

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 06/25/2014
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NAME OF PROVIDER OR SUPPLIER MORNING VIEW NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 475 NORTH NILES AVENUE SOUTH BEND, IN 46617
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R000000	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint #IN00151363.</p> <p>Complaint #IN00151363- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 23, 24, and 25, 2014</p> <p>Facility Number: 013149 Provider Number: 013149 AIM Number: N/A</p> <p>Survey Team: Pamela Williams, RN -TC Shauna Carlson, RN Julie Baumgartner, RN</p> <p>Census Bed Type: Residential: 32</p> <p>Census Payor Type: Other: 32</p> <p>Residential Sample: 9</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on June 30,</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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R000147	<p>2014, by Brenda Meredith, R.N.</p> <p>410 IAC 16.2-5-1.5(d) Sanitation and Safety Standards - Deficiency (d) The facility shall comply with fire and safety standards, including the applicable rules of the state fire prevention and building safety commission (675 IAC) where applicable to health facilities.</p> <p>Based on observation and interview, the facility failed to ensure compliance with fire and safety standards related to storage in the linen and activity storage rooms. This affected 2 of 6 storage rooms.</p> <p>Finding includes:</p> <p>On 6/23/14 at 11:20 A.M., observation of third floor linen room found two empty cardboard boxes on top of shelves. Boxes were 5 -1/2 inches and 8-1/4 inches from ceiling.</p> <p>On 6/24/14 at 11:13 A.M., an interview with housekeeper #5 indicated " items should be 18 inches from ceiling...."</p> <p>On 6/24/14 at 11:20 A.M., an observation of activity storage room on third floor, found metal boxes stored 9-3/4 inches</p>	R000147	<p>Element 1 Empty card board boxes found on third floor linen room were immediately removed. The metal boxes found in the activity storage room were removed on 6-24-2014.</p> <p>Element 2 All residents have the potential to be affected by same deficient practice. All storage rooms were checked to make sure items are stored no closer than 18 inches from the ceiling.</p> <p>Element 3 A red line will be</p>	07/12/2014

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R000154	<p>from ceiling.</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. Based on observation and interview, the facility failed to keep clean and dispose of outdated food items in 2 of 3 refrigerators used in common areas. (Second floor and third floor refrigerators)</p> <p>Findings include:</p>	R000154	<p>installed in all storage rooms with notice not to store above line in each area. To communicate this to all staff, a memo from the administrator will be added to the 7-12 paycheck. All storage areas will be organized and maintained by 7-12-2014.</p> <p>Element 4 Housekeeping supervisor will monitor weekly and report to the administrator.</p> <p>Element 1 The second floor refrigerator was thoroughly cleaned and outdated items were discarded on 6-24-2014. The third floor refrigerator items with no date or identification were also</p>	07/12/2014			

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	<p>On 6-24-2014 at 1 P.M., an observation of the second floor refrigerator in the common area used for resident food items revealed 2 opened and partially used gallons of milk with use by dates of 5-6-14 and 5-20-2014, a Fit and Lively yogurt with use by date of 4-5-2014, Pillsbury biscuits in a tube dated 5-31, and a single serve mandarin orange cup with expiration date 10-1-2013. The second floor refrigerator was also observed to be covered in a purplish sticky substance. Interview at this time with the CDM (Certified Dietary Manager) indicated "...we [kitchen] do not take care of these refrigerators...I think nursing does...." Interview at this time with the DON (Director of Nursing) indicated "...I don't know who does [takes care of this refrigerator]...it looks like no one does...."</p> <p>On 6-24-2014 at 1:16 P.M., an observation of the third floor refrigerator in the common area used for resident food items revealed Pillsbury biscuits in a tube dated 4-28, an open and partially used block of butter without an open date or properly sealed for storage, and a gallon size plastic zip type bag with several yellow crumbs with no date or identification on the bag. Record review of the signage on the third floor</p>		<p>discarded.</p> <p>Element 2 All residents on second and third floors have the potential to be affected by same deficient practice.</p> <p>Element 3 The administrator reassigned the maintenance , cleaning and monitoring of the two refrigerators on 6-24-2014. The second floor is covered by activity director and the third floor refrigerator is covered by second shift nurses aides under supervision of charge nurse.</p> <p>Element 4 Administrator will monitor refrigerators on daily rounds.</p>	

