

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 12/30/2011
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NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN46168
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: December 27, 28, 29, and 30, 2011</p> <p>Facility number: 012394 Provider number: 012394 AIM number: N/A</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator Michelle Hosteter, R.N. Heather Lay, R.N.</p> <p>Census bed type: Residential--70 Total--70</p> <p>Census payor type: Other--70 Total--70</p> <p>Residential sample: 10 Supplemental sample: 1</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/5/12 Cathy Emswiller RN</p>	R0000	<p>The Plan of Correction is neither an agreement with nor an admission of wrong doing by this facility or its staff members. Rather, it is submitted for compliance purposes. This facility alleges substantial compliance with this plan of correction as of January 26, 2012 and requests paper compliance for this survey.</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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R0148	<p>(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to maintain metal forks and knives in a locked/secured manner, in 1 of 1 secured/locked Alzheimer's unit. This deficiency had the potential to impact 19 of 19 residents currently residing on the unit.</p> <p>Findings include:</p> <p>In an interview during the initial orientation tour on 12/27/11 at 10:30 A.M., the Director of Health Services indicated 5 of the 19 residents living in the secured/locked Alzheimer's unit used wheelchairs for mobility. Four of the 5 residents who used wheelchairs were</p>	R0148	<p>Based on a review of 100% of the incidents and accidents for Orchard House, no residents were involved with any incidents or accidents related to the silverware in a drawer in the kitchen of Orchard House since the facility opening of the facility in October of 2010. Therefore, the residents had no negative outcomes from the placement of the silverware.</p> <p>Locks will be installed on drawers containing metal forks and knives to secure the silverware.</p> <p>100% of nursing, activities and food service staff were trained on the practice as of January 17, 2012 or</p>	01/26/2012			

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	<p>unable to propel themselves around the unit, and required physical assistance of staff to do so.</p> <p>The "General Observations of the Facility" task was done on 12/28/11 at 9:05 A.M., with the Director of Environmental Services in attendance.;</p> <p>The following was observed in the unit kitchenette:</p> <p>One lower cabinet drawer at a 3-foot height, next to the sink, contained a partitioned silverware tray. There were too-numerous-to-count metal dinner forks, which had sharp, pointed tines.</p> <p>One lower cabinet drawer at a 3-foot height, next to the drawer containing the forks, contained a partitioned silverware tray. There were too-numerous-to-count metal dinner knives with serrated edges.</p> <p>Both drawers were unlocked, and had no mechanisms with which to lock the drawers.</p> <p>In an interview at that time, the Director of Environmental Services indicated he had not been aware that the silverware needed to be secured.</p> <p>On 12/29/11 at 1:10 P.M., two</p>		<p>prior to the next shift worked thereafter.</p> <p>A management team member will perform audits five days per week for one month and once weekly for two months thereafter to ensure that the metal knives and forks are kept secured in the drawers.</p> <p>The changes have been implemented as of January 26, 2012.</p>		

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R0214	<p>independently ambulatory residents were observed to take their lunch plates and silverware to the kitchenette area. One of the residents was observed to scrape uneaten food into the trash and wash the plates off at the sink. No staff were in the kitchenette or dining room area at the time.</p> <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 interview and record review, the facility failed to have specific criteria, and complete a pre-admission evaluation, to determine appropriateness of admission to the secured/locked Alzheimer's unit, for 3 of 4 residents reviewed who were admitted to the Alzheimer's unit since the initial licensure survey on 11/17/10; in a sample of 10 residents. [Residents #61, #62, and #63]</p> <p>Findings include:</p> <p>1. In an interview during the initial orientation tour on 12/27/11 at 10:30 A.M., the Director of Health Services</p>	R0214	<p>For residents #61, #62 and #63, the responsible parties were notified of the current Services Evaluation and Health Assessment as well as criteria for admission to Orchard House.</p> <p>The General Manager reviewed 100% of charts from Orchard House and determined that pre-admission evaluations were completed on 100% of the remaining residents with the exception of 1 resident who was transferred to the unit. The Services Evaluation and Health Assessment form did not contain specific criteria for admission to Orchard House beyond the admission agreement</p>	01/26/2012			

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	<p>indicated Resident #62 was displaying episodes of inappropriate behaviors of smearing stool from bowel movements.</p> <p>The clinical record for Resident #62 was reviewed on 12/29/11 at 10:00 A.M. The resident was admitted on 5/20/11, directly to the Alzheimer's unit, with diagnoses of history of kidney transplant, squamous cell cancer, left lung mass, and dementia. On 8/3/11, the resident was admitted to an acute care hospital geriatric psychiatric unit for diagnoses of senile dementia-Alzheimer's type, delusions, and aggressive behaviors. The hospital discharge summary indicated the resident had cornered a nurse in his room and "punched her in the face." The resident returned to the facility, directly to the Alzheimer's unit, on 8/11/11.</p> <p>A "Sugar Grove Senior Living Service Evaluation &amp; Health Assessment" form, dated 3/23/11, was identified by the Director of Health Services as the resident's pre-admission evaluation.</p> <p>The assessment form indicated the resident was "hard of hearing, quiet, happy, able to count to 10, able to interact socially;" required stand-by assistance with dressing and bathing, hands-on assistance for morning and bedtime care; did not require any assistance with</p>		<p>documentation for any of the residents. The Services Evaluation and Health Assessment form of the one resident who was transferred to the unit was completed again with the family. 100% of the responsible parties for the remaining residents of Orchard House were provided a copy of the admission criteria.</p> <p>The facility has added specific criteria for admission to Orchard House to its existing Admission and Discharge Criteria Policy. The Services Evaluation and Health Assessment form has been modified to specifically reflect the criteria for Orchard House. The Personal Service Plan, Exhibit C of the Lease Agreement, has been modified to demonstrate agreement with the admission to Orchard House.</p> <p>100% of transfers and admissions to Orchard House will be audited by the General Manager to ensure compliance with completion Services Evaluation and Health Assessment form, as well as the notification of and agreement with the Orchard House admission criteria for three months.</p> <p>The changes were completed January 26, 2012.</p>				

