

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 10/12/2011
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NAME OF PROVIDER OR SUPPLIER BENNETT HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE NEW ALBANY, IN47150
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R0000	<p>This visit was for the investigation of Complaint IN00097046 and Complaint IN00097828.</p> <p>Complaint IN00097046 - Substantiated - State Residential deficiencies related to the allegations are cited at R0154, and R0273.</p> <p>Complaint IN00097828 - Substantiated - State Residential deficiencies related to the allegations are cited at R0029, R0047, R0214 and R0349.</p> <p>Survey dates: October 11 and 12, 2011</p> <p>Facility number: 004442 Provider number: 004442 AIM number: NA</p> <p>Survey team: Gloria J. Reisert, MSW/TC Dorothy Navetta RN</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Census payor type: Other: 35 Total: 35</p>	R0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

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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R0029	<p>Sample: 06 Supplemental Sample: 04</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 10/13/11 Cathy Emswiler RN</p> <p>(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality. Based on interview, the facility failed to ensure residents were treated with consideration and respect for their personal belongings when apartment inspections were necessary due to potential bedbug infestation. This deficient practice affected 4 of 35 residents (Residents #G, H, I and J) and had the potential to affect 31 additional residents currently residing in the facility.</p> <p>Findings include:</p> <p>1. During an interview with Resident #H on 10/11/2011 at 1:10 p.m., she indicated she was worried when staff were going to re-make her bed as she was unable to do</p>	R0029	<p>Citation #1 R 029 410 IAC 16.2-5-1.2 (d) Residents' Rights</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Bennett House employed a contracted licensed professional exterminator to perform room inspections to validate and confirm the presence of bed bugs prior to providing confirmation to our resident population to prohibit undue stress upon them. Residents were asked for permission to</p>	11/23/2011			

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	<p>so. She indicated someone came into her apartment this morning and pulled off all her covers from her bed, checked the bed, and then left the room, leaving her covers all over the room. Resident #H indicated she had no idea why this was done.</p> <p>2. On 10/11/2011 at 1:30 p.m., Resident #I was overheard to continually ask the nursing staff why his bed was unmade and when it was going to be re-made.</p> <p>3. During an interview with Resident #J on 10/11/2011 at 2:00 p.m., he indicated he was upset and mad because his bed had been undone that morning and he did not know why. He indicated he wanted to lay down now and could not because it had still not been re-made.</p> <p>4. During an interview with Resident #G's family on 10/11/2011 at 2:10 p.m., she indicated the resident was aggravated because his room had been turned upside down.</p> <p>During the daily exit on 10/11/2011 at 3:45 p.m. with the Administrator, the Wellness Director and the Corporate Nurse, the Wellness Director indicated the pest control company representative whom he accompanied did initially tell the residents as she was stripping the beds why she was doing it, but also indicated</p>		<p>perform a room inspection with necessary provisions made to provide dignity and respect to the resident's belongings.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A room search was performed by the licensed professional exterminator with rooms identified as to the inhabitation of bed bugs. Bennett House made necessary provisions with contracted exterminator as to the appropriate treatment modality for the community. Staff and residents were notified as to the plan by the Bennett House staff with necessary provisions made to ensure the residents were treated with consideration, respect, and recognition of their respect and dignity.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director, Wellness Director, and staff were re-educated as to the Indiana State regulation R 029 410 IAC 16.2-5-1.2 (d) Residents' Rights. The Residence Director and/or Designee will ensure residents are treated with consideration,</p>				

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	<p>the residents had no prior knowledge of the inspection.</p> <p>This State Residential tag relates to Complaint IN00097828.</p>		<p>respect, and recognition of their dignity and individuality.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Residence Director will perform a random weekly review of incident reports walking rounds of residence for a period of six months to ensure continued compliance with Indiana State regulation R 029 410 IAC 16.2-5-1.2 (d) Residents' Rights. Audits will be reviewed within 6 months by the interdisciplinary team to determine the need for the ongoing monitoring and/or cessation of plan. Findings suggestive of compliance will result in cessation of monitoring plan.</p>				

