

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155727	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/05/2014
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NAME OF PROVIDER OR SUPPLIER STONEBRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 SHAWNEE DR S BEDFORD, IN 47421
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: May 29, 30, June 2, 3, 4, and 5, 2014</p> <p>Facility number: 003924 Provider number: 155727 AIM number: 200472040</p> <p>Survey team: Cheryl Mabry, RN-TC Diana McDonald, RN Melissa Gillis, RN Angela Patterson, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 34 Residential: 31 Total: 75</p> <p>Census payor type: Medicare: 20 Medicaid: 20 Other: 35 Total: 75</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F000000	<p>The Submission of this plan of correction does not indicate an admission by StoneBridge Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to our residents of StoneBridge Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and services to it's residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance of this facility. It is thus submitted as a matter of statue only. We respectfully request from the Department paper compliance. All corrections have been submitted to this POC.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000167 SS=B	<p>16.2-3.1.</p> <p>Quality review completed on June 13, 2014; by Kimberly Perigo, RN.</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. Based on observation and interview, the facility failed to ensure Indiana State Department of Health (ISDH) survey information was in a place readily accessible to residents and post a notice of the survey information availability.</p> <p>Findings include:</p> <p>On 5/29/14 at 10:00 a.m., during initial tour of the facility the ISDH survey results was not observed to be accessible in the facility. There was no posting observed, throughout the facility, indicating where the survey results were located.</p>	F000167	<p>F 167 There were no residents affected by this deficient practice and none that were potentially affected. Administrator inserviced on requirements of the displaying of survey results. Completion Date 7-4-14 Posting will be in larger font, positioned upright in the corridor of the main entrance. Completion Date 7-4-14 QA rounds monthly will include verification that the survey results are posted and in required format x12 months.</p>	07/04/2014

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F000241 SS=D	<p>On 5/30/14 at 2:00 p.m., interview with the Social Service Director indicated, when asked where the ISDH survey book was located. "Well I think it is in this cabinet." Observed the Social Service Director walk over to a cabinet in the lobby, open the cabinet drawer, and display the survey book.</p> <p>On 6/4/14 at 1:52 p.m., interview with the Administrator indicated, when asked where is the ISDH survey book located, "It's in here." [indicating a cabinet drawer in the lobby] Observed the Administrator to open the drawer of the cabinet. When asked if visitors or residents would know the survey book was in the cabinet, the Administrator indicated, "Probably not. We usually have a sign. Let me check."</p> <p>On 6/5/14 at 1:00 p.m., the Administrator indicated, "We now have a sign posted by the cabinet."</p> <p>3.1-3(b)(1)</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that</p>			

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	<p>maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Base on interview and record review, the facility failed to ensure care which maintained the resident's dignity related to male CRCA (Clinical Resource Certified Assistant) giving peri care (cleaning the urinary and rectal orifices during showering) to female resident's who requested not to have peri care performed by a male. (Resident #22, #69)</p> <p>Findings include:</p> <p>1. Resident #22's clinical record was reviewed on 5/30/14 at 11:20 a.m. Resident #22's medical diagnoses include, but were not limited to, diabetes, hypertension, cirrhosis of liver, anxiety, depression, neuropathy, anemia, and neutropenia. Resident #22's Brief Interview for Mental Status (BIMS) score on 3/31/2014, was 14. A score of 13 to 15, indicated a resident is cognitively intact.</p> <p>Interview on 6/2 /14 at 9:15 a.m., with Resident #22, indicated they (the facility) have a male CRCA (Clinical Resource Certified Assistant) and I have requested that he did not provide care for me but, they keep putting me on his assignment.</p>	F000241	<p>R 241</p> <p>Resident #5 medication orders have been reviewed.</p> <p>Completion Date 7-4-2014</p> <p>All residents have the potential to be affected by the alleged deficient practice and through altercations in processes and in servicing the campus will ensure measures to prevent medication errors</p> <p>Completion Date 7-4-2014</p> <p>Nursing staff have been in serviced on medication orders regarding passing medications and transcription of medication orders/lab orders. Systemic change is all nurses and QMAs will complete a medication pass competency now and annually thereafter.</p> <p>Completion Date 7-4-2014</p>	07/04/2014

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	<p>He would come and ask me if I want to take a shower and I would refuse. I don't want a male taking care of my private area. I shouldn't have to go through that. When I would refuse, they would say, we will have to see if someone else can do it or you will have to wait until tomorrow.</p> <p>Interview on 6/2/14 at 11:00 a.m., with DON, indicated she did not know Resident #22 preferred not to have peri care given by a male CRCA.</p> <p>Record review on 6/3/14 at 11:50 a.m., Stonebridge Health Campus. 200 hall CNA Group #1, Dated 5/30/2014, "Comments" for Resident #22: "Assist as needed. Praise and encourage efforts. Prone to excoriation under breast and groin. Bed against wall-resident preference, req. [requires] peri-care."</p> <p>Interview 6/3/14 at 12:04 a.m., with the DON indicated, prefers no male care givers had been added to the comment section for Resident #22.</p> <p>2. Resident #69"s clinical record was reviewed on 5/30/14 at 3:00 p.m. Resident #69's medical diagnoses included, but were not limited to, hypertension, urinary track infection, nerve pain, pain, dementia, depression, and anxiety. Resident #69's Brief</p>		<p>Nurse managers will perform random audits of medication administration sheets and treatment administration sheets to review for medication errors or missed medication doses on 5 random residents 5x week x one month 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-4-2014</p>	

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	<p>Interview for Mental Status (BIMS) score on 5/2/2014, was 10. A score of 8 to 12 indicated a resident is moderately impaired.</p> <p>Family interview on 5/30/2014 at 09:40 a.m., with family member-daughter indicated Resident #69 does not want to have a male CRCA to provide peri care shower care.</p> <p>Interview on 6/2/14 at 11:00 a.m., with DON, indicated she did not know Resident #69 preferred not to have peri care shower care given by a male CRCA.</p> <p>Record review on 6/3/14 at 11:50 a.m., Stonebridge Health Campus. 200 hall CNA Group #1, Dated 5/302014, "Comments for Resident #69 "Walk. 50 ft [feet] 2 times daily with Rolling Walker & [and] Gait Belt AROM [Active Range of Motion]- 20 Reps [repetition] All ext [extremities] 1 times daily, Hand held assist."</p> <p>Interview 6/3/14 at 12:04 a.m., with the DON indicated prefers no male care givers has been added to the comment section for Resident #69.</p> <p>3.1-3(t)</p>			

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F000242 SS=E	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure that residents were able to schedule what type of bathing preferences they were allowed, how many times a week they can take a shower, and what time to wake up in the morning according to their preference for 3 of 5 residents reviewed for choices in a sample of 5 who met the criteria for choices. (Resident #32, Resident #65, Resident #55)</p> <p>Findings included:</p> <p>1). Resident #32's clinical record was reviewed on 6/3/14 at 9:13 a.m. Diagnoses included, but were not limited to HTN (hypertension), anxiety, and type II diabetes.</p>	F000242	<p>F 242</p> <p>Resident # 32,65, and 55 suffered no ill effects from the alleged deficiency. The residents have been interviewed and care plans have been updated to reflect personal preference.</p> <p>Completion Date 7-4-2014</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus promotes care for the residents in a manner and in an environment that maintains or enhances each resident's dignity and</p>	07/04/2014	

