STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERMILLION PLACE	449 MAIN ST ANDERSON, IN 46016

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R 0000 Bldg. 00	This visit was for the Investigation of Complaint #IN00188679. Complaint #IN00188679 - Substantiated. State deficiencies related to the allegations are cited at R0273 and R0349. Survey Dates: December 16 and 17, 2015 Facility Number: 011970 Provider Number: 011970 AIM number: N/A Census Bed Type: Residential: 39 Total: 39 Census Payor Type: Medicaid: 21 Other: 18 Total: 39 Sample: 4 These state findings are cited in accordance with 410 IAC 16.2-5. QR completed by 11474 on December 22, 2015.	R 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 0273 Bldg. 00	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. Based on observation, record review, and interview, the facility failed to ensure food was stored under sanitary and safe conditions. This deficient practice had the potential to impact 39 of 39 residents who eat meals prepared in the facility kitchen. Findings included: During 12/16/15, 9:30 a.m., kitchen sanitation tour, with the Dietary Manager, the following food storage concerns were observed: a. Three (3) partially used bags of cubed cheese were opened and undated. b. One (1) unlabeled partially used bag of bacon bits was opened and undated. c. One (1) unlabeled zip locked bag containing two (2) hot dogs was undated. d. Two (2) partially used jars of grape jelly with an opened date of 2/12.	R 0273	Refrigerator area was inventoried to be sure all other foodwithin was being stored properly in accordance with the facility's policy onWalk-in Refrigerators and Freezers. Kitchen staff was inserviced as to thispolicy and the proper storage and labeling of food stored in the Walk-in Refrigeratorand Freezer. The kitchen manager or his/her designee will monitor food storage inthe facility to be sure all food is stored properly. An audit of food stored in the facility willbe conducted monthly.	01/08/2016

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	e. One (1) opened gallon carton of buttermilk was undated with a use by date of 12/12/15. f. One (1) plastic container of cooked broccoli was undated. g. Twenty-two (22) two (2) ounce portion unlabeled cups of sour cream were undated. h. One (1) unlabeled opened plastic bag with ham slices was undated. The Dietary Manager indicated opened containers of food could be stored in the refrigerator for up to thirty (30) days. During an interview on 12/16/15 at 10:41 a.m., Cook #4 indicated all opened food items should be labeled and dated. A current policy dated 3/09, "Policy and Procedures for Walk-in Refrigerator and Freezer", was provided by the Dietary Manager on 12/16/15 at 11:52 a.m. The policy indicated the following: "Policy:.. General Storing Guidelines 1. Label all in-house prepared ready-to-eat food including the name and the date by which the food must be served or thrown out. 2. Food prepared in-house may be kept			

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	for a maximum of seven days at 41F or lower; After 7 days it must be thrown out to prevent bacteria from growing to unsafe levels...." This Residential tag relates to Complaint IN00188679.			
R 0349 Bldg. 00	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on record review and interview, the facility failed to ensure resident clinical records were complete and	R 0349	Nurses were inservicedon the process of recording and documenting the administration of medicationsproperly in the MAR.	01/08/2016

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	accurate in regards to medication administration for 3 of 4 residents reviewed for complete and accurate clinical records in a sample of 4. (Resident B, Resident D and Resident E) Findings include: 1. The clinical record for Resident B was reviewed on 12/16/15 at 12:34 p.m. Diagnoses for Resident B included, but were not limited to, congestive heart failure, hypertension, spinal stenosis, osteoarthritis and asthma. Current physician's orders, signed September 25, 2015, for Resident B included, but were not limited to, the following orders: a. Econazole Cream 1% (An antifungal), apply topically to toenail twice daily. This medication was scheduled for morning and evening. The original date of this order was 9/16/15. b. Voltaren Gel 1% (nonsteroidal anti-inflammatory drug), apply topically to affected area three times daily. This medication was scheduled for morning, 12 noon and evening. Diagnosis: Pain. The original date of this order was 6/9/15. c. O2 (oxygen) at 2L (liters) via NC (nasal canula) cont (continuous). This		The DON or his/herdesignee will monitor the MAR on a regular basis to be sure the facilityfollows all rules and regulations relating to the documentation of medicationsand their administration. The director of nursing or his/her designee willreview all admission orders for accuracy and completeness. A chart audit will be completed to documentthis review. The DON will monitor this process on a routine basis.	

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	order was scheduled once per shift. Diagnosis: Asthma. The original date of this order was 4/15/15. d. Ifrex 150 capsule (Iron supplement), take one by mouth daily. The medication was scheduled to be given at 5:00 p.m. The original date of this order was 4/15/15. e. Latanoprost Sol 0.005% (antiglaucoma), instill 1 drop in both eyes at bedtime. The medication was scheduled to be administered at HS (hours of sleep). The original date of this order was 4/15/15. Review of the November and December 2015, Medication Administration Records (MAR) for Resident B lacked any documentation for the following: Econazole Cream morning dose for November 1 through 30 and December 1 through 15, 2015. Econazole Cream evening dose for November 3-4 and 17-18 and December 14-15, 2015. Voltaren Gel morning dose for November 1-15 and 17-30 and December 1 through 15, 2015. Voltaren Gel evening dose for November 3-4 and 17-18 and December 14-15, 2015.			

