

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 10/17/2013
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NAME OF PROVIDER OR SUPPLIER PINE KNOLL ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 607 WILSON CREEK RD LAWRENCEBURG, IN 47025
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R000000	<p>This visit was for a State Licensure Survey.</p> <p>Survey dates: October 16 and 17, 2013</p> <p>Facility number: 001142 Provider number: 001142 AIM number: N/A</p> <p>Survey team: Joan Laux, RN,TC Gwen Pumphrey, RN Gloria Reisert, MSW Caitlin Lewis, RN</p> <p>Census bed type: Residential: 18 Total: 18</p> <p>Census Payor type: Medicaid: 9 Other: 9 Total: 18</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on October 21, 2013 by Cheryl Fielden, RN</p>	R000000		
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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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R000121	<p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p>			

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	<p>Based on record review and interview the facility failed to provide second step tuberculosis testing for 2 of 5 employee files reviewed. This deficient practice had the potential to affect 18 of 18 residents and 26 of 26 employees currently in the facility. (Dietary Aide #1 and LPN #1).</p> <p>Findings include:</p> <p>Dietary Aide #1's employee record was reviewed on 10/17/13 at 2:05 p.m. The record indicated a first step tuberculosis test was administered on 5/13/13. The employee file lacked documentation for a 2nd step tuberculosis test being administered.</p> <p>During an employee record review on 10/17/13 at 2:05 p.m. for LPN #1 indicated a first step tuberculosis test was administered on 7/26/13. The employee file lacked documentation for a 2nd step tuberculosis test being administered.</p> <p>During an interview on 10/17/13 at 11:40 a.m., the Administrator indicated "On that 2nd step 1 (Administrator) called LPN (Licensed Practical Nurse) #1 and asked her if we did a 2nd step on her. She (LPN #1) said that once you have a 2nd</p>	R000121	The two employees that did not receive the second step, the dietary aide has been given the first step again and then the second step. This was completed on 10/28/13. LPN that had received only on has contacted her old employer to get a copy of last Mantoux that was given there, which was less than 12 months since our Mantoux was given. We have created a new form for new employees that has first and second step on the same form. This has immediately gone into affect. Nurse on duty that gives the first step will place form on bulliten board in med room. When first step is read 48-72 hours later, nurse will schedule the second step and indicate this on calendar in med room on bulliten board. Once second step is given and read, nurse will turn in form to Administrator to be kept in employees file. A new policy has been written titled "Two Step mantoux for New Employees".	10/28/2013			

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	<p>step you don't need one again." The Administrator indicated that this staff member had worked in home health and had had the test done through the other company, but not at this current facility. When discussing that this was not standard practice, the Administrator indicated "That's what I thought, but I wasn't going to argue with her (LPN) #1. I don't see where we did a 2nd step on Dietary Aide #1, either."</p> <p>During an interview at 1:35 p.m., the Administrator indicated that "our policy is very old. It doesn't require a second step tuberculin skin test unless your over 55 years old. I guess I need to update that. LPN #1's past employer is sending us her 2nd step next week. The chance of us getting the Dietary Aide #1's 2nd step is hopeless." The administrator indicated she would not be able to do anything about that, but that she would do a 2nd step test on the Dietary Aide #1 now.</p> <p>During a review of the policy, "Physical Examinations" on 10/17/13 at 1:40 p.m. for new hires indicated: "A physical examination...shall be required for each employee of the facility at the time of employment. The examination shall include a tuberculin</p>						

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	skin test., using the Mantoux (5TU, PPD)...at time of employment on persons age fifty-five or over, a second test shall be administered at least one week and no more than three weeks after the first test if the measurement is 0-9 mm (millimeter)."						

