

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 03/26/2015
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NAME OF PROVIDER OR SUPPLIER  STERLING HOUSE OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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R 000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 25 &amp; 26, 2015</p> <p>Facility number: 010610 Provider number: 010610 AIM number: N/A</p> <p>Survey team: Lara Richards, RN-TC Heather Tuttle, RN Yolanda Love, RN</p> <p>Census bed type: Residential: 67 Total: 67</p> <p>Census payor type: Other: 67 Total: 67</p> <p>Sample: 9</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 29, 2015, by Janelyn Kulik, RN.</p>	R 000		
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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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R 154 Bldg. 00	<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 and interview, the facility failed to ensure the kitchen was clean related to dirty floors, dusty vents and shelves, rusty drains and shelves, and black and white substances in the hand washing sink for 2 of 2 kitchens. (The Main Kitchen and Clare Bridge Kitchen)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>During the Brief Kitchen Sanitation tour of the Main Kitchen on 3/25/15 at 9:17 a.m., with the Dietary Food Manager, the following was observed: <ol style="list-style-type: none"> <li>The floor near the dishwasher was dirty.</li> <li>The white drain underneath the sink was rusty.</li> <li>The over head shelf above the sink was rusty.</li> </ol> </li> </ol> <p>Interview with the Dietary Food Manager</p>	R 154	<p>What corrective action (s) will be accomplished for the residents found to have been affected by the alleged deficient practice? No residents were affected by the alleged deficient practice</p> <ol style="list-style-type: none"> <li>The floor was cleaned and sanitized.</li> <li>The drain was cleaned.</li> <li>The shelf was cleaned.</li> <li>The sink was cleaned and recaulked.</li> <li>The rust streak was removed.</li> </ol> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken.</p> <p>The Executive Director/Designee will conduct weekly rounds of both kitchens to audit for a clean environment. What measures will be put in place or what system changes will the facility make to ensure the alleged deficient practice does not recur? The Dining Service Coordinator and Dining staff will be re-educated by the Executive Director/Designee on</p>	05/01/2015

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R 273 Bldg. 00	<p>at the time, indicated all of the above areas were in need of cleaning and/or repair.</p> <p>2. During the Brief Kitchen Sanitation tour of the Clare Bridge Kitchen on 3/25/15 at 9:45 a.m., with the Cook, the following was observed:</p> <p>a. The drain at the base of the hand washing sink contained a thick black substance. The entire sink was covered with a dried white substance.</p> <p>b. There was a rust streak between the freezer doors.</p> <p>Interview with the Cook at the time, indicated all of the above areas were in need of cleaning.</p> <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. Based on observation and interview, the facility failed to ensure the kitchen was clean related to dirty shelves, and dusty and dirty vents for 2 of 2 kitchens. (The</p>	R 273	<p>the use of the "Daily Cleaning Log". The Dining Service Coordinator will be responsible for auditing the log weekly. In addition the Executive Director/Designee will complete weekly rounds to monitor for clean environment. By what date will these systemic changes be implemented? 5/1/2015.</p> <p>What corrective action (s) will be accomplished for the residents found to have been affected by the alleged deficient practice? 1.a. The shelf liner was removed and</p>	05/01/2015			

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	<p>Main Kitchen and Clare Bridge Kitchen)</p> <p>Findings include:</p> <p>1. The following was observed during the Brief Kitchen Sanitation tour of the Main Kitchen on 3/25/15 at 9:17 a.m., with the Dietary Food Manager:</p> <p>a. Underneath the shelf liner on top of the ice maker, there was an accumulation of dirt and dried food spillage.</p> <p>Interview with the Dietary Food Manager at the time, indicated the above was in need of cleaning.</p> <p>2. The following was observed during the Brief Kitchen Sanitation tour of the Clare Bridge Kitchen on 3/25/15 at 9:45 a.m., with the Cook:</p> <p>a. The small ceiling vent over the dishwashing sink was dusty.</p> <p>b. The large ceiling vent over the dishwashing sink contained a brown liquid substance.</p> <p>c. There were crumbs underneath the shelf liner above the servery.</p> <p>Interview with the Cook at the time, indicated all of the above were in need of</p>		<p>replaced during which time the top of the ice machine was cleaned and sanitized.</p> <p>2.a. The dust was cleaned from the small ceiling vent.</p> <p>b. The large ceiling vent was cleaned.</p> <p>c. The shelf liner was removed and the shelf above the server was cleaned and sanitized then a new liner was replaced.</p> <p>No residents were affected by the alleged deficient practice.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken.</p> <p>The Executive Director/Designee will conduct weekly rounds of both kitchens to audit for a clean environment.</p> <p>What measures will be put in place or what system changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>The Dining Service Coordinator and Dining staff will be re-educated by the Executive Director/Designee on the use of the "Daily Cleaning Log".</p> <p>The Dining Service Coordinator will be responsible for auditing the log weekly. In addition the Executive Director/Designee will complete weekly rounds to monitor for clean environment.</p> <p>By what date will these systemic changes be implemented? 5/1/2015.</p>	

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R 349 Bldg. 00	<p>cleaning.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to the indication for the use of an as needed (prn) anti-anxiety medication for 1 of 7 records reviewed in the sample of 9. (Resident #1)</p> <p>Finding includes:</p> <p>The closed record for Resident #1 was reviewed on 3/25/15 at 10:47 a.m. The resident's diagnosis included, but was not limited to, anxiety.</p> <p>A Physician's order dated 8/27/14, indicated the resident was to receive Ativan (an anti-anxiety medication) 0.5 milligrams (mg) by mouth at bedtime as</p>	R 349	<p>What corrective action (s) will be accomplished for the residents found to have been affected by the alleged deficient practice? The Health and Wellness Directors audited 100% of the current Medication Administration Record (MAR) for any PRN medication discrepancies. No residents were affected by alleged deficient practice. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken. All Nurses and Qualified Medication Aides were re-in serviced to the required steps when giving a PRN medication. What measures will be put in place or what system changes will the facility make to ensure the alleged</p>	05/01/2015

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	<p>needed (prn) for anxiety.</p> <p>The November 2014 Medication Administration Record (MAR), indicated the resident received the Ativan on 11/24, 11/26, 11/27, 11/28 and 11/29/14. The back of the MAR indicated there was no documentation to indicate why the Ativan was given on 11/26, 11/27, and 11/29/14.</p> <p>Interview with the Health and Wellness Director on 3/26/15 at 11:30 a.m., indicated documentation should have been completed on the back of the MAR to indicate why the Ativan was given.</p>		<p>deficient practice does not recur?</p> <p>The Health and Wellness Director/Designee will audit the Medication Administration Record (MAR) daily for one week. Then 3 x weekly for 4 weeks, then 2 x weekly for 3 weeks. Then once a week for 2 weeks. Then once a month for 4 months. Results of the audits will be provided to the Executive Director on a monthly basis. In the event a non-compliance with the medication administration process is noted, a corrective action will be administered to the nurs4. Such corrective action may include re-education, up to and including final written notice or termination of employment.</p> <p>By what date will these systemic changes be implemented? 5/1/2015.</p>				