

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 13, 14, 15, 19, 20, and 21, 2016.</p> <p>Facility number: 000485 Provider number: 155655 AIM number: 100291190</p> <p>Census bed type: SNF/NF: 160 Residential: 121 Total: 281</p> <p>Census payor type: Medicare: 9 Medicaid: 104 Other: 168 Total: 281</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on January 25, 2016.</p>	F 0000		
F 0323	483.25(h)			

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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SS=D Bldg. 00	<p>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure medications were securely stored for 1 of 8 facility neighborhoods. This practice had the potential to affect 6 cognitively impaired residents of 18 residents residing on the Willow Way neighborhood.</p> <p>Findings include:</p> <p>On 1/13/16 at 2:38 p.m., an unattended treatment cart was observed on the Willow Way unit. The cart was unlocked and the 3rd drawer was open. There were no staff observed in the immediate area, and LPN #5 was seated in the enclosed nurse's station.</p> <p>During an observation of the contents of the treatment cart with LPN #5, the following was observed, but was not limited to:</p> <p>venipuncture needles, hearing aid batteries, hydrocortisone 1% cream, triamcinolone 1% (a steroid) cream, ketapofen 5% (a non-steroidal</p>	F 0323	<p>All residents have the potential to be affected by the same alleged deficient practice.</p> <p>All Medication/treatment carts audit and secured. 1/19/16</p> <p>All licensed nursing personnel and qualified medication aides will be educated on the policy and procedure for medication and treatment cart security by Feb 2, 2016.</p> <p>The medication and treatment cart storage security will be monitored consistently to assure compliance. The medication and treatment cart audit tool will be used by management staff to monitor compliance throughout the healthcare center at Peabody Retirement Community as follows: Five times per week for one month), followed by twice weekly for 2 month , followed by weekly for 3 month. The QAPI committee chaired by the Administrator will oversee compliance with the Director of Nursing/designee reporting</p>	02/15/2016

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	<p>anti-inflammatory) cream, Voltaren 1% (a non-steroidal anti-inflammatory) cream, miconazole nitrate 2% (an anti-fungal) cream, clobetasol 0.05% (a steroid) cream, mupirocin 2% (an antibiotic) cream, ketaconazole 2% (an antifungal) cream, lidocaine 5% cream, Santyl (an enzymatic) ointment, Dakin's Solution (bleach mixture), and nail polish remover.</p> <p>During the observation of the treatment cart, LPN #5 indicated the treatment cart was to be kept locked at all times.</p> <p>The Willow Way Unit Manager indicated there were 6 cognitively impaired residents for whom the unlocked treatment cart might pose a problem.</p> <p>Review of a policy titled, "Storage of Medications", dated April 2007, and obtained from the Administrator on 1/20/16 at 11:14 a.m., indicated the following:</p> <p>"...7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others...."</p>			

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F 0371 SS=F Bldg. 00	<p>3.1-25(m)</p> <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, record review and interview, the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions. This deficient practice had the potential to impact 268 of 268 residents who were served food from the facility's main kitchen and 2 of 4 satellite kitchens.</p> <p>Findings include:</p> <p>1. A kitchen observation tour of the main kitchen, with the Dietary Manager on 1/13/16 at 10:26 a.m., indicated the following:</p> <p>a. The wall with the electrical box in the food preparation area had an accumulation of a dried, brown in color, food debris splatter on the wall, ceiling, four electrical outlets, electrical box and the vent duct work above the food</p>	F 0371	<p>There were no residents adversely affected by this alleged deficient practice. · As all residents have the potential to be affected, the following has been completed: o All area with duct work, electrical outlets, and electrical box cleansed as needed - 1/14/2016 o All kitchen ceilings audited for chipped and peeling paint – ceilings painted as needed 2/4/16 o All refrigerators/freezers were audited and cleansed as needed – 1/15/16o All refrigerators audited and any food not properly stored was discarded – 1/14/16 · All dining staff educated on Food Storage and Cleaning Standards policy 1/18-1/19/2016 with staff education to continue on sanitation and food safety monthly. · The Food and Beverage Director or designee will visually monitor and record findings of improper cleaning or food storage by performing audits</p>	02/15/2016
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	<p>preparation area. There was a puree blender located on the stainless counter next to the wall, electrical box, and four electrical outlets, below the vent duct work and below the ceiling.</p> <p>b. There were multiple areas on the ceiling located over the food preparation area that had paint peeled back or chipped from the ceiling. There were cream/white paint chips resting on the grey vent duct work above the food preparation area.</p> <p>The Dietary Manager indicated she had put in a maintenance request order in November 2015 to have the ceiling repaired. She further indicated there was no plan in place at the current time to fix the ceiling.</p> <p>During an interview with the Dietary Manager on 1/20/16 at 9:42 a.m., she indicated there were 74 Residential residents who ate from the "Inn" dining kitchen in Residential on 1/13/16. She further indicated the main kitchen prepared food for the satellite kitchenettes.</p> <p>During an interview with the Dietary Manager on 1/20/16 at 12:23 p.m., she indicated she received the quote from the painter and the painter had indicated to</p>		<p>after lunch and supper x 30 days, weekly x 1 month and monthly for six months and ongoing thereafter until 100% threshold is achieved. The RD or RD consultant will conduct quarterly food storage and sanitation audits to ensure compliance is maintained. The QAPI committee chaired by the Administrator will oversee compliance with the Food and Beverage Director/Designee reporting. Systemic changes will be completed by 2/15/2016.</p>		