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	<p>The current MDS (Minimum Data Set) assessment dated 5/6/14, indicated the BIMS (brief interview mental status) was an 8, when 8-15 was interviewable. Resident #32 "needed extensive assist of 2 staff members for personal hygiene, ... total dependence on 1 staff for bathing. ..."</p> <p>On 5/29/14 at 1:43 p.m., interview with Resident #32 indicated when asked, do you choose whether you take a shower, tub, or bed bath? "No."</p> <p>Do you choose when to get up in the morning? "No, they wake me up at 7:00 a.m. or earlier every morning. I would like to sleep until 8:00 a.m."</p> <p>Resident Preferences and Activities Profile dated 3/18/14, indicated " ... C. how important is it to you to choose between a tub bath, shower, bed bath or sponge bath? 2. Somewhat Important."</p> <p>Activities Progress Notes dated 3/18/14, did not address Resident #32's bathing preferences nor sleep preferences. The quarterly review dated 5/17/14, did not address Resident #32's bathing nor sleep preferences.</p> <p>Careplan "Independent Choice" dated 5/17/14, did not address personal</p>		<p>respect in full recognition of his or her individuality. The campus have spoken with residents concerning preferences and individual care plans have been updated</p> <p>Completion Date 7-4-2014</p> <p>All employees have been in serviced on resident preferences. Systemic change is resident preferences have been updated on CRCA assignment sheets. Personal preferences are to be completed on admission and updated quarterly.</p> <p>Completion Date 7-4-2014</p> <p>DHS/designee will question 2 random residents concerning resident preferences to assure preferences followed 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments</p>				

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	<p>preferences.</p> <p>2). Resident #65's clinical record was reviewed on 6/3/14 at 10:32 a.m. Diagnoses included, but were not limited to HTN (hypertension), anxiety, depression, insomnia, COPD [chronic obstructive pulmonary disease], GERD [gastric esophageal reflux disease], frequent falls, chronic back pain, and dementia.</p> <p>The current MDS assessment dated 3/18/14, indicated a BIMS score of 10, when 8-15 was interviewable. The MDS indicated Resident #65 was, "totally dependent on staff assist for set up only [activities of daily living]."</p> <p>On 5/29/14 at 1:42 p.m., interview with Resident #65 indicated when asked, Do you choose whether you take a shower, tub, or bed bath? "No. I would prefer to take a bath at times. I need help. I fall a lot."</p> <p>Do you choose how many times a week you take a bath or shower? "No, I get a shower twice a week. I would like a daily."</p> <p>"CORP-Individual Plan Report" dated 5/27/14 indicated, "... I am a long term resident, capable of choosing activities of</p>			

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	<p>my interest. I like to be well groomed and look my best, having weekly beauty salon appointments and applying makeup daily. ..."</p> <p>Activities progress quarterly notes dated 11/1/13, 1/27/14, 3/18/14, and 5/27/14, had no indication of Resident #65's personal preferences in regard to taking occasional baths and daily showers.</p> <p>Resident preference for customary routine and activities interview work sheet dated 10/4/12, indicated " ... Which type of bath do you prefer? "Sponge." 8/8/13 indicated, "... Which type of bath do you prefer? "shower." There was no indication of Resident #65's preference for how many times a week she would like to take a tub bath.</p> <p>On 6/3/14 at 8:51 a.m., interview with the Activity Director indicated when asked when do you assess and complete resident preference sheets? "We do the assessment, careplan, and profile when they move in. Quarterly we update the careplan and assessment. We go over their records and see what kind of activities they like to do as they get better. We document it under activity notes."</p> <p>3). On 6/2/2014 at 12:45 p.m., the</p>			

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	<p>clinical record was reviewed for Resident #55. Diagnosis include, but not limited to: diabetes, cerebrovascular accident (CVA), seizures, hyperlipidemia, hypertension, and congestive heart failure (CHF).</p> <p>The most current MDS (Minimum Data Set) assessment, completed on 4/18/2014, indicated BIMS (Brief Interview Mental Status) was 15. When 8-15 is interviewable.</p> <p>On 5/30/2014 at 11:30 a.m., interview with Resident #55 indicated when asked how many times a week she takes a shower, "I take a shower 2 times a week, but that is not enough. Three or four times a week would be better."</p> <p>On 6/2/2014 at 12:30 p.m., interview with Activity Director indicated the facility fills out a preference sheet when residents are admitted and then quarterly. The Activity Director presented a copy of a "Resident Preference and Activities Profile." He indicated on the line that asks for additional comments is where staff will put down information about what time the residents want to get up or how often they want to shower. He indicated they usually ask about the bus outings and other activities on this particular part of the form.</p>			

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	<p>On 6/3/2014 at 3:00 p.m., interview with Resident #55 indicated that she had not received any baths, only her twice a week shower, since she has arrived at the facility 3/21/2014.</p> <p>On 6/2/2014 at 2:30 p.m., review of Resident #55's "Resident Preference and Activities Profile" indicated "...how important is it to you to choose what clothes to wear: 1 [1 meaning very important]...how important is it to you to choose between a tub, bath, shower, bed bath or sponge bath: 1..." There is no place on the preference sheet to indicate whether a resident wants two or more baths a week.</p> <p>On 6/3/2014 at 2:45 p.m., review of Resident #55's "Individual Plan Report" indicated, "ADLS (Activity of Daily Living)...I would like to be showered at least two times a week and bathed on all other days. Give me a prepared cloth and encourage me to wash all the easy to reach places. Assist me to cleanse the more difficult to reach areas..."</p> <p>On 6/2/14 at 8:35 a.m., the Administrator provided "BILL OF RESIDENT RIGHTS" dated 10/2004, and indicated that was the rights currently used by the facility. The bill of rights</p>			

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F000246	<p>indicated, " ...Quality of Life: ...35. Dignity/Self Determination and Participation: You have the right to receive care from the facility in a manner ... maintains or enhances your dignity and respect in full recognition or your individuality. You have the right to: ... c. Make choices about aspects of your life in the nursing facility that are significant to you. ... Accommodation of Needs:...</p> <p>38. You have the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences except when your health or safety of other residents would be endangered. ..."</p> <p>3.1-3(u)(3)</p>			
	483.15(e)(1)			

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SS=D	<p>REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on observation and interview, the facility failed to ensure residents had their call lights within reach. (Resident #72, #40, #13)</p> <p>Findings include:</p> <p>1). Resident #72's clinical record was reviewed on 6/4/14 at 1:50 p.m. Resident #72's medical diagnoses include, but were not limited to acute senile dementia/progressive, cerebrovascular accident, hyperlipidemia, diabetes, hypertension, anxiety, gastroesophageal reflux disease, depression, and dementia with behavioral disturbances.</p> <p>Resident #72's Brief Interview for Mental Status (BIMS) score on 2/21/14, was 3. A score of 00 to 07 indicated severe cognitive impairment.</p> <p>Observation on 6/4/14 at 11:00 a.m., indicated in room 113, Resident #72 was sleeping in his chair and his call light was in the trash can which was about 36</p>	F000246	<p>F 246 Residents #72,#40, and #13 suffered no ill effects from the alleged deficiency. Call lights were placed within reach.</p> <p>Completion Date 7-4-2014 All residents have the potential to be affected and therefore through alterations in provision of care and in servicing the campus will assure the resident has the right to reside and receive services in the campus with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Completion Date 7-4-2014 An in-service has been completed concerning placing of call lights with in resident reach. Systemic change is routine rounding by department heads to assure call lights with in reach. Completion Date 7-4-2014 DHS or designee will audit 3 random residents at periodic times to assure call lights with in reach 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p>	07/04/2014			