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R000246	<p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, the facility failed to ensure PRN [as needed] pain medications were administered by a Qualified Medication Aide [QMA] only upon authorization by a licensed nurse or physician. This deficient practice affected 3 of 5 residents reviewed for PRN medication administration in a sample of 7 residents (Residents #4, 3 and 2).</p> <p>Findings include:</p> <p>1. The clinical record for Resident #4 was reviewed on 10/17/13 at 11:00a.m. The record indicated Resident #4 was admitted to the facility on 6/8/2010. The resident had diagnoses, including but limited to, seizures, hypertension (high blood pressure), heart disease, and bronchitis.</p>	R000246	<p>Immediate action was taken on 10/17/13 when we called QMA and discussed how the proper administration of a PRN is by calling first the LPN on call and indicating in chart. Then on Monday 10-21-13 and in-service was held with QMA and both on call nurses to explain the policy on PRN administration. We will monitor how this goes by QMA filling out a form that has been created. Every PRN that QMA gives will be listed on this form with date and nurse called that she talked to. QMA will fill out this form every night she works with every PRN she gives. AM nurse will clarify the PRN's on the form with the med book each morning. If after two months there are no discrepancies then LPN supervisor will clarify once a week for a month. If after that month there are no discrepancies LPN supervisor will clarify the form the first of the month for the next two months. This will then end on the first of April 2014. In</p>	04/01/2014			

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	<p>The MAR [Medication Administration Record] was reviewed for September 2013. Resident #4 had a physician order for Norco 5-325 tablet by mouth every 4 hours as needed for severe pain. The MAR indicated QMA #1 administered Norco 5/325 miligrams (mg) on 9/13/13 at 3:00a.m., 9/17/13 at 5:20a.m., 9/18/13 at 10:10p.m., 9/20/13 at 6:00a.m., 9/23/13 at 3:00a.m., 9/24/13 at 4:30p.m., 9/26/13 at 5:00a.m., and 9/28/13 at 10:15p.m. The clinical record lacked documentation that the QMA received prior authorization before administering the medication.</p> <p>2. The clinical record for Resident #3 was reviewed on 10/17/13 at 1:00 p.m., indicated the resident was admitted to the facility on 4/27/09. Resident #3 had diagnoses which included osteoarthritis, Parkinson's, high cholesterol, dementia, high blood pressure, carotid artery disease, irritable bowel syndrome, facial paralysis and/or weakness, anxiety, and anemia.</p> <p>Review of the September 2013 MAR indicated the resident had an order dated 9/9/10 for Tylenol 325 milligrams. Take 2 tablets (650 mg) by mouth every 4 hours as needed for</p>		<p>the event we do find discrepancies the LPN supervisor will do a one on one inservice with the QMA. This process will go into affect on Monday November 4, 2013</p>				

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	<p>pain or temperature.</p> <p>On 9/17/13 at 11:30 p.m., 9/20/13 at 10:30 p.m., 9/22/13 at 11:15 p.m., 10/1/13 at 11:00 p.m., 10/3/13 at 10:30 p.m., 10/9/13 at 11:00 p.m., and 10/12/13 at 11:40 p.m. QMA #1 administered 2 Tylenol due to complaints of right shoulder pain. The QMA went back to check on the effect of the medication. Documentation was lacking in the nursing notes or the back of the MAR of the QMA obtaining prior approval from the nurse to give the medication and/or the nurse counter-signing the MAR the next day to indicate approval had been given.</p> <p>The lack of documentation includes all of the listed dates.</p> <p>3. Review of the clinical record for Resident #2 on 10/16/13 at 1:55 p.m., indicated the resident was admitted to the facility on 3/1/11. Diagnoses included, but were not limited to: depression, anxiety, Lewy Body dementia [similar to Alzheimer's dementia and parkinson's disease], and diabetes mellitus type 2.</p> <p>Review of the September 2013 MAR indicated the resident had an order dated 3/1/11 for Tylenol 325 mg [milligrams] - 2 tablets Q [every] 4</p>						

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	<p>hours PRN [as needed] for pain or fever.</p> <p>On 9/23/13 at 2:00 a.m., QMA [Qualified Medication Aide] #1 administered 2 Tylenol due to the resident's complaints of leg pain. At 3:00 a.m., the QMA went back in to check on the resident and determined the medication was effective. Documentation was lacking in the nursing notes and/or on the back of the MAR of the QMA having obtained prior approval by the nurse to give the medication and of the nurse having counter-signed the MAR the next day to indicate approval had been given.</p> <p>On 9/25/13 at 12:10 a.m., the QMA again administered 2 Tylenol due to the resident's complaint of leg pain. At 1:00 a.m., the QMA went back in to check on the resident and determined the medication was effective. Documentation was lacking in the nursing notes and/or on the back of the MAR of the QMA having obtained prior approval by the nurse to give the medication and of the nurse having counter-signed the MAR the next day to indicate approval had been given.</p> <p>During an interview with the Wellness Director on 10/17/13 at 10:55 a.m., she indicated "The QMA works from</p>			