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R0047	<p>(14) An intrafacility transfer can be made only if the transfer is necessary for: (A) medical reasons as judged by the attending physician; or (B) the welfare of the resident or other persons.</p> <p>(15) If an intrafacility transfer is required, the resident must be given notice at least two (2) days before relocation, except when: (A) the safety of individuals in the facility would be endangered; (B) the health of individuals in the facility would be endangered; (C) the resident ' s health improves sufficiently to allow a more immediate transfer; or (D) an immediate transfer is required by the resident ' s urgent medical needs.</p> <p>(16) The written notice of an intrafacility transfer must include the following: (A) Reasons for transfer. (B) Effective date of transfer. (C) Location to which the resident is to be transferred. (D) Name, address, and telephone number of the local and state long term care ombudsman. (E) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.</p> <p>(17) The resident has the right to relocate prior to the expiration of the two (2) days ' notice.</p> <p>Based on record review and interview, the facility failed to provide written notice of the reason, effective date and location of an Intrafacility transfer when a change in 2 of 35 residents' apartments became necessary due to a bedbug infestation.</p>	R0047	<p>Citation #2 R 047 410 IAC 16.2-5-1.2 (r) (14-17) Residents' Rights</p> <p>What corrective action(s) will be accomplished for those residents found to have been</p>	11/23/2011	

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	<p>(Residents #A and B)</p> <p>Findings include:</p> <p>During an interview with the Administrator on 10/12/2011 at 3:00 p.m., he indicate Resident #A was transferred on 9/19/2011 from Apartment #128 to Model Room #121 due to the discovery of bedbugs in his mattress. He also indicated Resident #B was transferred on 10/6/2011 from Apartment #127 to Apartment #130 due to the discovery of bedbugs in her room.</p> <p>Review of the clinical records for Resident #A on 10/11/2011 at 11:30 a.m. and for Resident #B on 10/11/2011 at 12:35 p.m., failed to locate documentation of the residents having been given written notice of why they were being re-located, the effective date of the transfer, and the location to which they would be transferred to.</p> <p>During an interview with the Administrator on 10/12/2011 at 2:20 p.m., he indicated the residents and families were verbally told of the move but that no written notice had been provided as it happened so quickly.</p> <p>This State Residential tag relates to Complaint IN00097828.</p>		<p>affected by this deficient practice? No residents were found to be affected</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director, Wellness Director, and/or Designee were re-educated as to the Indiana State regulation R 047 410 IAC 16.2-5-1.2 (r) (14-17) Residents' Rights. The Residence Director and/or Designee will ensure residents requiring an intrafacility transfer receive written notice as to the reason for the transfer, effective date and location of intrafacility transfer.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director will perform a random weekly review</p>				

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R0154	<p>(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, record review and interview the facility failed to ensure that the cabinets, drawers, garbage can, splash guards behind sink, top of dishwasher, entrance and exit doors to kitchen, ceiling vents, small garbage can under sink in main dining room and sink in main dining room were kept clean and free of dirt and debris. This deficient practice had the potential to affect 35 of 35 residents currently residing at facility.</p> <p>Findings include:</p> <p>On 10/11/2011 at 10:30 a.m., upon observation of the kitchen it was noted in the cabinet labeled "drink cup", particles of tan and brown substances under a</p>	R0154	<p>of residents who require an intrafacility transfer for a period of six months to ensure continued compliance with Indiana State regulation R 047 410 IAC 16.2-5-1.2 (r) (14-17) Residents' Rights . Audits will be reviewed within 6 months by the Bennett House interdisciplinary team to determine the need for ongoing monitoring and/or cessation of plan. Findings suggestive of compliance will result in cessation of monitoring plan.</p> <p>Citation #3 R 154 410 IAC 16.2-5-1.5 (k) Sanitation and Safety Standards</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. The Kitchen floors installed by contracted outside agency during survey process. Cabinets & drawers were also replaced through outside contracted agency. Bennett House staff cleaned splash guards, garbage cans, behind sink top of dishwasher, entrance and exit doors to kitchen, ceiling</p>	11/23/2011	