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	<p>inches away from resident.</p> <p>Interview with on 6/4/14 at 2:06 p.m., CRCA #4 room 113 indicated the call light should be attached to the resident. CRCA #4 indicated the call light was in the trash can.</p> <p>2). Resident #40's clinical record was reviewed on 6/4/14 at 2:00 p.m. Resident #40's medical diagnoses include, but were not limited to, stroke left hemiparesis, dysphagia, hypertension, gait ataxia, hypothyroidism, gastroesophageal reflux disease, and osteoarthritis.</p> <p>Resident #40's Brief Interview for Mental Status (BIMS) score on 3/3/14, was 15. A score of 13 to 15 indicated cognitively intact.</p> <p>Observation on 6/4/14 at 10:45 a.m., indicated in room 211, Resident #40 was sleeping in her wheelchair next to the entrance wall of her room. The call light was located on the night stand. The night stand was located on the opposite side of the bed, which was about 48 inches from Resident #40.</p> <p>3). Resident #13's clinical record was reviewed on 6/4/14 at 2:10 p.m. Resident #13 medical diagnoses include, but were</p>		<p>Completion Date 7-4-2014 Addendum: Random monitoring will be across all shifts 7 days a week.</p>				

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	<p>not limited to depression, anxiety, hypertension, ischemic heart disease, gastroesophageal reflux disease, constipation, and dementia with associated behavioral symptoms.</p> <p>Resident #13's Brief Interview for Mental Status (BIMS) score on 4/2/14, was 10. A score of 8 to 12 indicated moderately impaired.</p> <p>Observation on 6/4/14 at 10:50 a.m., indicated in room 207, Resident #13 was reading in her chair next to entrance wall and the call light was tied to the opposite side of the bed's grab rail, not within the resident's reach.</p> <p>Interview on 6/4/14 at 10:50 a.m., with Resident #13 indicated, "I can not reach the call light it is to far away."</p> <p>Review on June 05, 2014 of "Guidelines for Answering Call Lights, no date, provided by administrative staff and indicated as current. Review of the guidelines indicated, "...ensure the call light is plugged in securely to outlet and in reach of the resident..."</p> <p>3.1-3(v)(1)</p>			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure that careplans were developed after assessment for residents with dental problems which included broken teeth, missing teeth, and gum problems for 1 of 1 resident observed for oral health services. (Resident #63)</p> <p>Findings include:</p>	F000279	<p>F 279</p> <p>Residents #34 suffered no ill effects from the allegeddeficiency. Resident #34 care plan has been updated to reflect the residents needs</p> <p>Completion Date 6-24-2014</p>	07/04/2014

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	<p>Resident #63's clinical record was reviewed on 6/2/14 at 10:28 a.m. Diagnoses include, but were not limited to, Alzheimer, dementia, GERD (gastroesophageal reflux disease), dementia w/behavior disturbances, and asthma.</p> <p>Admission date 4/6/11, readmit 6/13/11, returned date 9/27/12.</p> <p>The current MDS (Minimum Data Set) assessment dated 4/16/14, indicated Resident # 63 had a BIMS (Brief Interview Mental Status) score of 99, when 8-15 was interviewable. The MDS indicated Resident #63 was extensive assist of 2 staff persons for personal hygiene. There was no documentation of any dental problems on the current MDS nor admissions MDS dated 10/31/13.</p> <p>Oral evaluation treatment sheet dated 5/20/14, indicated "Note-RECOMMENDED... Brush gums vigorously 2 times / day with Colgate PREVIDENT 5000 tooth paste. If bleeding occurs, brush again. 3/26/13 ... Brush gums daily with Colgate PREVIDENT 5000 toothpaste.... Add Clasp to Partial For Teeth #2,3 & 4... Seek Prior Authorization ... 3/8/13 ... REFERRAL FOR ADDITIONAL</p>		<p>All residents have the potential to be affected and therefore through alterations in provision of care and in servicing the campus will assure the campus uses the results of the assessments to develop, review and revise the resident's comprehensive plan of care. The campus has reviewed all resident care plans to assure care plans implemented as appropriate</p> <p>Completion Date 6-24-2014</p> <p>An in-service has been completed with the MDS coordinator concerning developing comprehensive care plan. Systemic change is all new orders and admission orders will be reviewed in morning CCM and social services will initiate care plan at that time as appropriate.</p> <p>Completion Date 6-24-2014</p> <p>DHS or designee will audit 3 random residents care plans to ensure comprehensive 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p>	

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	<p>EVALUATION Tooth #11, 18, 20, 31, ... Referral to Oral Surgeon ...</p> <p>Note-..Evaluate roots for removal ... Seek Prior Authorization ... Upper Partial, ... 2/15/13 ... Brush gums daily with Colgate PREVIDENT 5000 toothpaste (pea- size amount),... SERVICE</p> <p>RECOMMENDED: Patient is psychologically or physically unable to wear and maintain prostheses. ..."</p> <p>Treatment Administration Record dated June 2014, indicated, "PREVIDENT 5000 ENAMEL PRO USE AS DIRECTED TO BRUSH GUMS WITH PEA SIZED AMOUNT ONCE DAILY." This was scheduled for evening.</p> <p>On 6/3/14 at 2:58 p.m., the DON (Director of Nursing) provided a copy of the pharmacy delivery log for Resident #63 dated 8/1/13 to 5/30/14 which indicated, "...5/30/14 PREVIDENT 5000 ..." was delivered.</p> <p>On 5/30/14 at 1:28 p.m., Resident #63 was observed sitting in wheelchair across from the nurses station. She had her mouth open trying to communicate with this surveyor. Her mouth was observed to have broken and missing upper teeth. A sharp pointed upper tooth. Under her tongue it appeared black and several teeth were black.</p>		<p>Completion Date 6-24-2014</p>	

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	<p>On 6/2/14 at 9:51 a.m., observation of CRCA #1 (Clinical Resource Certified Assistant) to demonstrate oral care for Resident #63. CRCA #1 was observed to enter the bathroom and indicated, "No mouth swabs in the bathroom." CRCA #1 exited the room and returned with mouth swabs. CRCA #1 was observed to enter the bathroom. CRCA #1 indicated when asked what do you use for oral care? "This mouth rinse." CRCA #1 was observed to put mouthwash on the swab. CRCA #1 was observed to dip swab in mouth rinse, swab lower teeth and gum, swab the lower upper part of Resident #63's mouth. Resident #63 started crying and put her hands over her mouth. [indicating pain] CRCA #1 assured Resident #63 that it was ok. CRCA #1 indicated, when asked does that hurt her, she is crying? "She always does this." Upon observing Resident #63's mouth her front teeth were missing, the right side had a tooth that was badly damaged and pointed. The right lower tooth was black in color.</p> <p>On 6/2/14 at 10:35 a.m., observation of the treatment cart indicated Resident #63's tube of Prevident toothpaste was unopened. The pharmacy delivery date was 5/30/14.</p>			