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	<p>transports/transfers; was occasionally incontinent of bowel and bladder; had no falls or pain; was on a regular diet; was provided medications by facility staff; and had no behaviors.</p> <p>There was no evaluation information to indicate why the resident needed to reside on a locked/secured Alzheimer's unit, or demonstrate that it was appropriate for him to be admitted to that unit.</p> <p>A semi-annual "Service Evaluation," dated 11/14/11, indicated the resident had behaviors of "wandering at times," and "tends to be combative/aggressive at times."</p> <p>2. On 12/28/11 at 10:10 A.M., Resident #61's clinical record was reviewed. Diagnoses included, but were not limited to, mental retardation, hypertension, asthma, and dementia.</p> <p>A document titled "Resident Health Service Plan," dated 9/16/11 indicated "Move - In Date" was 9-16-11 to the facility.</p> <p>A "Nurses Notes" dated 12/17/11 included, but was not limited to, "Res [Resident #61] transferred to Orchard House [facility locked dementia unit]..."</p>				

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	<p>A "Service Evaluation and Health Assessment" dated 12/14/11 did not include a pre-admission assessment evaluation for the locked dementia unit.</p> <p>In an interview on 12/30/11 at 9:25 A.M., the Director of Health Services indicated she did not address Resident #61's admission to the locked dementia unit. The Director of Health Services was unable to provide documentation of pre-evaluation to the locked dementia unit for Resident #61.</p> <p>3. On 12/29/11 at 10:30 A.M., Resident #63's clinical record was reviewed. Diagnoses included, but were not limited to, Alzheimer's Disease, dementia, and depression.</p> <p>A document titled "Resident Health Service Plan," dated 5/18/11 indicated "Move - In Date" was 4/9/11 to the facility.</p> <p>A "Nurses Notes" dated 11/19/11 included, but was not limited to, "Res [Resident #63 to transfer to Orchard House [facility locked dementia unit]..."</p> <p>A "Service Evaluation and Health Assessment" dated 11/9/11 did not include a pre-admission assessment</p>			

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	<p>evaluation for the locked dementia unit.</p> <p>4. Following the entrance conference on 12/27/11 at 10:15 A.M., the Administrator provided the facility "Licensed Residential Care Community Lease and Admission Agreement." Section F. of the "Agreement" included, but was not limited to, the following information related to the "Memory Care Program" admission:</p> <p>"... The Memory Care Program is designed for individuals that have been diagnosed with dementia or other conditions that affect memory and require specialized care. Prior to Resident moving in to the Community, Lessor [the facility] will conduct an evaluation to determine, in its sole discretion, if Resident qualifies for the Memory Care Program. If Resident qualifies for the Program, Resident may live in a specially designed and dedicated memory care community and receive specialized services and amenities.... Services and amenities provided to those residing in the Memory Care community include family-style dining, structured daily activities throughout the day, special memory care trained staff, a dedicated memory care program facilitator, a home-like secured environment, memory boxes to assist with room recognition for</p>				

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	<p>each resident, and an emphasis for the residents on maintaining independence, productivity, and success...."</p> <p>In an interview on 12/27/11 at 1:50 P.M., the Administrator indicated the facility did not have a separate admission policy or other specific written criteria to be used to determine if a resident admission to the secured/locked Alzheimer's unit was appropriate. She indicated a person would be eligible for the Alzheimer's unit if they wandered, were exit-seeking, or needed an additional structured environment. Eligibility would be determined by verbal discussions with the family, and a physician's order would be obtained.</p> <p>On 12/27/11, the Administrator also provided a copy of the required annual "Alzheimer's/Dementia Special Care Unit" disclosure form [State Form 48896], dated 12/19/11.</p> <p>The disclosure form indicated the [dementia] "program" would have a formal written process for admission, transfer, and discharge that included physician's evaluation/diagnosis, staff evaluation, family conference, and appeal procedure.</p>			

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R0217	<p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, record review and interview, the facility failed to identify services to be provided to residents, for 8 residents in a sample of 10. [ Resident #9, #15, #48, #53, #61, and #62]</p>	R0217	The Resident Health Service Plans for residents #9, #15, #48, #53, #61, and #62 were completed with current service plan information for all staff members.	01/26/2012			