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	rubber green mesh mat. In a cabinet labeled "coffee, tea, hot choc" had sticky substances, a heavy layer of coffee grounds, tea grounds and white granular substances under a rubber green mesh mat. In a drawer labeled "condiments", a unwrapped candy wrapper and pink, red, white and purple particles around inside edges of drawer. In the middle drawer of the center counter isle, white particles sugar-like in appearance and brown and black particles were observed. In a middle cabinet under the center counter isle in drawer labeled "coffee cup", there was broken glass pieces. In a drawer containing 3 scoops, 1 whisk, 3 knives and measuring spoons, there were brown and tan particles around edges of the drawer. In a cabinet under the center counter isle which had bowls and dessert plates, there was heavy dust and a greasy substance on shelves. In a small cabinet containing dessert cups above the sink there was greasy substance on shelving and the shelving was soiled. The cabinet containing spices which included, but was not limited to; chili powder, poultry seasoning, lemon pepper, had multi color crumbs and spillage of spices. In a cabinet next to stove containing 2 large boiling pans, 2 large fry pans, 4 towels and 2 hot mitts there was brown, yellow and green sticky substances. The splash wall behind the sinks next to the dishwasher had black		vents, small garbage can under sink in main dining room were kept free of dirt and debris. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director developed and implemented a kitchen cleaning task sheet for staff to complete as assigned. Kitchen and Residence staff were re-educated to completion of kitchen cleaning task sheet and kitchen safety and sanitation expectations. The Residence Director will ensure kitchen safety and sanitation are in compliance with R 154 410 IAC 16.2-5-1.5 (k) Sanitation and Safety Standards through oversight of assigned cleaning duties. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Residence Director will				

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	<p>and brown build up 3 foot in length by 1 foot in height. Grout along the back of the sinks next to dishwasher had build up of black substance 3 foot in length . Entrance and exit doors to the kitchen had brown and black build up on them inside and out.</p> <p>On the top of the toaster and the bottom plates in the toaster there was heavy build up of crumbs. In a refrigerator, door number 2 located just inside exit door from kitchen, there was sticky yellow and white substances on bottom shelf. On the top of the dishwasher machine there was multi colored brown particles and brown and yellow sticky substances. The ceiling ventilation fan, just inside the entrance to the kitchen, had dust and rust build up. The fan was running at time of the observation. The garbage container at the end of the center counter isle had black sticky substance on top and down all 4 sides.</p> <p>The sink in the main dining room area was heavily stained brown. The garbage can under the sink in the main dining room was running over with various garbage refuse. This was again noted on 10/12/2011 at 9:00 a.m.</p> <p>The menu holder in the main dining room had a black streaky substance on outside</p>		perform a random weekly review of kitchen cleanliness via walking rounds of kitchen during random meal times to ensure continued compliance for a period of six months. Audits will be reviewed within 6 months by the Bennett House interdisciplinary team to determine the need for ongoing monitoring and/or cessation of plan. Findings suggestive of compliance will result in cessation of monitoring plan.				

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	<p>of the plastic covering.</p> <p>In an interview with the Dietary Manager on 10/11/2011 at 11:10 a.m., she indicated that the cooks were responsible for cleaning the shelves and drawers and maintenance was responsible for cleaning ceiling ventilation fans.</p> <p>On 10/12/2011 at 3:30 p.m., record review of the kitchen cleaning schedule, dated from the week of July 3rd, 2011 to the week of October 3rd, 2011, indicated, but was not limited to; weekly duties: top of dishwasher, kitchen walls, inside drawers, inside cabinets, vents above stove, trash cans, inside refrigerators. Monthly duties included; but not limited to, ceiling vents. All of the tasks were checked off indicating that they were completed.</p> <p>This State Residential tag relates to Complaint IN00097046</p>						

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R0214	<p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to thoroughly evaluate the resident's skin prior to being treated for bug bites. This deficient practice affected 3 of 7 residents in a sample of 7 residents reviewed for bug bites. (Residents #A, B and F)</p> <p>Findings include:</p> <p>1. Review of the clinical record for Resident #A on 10/11/2011 at 11:30 a.m., indicated the resident was admitted to the facility from home on 10/18/2010 and had diagnoses which included, but were not limited to, renal failure, hypertension, coronary artery disease, and dementia.</p> <p>On 9/20/2011, a new physician's order was noted for the resident to receive Elimite Cream 5% (medicated cream to treatment parasitic infestation in the human body) - apply to entire body from neck down and wash off in 12 hours.</p> <p>Review of the nursing notes indicated the last nursing note entry was on 8/29/2011.</p>	R0214	<p>Citation #4 R 214 410 IAC 16.2-5-2 (a) Evaluation</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident A, B, and F were evaluated by a licensed nurse with documentation as to the assessment placed within the service notes. Residents were found to be free from any skin issues.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents identified as having bed bugs were evaluated and assessed by a licensed nurse with documentation in the service notes reflecting no skin issues identified.</p> <p>What measures will be put into</p>	11/23/2011			