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	<p>her that the ceiling in the main kitchen would need to be plastered and repainted.</p> <p>2. A tour of the satellite kitchen "Memory" with the Dietary Manager on 1/13/16 at 12:35 p.m. indicated the following:</p> <p>A yellow liquid substance was located in the bottom of stainless steel refrigerator #3. There were three boxes of bacon resting on top of the liquid substance. Dietary Cook #6 at 12:43 p.m., indicated he did not know what the yellow liquid substance was in the bottom of the refrigerator.</p> <p>3. A tour of the satellite kitchen "Orchard" with the Dietary Manager on 1/20/16 at 9:00 a.m. indicated the following:</p> <p>a. An undated and unlabeled 12 inch x 10 inch stainless steel pan of orange jello with mandarin oranges. It was half full. The jello had been stored in the refrigerator.</p> <p>b. An unsealed plastic bag with three uncooked pork chops. The pork chops had been stored in the refrigerator.</p> <p>A policy titled "General Infection Control in Dining Services", with a revision date</p>			

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	<p>of December, 2014, was provided by the Dietary Manager on 1/13/16 at 12:20 p.m. and indicated the following:</p> <p>"...POLICY: The Dining Department follows all local, state and federal regulations in order to assure a safe and sanitary department...</p> <p>...PROCEDURE: Food Preparation Areas: ...3. Work surfaces, equipment...should be cleaned and sanitized after each use.</p> <p>...6. Interior and exterior of all appliances should be clean and free from grease, food, or mineral build-up.</p> <p>...14. Prepared food should be stored in covered containers, wrapped, or packaged to ensure protection from contamination.</p> <p>....Food Storage Areas: Food products should be in clean, sanitary storage areas... ...7. Refrigerator...should be cleaned regularly and free from food debris or spillage...."</p> <p>...Food Storage: ...11. Meats, seafood, and poultry should be wrapped tightly to prevent freezer burn and stored in freezer until needed.</p>			

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R 0000 Bldg. 00	<p>Thawed meats, seafood, or poultry should be stored in refrigerator.</p> <p>A policy titled "Food Storage/Labeling and Dating" provided by the Dietary Manager on 1/13/16 at 12:20 p.m. indicated the following:</p> <p>...Policy: Food will be stored under sanitary conditions and used before the manufacturer's expiration date. The days are to begin on the day of the preparation or when the container or package has been opened.</p> <p>...All perishables will be labeled with item name, employee initials, date and time of preparation, and "USE BY" date.</p> <p>...1. Food storage areas will be clean...to ensure food safety.</p> <p>No further documentation was provided upon exit on 1/21/16. 3.1-21(i)(3)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p>	R 0000		

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R 0154 Bldg. 00	<p>Residential Census: 121</p> <p>Sample: 10</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</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. This Residential Rule was not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions. Of the 121 facility's residential residents, this deficient practice had the potential to impact 74 of 74 residential residents who were served food from the facility's main kitchen and the residential kitchenette.</p> <p>Findings include:</p> <p>1. Kitchen sanitation tour accompanied by the Residential Dining Room Manager and the Dietary Manager on 1/13/16 at</p>			R 0154	<ul style="list-style-type: none"> · There were no residents adversely affected by this alleged deficient practice. · As all residents have the potential to be affected, the following has been completed: <ul style="list-style-type: none"> ○ All area with electrical outlets, and electrical box cleansed as needed - 1/14/2016 ○ All kitchen ceilings audited for chipped and peeling paint – ceilings painted as needed 2/4/16 ○ All griddles and surrounding areas audited and cleansed as needed – 1/15/16 ○ All Microwaves audited and 		02/15/2016