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	<p>Findings include:</p> <p>1. Record review for Resident # 9 was completed on 12/28/11 at 1:17 P.M. Diagnoses included, but were not limited to, Parkinson's disease, depression, and high blood pressure.</p> <p>Resident #9 was admitted on 2/5/11. The Nurses Notes indicated the resident had falls on the following dates:</p> <p>2/6/11- found on floor, no injury. 2/10/11-found on floor, no injury. 7/18/11-found on floor, hit head, no pain and no injury. 8/13/11-found on floor, no injury. 9/12/11- found on floor, hit head, no pain and no injury. 10/5/11- fell in bedroom, complaining of right sided rib pain, Tylenol given, relieved pain. 11/3/11- found on floor, no injury. 12/3/11- found on bottom, no injury. 12/16/11- fell on bottom, no injury. 12/24/11- fell on bottom, no injury.</p> <p>During interview on 12/29/11 at 4:00 p.m., A "Service Evaluation &amp; Health Assessment" form was identified by the Director of Health Services as the Service Plan used by licensed nurses.</p> <p>A "Service Evaluation &amp; Health</p>		<p>The Resident Health Service Plans for 100% of the remaining residents in the facility were also updated to reflect current service plan information for all staff members. .</p> <p>The Resident Health Services plans were modified for use as a service plan for all staff rather than an assignment sheet for the nursing assistants. An Update to Resident Health Services plan form was added to communicate necessary changes to the service plan between assessments.</p> <p>The Director of Health Services will audit 100% of admissions and transfers for accurate Resident Health Service Plans and 100% of all Resident Health Service Plans for those with a change in condition for updated service plans for a period of 3 months.</p> <p>The change was completed January 26, 2012.</p>				

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	<p>Assessment" for Resident #9 was dated 10/8/11. The section for "Falls" listed the following categories: "... assistive devices, gait problems, impaired balance, impaired vision, hx (history) of falls...." The "Comments" section indicated "... Several falls...." There was nothing identifying the services the staff provided related to her falls.</p> <p>During interview on 12/29/11 at 4:00 p.m., A "Resident Health Services Plan" form was identified by the Director of Health Services as the Service Plan used by C.N.A.s.</p> <p>A "Resident Health Services Plan" for Resident #9 was dated 2/10/11. The plan indicated "... Area of Amendment; Falls and Safety: Remind resident to wear pendant at all times; Educate &amp; remind resident to keep walker with her while in apartment...."</p> <p>In an interview on 12/29/11 at 4:00 P.M., the Administrator and the Director of Health Services (DHS) indicated these Service Plans list the services provided to the resident.</p> <p>In an interview on 12/30/11 at 9:35 A.M., the resident indicated she was unable to find her pendant [used to call staff] that morning. A family member indicated</p>						

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	<p>they needed it in case the resident falls, and have trouble finding it sometimes.</p> <p>2. In an interview during the initial tour on 12/27/11 at 11 A.M., the Director of Health Services indicated Resident #48 was receiving Hospice services.</p> <p>The record for Resident # 48 was reviewed on 12/27/11 at 1:15 P.M. Diagnoses included, but were not limited to, chronic obstructive lung disease, congestive heart failure, bladder/bone cancer, stroke, and diabetes.</p> <p>A "Service Evaluation &amp; Health Assessment" form was identified by the Director of Health Services as the Service Plan used by licensed nurses.</p> <p>The most current Service Plan for Resident #48 was dated 9/27/11. The section for "... Activities of Daily Living" indicated "... set up assistance needed with A.M. [morning] and P.M. [evening] care; hands on assistance needed two times weekly ? ...." The section for "Falls" indicated "... Frequency -None known, impaired vision, gait problems." The section for "Comments" indicated "At risk...." There was no information to indicate what days the facility was assisting resident, and what days hospice was assisting resident, with ADL's.</p>			

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	<p>A "Nurses Notes" entry, dated 10/13/11 at 22:50 P.M., indicated the resident was found in bathroom on the floor, laying on her back with the back of head reddened. "Resident indicated no pain in head at this time." There was no indication on the Service Plan about services to be provided related to falls.</p> <p>A "Nurses Notes" dated 10/20/11 at 2:30 P.M. indicated "This RN has entered resident room 2 x [times] today and found resident in chair without O2 [oxygen] on. When asked why he isn't wearing it, resident unable to explain. Resident cooperative with putting O2 back on. Will continue to check on resident and continue to encourage resident to keep O2 on." A note on 10/20/11 at 2:45 P.M. indicated "Again found resident sleeping in chair without O2 on. Encouraged resident to wear." A "Nurses Note" on 11/18/11 at 1:30 A.M. indicated "Resident resting quietly at this time. Resident not wearing oxygen, nasal canula and tubing connected to empty tank. Resident awoken and placed nasal canula on self as this writer connected tubing to stationary oxygen tank. Resident on 3L (liters) via N/C (nasal canula). No c/o (complaints)."</p> <p>The Service Plan indicated the resident was on oxygen per nasal canula, and</p>			

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	<p>required assistance with oxygen maintenance and set up. There was no information to indicate services provided related to his behavior of to forgetting to wear the oxygen.</p> <p>3. Tour of the facility was initiated on 12/27/11 at 11:00 A.M. with the Director of Health Services. Resident #15 was identified as having Hospice services.</p> <p>On 12/27/11 at 1:35 P.M., Resident #15's clinical record was reviewed. Diagnoses included, but were not limited to, progressive multiple sclerosis, dysphagia, and urinary incontinence.</p> <p>A "Resident Health Services Plan" dated 11/22/10 included, but was not limited to, "Move - In Date" 10/22/10.</p> <p>A "Service Evaluation and Health Assessment" dated 10/26/11, included, but was not limited to, "Activities of Daily Living... Dressing, Hygiene, Transports/Transfers, Bathing... Hospice services Monday through Friday..."</p> <p>A document from Hospice titled, "Interdisciplinary Team Plan of Care and Comprehensive Needs Assessment" dated 12/5/11, included, but was not limited to, "ALF [Assisted Living</p>						