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	<p>Documentation was lacking of an assessment of the resident's body to indicate if the resident had any bug bites and as to why the Elimate cream was necessary on 9/20/2011.</p> <p>2. Review of the clinical record for Resident B on 10/11/2011 at 12:35 p.m., indicated the resident was admitted to the facility on 7/13/2010 and had diagnoses which included, but were not limited to, dementia with Alzheimer's, hypertension, allergic rhinitis, arthritis.</p> <p>On 10/6/2011, a new physician's order was received for Elimate Cream 5% - apply to entire body from neck down and wash off in 12 hours.</p> <p>Review of the nursing notes indicated the last note was 6/19/2011. Documentation was lacking of an assessment of the resident's body to indicate if the resident had any bug bites and as to why the Elimate cream was necessary on 10/6/2011.</p> <p>3. Review of the clinical record for Resident #F on 10/11/2011 at 1:25 p.m., indicated the resident had diagnoses which included, but were not limited to, coronary artery disease, hypertension, and panic attacks.</p>		<p>place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director, Residence Director, and licensed staff were re-educated to our policy and procedure regarding change of condition and state regulation R 214 410 IAC 16.2-5-2 (a) Evaluation. The Wellness Director and/or Designee will ensure continued compliance through review of incident reports and service notes to ensure an appropriate evaluation is completed by a licensed nurse and documented within the service notes per our policy and procedure upon a change of condition. Appropriate interventions will be developed and implemented on a case by case situation.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Wellness Director will perform a random weekly review of resident incident reports and service notes for a period of six months to ensure an appropriate evaluation is performed and documented by a licensed nurse upon a change of condition. Audits will be reviewed within 6 months by the Bennett House</p>				

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	<p>On 10/6/2011, a new physician's order was received for Elimate Cream 5% - apply to entire body from neck down and wash off in 12 hours.</p> <p>Review of the nursing notes indicated the last note was 6/23/2011. Documentation was lacking of an assessment of the resident's body to indicate if the resident had any bug bites and as to why the Elimate cream was necessary on 10/6/2011.</p> <p>During the daily exit meeting with the Administrator, Wellness Director, and Corporate Nurse on 10/11/2011 at 3:45 p.m., the Wellness Director indicated he would look and thought there was documentation of an assessment of the residents' skin to indicate why the Elimate Cream was necessary.</p> <p>During an interview with the Corporate Nurse on 10/12/2011 at 9:00 a.m., he indicated the skin assessments had not been completed at the time of the Elimate Cream having been ordered although they should have been.</p> <p>This State Residential tag relates to Complaint IN00097828.</p>		interdisciplinary team to determine the need for ongoing monitoring and/or cessation of plan. Findings suggestive of compliance will result in cessation of monitoring plan.				

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R0273	<p>(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 that the stove, ventilation fan grates above the food preparation counters and shelving above the food preparation counter were cleaned in order to maintain sanitation. This deficient practice had the potential to affect 35 of 35 residents currently residing at the facility.</p> <p>Findings include:</p> <p>On 10/11/2011 at 10:30 a.m., observation of the kitchen ceiling fan ventilation, which were blowing at the time of observation, were noted to have heavy dust on grates in and around outside of them extending onto ceiling approximately 10 inches in some areas. A 1 inch by 1/2 inch tan piece of debris was noted to be in ceiling ventilation above stove. The ventilation fans were located in aisle between stove and preparation counter above the stove which had a large pan of Brussels sprouts, small pan of chicken and large pan of red colored soup cooking all of which were open to the blowing air from the vents. The stove had a dried on yellow and brown substance on the front outside burner and an 1/8th inch</p>	R0273	<p>Citation #5 R 273 410 IAC 16.2-5-1 (f) Food and Nutritional Services</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. The stove ventilation fan grates above the food preparation counters and shelving above the food preparation counter were cleaned in order to maintain sanitation and safe food handling standards.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director developed and implemented a kitchen cleaning task sheet for staff to</p>	11/23/2011			