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	<p>9:47 a.m. indicated the following concerns:</p> <p>a. The front of the griddle had an accumulation of dust, grease, and dried food debris on it. The bottom front of the griddle had an accumulation of grey dust around the electrical wiring. The four control knobs on the front of the griddle had an accumulation of brown grime on them.</p> <p>b. The microwave had an accumulation of dried food particles, brownish orange in color, grime splattered on the interior walls, door and the glass tray.</p> <p>c. One white, plastic pour container with ready to use liquid pancake mix had an accumulation of dried pancake mix, light brown in color, on the spout and outside of the container. The container was located in a stainless steel refrigerator. The Dietary Manager indicated to Cook #4 the container needed to be wiped off before it was placed in the refrigerator.</p> <p>d. One unsealed plastic bag contained four uncooked chicken breasts in liquid. The Dietary Manager at 10: 06 a.m., indicated to Cook #4 to dispose of the chicken breasts.</p> <p>e. One unsealed, plastic bag of sausage</p>		<p>cleansed as needed – 1/15/16</p> <p>○ Pancake batter pan cleansed – 1/3/16 and all other containers audited.</p> <p>○ All refrigerators audited and any food not properly stored was discarded – 1/14/16</p> <p>· All dining staff educated on Food Storage and Cleaning Standards policy 1/18-1/19/2016 with staff education to continue on sanitation and food safety monthly.</p> <p>· The Food and Beverage Director or designee will visually monitor and record findings of improper cleaning or food storage by performing audits after lunch and supper x 30 days, weekly x 1 month and monthly for six months and ongoing thereafter until 100% threshold is achieved. The RD or RD consultant will conduct quarterly food storage and sanitation audits to ensure compliance is maintained. The QAPI committee chaired by the Administrator will oversee compliance with the Food and Beverage Director/Designee reporting.</p> <p>· Systemic changes will be completed by 2/15/2016.</p>		

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	<p>patties inside an open box was located in a stainless steel freezer and had no open date. The box indicated it held 12 pounds of sausage patties.</p> <p>The Dietary Manager at 10:08 a.m. indicated to Cook #4, the open bag of sausage patties needed to be disposed. She indicated the bag was unsealed and there was no way to know when the bag was opened, since there was no open date. The Dietary Manager indicated frozen foods should have open dates and be sealed closed.</p> <p>f. 51 frozen hamburger patties in an unsealed plastic bag were located inside an open box in a stainless steel freezer and had no open date.</p> <p>g. One unsealed, plastic bag of frozen tilapia, inside of an opened box was located in a stainless steel freezer and had no open date. The box indicated it held 10 pounds of tilapia.</p> <p>2. A kitchen observation tour of the main kitchen, with the Dietary Manager on 1/13/16 at 10:26 a.m., indicated the following:</p> <p>a. The wall with the electrical box in the food preparation area had an accumulation of a dried, brown in color,</p>			

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	<p>food debris splatter on the wall, ceiling, four electrical outlets, electrical box and the vent duct work above the food preparation area. There was a puree blender located on the stainless counter next to the wall, electrical box, and four electrical outlets, below the vent duct work and below the ceiling.</p> <p>b. There were multiple areas on the ceiling located over the food preparation area that had paint peeled back or chipped from the ceiling. There were cream/white paint chips resting on the grey vent duct work above the food preparation area.</p> <p>The Dietary Manager indicated she had put in a maintenance request order in November 2015 to have the ceiling repaired. She further indicated there was no plan in place at the current time to fix the ceiling.</p> <p>During an interview with the Dietary Manager on 1/20/16 at 9:42 a.m., she indicated there were 74 Residential residents who ate from the "Inn" dining kitchen in Residential on 1/13/16. She further indicated the main kitchen prepared food for the satellite kitchenettes.</p> <p>During an interview with the Dietary</p>			

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	<p>Manager on 1/20/16 at 12:23 p.m., she indicated she received the quote from the painter and the painter had indicated to her that the ceiling in the main kitchen would need to be plastered and repainted.</p> <p>A policy titled "General Infection Control in Dining Services" with a revision date of December 2014 was provided by the Dietary Manager on 1/13/16 at 12:20 p.m. and indicated the following:</p> <p>"...POLICY: The Dining Department follows all local, state and federal regulations in order to assure a safe and sanitary department...</p> <p>...PROCEDURE: Food Preparation Areas: ...3. Work surfaces, equipment...should be cleaned and sanitized after each use.</p> <p>...6. Interior and exterior of all appliances should be clean and free from grease, food, or mineral build-up.</p> <p>...14. Prepared food should be stored in covered containers, wrapped, or packaged to ensure protection from contamination.</p> <p>....Food Storage Areas: Food products should be in clean, sanitary storage areas...</p>			