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	<p>On 6/2/14 at 10:47 a.m.,, observation of Resident #63's room with CRCA #1 and CRCA #2 indicated no prescription toothpaste was being used for a.m. care. There was no physician's order provided nor found in the resident's chart indicating to start resident on prescription toothpaste .</p> <p>On 6/2/14 at 11:15 a.m., interview with Social Service Director when asked how is dental follow up completed for Resident #63? Resident #63 had a recommendation to remove teeth roots. Does she have difficulty eating? The Social Service Director indicated, "Well, she had partials at one point and the dentist recommended to remove roots, and her son said if she is eating let's not worry about it. I don't think she has any problems eating."</p> <p>On 6/2/14 at 2:31 p.m., interview with LPN #3 indicated when asked what can you tell me about her oral care? "She gets Prevident every evening." Who is responsible for using the prevident? "Since it is in the treatment book it should be the nurse." Does she have difficulty eating? "I don't think she really does. She does pretty good. She loves milk."</p> <p>On 6/2/14 at 3:28 p.m., interview with</p>			

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	<p>LPN #5 indicated, when asked where is the prescription toothpaste kept? "It is in the treatment cart." Observation of treatment cart at that time indicated no open toothpaste tube. When asked where is the toothpaste that is currently being used for Resident #63? "I don't see it. I haven't worked this hall since Thursday. Not sure where it is. The other evening nurse should know."</p> <p>On 6/2/14 at 8:45 a.m. the Administrator indicated there was no dental policy.</p> <p>On 6/4/14 at 11:00 a.m., interview with Social Service indicated, when asked how do you follow up on dental referrals? "It would be the same as a doctor's order I would think."</p> <p>On 6/4/14 at 2:23 p.m., observation of the treatment cart indicated Preident toothpaste was open.</p> <p>There was no careplan for Resident #63 in regard to dental service available in the chart nor presented by the facility.</p> <p>3.1-35(a)</p>						

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure dentist recommendations were followed for residents with orders for high fluoride toothpaste for 1 of 1 resident reviewed for oral health service.(Resident #63) (CRCA #1)</p> <p>Findings include:</p> <p>Resident #63's clinical record was reviewed on 6/2/14 at 10:28 a.m. Diagnoses include, but were not limited to, Alzheimer, dementia, GERD (gastro esophageal reflux disease), dementia w (with)/behavior disturbances, and asthma.</p> <p>The current MDS (Minimum Data Set) assessment dated 4/16/14, indicated, Resident # 63 had a BIMS (Brief Interview Mental Status) score of 99, when 8-15 was interviewable. The MDS indicated Resident #63 was extensive assist of 2 staff persons for personal hygiene. There was no documentation of any dental problems on current MDS nor admissions MDS dated 10/31/13.</p>	F000282	<p>F 282</p> <p>Res #63 has been assessed for current dental obtained needs and will have dentist consult ordered by physician. Staff that care for her have been inserviced on these needs. Her plan of care and assignment sheet has been updated to reflect current needs and condition.</p> <p>Completion Date 7-4-14</p> <p>All residents have been assessed and those identified with dental needs will have consult if ordered and careplans and assignment sheets updated. Staff inserviced on their needs.</p> <p>Completion Date 7-4-14</p> <p>Systemic change will be a dental questionnaire completed on all residents and new admissions by SS that includes the dental needs for follow up.</p>	07/04/2014			

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	<p>Resident #63 was admission on 4/6/11, readmit 6/13/11, returned date 9/27/12.</p> <p>Oral evaluation treatment sheet dated 5/20/14, indicated "Note-RECOMMENDED... Brush gums vigorously 2 times / day with Colgate PREVIDENT 5000 [high fluoride] toothpaste. ... 3/26/13 ... Brush gums daily with Colgate PREVIDENT 5000 toothpaste. ... 2/15/13 ... Brush gums daily with Colgate PREVIDENT 5000 toothpaste (pea- size amount),..."</p> <p>Treatment Administration Record dated June 2014, indicated, "PREVIDENT 5000 ENAMEL PRO [high fluoride toothpaste]. USE AS DIRECTED TO BRUSH GUMS WITH PEA SIZED AMOUNT ONCE DAILY." This is scheduled for evening.</p> <p>On 6/3/14 at 2:58 p.m., the DON (Director of Nursing) provided a copy of the pharmacy delivery log for Resident #63 dated 8/1/13-5/30/14 which indicated, "...5/30/14 PREVIDENT 5000 ..." was delivered.</p> <p>On 6/2/14 at 9:51 a.m., observed CRCA #1 (Clinical Resource Certified Assistant) to demonstrate oral care for Resident #63. CRCA #1 was observed to enter the bathroom and indicated, "No</p>		<p>Completion Date 7-4-14</p> <p>Social Services will be inserviced on form and carrying out all follow up identified needs.</p> <p>Completion Date 7-4-14</p> <p>ED/Designee will monitor random admission's questionnaires x2 per day for 2 weeks, 1 per day for 2 weeks, then 2 weekly for 8 weeks and 2 per month thereafter to ensure identified needs and follow up are complete.</p> <p>Audits will be forwarded to QA committee monthly for 6 months and quarterly thereafter for review/suggestions.</p>	

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	<p>mouth swabs in the bathroom." CRCA #1 exited the room and returned with mouth swabs. CRCA #1 observed to enter the bathroom. CRCA #1 indicated when asked what do you use for oral care? "This mouth rinse." CRCA #1 was observed to put mouthwash on the swab. CRCA #1 was observed to dip swab in mouth rinse, swab lower teeth and gum, then swab the lower upper part of Resident #63's mouth. Resident #63 started crying and put her hands over her mouth. [To indicated pain] CRCA #1 assured Resident #63 that she was ok. She indicated, when asked does swabbing her mouth hurt her? She is crying. "She always does this." Upon observing Resident #63's mouth her front teeth were missing, the right side had a tooth that was badly damaged and pointed. The right lower tooth was black in color.</p> <p>On 6/2/14 at 10:35 a.m., observation of the treatment cart indicated Resident #63's tube of Prevident toothpaste was unopened. The pharmacy delivery date was 5/30/14.</p> <p>On 6/2/14 at 10:47 a.m., observation of Resident #63's room with CRCA #1 and CRCA #2 indicated no prescription toothpaste was being used for a.m. care.</p> <p>On 6/2/14 at 2:31 p.m., interview with</p>			

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F000329 SS=E	<p>LPN #3 indicated when asked what can you tell me about her oral care? "She gets prevident every evening." Who is responsible for using the prevident? "Since it is in the treatment book it should be the nurse." Does she have difficulty eating? "I don't think she really does. She does pretty good. She loves milk."</p> <p>On 6/2/14 at 3:28 p.m., interview with LPN #5 indicated, when asked where is the prescription toothpaste kept? "It is in the treatment cart." Observation of treatment cart at that time indicated no open toothpaste tube. When asked where is the toothpaste that is currently being used for Resident #63? "I don't see it. I haven't worked this hall since Thursday. Not sure where it is. The other evening nurse should know."</p> <p>On 6/2/14 at 8:45 a.m. the Administrator indicated there was no dental policy.</p> <p>3.1-35(g)(2)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate</p>			

