

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 03/16/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 17441 SR 23 SOUTH BEND, IN 46635
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 15 and 16, 2016</p> <p>Facility number: 010667 Provider number: 010667 AIM number: N/A</p> <p>Residential census: 39</p> <p>Sample: 7</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed by 14454 on March 18, 2016.</p>	R 0000	<p>This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</p>	
R 0120  Bldg. 00	<p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance</p> <p>(e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(1) The frequency and content of inservice</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>education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.</p> <p>Based on record review and interview, the facility failed to ensure three hours of annual dementia training was recorded for staff who had direct contact with residents for 6 of 10 employee records reviewed for dementia specific training. (Employees #3, #8, #9, #10, #11, and #12)</p> <p>Finding includes:</p>	R 0120	<p><b>What corrective action(s) will be accomplished for those residents found to have been effected by the deficient practice?</b></p> <p>·No adverse effects have been identified for the residents who were affected by alleged deficient practice.</p> <p><b>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?</b></p> <p>·No adverse effects have been identified for the residents who</p>	04/01/2016

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	<p>On 3-16-2016 at 9:35 A.M., a review of the employee records indicated there was no documentation of the amount of time employees spent in dementia training in the past year for Employees #3, #8, #9, #10, #11 and #12.</p> <p>3-16-2016 at 10:17 A.M. an interview with the AD (Administrative Director), indicated all employees who had direct contact with residents were required to have 3 hours of dementia specific training every year, and new employees were required to have 6 hours of training within the first 6 months of employment. He indicated employees attended a monthly facility training which included a dementia focus. The actual amount of time spent on dementia training was not recorded. He further indicated he was unable to determine the amount of dementia training the employees received under the current record keeping system.</p> <p>On 3-16-2016 at 11:18 A.M., an in-service calendar regarding the required dementia training regulations, provided by the AD at that time, indicated, "...All Staff + 3 hours of dementia care training...."</p> <p>3-16-2016 at 11:20 A.M., an interview</p>		<p>were affected by alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</b></p> <p>·Executive Director has developed on-going associate training file to calculate total hours of dementia training for the annual year for each associate in the community. Also specific time during all staff meeting focused towards dementia topics will be documented on sign in sheet.</p> <p><b>How 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; and by what date the systemic changes will be completed?</b></p> <p>·Administrative Assistant and Executive Director will perform monthly audits of associates overall dementia training for the annual year and assign elective courses for associates that need additional dementia training through Brookdale's Learning Management System. This will be completed by April 1st, 2016.</p>				

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R 0273 Bldg. 00	<p>with the AD indicated the facility did not have a policy specific to dementia training.</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>Based on observation, interview and record review, the facility failed to ensure meals were being served under sanitary conditions in regards to hand washing and food serving. This had the potential to affect 33 of 33 residents that received meals in the dinning room.</p> <p>Finding includes:</p> <p>On 3-15-16 from 12:20 P.M. to 1:09 P.M., observation of the lunch meal was conducted in the main dining room. During this time the following was observed:</p> <p>At 12:30 P.M., Employee # 3 was observed to wash her hands for 10 seconds and then serve two bowls of soup to residents with her thumbs on the rims of the bowls.</p> <p>At 12:35 P.M., Employee # 7 was</p>	R 0273	<p><b>What corrective action(s) will be accomplished for those residents found to have been effected by the deficient practice?</b></p> <p>·No adverse effects have been identified for the residents who were affected by alleged deficient practice.</p> <p><b>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?</b></p> <p>·No adverse effects have been identified for the residents who were affected by alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?</b></p> <p>·A Manager on Duty schedule has been assembled for daily coverage in dining room. New hire orientation process will now also include hands on training in</p>	04/15/2016			

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	<p>observed to serve a bowl of soup to a resident with her thumb on the rim of the bowl.</p> <p>At 12:36 P.M., Employee # 6 was observed to serve two bowls of soup to residents with her thumbs on the rims of the bowls.</p> <p>At 12:38 P.M., Employee # 3 was observed to serve two bowls of soup to residents with her thumbs on the rim of the bowls.</p> <p>At 12:39 P.M., Employee # 3 was observed to wash her hands for 11 seconds and then serve two bowls of soup to residents with her thumbs on the rims of the bowls.</p> <p>At 12:41 P.M., Employee #2 was observed sitting at the assisted table, leaning on her forearms, adding crackers to 2 residents bowls of soup. She then was observed to get up, push a residents chair closer to the table, sit back down, remove her cell phone from her pocket, look at it, put it away then went on to assist the resident to eat his soup, without washing her hands.</p> <p>At 12:48 P.M., Employee #4 was observed to remove a cracker from its wrapper, break it up and put it in a bowl</p>		<p>handling dishes in dining room as well as hand washing by Manager on Duty.</p> <p><b>How 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; and by what date the systemic changes will be completed?</b></p> <p>-Dining Service Coordinator, Executive Director and/or community managers will perform checks three times weekly for proper dish handling and hand washing during meal times. These audits will be conducted three times weekly for 4 months and then random audits will be conducted after the 6 months is complete.</p>	

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	<p>of soup for a resident with her bare hands.</p> <p>At 12:51 P.M., Employee #2 was observed to wash her hands for 6 seconds, then fed a resident his lunch.</p> <p>At 12:54 P.M., Employee #3 was observed to serve 2 lunch plates to residents, with her thumbs on the inside edge of the plate.</p> <p>At 1:09 P.M., Employee #3 was observed to serve 2 lunch plates to residents, with her thumbs on the inside edge of the plate.</p> <p>During an interview on 3-15-16 at 2:00 P.M., the ED (Executive Director) indicated " ... plates and bowls should be carried from the bottom not by the edges...."</p> <p>On 3-16-16 at 9:00 A.M., the current policy titled "Hand washing and Serving the Meal," revised December 2007 and issued 2002, was provided by the ED at this time. The policy indicated"... 1. Appropriate fifteen to twenty second hand washing should be preformed... Never touch the eating side of table ware...."</p> <p>During an interview on 3-16-16 at 9:10</p>			

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	<p>A.M., the ED indicated "...crackers should not be touched with bare hands...."</p> <p>During an interview on 3-16-16 at 11:13 A.M., the ED indicated "...hand washing should be for fifteen to twenty seconds...cell phones should not be present during meal service...."</p>				