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	<p>...7. Refrigerator...should be cleaned regularly and free from food debris or spillage...</p> <p>...Food Storage: ...11. Meats, seafood, and poultry should be wrapped tightly to prevent freezer burn and stored in freezer until needed. Thawed meats, seafood, or poultry should be stored in refrigerator."</p> <p>A policy titled "Food Storage/Labeling and Dating" provided by the Dietary Manager on 1/13/16 at 12:20 p.m. indicated the following:</p> <p>...Policy: Food will be stored under sanitary conditions and used before the manufacturer's expiration date. The days are to begin on the day of the preparation or when the container or package has been opened.</p> <p>...All perishables will be labeled with item name, employee initials, date and time of preparation, and "USE BY" date. ...1. Food storage areas will be clean...to ensure food safety.</p> <p>No further documentation was provided upon exit on 1/21/16.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>This RULE is not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident who self administered medications had a physician's order to self administer medications for 2 of 3 residents reviewed for self administration of medications in a sample of 10. (Residents #306 and #309)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #306 was reviewed on 01/20/2016 at 9:51 a.m. Diagnoses for Resident #R306 included, but were not limited to, diabetes, renal insufficiency, and hyperlipidemia.</p> <p>An "EVALUATION OF RESIDENT'S ABILITY TO SELF-MEDICATE", dated 12/10/2015, was in Resident #R306's clinical record. The clinical record for Resident #R306 lacked a signed physician's order to self-administer medications.</p>	R 0241	<ul style="list-style-type: none"> · On 1-20-2016 order clarified from physician for self administration of medication for resident #306 · 100% audit of all residents for self administration of medication orders due to alleged deficient practice completed on 1-28-16 · Educated Licensed Nurses and QMAs on Policy and procedure of Medication Self Administration · Audit of new admits for self administration of medications orders for 6 months. The QAPI committee chaired by the Administrator will oversee compliance with the Residential Clinical Director/Designee reporting. 	02/15/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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	<p>During an interview with the Clinical Director of Residential Services, on 01/20/2016 at 10:19 a.m., additional information was requested related to a physician order for self administration of medications for Resident #R306.</p> <p>During an interview with the Clinical Director of Residential Services on 01/20/2016 at 12:34 p.m., she indicated Resident #R306 had not had a physician order to self administer medications in her clinical record.</p> <p>Review of the current facility policy, revised 11/2009, titled "MEDICATION SELF ADMINISTRATION", provided by the Clinical Director of Residential Services on 01/21/2016 at 8:32 a.m., included, but was not limited to, the following: "...1. If a resident requests to keep their medications at bedside for self-administration, the Licensed Nurse will complete a Medication Self Administration Assessment... 2. If the resident passes the evaluation, the physician is notified and a request for a 'MKAB and Self-Administer' order is added..."</p> <p>2. During an observation of a medication pass on 01/21/2016 at 10:05 a.m., QMA #23 left a lorazepam (anti-anxiety</p>			

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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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R 0296	<p>medication) tablet and Thera-M (multi-vitamin) tablet sitting on Resident #R309's dresser in a medication cup and left the room before Resident #R309 consumed the medications.</p> <p>During an interview with LPN #34 on 01/21/2016 at 10:13 a.m., she indicated that Resident #R309 did not have an order to self administer medications in her clinical record.</p> <p>During an interview with the Clinical Director of Residential Services on 01/21/2016, she provided physician's orders that included, but was not limited to, the following: "...NURSING TO ADMINISTER MEDS...."</p> <p>Review of the current facility policy, revision date 01/01/13, titled "6.0 GENERAL DOSE PREPARATION AND MEDICATION ADMINISTRATION", provided by the Clinical Director of Residential Services on 01/21/2016 at 1:42 p.m., included, but was not limited to, the following: "...5.9 Observe the resident's consumption of the medication(s)."</p> <p>410 IAC 16.2-5-6(b) Pharmaceutical Services - Noncompliance</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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Bldg. 00	<p>(b) The facility shall maintain clear written policies and procedures on medication assistance. The facility shall provide for ongoing training to ensure competence of medication staff.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were administered according to manufacturer guidelines for 1 of 1 observation of insulin administration out of a sample of 10 (Resident #310).</p> <p>Findings include:</p> <p>During an observation of an insulin administration on 01/21/2016 at 12:05 p.m., LPN #34 removed the cap from a Novolog FlexPen, removed the protective tab from a disposable needle, screwed the needle onto the FlexPen, and removed the needle cap. She then dialed the dose selector to 16, cleansed Resident #310's abdomen, and injected the insulin into the abdomen.</p> <p>During an interview with LPN #34 on 01/21/2016 at 12:10 p.m., she indicated that was her normal procedure and she would not do anything differently.</p> <p>During an interview with the Clinical Director of Residential Services on 01/21/2016 at 3:12 p.m., she indicated that it is facility policy to follow manufacturer guidelines when</p>	R 0296	<ul style="list-style-type: none"> · LPN #34 immediately educated on 1-21-16 on Manufacturers Guide on proper use of Novolog Flex Pen. · 100% audit of residents that do not self administer the Novolog Flex pen. Completed on by 1-28-16 · Educated Licensed Nurses on Manufacturers Guidelines on proper use of Novolog Flex Pen · Audit of Novolog Flex Pen administration, Monday thru Friday for 1 month, then 1x weekly for 3months and then 1x monthly for 2 months, The QAPI committee chaired by the Administrator will oversee compliance with the Residential Director/Designee reporting 	02/15/2016