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	<p>monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>A Based on interview and record review, the facility failed to ensure adequate monitoring for use of a medication in that Resident #30 had received multiple medications that are blood thinners without monitoring for the side effect of risk for bleeding for 1 of 5 residents reviewed for unnecessary medication use. (Resident #30).</p> <p>B. Based on interview and record review, the facility failed to ensure GDR's (Gradual Dose Reduction) was completed for a resident, in that Resident #30 was receiving an antidepressant and a GDR had not been completed as indicated by facility policy for 1 of 5 residents reviewed for unnecessary medication use. (Resident #30).</p>	F000329	<p>F 329 Res #30 suffered no ill effects from the alleged deficient practice and has monitoring tool in place for anticoagulant side effects and as stated there was a request to M.D on 5-15-14 for GDR of Trazadone and no change was ordered, staff will continue to request for reduction monthly. Completion Date 7-4-14 Resident #63 suffered no ill effects from the findings and has had dosage clarified with M.D and side effects monitoring is in place for Depakote. Completion Date 7-4-14 All residents receiving duplicate anticoagulant therapy and Depakote have the potential to be affected by the alleged deficient practice therefore DHS/designee have reviewed their medications and implemented side effects monitoring. Completion Date</p>	07/04/2014

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	<p>C). Based on interview and record review, the facility failed to ensure each residents' drug regimen was free from excessive dose, adequate indication for its use, and adequate monitoring for 1 of 5 resident reviewed for unnecessary medication use. (Resident #63)</p> <p>Findings include:</p> <p>A. On 6/3/2014 at 9:52 a.m., the clinical record was reviewed for Resident #30. Diagnoses included, but were not limited to: atrial fibrillation, hypertension, cardiomegaly, congestive heart failure, and hyperlipidemia.</p> <p>Medications included, but were not limited to: Pradaxa 150 milligrams for CVA (cerebral vascular accident) aspirin 325 milligrams daily for atrial fibrillation Multaq 400 milligrams twice daily for atrial fibrillation furosemide (a potassium depleting diuretic) 40 mg twice daily for edema and congestive heart failure</p> <p>On 6/3/2014 at 10:48 a.m., an interview with LPN #3 indicated the MARS (Medication Administration Record) has the side effects listed for certain</p>		<p>7-4-14 Licensed nursing personnel and Social Service Director inserviced on GDR requirements per OBRA guidelines and side effect monitoring requirements. Systemic change is monitoring for residents on anticoagulant therapy and Depakote. Completion Date 7-4-14 DHS/Designee will audit MAR's for monitoring of side effects of anticoagulants and Depakote daily x4 weeks, weekly x4 weeks and monthly thereafter. Results of audits will be forwarded to QA committee monthly x12 months for review and suggestion.</p>				

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	<p>medications and the nurses initial indicating they are aware of the side effects of the medications. At that time, she indicated if there was any side effects it would be charted in the record.</p> <p>A physicians order dated 5/15/2014, indicated a laboratory order for a CMP (complete metabolic panel), cbc (complete blood count), flp (fasting lipid panel) for next lab day, then every 6 months. No CBC had been completed since October of 2013.</p> <p>A "New admission medication regimen review" from the facility's pharmacy indicated, the following recommendations:</p> <p>"1. Pradaxa taken with aspirin and Multaq can increase risk of bleeding. Monitor closely... ." (routine lab results to determine if blood is to thin or if the blood count is low, and assess the resident for increased bruising, bleeding gums, blood in the stool)</p> <p>A physicians note dated 5/15/2014, indicated the facility requested,</p> <ol style="list-style-type: none"> 1. lab orders for drug monitoring. Last labs drawn 10/2013 2. Has been on Trazodone 100 mg without GDR attempt since 9/2012 will you consider reduction. Physician 			

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	<p>response, "No change in RX (prescription). CMP/CBC/FLP now and CMP/CBC q6 [every 6] months."</p> <p>A care plan dated 5/13/2014 at 8:55 a.m., indicated Resident #30 was at risk for abnormal bleeding, because she takes blood thinners (Pradaxa).</p> <p>On the May 2014 MAR (Medication Administration Record) indicated monitoring for the drug Trazodone, but no other medication was indicated for monitoring side effects of their use.</p> <p>The Lippincott Manual of Nursing Practice, 34th edition, copyright 2014, for the drug Pradaxa "INTERACTIONS Drug-Drug. Antiplatelets, aspirin May increase effectiveness of PradaxaNSAIDS [non-steroidal anti-inflammatory/aspirin]: May increase risk of bleeding. Avoid use together</p> <p>NURSING CONSIDERATIONS: monitor patient for signs of bleedingThere is no antidote [a substance which neutralizes the effects/thinning of the blood] for Pradaxa."</p> <p>The Lippincott Manual of Nursing Practice, 34th edition, copyright 2014, for the drug Multaq"EFFECTS ON LAB TEST RESULTS: ...May decrease potassium and magnesium levels (in</p>			

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	<p>patients taking potassium-depleting diuretics)."</p> <p>On 6/2/14 at 8:35 a.m., the Executive Director provided the policy "GUIDELINES FOR: Psychotropic Medication Usage and Gradual Dose Reductions" dated August 2013, and indicated the policy was the current one used by the facility.</p> <p>The policy indicated: "...2. Regular review for continued need, appropriate dosage, side effects, risks and/or benefits will conducted to ensure the use of psychopharmacologic medications are therapeutic and remain beneficial to the resident."</p> <p>B. On 6/3/2014 at 9:52 a.m., the clinical record was reviewed for Resident #30. Diagnoses included, but were not limited to: atrial fibrillation, hypertension, cardiomegaly, congestive heart failure, and hyperlipidemia.</p> <p>Medications included, but were not limited to: Trazodone 100 mg for insomnia (therapeutic drug class is an antidepressant).</p> <p>On 6/3/2014 at 12:45 p.m., an interview with the Director of Health Services (DHS) when asked, how does the staff</p>			

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	<p>monitor Resident #30's sleep patterns indicated Resident #30 had no problem with sleeping. The clinical record lacked documentation of how many hours Resident #30 slept. At that time, she indicated when the GDR's are received the nursing staff talks to the residents to determine how they are doing with the medication, before sending the GDR to the physician. The clinical record lacked documentation of attempt to reduce Trazodone for Resident #30.</p> <p>The facilities "Medication Regimen Review" for Resident #30 dated from 10/4/2013 to 5/8/2014 that had been completed by the facilities pharmacist indicated on, 5/8/2014 "Req [request] eval [evaluation], NNL [no new labs]/NNO [no new orders], Req BMP [Basic Metabolic Panel], FLP [fasting lipid panel]."</p> <p>A physicians note dated 5/15/2014, indicated the facility requested,</p> <ol style="list-style-type: none"> 1. lab orders for drug monitoring. Last labs drawn 10/2013 2. Has been on Trazodone 100 mg without GDR attempt since 9/2012 [September of 2012] will you consider reduction. Physician response, "No change in RX [prescription] CMP/CBC/FLP [complete metabolic count, complete blood count, fasting lipid 			