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	<p>Facility] has minimum involvement in ADL's [Activities of Daily Living] patient [Resident #15] needs 24 hour care that is not provided by the AL [Assisted Living] facility..."</p> <p>A "Nurses Notes" dated 12/13/11 at 4:00 P.M., included, but was not limited to, "Also discussed the need for need for additional caregivers at HS [night] and weekends secondary to residents increased level of care... Daughter voiced her understanding..."</p> <p>In an interview on 12/28/11 at 3:00 P.M., the Director of Health Services indicated the assisted living staff are providing the care needed for Resident #15 until her daughter arranges additional care services.</p> <p>On 12/29/11 at 11:05 A.M., the Director of Health Services provided a "Nurses Notes" dated 12/29/11 that included the services provided to Resident #15 after Hospice services are completed for the day. The current "Service Evaluation and Health Assessment" dated 10/26/11 was the most current facility evaluation of Resident #15 and did not identify current services provided by the facility.</p> <p>4. Tour of the facility was initiated on 12/27/11 at 11:00 A.M. with the Director of Health Services. Resident #61 was</p>						

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	<p>identified to have history of falls and behaviors.</p> <p>On 12/28/11 at 10:10 A.M., Resident #61's clinical record was reviewed. Diagnoses included, but were not limited to, mental retardation, hypertension, asthma, and dementia.</p> <p>A "Nurses Notes" included, but was not limited to the following dates for falls; 10/9/11, 10/29/11, 11/2/11, and 12/9/11.</p> <p>A "Service Evaluation and Health Assessment" dated 12/14/11, included, but was not limited to, "Safety/Behaviors... Res [Resident #61] is impulsive. Doesn't use pendant appropriately. Poor Safety awareness. Will yell or scream when he is frustrated... Falls... Has had several falls secondary to impulsive behavior... Requires constant reminders to use pendant to call for assistance to toilet..." Services the facility provided were not identified.</p> <p>5. In an interview during the initial orientation tour on 12/27/11 at 10:30 A.M., the Director of Health Services indicated Resident #53 resided on the locked/secured Alzheimer's unit, was ambulatory with a rolling walker, and had falls. The facility had instituted a door</p>						

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	<p>alarm because the resident fell while trying to open the door to her room. The Director of Health Services indicated the resident kept her room door closed because her cat was living with her.</p> <p>The clinical record for Resident #53 was reviewed on 12/29/11 at 12:55 P.M. Diagnoses included, but were not limited to, senile dementia--Alzheimer's type, hypertension, congestive heart failure, bilateral lower extremity edema, incontinence, and falls.</p> <p>Nurses' progress notes between 11/16/10 and 12/28/11 indicated the resident experienced 58 falls. On 12/29/11 at 12:40 P.M., the resident was observed to fall in the hallway outside her room door. In an interview on 12/29/11 at 1:00 P.M., L.P.N. #4 indicated that had been the resident's second fall "today."</p> <p>Nurses' progress notes on 7/18/11 at 2:45 A.M. indicated the resident "lost balance and fell" while she was shutting the door to her room. A note on 7/21/11 at 5:50 P.M. indicated the resident was "found on the floor in front of room door without her walker." A note on 7/31/11 at 6:30 P.M. indicated the resident "opened apartment door and called out--found on floor." The other falls were documented as occurring in the dining room, the activity room,</p>				

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	<p>hallway, or bathroom of her apartment.</p> <p>Nurses' notes indicated that on 11/16/10 at 4:30 P.M., the resident came to the Nurse's Station with a large hematoma to her right forehead--she was sent to the hospital emergency room. On 11/26/11 at 11:15 P.M., the resident was yelling for help and was found on the floor with a bruise to her right hip--she was sent to the hospital emergency room. On 6/28/11 at 10:50 P.M., the resident fell and hit her head--she was sent 911 to the hospital emergency room. On 9/13/11 at 3:00 P.M., the resident was attempting to pick something up off the floor and fell, sustaining a 5 centimeter laceration to her head--she was sent to the hospital, and was found to have a "large left-sided subdural hematoma with a combination of acute and old blood... laceration to midforehead..." On 9/30/11 [time not listed], the resident was found on the floor with a 3 inch laceration to the top of her head--she was sent to the hospital emergency room and received 23 staple sutures.</p> <p>The Nurses' Notes indicated the resident was given "constant" reminders to use walker, and that the resident "refuses" or "forgets" to use it.</p> <p>An undated Nurses' Note indicated "Fall</p>						

