m., indicated, "I don't know when the EDK was opened, the EDK was opened when I got the medication from the box."</p> <p>Interview with the Campus Support Nurse on 9/13/13 at 10:00 a.m., indicated the contents of the opened EDK was missing one medication which the QMA#1 removed on 9/12/13.</p> <p>Record review of documents received from Campus Support Nurse on 9/13/13 at 11:00 a.m., of policy and procedure for EDK storage," IC5: EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS," indicated ... FOR EMERGENCY MEDICATIONS The emergency supply is maintained at a designated area (either in sealed boxes or entry controlled electronic cabinets)."</p>		<p>deficient practice and through alterations in processes and in servicing the campus will ensure all EDK's will be maintained in a secure mannerCompletion Date 10-11-13 The EDK was sealed at the time it was found and the pharmacy was immediately notified for replacement. A reconciliation was completed at that time. Only one medication was noted as missing. This was the medication that a QMA had removed that A.M.Completion Date 10-11-13 DHS/designee will conduct audits 3X weekly x 2 months, weekly for 1 month, and monthly for 3 months for a total of 6 months of audits. Will monitor through QA committeeCompletion Date 10-11-13</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
F000441 SS=E	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  Based on record review and</p>	F000441	F 441Residents in DR suffered no ill effects from the alleged	10/11/2013			

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	<p>observation, the facility failed to ensure that proper handwashing techniques were used by the nursing staff while serving food in the dining room, in that handwashing was not observed by the Social Service Director. This deficient practice had the potential to affect 26 out of 32 residents being served in the main dining room.</p> <p>Findings include: On 9/9/2013 at 0805 a.m., review of the policy, "Handwashing," no date, indicated..."Handwashing is the single most important factor in preventing transmission of infections. Inadequate handwashing has been responsible for many outbreaks of infectious disease in LTCF[Log term Care Facilities]...Policy All health care workers shall wash their hands frequently and appropriately.... Health Care Workers shall wash hands:.....</p> <p>2. Before/after preparing/serving meals, drinks, tube feedings, etc...</p> <p>Note:.....</p> <p>2. Waterless hand cleaning products such as alcohol based gels, foams, rinses provide an acceptable</p>		<p>allegations Completion Date 10-11-13 Dining room residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the dining room service employees campus will ensure all servers wash their hands after each direct resident contact for which had washing is indicated by accepted professional standards. Completion Date 10-11-13 Meal managers &amp; other servers were inserviced regarding proper handwashing/sanitation while serving food in the DR Completion Date 10-11-13 ED/RD will monitor servers in DR for adherence to proper sanitation standards during 5 meals per week for 1 month then 3 meals per week for 3 months. Completion Date 10-11-13</p>		

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	<p>alternative to handwashing in certain instances...Wash hands with soap and water after 4-5 uses of the waterless products."</p> <p>On 9/9/2013 at 0805 a.m., review of the policy titled, "Standard/Universal Precautions Guidelines," revised 3/01/2012, indicated..."Procedure:</p> <p>1. Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of healthcare. Elements of Standard Precautions are to be followed by personnel at all times while in the role of healthcare giver or other department providing services in the campus....</p> <p>4. Handwashing</p> <p>a. Wash hands often and well, per handwashing guidelines...."</p> <p>Observation on 9/9/2013 at 12:00 p.m., in main dining room, indicated the Social Service Director served drinks and food plates for 26 residents and used only an alcohol based gel. The Social Service Director did not wash her hands</p>				

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	during the serving of drinks and food for residents in the main dining room. 3.1-18(l)			