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	<p>12 a.m. to 6 a.m. Either myself or the other LPN should be called before giving a PRN, and then we are supposed to co-sign it the next day when we came in that we gave approval to the QMA to give the medication."</p> <p>On 10/17/13 at 1:30 p.m., the Administrator presented a copy of the facility's current policy titled "Medication Pass - Q.M.A." Review of the policy at this time included, but was not limited to: "...If during the evening a resident requests a PRN, QMA is to call nurse on call to verify to give PRN. QMA is to document in nurses notes of such call."</p> <p>On 10/17/13 at 1:30 p.m., the Administrator also presented a copy of the facility's current policy titled "Administration of Medications." Review of this policy at this time included, but was not limited to: "...J. PRN medications and treatments may be administered by QMA's only upon authorization by a licensed nurse or physician. All contacts with a nurse or physician not on the premises for authorization to administer PRN's shall be documented on the PRN record sheet indicating time and date of the contact. a. Notification shall describe the reason for all medication</p>						

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	and treatment administered...."				

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R000273	<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 food was properly stored and labeled. This deficient practice was based on 1 of 1 observations and had the potential to effect 18 of 18 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 10/16/13 at 11:55a.m., Cook #1 was observed pulling 2 trays of jello out of the refrigerator. There was no label to indicate when the jello was made.</p> <p>Cook #2 indicated on 10/16/13 at 11:57a.m., "the jello was made yesterday and cut this morning."</p> <p>During a tour of the food storage areas the following was found to be expired:</p> <ul style="list-style-type: none"> <li>-1 box of baking soda dated 1/13</li> <li>-1 box of cornstarch dated 11/10</li> <li>-1 loaf of bread dated 10/14/13</li> </ul>	R000273	<p>Immediate action was taken to discard all items in the food storage areas. Items that were unlabeled in the frozen food storage area were properly labeled by going back to our original order and getting correct date. An inservice is scheduled for Nov 6 with all cooks on labeling properly. A form is being created that will help in monitoring food labeling. dietary manager or administrator will monitor five days a week for two months checking refrigerators and filling out forms. When food service delivers our orders the dietary manager or administrator will check on the day after delivery the freezers and food storage areas the day after delivery with the form to be sure all food was properly labeled. If after the two months there are no discrepancies, dietary manager or administrator will check once a week for the next two months in the food storage area and refrigerator and freezer and indicate on form if there are any discrepancies. If after that two months dietary manager will do periodic checks to verify labeling correctly. If at any time there is a discrepancy, staff will be</p>	03/04/2014			

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	<p>-4 bags of cheese dated 10/2 and 7/16</p> <p>-1 bottle of lemon juice dated 6/19</p> <p>-7 containers of [named] coffee dated 9/30/13</p> <p>The Dietary Manager (DM) indicated in an interview on 10/16/13 at 12:30p.m., that all dietary staff were responsible for discarding expired food. She indicated the cheese in the refrigerator was in the freezer before being placed in the refrigerator. She indicated the cheese should be stored for 7 days in the refrigerator. She was unable to provide documentation of when the cheese was placed in the refrigerator. She indicated the containers of [Named] coffee belonged to the administrator and was not served to the residents.</p> <p>During a tour of the frozen food storage area on 10/16/13 at 12:55p.m., the following was found to be without a label to indicate when it was received into the facility and when it expired:</p> <p>-5 bags of frozen broccoli</p> <p>-8 bags of frozen corn</p> <p>-8 bags of frozen lima beans</p> <p>-10 bags of frozen cauliflower</p> <p>-6 bags of frozen peas</p> <p>-1 bag of mixed vegetables</p>		inserviced immediately. New labels were purchased to help simplify the labeling. this process will begin on November 4, 2013				

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	<p>-9 tubes of whipped cream -3 frozen pies -3 bags of frozen pancakes</p> <p>The DM indicated on 10/16/13 at 1:15p.m., the food should be labeled when it is received in the facility. She indicated the facility does not have a policy on food labeling.</p> <p>When the surveyor showed the DM frozen food with icicles and with no label she did not discard it.</p> <p>A policy titled, " Food Purchasing and Storage", was received on 10/16/13 at 1:00p.m., from the DM. This policy indicated the food should be stored to preserve flavor, nutritive value, and appearance and to insure safe and sanitary conditions.</p>						