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	<p>Follow-up investigation for 1/18/11 &amp; 1/22/11. Resident interventions in place resident is toileted q [every] 2 hours before and after all meals. Resident is reminded frequently and every time she is seen to have her walker in place. Resident is kept in visual at all times unless she insists to go to her room to see her cat.... Writer did speak with P.T. [Physical Therapy] (Home Health).... Writer asked if another type of walker would benefit resident than the one she is currently using. P.T. stated in her opinion resident does well with her current walker... and no matter what type of walker she has, she would still forget to use it."</p> <p>On 12/29/11 at 2:05 P.M. Resident #53 was observed sitting at a table in the dining room, by herself. She had been given a snack and a cup of coffee. Another resident approached her, and moved Resident 53's walker around and in front of her. Resident #53 attempted to get up from her chair several times, but was unsteady and sat back down in the chair. When approached, the resident indicated she wanted to get up, but was encouraged to remain seated until facility staff were available to assist her. The resident continued to scoot in her chair, and reach for her walker. The Director of Health Services passed through the dining</p>				

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	<p>room and was alerted. No other staff had been in the dining room.</p> <p>In an interview during the daily conference on 12/29/11 at 3:30 P.M., the Director of Health Services indicated the "Resident Health Services Plan" was the service plan used by the C.N.A.s She indicated licensed nurses used a form titled "Sugar Grove Senior Living Evaluation and Health Assessment" as their service plan.</p> <p>The C.N.A. "Resident Health Services Plan" was dated as "updated" on 8/24/11. The section for "Mobility" indicated the resident "is able to walk with rolling walker but gait is unsteady at times." The section for "Falls &amp; Safety" indicated "Monitor resident when ambulating due to unsteadiness at times; resident also noted to shuffle feet at times; remind resident to use walker, alarm on room door to let staff know when enters and leaves room."</p> <p>There were no other services to be provided by the facility related to the resident's multiple falls listed on the C.N.A. Service Plan. There was nothing listed related to the toileting every 2 hours before and after meals.</p> <p>A current licensed nurse "Evaluation and Health Assessment" Service Plan was not</p>						

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	<p>located in the clinical record. During the daily conference on 12/29/11 at 3:30 P.M., the Director of Health Services was given the opportunity to submit any current service plan or plans related to falls for this resident.</p> <p>At the final exit on 12/20/11 at 12:45 P.M., no additional service plan information was provided for review.</p> <p>6. In an interview during the initial orientation tour on 12/27/11 at 10:30 A.M., the Director of Health Services indicated Resident #62 had inappropriate behaviors of smearing stool from a bowel movement.</p> <p>The clinical record for Resident #62 was reviewed on 12/29/11 at 10:00 A.M. Diagnoses included, but were not limited to, dementia, history of kidney transplant, and squamous cell skin cancer. On 8/3/11, the resident was admitted to an acute care hospital psychiatric unit. The hospital discharge summary indicated diagnoses of senile dementia--Alzheimer's type with delusions, aggression, and history of depression. The "Chief Complaint" indicated "Cornered a nurse in the room and punched her [in face], ... other residents apparently fearful of him...."</p>				

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	<p>A Nurse's Notes dated 5/31/11 at 10:20 P.M. indicated the resident was found urinating in a water fountain next to the Nurse's Station. A note on 7/17/11 at 8:00 P.M. indicated the resident "was very agitated this shift refused medications... did not eat well." A note dated 7/31/11 at 10:00 P.M. indicated "Resident has had periods of agitation... short tempered.... I was in his bathroom at this point, when he raised his fist and punched it toward my face. Did not make contact however. Kept saying "What do you think of this, huh, huh?" Jabbing his fist with "huh, huh". Resident also has been pushing other residents in their wheelchair or walking in front of another resident that has extremely poor balance. Resident becomes angry when he doesn't understand what is being said to him...."</p> <p>A Nurses' Note dated 8/1/11 indicated "... easily becomes frustrated and angry when he is unable to make the mental connections necessary to complete a task. No combative or threatening behaviors noted this shift...."</p> <p>A bed, previously unavailable, at the acute care hospital psychiatric unit was secured, and the resident was admitted on 8/3/11.</p> <p>After his return on 8/11/11, the resident was "pleasant and cooperative" until</p>				

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	<p>10/28/11 at 5:00 P.M., when he became involved in a "yelling" episode with another resident. The resident was witnessed to strike the other resident in the face. Both residents were removed from the area, assessed, and redirected. Resident #62 was placed on 15 minute checks for 24 hours.</p> <p>On 11/29/11 at 9:00 P.M., the resident "removed [incontinence] brief several times this shift. Resident incontinent of B. M. [bowel movement] in bathroom, formed stool smashed into floor and smeared around toilet. Came out into dining room with blanket wrapped around waist with no brief on or clothes under blanket...."</p> <p>On 12/10/11 at 2:30 A.M., the resident "backed staff in corner of bathroom during personal care and patted her on the buttocks...."</p> <p>On 12/10/11 at 4:00 A.M., the resident "entered dining room without pants or a pull-up on while 3 other residents were having snacks at the table...."</p> <p>On 12/10/11 at 10:40 P.M., the resident "had taken brief off after dinner, found brief in toilet. Has since taken off 2 more briefs, found on floor in bathroom...."</p>				