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	<p>panel] now and CMP/CBC q6 months[every 6]."</p> <p>On 6/2/14 at 8:35 a.m., the Executive Director provided the policy "GUIDELINES FOR: Psychotropic Medication Usage and Gradual Dose Reductions" dated August 2013, and indicated the policy was the current one used by the facility.</p> <p>The policy indicated: "...2. Regular review for continued need, appropriate dosage, side effects, risks and/or benefits will conducted to ensure the use of psychopharmacologic medications are therapeutic and remain beneficial to the resident. 3. Efforts to reduce dosage or discontinue psychotropic medications will be ongoing, as appropriate. 4. A gradual dose reduction (GDR) will be attempted for two (2) separate quarters (with at least one month between attempts) per the physicians recommendation. Gradual dose reduction must be attempted annually thereafter, unless medically contraindicated."</p> <p>C). Resident #63's clinical record was reviewed on 6/2/14 at 10:28 a.m. Diagnoses include but not limited to, Alzheimer, dementia, GERD (gastro</p>						

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	<p>esophageal reflux disease), dementia w/behavior disturbances, and asthma.</p> <p>Admission date 4/6/11, readmit 6/13/11, returned date 9/27/12.</p> <p>The current MDS (Minimum Data Set) assessment dated 4/16/14 indicated, Resident # 63 had a BIMS (Brief Interview Mental Status) score of 99, when 8-15 was interviewable.</p> <p>Physician's written order dated 2/9/14 indicated, D/C (discontinue) ... Depakote ...2/9/14 Depakote 125/2.5 ml QHS (every night at bedtime).</p> <p>Note to Attending Physician/Prescriber dated 3/15/13 indicated, "RE: ANXIOLYTIC DOSE EVALUATION-PT ON Valporic Acid 125 mg qhs SINCE 10/2012. Time for dose reduction evaluation, ... decrease to Valporic Acid 100mg PO [by mouth] HS."</p> <p>Note to Attending Physician/Prescriber dated 8/8/13 indicated, "RE: ANXIOLYTIC DOSE EVALUATION-PT ON Valporic Acid 100mg qhs for alzheimer's with behavioral disturbances SINCE 3/13. ...Not indicated to reduce dose at present. ..."</p>			

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	<p>Gradual Dose Reduction Circumstance Assessment and Intervention sheet dated 2/10/14, indicated," ... Reduced from : 125 mg to 100mg ... I take a psychotropic medication for depression et [and] behavioral disturbance ...2/13/14 ... no behaviors noted ..."</p> <p>Nurses noted dated 2/10/14 indicated, "Rec'd N.O. [new order] D/C ... Depakote,... Start 125/25 ml [milliliter] QHS [every hour of sleep]."</p> <p>Behavioral health progress note dated 3/27/14, indicated "... Overall pt [patient] improving on current regiment [100 mg]."</p> <p>Medication Administration Record dated 2/1-2/28/14, indicated "VALPROIC ACID 250 MG/5 ML GIVE 2 ML (100MG) ORALLY EVERY BEDTIME DX: [diagnosis] ALS [Alzheimer] WITH BEHAVIORAL DISTURBANCE 3/16/13 [start date], ... 2/9/14 Depakote 125/2.5 ml po [by mouth] qhs, ..."</p> <p>Medication Administration Record dated 3/1/2014 to 6/4/2014, indicated "VALPROIC ACID 250 MG/5 ML GIVE 2 ML (125 MG) ORALLY EVERY BEDTIME DX: (diagnosis) ALS [Alzheimer's] WITH</p>			

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	<p>BEHAVIORAL DISTURBANCE 2/10/14 (start date) ..."</p> <p>Careplan "PSYCHOTROPIC DRUG USE" dated 4/16/14, indicated "... Drug Class: Antipsychotic, Anticonvulsant, Antidepressant. Diagnosis for which drug has been prescribed: Alzheimers/Behaviors ALS [Alzheimer's] c [with] behavior disturbance, Depression, ... Intervention ... Administer medication as prescribed by the physician ...Work with physician/pharmacy to provide lowest therapeutic dosage, ..."</p> <p>Pharmacist reviewed medications monthly. The Medication Regimen Review sheet dated 2/14/2014 increase "VPA [VALPROIC ACID] 125 mg [milligram] qhs ... "</p> <p>On 05/30/2014 at 11:45 a.m., Resident #63's medical record indicated received: "Valporic Acid 2.5ml (125 ml) hs [hour of sleep] behavior dis [disturbance] c [with] alz [Alzheimer's] 2/10/14."</p> <p>Physician's medication order dated 3/1/14 to 6/30/14, indicated Resident #63 received 125 mg valporic acid every bedtime.</p> <p>Medication monitoring sheets dated</p>			

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	<p>2/2014 to 6/2014 indicated monitoring "Risperdal and Zoloft" for side effects. There is currently no documentation for monitoring side effects of valporic acid.</p> <p>On 6/3/14 at 5:00 p.m., review of Webmd.com undated, indicated the following side effects were to be monitored:</p> <p>"... diarrhea, digestive-disorders/digestive-diseases-dia rrhea, dizziness,,drowsiness, hair loss, blurred/double vision,, change in menstrual periods, ringing in the ears, shakiness (tremor), unsteadiness, weight changes may occur. A small number of people who take anticonvulsants for any condition (such as seizure, bipolar disorder, pain) may experience depression, suicidal thoughts/attempts, or other mental/mood problems. If any of these effects persist or worsen, notify your doctor or pharmacist promptly."</p> <p>On 6/2/14 at 2:45 p.m., interview with LPN #3 indicated when asked, How do you monitor for side effect for psychotropic medications? "We have a sheet with the side effects on it that we monitor for." When asked if they are monitoring Depakote, LPN #3 indicated "I just asked Medical Records Coordinator [Name] and she said we</p>			

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	<p>aren't monitoring for it, because it is for seizures." LPN #3 indicated, "Well, she doesn't have seizures, so we should have a sheet for it."</p> <p>On 6/3/14 at 2:49 p.m., interview with the DON indicated when asked to explain the discrepancy in the physician's order dated 2/9/14, which indicated to give 125 mg/2.5 ml of Depakote every night, and the gradual dose reduction circumstance assessment and intervention sheet dated 2/10/14, which indicated reduce from 125 mg to 100mg, indicated, "I don't know. Now I'm confused. There must be a missing sheet. Let me check."</p> <p>According to Resident #63's medication administration form dated 2/10/14, Resident #63 was receiving 125 ml of Valporic Acid from February 10, 2014 thru current date after reduction order for 100 mg's on 2/10/14.</p> <p>3.1-48(a)(1) 3.1-48(a)(2) 3.1-48(a)(3) 3.1-48(b)(2)</p>				

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F000356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and record review, the facility failed to ensure the total number and actual hours worked by staff</p>	F000356	F 356	07/04/2014

