

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 07/15/2015
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NAME OF PROVIDER OR SUPPLIER  LAFAYETTE BICKFORD COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3633 REGAL VALLEY DR LAFAYETTE, IN 47901
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint #IN00170739.</p> <p>Complaint #IN00170739 -Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 13, 14, and 15, 2015.</p> <p>Facility number: 004503 Provider number: 004503 AIM number: N/A</p> <p>Residential Census: 8</p> <p>Sample: 8</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0121  Bldg. 00	<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</p>			

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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	<p>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> <p>Based on record review and interview the facility failed failed to ensure staff were properly screened for Tuberculosis (TB)</p>	R 0121	R121-- No residents were harmed by this deficient practice, although the potential for harm did exist *Director and	08/15/2015
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	<p>for 3 out of 6 staff members reviewed for health screening. (RN #1, LPN # 2 and QMA # 3 (Qualaified Medication Aide)</p> <p>Findings include:</p> <p>During the employee files record review for the facility, on 07/14/2015 at 2:00 p.m., the following was discovered:</p> <ol style="list-style-type: none"> <li>1. RN #1 was hired on 05/18/2015, she did not have the two- step tuberculin skin test, using the Mantoux Purified Protein Derivative method ( PPD), completed.</li> <li>2. LPN #2 was hired on 06/12/2013, she did not have the yearly tuberculin skin test (PPD), completed.</li> <li>3. QMA # 3 was hired on 07/13/2012, she did not have the yearly tuberculin skin test (PPD), completed.</li> </ol> <p>During an interview on 07/15/2015 at 1:00 p.m., with the Divisional Director of Resident Services, she indicated the TB records for RN #1, LPN #2, and QMA #3 were not found. She indicated staff upon hired are given the Mantoux PPD, two-step method. and then each year of employment, a single Mantoux PPD should be given.</p>		<p>RNC will be re-educated on the employee TB screening policy on 7/31/15. *All employee personnel records will be audited for complete TB records by 7/31/2015. *Any staff members with incomplete records will be tested according to policy with completion by 8/15/2015. *The Personnel File Checklist for the next five hires will be reviewed by Divisional Director three weeks after hire to ensure TB screening process is complete. *Personnel files will be reviewed by Divisional Director to ensure compliance with the TB screening policy.</p>				

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R 0273 Bldg. 00	<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, record review and interview, the facility failed to ensure food was labeled and dated in the dry storage area in 1 of 1 kitchens in the facility. This deficiency had the potential to affect 8 of 8 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>During a tour of the dry storage area on 7/13/15 at 9:30 a.m., the following was observed:</p>	R 0273	<p>R273-- No residents were harmed by this deficient practice. Although, the potential for harm did exist. *Director will provide re-education for the kitchen staff on proper dating/labeling of food upon delivery, and policy on dating food when it is opened for use, by 7/31/2015. *All food storage areas, including dry storage, refrigerators, and freezers were cleaned out and inappropriately stored items were removed by 7/24/2015. * Director, with kitchen staff to audit dry food storage weekly for</p>	07/31/2015

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	<p>No date on opened container of quick oats</p> <p>No received or opened date on package of crackers</p> <p>No opened date on package of graham crackers</p> <p>No received date on cans of pork and beans</p> <p>No received date on baked beans</p> <p>No received date on can of sweet and sour sauce</p> <p>During an interview with Divisional Director of Resident Services on 7/14/15 at 1:50 p.m., she indicated all food stuffs are to be dated when received and dated when opened.</p> <p>A policy received from Divisional Director of Resident Services on 7/14/15 at 12:40 p.m., titled "Food Storage-Labeling and Dating" not dated, indicated: "Policy: It is the policy for the Food Service Department to wrap, cover, label, date and store all foods in a safe, appropriate manner...Procedure: All dates are to be written on the container and represent the date it was opened or prepared...."</p>		<p>three months for compliance with dating policy and then monthly for six months.</p> <p>* Director to audit refrigerators/freezers weekly for three months for "date opened" documentation on all opened food items and then monthly for six months. * Food storage areas to be reviewed by Divisional Directors on routine site visits, with formal audit yearly.</p>	

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R 0410 Bldg. 00	<p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance</p> <p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents 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 within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin 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>Based on record review and interview, the facility failed to screen new residents for Tuberculosis (TB) for 2 of 8 residents reviewed for Tuberculin skin tests. (Resident # 2 and Resident # 5)</p> <p>Findings include:</p> <p>1. The clinical record for Resident # 2 was reviewed on 7/13/15 at 1:00 p.m. A Mantoux (skin test) was administered on 2/1/15, no results were indicated on clinical record. A mantoux test was administered on 3/10/15 A reading was</p>	R 0410	<p>R410-- No residents were harmed by this deficient practice; although, the potential for harm did exist. *Director and RNC will be re-educated on TB screening policy for residents on 7/31/15. *RNC will audit all resident files to ensure proper TB screening process is complete by 7/31/2015. *TB screening will be completed for any residents whose screening process is found to be noncompliant by 8/15/2015. *TB screening record for the next five new admissions to be reviewed</p>	08/15/2015

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	<p>noted on 3/12/15. No 2nd step skin test was administered after that date.</p> <p>2. The clinical record for Resident # 5 was reviewed on 7/13/15 at 1:30 p.m., a mantoux was administered on 12/19/14, resident was discharged to the hospital on 1/1/15 and returned on 1/5/15 , no 2nd step skin test was administered.</p> <p>During an interview with RN Coordinator on 7/14/15 at 11:15 a.m., she indicated no Mantoux 2nd step was completed on residents B and E on admission.</p> <p>During a review of policy titled "Tuberculosis Screening-Resident" dated 5/2014, the policy indicated: "Policy: Tuberculosis (TB) screening will be done at the time of move-in on all new Residents... Procedure: 1. Upon move-in, all Residents must undergo a two-step Mantoux Purified Protein Derivative (PPD) testing to ensure that they are not infected with tuberculosis... Two step PPD testing should be used for the initial skin testing of adults who do not have a documented negative PPD test within the past 2 years...."</p>		by Divisional Director to ensure compliance with the Resident TB Screening policy.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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