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	<p>12/12/11, at 12:00 A.M., the resident "ambulated to Nurse's Station without pants on. Resident had a brief wrapped around his right ankle and left thigh. Had shirt and shoes on...."</p> <p>12/23/11 at 10:10 P.M., the resident "incontinent of B. M., had B. M. all over his clothes, on bathroom floor, on walls, all over toilet and sink and on hand rail, also B. M. smeared into both chairs in resident's room.... found urine void on floor in front of sink...."</p> <p>In an interview during the daily conference on 12/29/11 at 3:30 P.M., the Director of Health Services indicated the "Resident Health Services Plan" was the service plan used by the C.N.A.s She indicated licensed nurses used a form titled "Sugar Grove Senior Living Evaluation and Health Assessment" as their service plan.</p> <p>The C.N.A. "Resident Health Services Plan," dated as "updated" on 8/11/11, did not list any services to be provided by the facility related to behaviors. The Service Plan indicated the resident was incontinent of bowel and bladder, but was not updated to address what services were to be provided related to his occasional removal of his adult brief and smearing of B. M.</p>						

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R0273	<p>The most current licensed nursing "Evaluation and Health Assessment" Service Plan was dated 11/14/11. It indicated the resident "had medical management stay at [name of hospital] 8/11/11; that he required "hands-on" assistance with dressing, hygiene, and bathing; was totally incontinent of bowel and bladder; and that he "wandered at times," and "tends to be combative/aggressive at times" with "minimal intervention needed 1-2 times monthly to manage episodes of agitation, anxiousness, disruptive behavior or resistance to care...."</p> <p>The licensed nursing Service Plan did not describe what services the facility would provide to manage the resident's continued behaviors.</p> <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. Based on observation, interview and record review, the facility failed to ensure proper sanitation procedures were followed in 1 of 1 facility kitchens, and 1</p>	R0273	Per review of the incidents and accidents, no residents of the facility demonstrated signs or symptoms of exposure to chemicals or bacteria. Since	01/17/2012	

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	<p>of 1 kitchenette in the secured/locked Alzheimer's unit. This had the potential to affect all 70 residents who received food from the kitchen, and 20 residents who resided on the secured/locked Alzheimer's unit.</p> <p>Findings include:</p> <p>1. A tour of the kitchen was done on 12/27/11 at 11:15 A.M., with the DFB (Director of Food and Beverage) in attendance.</p> <p>The following was observed:</p> <p>Five steam table pans were observed to be stacked one on top of the other. The pans were noted to have a clear substance dripping from them, and, when picked up, had more clear liquid substance covering each one of the pans on the inside. A drying rack by the dishwasher was noted to have open space on it to dry items. In an interview at 11:20 A.M., the DFB indicated staff must have just finished washing that load, and it hadn't had a chance to dry yet.</p> <p>At 11:25 A.M., the concentration for the sanitizing solution used to clean food prep and other surfaces was checked. Cook #1 tested the solution with the test strips, and the color was yellow. In an interview at</p>		<p>12/29/11 when Activity Staff #3 served the residents in Orchard House, no residents have demonstrated signs or symptoms of illness related inappropriate glove use. Therefore, no residents appeared to have been negatively affected. An additional shelf was added to the area to allow for additional drying time. 100% of food service staff were trained on proper procedures for air-drying equipment prior to storage. The Chemical Sanitizing Solution will be clearly labeled on the dispenser to avoid confusion with another solution. 100% of food service staff were trained on proper procedures for preparing and testing the chemical sanitizing solution. All nursing staff, food service staff and activities staff will be trained in glove use by January 17, 2012 or before their first shift thereafter. The Food Services Director will audit kitchen equipment 5 times per week for 4 weeks and 1 time per week for 2 months thereafter to ensure proper air drying procedures have been followed. The Food Services Director will witness a food service staff member prepare and test the chemical sanitizing solution five times per week for 4 weeks and once weekly for two additional months. The Activities Director, Director of Health Services or Food Services Director will witness staff demonstrating proper glove use five times per</p>				

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	<p>that time, Cook #1 indicated he had just mixed the solution, and wasn't sure why the test strip turned a yellow color. The Cook indicated he did not know what the concentration was supposed to be. According to the instructions on the QUAT [sanitizing solution] test strip container, there was no yellow color to indicate the concentration of solution. In an interview at 11:27 A.M., the DFB indicated the concentration of the sanitizing solution was supposed to be 200 to 400 PPM (parts per million). He also tested the solution at that time, and was unable to get a color other than yellow. The DFB then dumped the solution and remixed with the dispenser. The solution tested at 400 PPM.</p> <p>In an interview on 12/29/11 at 9:00 A.M., Cook #1 he indicated the sanitation solution was changed twice a day, and the solution concentration was checked only by the DFB.</p> <p>In an interview on 12/29/11 at 10:25 A.M., the DFB indicated he has not had the staff testing the concentration of the solution since shortly after they opened, because it was an "idiot proof system." He indicated he was told the system was "fail safe," and would not malfunction. He did not think it needed to be tested. He further indicated Cook #1 had</p>		<p>week for four weeks and weekly for two months thereafter in order to ensure proper glove use. The changes were effective January 17, 2012.</p>				

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	<p>accidentally mixed the soap solution for the three compartment sink instead of the sanitation solution on 12/27/11, which was why the testing strips read yellow.</p> <p>The "Retail Food Establishment Sanitation Requirements" manual, Title 410 IAC 7-24 effective November 13, 2004, includes, but is not limited to, the following information related sanitization of equipment and preparation of food:</p> <p>"Section 304: (a) After cleaning and sanitizing, equipment and utensils: (1) shall be air-dried or used after adequate draining.... (b) before contact with food.</p> <p>Section 294: (a) A chemical sanitizing solution... (3) A quaternary ammonium compound shall: (b) have a concentration specified under section 443 of this rule and as indicated by the manufacturer's use directions included in the labeling....</p> <p>Section 443: (a) Chemical sanitizers and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 21 CFR 21.178.1010...."</p> <p>On 12/30/11 at 12:15 P.M., the Administrator provided information regarding the Quat sanitizer mixing system. The Diversey manufacturers</p>						