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	<p>down the side extending to floor ending with a 3 x 3 circular spot on floor. The 6 shelves above preparation area had 13 trays for serving, 1 loaf of white bread and 1/2 bag of rice krispies. The shelves had sticky substances along with brown, white and black particles. Under the shelving on the preparation counter were 2 stacks of dinner size plates.</p> <p>In an interview on 10/11/2011 at 11:10 a.m., with the Dietary Manager she indicated that the cooks were to clean the stove and the shelving and maintenance was responsible for cleaning the ceiling vents.</p> <p>On 10/12 2011 at 2:30 p.m., record review of the kitchen cleaning schedule indicated, but was not limited to; from the week of July 3rd to the week of October 3rd that "vents above stove, counters, ceiling vents and stove top" were cleaned.</p> <p>This State Residential tag relates to Complaint IN00097046</p>		<p>complete as assigned. Kitchen and Residence staff were re-educated to completion of kitchen cleaning task sheet and kitchen safety and sanitation expectations. The Residence Director will ensure kitchen safety and sanitation are in compliance with 410 IAC 16.2-5-1 (f) Food and Nutritional Services through oversight of assigned cleaning duties.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Residence Director and/or Designee will perform a random weekly walking tour of kitchen during random meal times to ensure continued compliance with sanitation and safe food handling standards for a period of six months. The Residence Director and/or Designee will ensure stove ventilation fan grates above the food preparation counters and shelving above the food preparation counter are cleaned in order to ensure continued compliance. Audits will be reviewed within 6 months by the Bennett House interdisciplinary team to determine the need for ongoing monitoring and/or cessation of plan. Findings suggestive of compliance will result in cessation of monitoring plan.</p>				

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R0349	<p>(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:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure documentation was complete and readily available when 2 of 7 residents in a sample of 7 residents developed bug bites which required a physician's visit to evaluate the skin for causative factors. (Residents #A and F)</p> <p>Findings included:</p> <p>1. Review of the clinical record for Resident #A on 10/11/2011 at 11:30 a.m., indicated the resident was admitted to the facility from home on 10/18/2010 and had diagnoses which included, but were not limited to, renal failure, hypertension, coronary artery disease, and dementia.</p> <p>On 9/20/2011, a new physician's order was received for the resident to be treated with Elimate Cream 5% - (medicinal cream to treatment parasitic infestation in the human body) - apply to entire body from neck down and wash off in 12 hours.</p>	R0349	<p>Citation #6 R 349 410 IAC 16.2-5-8.1 (a) (1-4) Clinical Records</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident A, B, and F were evaluated by a licensed nurse with documentation as to the assessment placed within the service notes. Residents were found to be free from any skin issues.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents identified as having bed bugs were evaluated and assessed by a licensed nurse with documentation in the service notes reflecting no skin issues identified.</p>	11/23/2011			

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	<p>Documentation was lacking of the reason for the new order.</p> <p>2. Review of the clinical record for Resident #F on 10/11/2011 at 1:25 p.m., indicated the resident had diagnoses which included, but were not limited to, coronary artery disease, hypertension, and panic attacks.</p> <p>On 10/6/2011, a new physician's order was received for the resident to be treated with Elimite Cream 5%. Documentation was lacking of the reason for the new order.</p> <p>During the daily exit meeting with the Administrator, Wellness Director and Corporate Nurse on 10/11/2011 at 3:45 p.m., they indicated that when both residents first were noted with reddened bites, they both went out to the physicians to have them evaluated as to what they were. Documentation was lacking of these physician visits.</p> <p>The Wellness Director indicated he had placed a call to both physicians after being asked for the visit notes this day but was not sure when they would be faxed back to the facility. He also indicated Resident #A had his areas biopsied during one of his visits.</p>		<p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director, Residence Director, and licensed staff were re-educated to our policy and procedure regarding documentation and state regulation R 349 410 IAC 16.2-5-8.1 (a) (1-4) Clinical Records. The Wellness Director and/or Designee will ensure continued compliance through review of incident reports and service notes to ensure an appropriate evaluation is completed by a licensed nurse and documented within the service notes per our policy and procedure upon a change of condition. Appropriate interventions will be developed and implemented on a case by case situation.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Wellness Director will perform a random weekly review of resident incident reports and service notes for a period of six months to ensure appropriate documentation is performed by a licensed nurse upon a change of</p>				

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