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	Oxygen at 2L day shift for November 2-3, 5-10, 13, 16, 19, 21-26 and 28-30. Oxygen at 2L evening shift for November 3-4, 13 and 17-18. Oxygen at 2L night shift for November 11-13, 17-18, 20-14, 25-27 and 30. Oxygen at 2L day shift for December 1, 3-15. Oxygen at 2L evening shift for December December 14-15. Oxygen at 2L night shift for December 2-5, 9-11 and 15. Iferex 150 capsule for November 1 and 2. Latanoprost Sol for November 3-4 and 17-18; December 14-15. 2.) The clinical record for Resident D was reviewed on 12/16/15 at 12:45 p.m. Diagnoses for Resident D included, but were not limited to, hypertension, constipation, chronic obstructive pulmonary disease and kidney disease. Current physician's orders, signed 12/17/15, for Resident D included, but were not limited to, the following orders: a. Furosemide (diuretic) tablet 20 mg, take 1 tablet by mouth every other day. This medication was scheduled to be given in the morning. The original date for this order was 11/18/15. b. Metoprolol (antihypertensive) 50 mg,			

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	take 1 tablet by mouth twice daily. The original date for this order was 9/1/15. Review of the November and December 2015, MAR for Resident D lacked any documentation for the following: Furosemide for November 8, 10, 12, 16, 22, 24 and 30. Furosemide for December 10. Metoprolol for December 10 evening dose. Weekly weights for November 16, 23 and 30. 3.) The clinical record for Resident E was reviewed on 12/16/15 at 12:03 p.m. Diagnoses for Resident E included, but were not limited to, positional vertigo, colonic diverticulitis, fibromyalgia, hypothyroidism, tremors and restless leg syndrome. Current physician's orders, signed 7/6/15, for Resident E included, but were not limited to, the following orders: a. Tramadol (analgesic) 50 mg, take by mouth twice daily. This medication was scheduled for 5:00 a.m. and 5:00 p.m. The original date for this order was 9/22/15. b. Nystop Powder (antifungal), apply to the affected area (s) by topical route 2			

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	times per day. c. Pramipexole (antiparkinsonian) 1 mg, take 2 tables (2 mg) by mouth at bedtime. The original date for this order was 5/30/13. d. Modafinil (central nervous system stimulant) 200 mg, take by mouth twice daily at 5:00 a.m. and 12:00 p.m. Diagnoses: Hypertension. The original date for this order was 9/22/15. e. CPAP check that resident has on at night. Review of the November and December 2015, MAR for Resident E lacked any documentation for the following: Tramadol 8:00 a.m. dose for November 30 and bedtime dose for November 2 Tramadol 8:00 a.m. dose on December 15. Nystop a.m. dose for November 1-30; bedtime dose for November 3, 4, 17,18 and 30. Nystop a.m. dose for December 5-15; p.m. dose December 9. Pramipexole December 1. Modafinil 12:00 p.m. dose for November 24 and 30. CPAP evening shift for December 9-10; night shift for December 4, 5, 7, 8, 9, 10,			

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	11, 14, 15 and 16. During an interview on 12/16/15 at 11:08 a.m., RN #2 indicated all medications should be documented on the resident's MAR with the initials of the person giving the medication. During an interview with the Director of Nursing on 12/17/15 at 8:30 a.m., additional information was requested related to the missing medication administration documentation. During an interview with the Director of Nursing on 12/17/15 at 9:16 a.m., the Director of Nursing indicated no further information as available. "The nursing staff are not filling out the MAR as is expected per our policy. There is a place on the back of the MAR to document any reason a medication was not given or refused." A current, undated policy titled "Medication Administration Record" was provided by the Director of Nursing on 12/17/15 at 8:00 a.m. The policy indicated the following: "Medication Administration Record... Medication administration is documented on the resident's MAR at the time the resident takes the medication by the person reminding or monitoring/assisting			

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	with administration of the medication, including an explanation if the medication was not taken. The resident's MAR is initialed by the person reminding or assisting/monitoring with administration of the medication in the space provided under the date and on the line for that specific medication. Initials on the MAR are verified with a full signature in the space provided. If a dose of a regularly scheduled medication is refused by the resident, circle the time in the correct space on the MAR, write Ref, and initial. If more than two (2) doses in a row are refused, report this to the ALF/RF DON and /or family/responsible party...." This Residential tag relates to Complaint IN00188679.			