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	<p>guidelines for the "Suma Optifill" system indicated "... Align bottle so that flow of water from faucet falls directly into inlet of top of bottle and fill with temperature 122 degree water...."</p> <p>The web site for the Diversey sanitizer system was reviewed on 12/20/11 at 5:15 P.M. Information included, but was not limited to, the following: "... Volumetric technology automatically dispenses either detergent or sanitizer based on the flow of water from the faucet for perfectly precise dosing and a consistently clean result. This accuracy of product dispensing eliminates the need for re-washing and ensures the right amount of sanitizer is used, giving you peace of mind while reducing the costs associated with overdosing. Recommended for use as a sanitizer in public eating places, and on dairy processing equipment and food processing equipment and utensils. This product will yield a concentration of 200 ppm active quat...."</p> <p>2. On 12/29/11 at 2:45 P.M., Activity Staff #3 was observed while preparing and serving an afternoon snack to residents in the secured/locked Alzheimer's unit.</p> <p>As residents were brought into the dining room area, Activity Staff #3, who was in the unit kitchenette, was observed to put</p>						

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	<p>on a pair of disposable gloves. After putting the gloves on, she opened drawers to get silverware; opened cabinets to get plates; opened other drawers to get serving utensils in order to cut and serve some banana bread to the residents.</p> <p>With the same gloves on, the Activity staff person opened the box holding the banana bread, cut it into pieces, and then with her gloved hand, picked up each piece and placed it on a plate. She carried several plates to the tables where the residents were sitting in the dining room.</p> <p>After serving the banana bread to all of the residents, the Activity staff person took the ice bucket from the freezer and set it on the kitchenette counter. She had not changed her gloves.</p> <p>Using her gloved hands, with the same gloves, the Activity staff person scooped several ice cubes from the bucket, placed in a glass and filled it with water by using her gloves to turn the cold water faucet on and off. She repeated this process until all residents had a glass of water to drink with their snack.</p> <p>In an interview during the daily conference on 12/29/11 at 3:30 P.M., the Administrator indicated the Activity staff person had been trained in glove use.</p>						

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R0349	<p>The "Retail Food Establishment Sanitation Requirements" manual, Title 410 IAC 7-24 effective November 13, 2004, includes, but is not limited to, the following information related to "Glove Use" in Section 246:</p> <p>"... If used, single-use gloves shall be: (1) used for only one (1) task, such as working with ready-to-eat food or raw animal food; ... (3) discarded when: ... (B) interruptions occur in the operation...."</p> <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: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to have complete documentation related to medications with blood pressure and heart rate "Hold" parameters, laboratory reports, and the reason for the use of a P.R.N. [as needed]anti-anxiety medication following a fall, for 4 of 10 survey, and 1 of 1 supplemental, residents reviewed. [Residents #5, #48, #53, #61, and #62]</p>	R0349	<p>Based on chart review, Resident #5, #48, #53, #61 and #62 did not suffer any health effects as a result of the administration of the medication.</p> <p>The Director of Health Services completed an audit of 100% of the remaining residents and found four additional residents with parameters for medication administration.</p>	01/17/2012

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	<p>Findings include:</p> <p>1. Review for Resident # 48 was completed on 12/27/11 at 1:15 P.M. Diagnoses included, but were not limited to, chronic obstructive lung disease, congestive heart failure, bladder/bone cancer, stroke, and diabetes.</p> <p>Resident #48 had an order, dated 10/12/11, for Lisinopril [a blood pressure medication] with directions to "hold" [not give] "if systolic blood pressure less than 100."</p> <p>For the month of October, 2011:</p> <p>27th- no blood pressure reading documented 30th- no blood pressure reading documented</p> <p>For the month of November:</p> <p>2nd- no blood pressure reading documented 3rd- no blood pressure reading documented 8th- no blood pressure reading documented 10th- no blood pressure readings were documented.</p>		<p>None of the residents suffered any health effects as a result of the administration of the medication.</p> <p>Nursing staff completed training on proper documentation of parameters associated with medication administration, including the use of medications ordered as needed or PRN by the Director of Health Services by January 17, 2012.</p> <p>Director of Health Services is auditing 10% of charts for documentation of parameters associated with medication administration 5 days per week for four weeks and then weekly for two months thereafter.</p> <p>The changes were completed January 17, 2012.</p>	

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	<p>Resident #48 also had an order, dated 10/12/11, for Torsemide [a diuretic medication] with directions to "hold" if "systolic blood pressure less than 100."</p> <p>October doses:</p> <p>18th- A.M. no documented blood pressure reading 19th- A.M. no documented blood pressure reading 20th- A.M. no documented blood pressure reading 21st - A.M. no documented blood pressure reading 27th- A.M. no documented blood pressure reading</p> <p>November doses:</p> <p>2nd- A.M. &amp; P.M. doses no documented blood pressure reading 4th- A.M. no documented blood pressure reading 13th- A.M. no documented blood pressure reading 14th -P.M. no documented blood pressure reading</p> <p>Resident #48 had an order, dated 10/12/11, for Digoxin [an heart anti arrhythmic medication]. The Digoxin was to be held if heart rate less than 60.</p>						