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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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	<p>administering insulin with a Novolog FlexPen.</p> <p>Review of the manufacturer's guidelines for "NovoLog FlexPen", dated August 2007, and provided by the Clinical Director of Residential Services on 01/21/2016 at 2:41 p.m., included, but was not limited to, the following: "...1. PREPARING THE SYRINGE Pull off the cap. Wipe the rubber stopper with an alcohol swab... GIVING THE AIRSHOT BEFORE EACH INJECTION: Small amounts of air may collect in the needle and insulin reservoir during normal use. TO AVOID INJECTING AIR AND TO ENSURE PROPER DOSAGE... C. Dial 2 units. D. Holding the syringe with the needle pointing up, tap the reservoir gently with your finger a few times. Still with the needle pointing up, press the push button as far as it will go and see if a drop of insulin appears at the needle tip...."</p> <p>Review of the current facility policy, revision date 01/01/13, titled "6.0 GENERAL DOSE PREPARATION AND MEDICATION ADMINISTRATION", provided by the Clinical Director of Residential Services on 01/21/2016 at 1:42 p.m., included, but was not limited to, the following: "...5.8</p>			

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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962		
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R 0300 Bldg. 00	<p>Follow manufacturer medication administration guidelines...."</p> <p>410 IAC 16.2-5-6(c)(4) Pharmaceutical Services - Deficiency (4) Over-the-counter medications, prescription 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. This RULE is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to properly ensure medications were stored in the original containers for 2 of 5 carts observed during medication storage (Floor 1 of Peabody Inn and Floor 1 of South House).</p> <p>Findings include:</p> <p>1. During inspection of the Floor 1 medication cart for Peabody Inn on 01/21/2016 at 11:30 a.m., one half of an unidentified white pill and one oblong blue pill were found. The pills were loose inside the cart.</p>	R 0300	<p>· QMA # 41 and QMA #23 immediately educated on Policy and procedure of Storage and Expiration of Medication, Biologicals, Syringes and Needles. · 100% audit of medication carts Completed on 1-28-16 with all medications noted be stored in original containers. · Educated Licensed Nurses and QMAs on Policy and procedure of Storage and Expiration of Medication, Biologicals, Syringes and Needles. · Audit of Medication carts Monday thru Friday for 1 month, then 1x weekly for 3months and then 1x monthly for 2 months. The QAPI committee chaired by the Administrator will oversee compliance with the Residential Clinical Director/Designee</p>	02/15/2016	

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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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	<p>During an interview with QMA #41 on 01/21/2016 at 11:33 a.m., she indicated that the oblong blue pill was a 4 mg Coumadin. She also indicated that the loose pills would be disposed of with another member of the nursing staff.</p> <p>2. During inspection of the Floor 1 medication cart for South House on 01/21/16 at 11:46 a.m., one dark green round pill was found. The pill was loose inside the cart.</p> <p>During an interview with QMA #23 on 01/21/2016 at 11:47 a.m., he indicated that the pill was an iron supplement. He also indicated that the loose pill would be "flushed" with another member of the nursing staff.</p> <p>Review of a current facility policy, revision date 01/01/13, titled "5.3 Storage and Expiration of Medications, Biologicals, Syringes and Needles", provided by the Clinical Director of Residential Services on 01/21/2016 at 1:42 p.m., included, but was not limited to, the following:</p> <p>"4. Facility should ensure that medications and biologicals:... 4.3 Have not been contaminated or deteriorated, are stored separate from other medications until destroyed...10. Facility</p>		reporting	

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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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	should ensure that medications and biologicals for each resident are stored in the containers in which they were originally received...16. Facility should destroy or return all discontinued, outdated/expired, or deteriorated medications...."			