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R000273	<p>refrigerator indicated "Reminder: Open products must be labeled with residents name and date opened."</p> <p>Interview with the DON, on 6-24-2014 at 2 P.M., indicated "...we don't currently have a policy on who takes care of the refrigerators...."</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.</p> <p>1. Based on observation, interview and record review, the facility failed to ensure meals were being served under sanitary conditions in regards to handwashing and proper use of hairnets. This had the potential to affect 11 of 11 residents who ate meals in the second floor dining room.</p> <p>2. Based on observation, interview and record review, the facility failed to ensure that food preparation areas were maintained in a clean and safe manner. This affected 32 of 32 residents that received meals from 1 of 1 kitchen.</p> <p>Findings include:</p>	R000273	<p>Element 1 Dietary Aides # 1 and # 2 where inserviced on 6-24-2014 on proper serving techniques by the CDM. Nurses Aide # 4 was inserviced on 6-24-2014 regarding proper handwashing techniques prior to feeding residents by the CDM. Dietary Aide #1 was inserviced on proper wearing of hairnets on 7/8/2014 by the CDM. The hand washing sink was replaced with new spigots and</p>	07/12/2014

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	<p>1. On 6/23/14 from 12:10 P.M. to 12:30 P.M., observation of the lunch meal was conducted in the second floor dining room. During this time the following were observed:</p> <p>Dietary Aide #1 was observed serving pureed fruit to Resident #2 by holding the top rim of the cup.</p> <p>Dietary Aide #1 was observed serving lunch plate to resident with thumb on inside edge of plate.</p> <p>Dietary Aide #2 was observed serving purred fruit to Resident #3 by holding the top rim of the cup.</p> <p>CNA #4 was observed washing hands for 5 seconds then sat down to feed Resident #3.</p> <p>Dietary Aide #1 was observed serving Resident #2 his lunch tray with hair falling out of her hair net by her right ear.</p> <p>On 6/24/14 at 10:12 A.M., an interview with the DON (Director of Nursing) indicated hands should be washed for 15 seconds.</p> <p>On 6/24/14 at 10:20 A.M., an interview with the CDM (Certified Dietary</p>		<p>a new sink assembly installed on 6-24-2014. Dietary staff were inserviced by Maintenance Supervisor regarding the proper cleaner to cut grease on 6-25-14 thereby removing grease from the floor. Two rubber mats were added near the dishwashing area on 6-24-14. Three compartment sink plumbing was repaired and tested to allow for consistent flow of water. The 6 inch drain opening identified in the middle of the back hallway was capped with a drain cover insert on 6-25-14 by maintenance director.</p> <p>Element 2 All residents have the potential to be affected by same deficient practice.</p> <p>Element 3 In addition to monitoring staff for compliance daily all staff will be inserviced annually on proper handwashing techniques and meals being served under sanitary conditions to include preparation areas. Any noted</p>				

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	<p>Manager) indicated hands should be washed for 20 seconds and cups and plates should not be held by inner rim or top rim.</p> <p>On 6/24/14 at 10:21 A.M., review of the "Hand Washing Policy," dated May 2014, received from the DON, indicated "...scrub your hands for at least 20 seconds...."</p> <p>On 6/24/14 at 10:25 A.M., an interview with the CDM indicated when dietary employees wear hair nets, all hair should be completely covered.</p> <p>On 6/24/14 at 11:25 A.M., a review of the dietary policy, received from the CDM at this time, indicated "...dietary personnel shall follow sanitary standards...2...a. Hair nets, covering all of hair, must be worn at all times while on duty...."</p> <p>On 6/25/14 at 11:25 A.M., a review of the the "Serving Food Safely " inservice received from the CDM indicated "...hold the plate underneath do not touch eating surface...hold glass near base, do not hold at rim...."</p> <p>2. On 6-23-2014 from 10:13 to 10:48 A.M., a tour of the kitchen was</p>		<p>deviations regarding safe food handling standards will be addressed on an individual basis.</p> <p>Element 4 The CDM and Director of Nursing will monitor and report to the Administrator</p>	

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	<p>conducted with the CDM. The hand washing sink was observed to not have a hot water handle. Interview at this time with the CDM indicated, "...that has been gone for a while, we just have to use cold water when we wash our hands...they [the owners] are going to fix it...it is on the back burner...."</p> <p>Water was observed on the floor in the dishwashing area. Interview with CDM indicated, "...the floor is slippery, there is a film of grease on it and we are going to get some type of cleaner to cut the grease...I think it is coming tomorrow...more rubber mats would help...."</p> <p>A 3 compartment sink was observed with a significant decrease in the flow of water from the faucet. Interview with the CDM indicated, "...the water is so slow that when we have the third sink filled, the first is cold...we don't use it anymore but we would if it worked...."</p> <p>A drain was observed in the middle of the hallway floor in the kitchen with an opening approximately 6 inches in diameter without a cap or drain cover. Interview with the CDM indicated, "...we have to walk around it...."</p> <p>On 6-24-2014 at 1:10 P.M., record</p>			

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	review of the hand washing signage located by all hand washing sinks, received from the DON on 6-24-2014 at 10:18 A.M., indicated "Always follow these seven steps when you wash your hands...2. Roll up sleeves and wet hands with warm water...5. Rinse hands and forearms, allowing warm water to run down off fingertips...."						