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	<p>directly responsible for resident care per shift was posted for 44 of 44 residents which reside in the facility.</p> <p>Findings include:</p> <p>On 5/30/14 at 9:00 a.m., observed the daily staff posting indicating "... TODAY'S CENSUS 76 ... DAY SHIFT: ...LPN'S [5], CNA'S [7], EVENING SHIFT: LPN'S [4], CNA'S [7]," There was no total hours worked indicated on the posting. "NIGHT SHIFT: RN'S [1] 8 HOURS WORKED,], LPN's [2], CNA's [3], ..." There was no total hours worked indicated on the posting.</p> <p>On 6/3/14 at 11:14 a.m., the DON provided "Daily Staff Posting dated 6/2/14, without any total hours worked indicated on the sheet. The 6/3/14 daily staff sheet indicated 8 hours for RN'S EVENING AND NIGHT SHIFT. The 6/4/14 daily staff sheet indicated 8 hours for RN'S DAY SHIFT.</p> <p>On 6/3/14 at 11:39 a.m., the Administrator provided "Guidelines for Staff Posting" undated and indicated the policy was the one currently used by the facility. The policy indicated, " ...To ensure compliance with federal regulations requiring posting on a daily basis for each shift, the number of</p>		<p>All residents have the potential to be affected by the deficient practice and through alterations and in services the campus will nurse staffing data is posted per regulation.</p> <p>Completion Date 7-4-2014</p> <p>An in service was completed with staff concerning nurse staffing information. Systemic change is the night shift nurse will review nurse staff posting to assure correct.</p> <p>Completion Date 7-4-2014</p> <p>ED/designee will audit to see that nurse staff posting is displayed as per regulation 5x week x one month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-4-2014</p>	

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F000371 SS=F	<p>nursing personnel responsible for providing direct resident care. ... 1. Prior to the beginning of each shift, the number and amount of hours or licensed nurses(RN and LPN) and the number and hours of unlicensed nursing personnel who provide direct care to residents will be posted. ... 5. Staffing sheets should be kept for 18 months."</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure handwashing practices were followed in the kitchen by facility staff, failed to ensure proper storage of cooking equipment, and failed to ensure adequate use of hair coverings were followed as indicated by facility policy and 410 IAC Retail Food Establishment Sanitation Requirements Manual. This deficient practice had the potential to affect 43 of 43 residents being served from the kitchen.</p> <p>Findings include:</p>	F000371	<p>F 371 The residents suffered no ill effects from the alleged deficiencies. All food products not dated or expired were disposed of. Dietary staff were in serviced on hair restraints, handwashing, and proper storage of cooking equipment. Completion Date: 7-4-2014 All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus procures food from sources approved or considered satisfactory by Federal, State, or local authorities and stores, prepares, distributes, and serves food under sanitary conditions.</p>	07/04/2014

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	<p>1). Observation on 6/3/2014 at 11:10 a.m., indicated Chef put on a pair a gloves and started to serve meal plates for residents. She then went to the refrigerator and retrieved a package of cheese and butter and went back to the prep area to open a loaf of bread. The Chef then put french fries in the fryer to cook and walked back to the prep area to serve more meal plates. She then opened a package and walked to the trash can to throw away the package. The Chef then walked to the dessert cart and took a dessert from the cart and put it on a meal tray. The Chef then took off her gloves and washed her hands.</p> <p>Observation on 6/32014 at 12:50 p.m., indicated Clinical Resource Certified Assistant (CRCA) #3 walked into the kitchen with a soiled plate and cup and emptied the plate into the kitchen sink and walked out of the kitchen. CRCA #3 then walked back into the kitchen and emptied two more soiled plates and cups and walked out of the kitchen. CRCA #3 walked into the kitchen and emptied one more plate and cup and walked out of the kitchen. No observation of handwashing or hand sanitizing by CRCA #3.</p> <p>Interview on 6/3/2014 at 11:30 a.m., indicated when asked if the facility had a</p>		<p>Completion Date: 7-4-2014 All dietary employees have been in serviced on hair restraints, guidelines for hand washing, and storage of cooking equipment. Systemic changes are Kitchen staff will wear a hairnet under the cap if there is hair hanging loose. All employees will complete a competency check off for hand washing and glove usage now and annually thereafter. Staff have been in serviced on dirty area of kitchen. Completion Date 7-4-2014 ED/designee will complete unannounced audit of kitchen for , proper hair restraints, hand washing, and dirty/clean areas of kitchen 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments Completion Date 7-4-2014 Addendum: Random monitoring to include across all meals seven days a week</p>				

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	<p>410 IAC manual, "I know it's here somewhere." No 410 IAC manual was presented during the survey.</p> <p>Review on 6/3/2014 at 2:45 p.m., of 410 IAC Retail Food Establishment Sanitation Requirements Manual indicated, "Food employees shall clean their hands and exposed portions of their arms as specified under section 128...immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following:...(6) After handling soiled surfaces, equipment, or utensils. (7) During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks...(9) Before touching food or food-contact surfaces. (10) Before placing gloves on hands. (11) After engaging in other activities that contaminate the hands..."</p> <p>On 6/2/2014 at 8:33 a.m., the Administrator provided the "Guidelines for Handwashing" policy, no date, and indicated the policy was the one currently used by the facility. The policy indicated, "Purpose: Handwashing is the single most important factor to preventing</p>			

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	<p>transmission of infections. Inadequate handwashing has been responsible for many outbreaks of infection disease in LTCF...Procedure: 1. All health care workers shall wash their hands frequently and appropriately...3. Health Care Workers shall wash hands at times such as:...b. Before/after preparing/serving meals, drinks, tube feedings, etc..."</p> <p>2). Observation on 5/29/2014 at 12:15 p.m., indicated facility staff serving meal plates to residents in the dining room. By the side door of the kitchen, located by the main dining room, is the kitchens industrial mixer. No covering was noted on the mixer. At that time, the ADON (Assistant Director of Nursing) walked into the kitchen using the side door from the main dining room, without a hair net, and asked for a lunch plate for a resident. LPN #2 walked into the kitchen using the side door, without a hair net, and asked for a meal plate for a resident. CRCA #3 and CRCA #4 also walked into the kitchen using the side door, closed the door behind them, without hair nets. DA #1 walked into the kitchen with a baseball cap, which is worn by all kitchen staff, and walked passed the mixer and went to the dishwasher. DA #1 had a baseball cap on, but her hair was hanging loose under the cap and was not put up in a bun, as indicated by facility policy.</p>			

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	<p>Interview on 5/29/2014 at :12:20 p.m., with Dietary Manager (DM) indicated the staff can walk into the kitchen by the side door, but can't go pass the mixer. DM indicated the side door by the mixer is a dirty zone.</p> <p>Interview on 6/3/2014 at 11:20 p.m. with Dietary Manager (DM) indicated the safe dirty zone for all employees is the back door. The back door of the kitchen is the door located off the 500 hallway.</p> <p>On 6/2/2014 at 8:58 a.m., the Administrator provided the "Dietary Hair Restraint Policy and Procedures", no date, and indicated the policy was the one currently used by the facility. The policy indicated, "Policy...required by the 2009 Federal Food Code; Hair Restraints 2-402.11 Effectiveness. (Federal Food Code) (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles...Procedure: The walkway through the kitchen to the back door in not considered a food preparation</p>			