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	<p>For October:</p> <p>27th- no heart rate documented 28th- no heart rate documented</p> <p>For November:</p> <p>2nd- no heart rate documented 3rd- no heart rate documented 10th- no heart rate documented 13th- no heart rate documented 14th- no heart rate documented 15th- no heart rate documented 16th- no heart rate documented 20th- no heart rate documented</p> <p>In an interview during the exit conference on 12/30/11 at 1:00 P.M., the Director of Health Services indicated she did not have any more documentation/information to provide relating to heart rates and blood pressures for the given dates.</p> <p>2. On 12/28/11 at 9:35 A.M., L.P.N. # 2 was observed while administering medications to Resident #5.</p> <p>The M.A.R. [Medication Administration Record] for Resident #5 was reviewed at that time, and listed a medication order for "Hydralazine [a blood pressure medication] 25 milligrams, give 1 tablet</p>						

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	<p>orally 3 times a day, hold if SBP [Systolic Blood Pressure] is less than 100." No documentation of blood pressures were located on the MAR.</p> <p>In an interview on 12/28/11 at 9:40 A.M., L.P.N. #2 indicated the resident's blood pressure was taken monthly and recorded in the vital sign binder.</p> <p>On 12/28/11 at 1:15 P.M., Resident #5's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension and stage 3 chronic kidney disease.</p> <p>A "Physician's Order" dated 12/21/2010, included, but was not limited to, "Hydralazine 25 milligrams three times a day: Hold if SBP is less than 100..."</p> <p>3. On 12/28/11 at 10:10 A.M., Resident #61's clinical record was reviewed. Diagnoses included, but were not limited to, mental retardation, hypertension, asthma, and dementia.</p> <p>A "Nurses Note" dated 11/2/11 at 8:00 P.M., included, but was not limited to, "Resident found on his bedroom floor... No complaints of pain or injury noted... Spoke with [Resident's Physician] and he stated to give him Ativan [an anti-anxiety medication] 0.5 milligrams by mouth</p>						

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	<p>times one dose..."</p> <p>On 12/28/11 at 3:00 P.M., the Director of Health Services was given the opportunity to provide documentation/evidence related to the reason the Ativan was given.</p> <p>In an interview on 12/29/11 at 4:00 P.M., the Director of Health Services indicated she did not have documentation regarding the administration of Ativan. She indicated the nurse failed to adequately chart the resident's behaviors.</p> <p>4. The clinical record for Resident #62 was reviewed on 12/29/11 at 10:00 A.M. Diagnoses included, but were not limited to, senile dementia--Alzheimer's type, hypertension, chronic renal disease, squamous cell skin cancer, and history of a kidney transplant.</p> <p>The December, 2011 physician order recap [recapitulation] sheet listed an order, dated 8/11/11, for monthly laboratory blood tests--VPA [Valproic Acid] level, ALT [Alanine Amino Transferase], AST [Aspartate Amino Transferase], CBC [complete blood count], and BMP [basic metabolic panel].</p>						

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	<p>Laboratory reports for these blood tests were not located for September, October, and December, 2011.</p> <p>During the daily conference on 12/29/11 at 3:30 P.M., the Director of Health Services was given the opportunity to submit any additional laboratory reports related to the order for the monthly tests.</p> <p>In an interview at that time, the Administrator indicated a family member took the resident to the physician's office, where the blood test was drawn.</p> <p>On 12/30/11 at 12:00 P.M., the Administrator provided additional laboratory reports--a CBC was done on 11/17, 11/23, 12/1, and 12/8/11. A BMP test was done on 11/17/11.</p> <p>There were no other reports provided that indicated a VPA, ALT, or AST test was also completed in December. No reports were provided for any of the tests that were to be done in September and October, 2011.</p> <p>5. The clinical record for Resident #53 was reviewed on 12/29/11 at 12:55 P.M. Diagnoses included, but were not limited to, senile dementia--Alzheimer's type, hypertension, congestive heart failure, falls, and bilateral lower extremity edema.</p>			

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	<p>The December, 2011 physician order recap [recapitulation] sheet listed an order, dated 1/5/11, for a monthly BMP [basic metabolic panel] blood test.</p> <p>A blood test report for a BMP was not located in the clinical record for the months of February, April, May, July, August, October, November, and December, 2011.</p> <p>In an interview on 12/30/11 at 1:45 P.M., L.P.N. #4 indicated the facility-contracted laboratory came to the facility 1 time a week on Thursdays, except for STAT [immediate] orders. A log was kept at the Nurse's Station, listing the day the blood was to be drawn. She indicated the lab would leave a "pink" slip in the log book once they had drawn the blood. Since she had only been in the facility for 1 month, L.P.N. #4 had no other information related to why a monthly BMP had not been drawn</p> <p>During the daily conference on 12/29/11 at 3:30 P.M., the Director of Health Services was given the opportunity to submit any other laboratory reports related to the order for the monthly lab tests.</p> <p>At the final exit on 2/30/11 at 12:45 P.M., no additional laboratory reports were</p>			

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