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	<p>area...tray-line, dishwashing, cooking, and walk-in cooler area area restricted to personnel with hair restraints..."</p> <p>On 6/2/2014 at 4:00 p.m., review of 410 IAC Retail Food Establishment Sanitation Requirements Manual Section 318 indicated, "Equipment shall be reassembled so that food contact surfaces are not contaminated."</p> <p>3). Observation on 5/29/2014 at 12:20 p.m., indicated the ADON opened the side door to the kitchen, located off the main dining room, walked in the kitchen near the mixer and asked for a meal plate for a resident and walked back out into the dining room. No hair net was observed. LPN #2 then opened the side kitchen door, walked into the kitchen and asked for a meal plate for a resident and walked back into the dining room. No hair net was observed. CRCA #3 and CRCA #4 walked into the kitchen from the main dining room and closed the door. CRCA #3 and CRCA #4 was in the kitchen approximately one minute before opening the door and walking out of the kitchen. No hair nets were observed. DA #1 then walked into the kitchen with a baseball cap. DA #1 walked to the dishwasher to prepare washing dishes. DA #1 had a baseball cap on, but her hair was observed to be</p>			

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	<p>loose and hanging on her shoulders.</p> <p>On 6/2/2014 at 8:58 a.m., the Administrator provided the "Dietary Hair Restraint Policy and Procedures", no date, and indicated it was the one currently used by the facility. The policy indicated, "Policy-Hair Restraint: All Dining Service employees will be required to wear hair restraints as required by the 2009 Federal Food Code; Hair Restraints 2-402.11 Effectiveness. (Federal Food Code) (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles...Trilogy has chosen Baseball, Floppy Chef or Beanie style caps with the Trilogy Logo for our restraint policy to meet our designed uniform code. This had will be worn to effectively keep hair from contacting exposed food. Those employees that have hair that extrudes out of the cap will be required to have hair wrapped into a bun style or tucked under hat. A neutral colored hair net will need to be worn under hat if hair cannot be contained by the ball cap. Food</p>			

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F000428 SS=D	<p>Service employees will wear hair restraints while in all food preparation areas...Procedure: The walkway through the kitchen to the back door is not considered a food preparation area. Tray-line, dishwashing, cooking, and walk-in cooler areas are restricted to personnel with hair restraints. For all other needs, hair nets will be available at the entrance to the kitchen; request a Dining Service staff person for assistance..."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p>			

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	<p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on interview and record review, the facility failed to ensure that the pharmacist reported any irregularities to the attending physician and Director of Nursing when residents should receive a lower dose of an anticonvulsant drug when a gradual dosage reduction indicated it was necessary and receiving an excessive dose of a medication when the physician indicated to decrease dose for 1 of 5 residents reviewed for unnecessary medication use. (Resident #63)</p> <p>Findings include:</p> <p>Resident #63's clinical record was reviewed on 6/2/14 at 10:28 a.m. Diagnoses include, but were not limited to: Alzheimer, dementia, GERD (gastro esophageal reflux disease), dementia w/behavior disturbances, and asthma.</p> <p>Admission date 4/6/11, readmit 6/13/11, returned date 9/27/12.</p> <p>The current MDS (Minimum Data Set) assessment dated 4/16/14 indicated, Resident # 63 had a BIMS (Brief Interview Mental Status) score of 99,</p>	F000428	<p>F 428</p> <p>Resident #63 suffered no ill effects from the alleged deficient practice and longer receives Depakote.</p> <p>Completion Date 7-4-14</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in monthly physician order processing and inservicing will ensure correct dosages are administered.</p> <p>Completion Date 7-4-14</p> <p>Systemic change is that there will be 2 nurses verify/check monthly physician orders for accuracy.</p> <p>Completion Date 7-4-14</p> <p>Licensed nursing staff will be inserviced on reconciling procedure of monthly physician orders.</p>	07/04/2014

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	<p>when 8-15 was interviewable.</p> <p>Note to Attending Physician/Prescriber dated 3/15/13 indicated, "RE: ANXIOLYTIC DOSE EVALUATION-PT ON Valporic Acid 125 mg qhs SINCE 10/12. Time for dose reduction evaluation, ... decrease to Valporic Acid 100mg [milligram] PO [by mouth] HS [hour of sleep]."</p> <p>Note to Attending Physician/Prescriber dated 8/8/13 indicated, "RE: ANXIOLYTIC DOSE EVALUATION-PT ON Valporic Acid 100mg qhs [every hour of sleep] for alzheimer's with behavioral disturbances SINCE 3/13. ...Not indicated to reduce dose at present. ..."</p> <p>Physician's written order dated 2/9/14 indicated, D/C (discontinue) ... Depakote ...2/9/14 Depakote 125/2.5 ml QHS (every night at bedtime).</p> <p>Gradual Dose Reduction Circumstance Assessment and Intervention sheet dated 2/10/14, indicated," ... Reduced from : 125 mg to 100mg ... I take a psychotropic medication for depression et [and] behavioral disturbance ...2/13/14 ... no behaviors noted ..."</p> <p>Nurses noted dated 2/10/14 indicated,</p>		<p>Completion Date 7-4-14</p> <p>DHS/designee will randomly observe 2 signature requirement on monthly physician orders, MAR's and pharmacist consults for correct procedure and accurate dosages followed monthly.</p> <p>Audits will be forwarded to QA committee monthly x6 months and quarterly thereafter for review and to ensure compliance with requirement.</p>		

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	<p>"Rec'd [received] N.O. [new order] D/C ... Depakote,... Start 125/25 ml [milliliter] QHS."</p> <p>Behavioral health progress note dated 3/27/14, indicated "... Overall pt [patient] improving on current regimen.[100mg]"</p> <p>Medication Administration Record dated 2/1-2/28/14, indicated " VALPROIC ACID 250 MG/5 ML GIVE 2 ML (100MG) ORALLY EVERY BEDTIME DX: (diagnosis) ALS (alzheimer) WITH BEHAVIORAL DISTURBANCE 3/16/13 (start date), ... 2/9/14 Depakote 125/2.5 ml po qhs, ..."</p> <p>Medication Administration Record dated 3/1-6/4/2014, indicated "VALPROIC ACID 250 MG/5 ML GIVE 2 ML (125 MG) ORALLY EVERY BEDTIME DX: (diagnosis) ALS (alzheimer) WITH BEHAVIORAL DISTURBANCE 2/10/14 (start date) ..."</p> <p>Careplan "PSYCHOTROPIC DRUG USE " dated 4/16/14, indicated " ... Drug Class: Antipsychotic, Anticonvulsant, Antidepressant. Diagnosis for which drug has been prescribed: Alzheimer's/Behaviors ALS [Alzheimer] c [with] behavior disturbance, Depression, ... Intervention ... Administer medication as prescribed</p>			

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	<p>by the physician ...Work with physician/pharmacy to provide lowest therapeutic dosage, ..."</p> <p>Pharmacist reviewed medications monthly. The Medication Regimen Review sheet dated 2/14 increase VPA [VALPROIC ACID]125 mg qhs ..."</p> <p>On 05/30/2014 at 11:45 a.m., Resident #63's medical record indicated received: "Valporic Acid 2.5 ml (125 ml) hs [hour of sleep] behavior dis [disturbance] c [with] alz [Alzheimer's] 2/10/14."</p> <p>Physician's medication order dated 3/1/14-6/30/14, indicated Resident #63 received 125 mg Valporic Acid every bedtime.</p> <p>On 6/2/14 at 2:45 p.m., interview with LPN #3 indicated, when asked how do you monitor for side effect for psychotropic medications? "We have a sheet with the side effects on it that we monitor for." When asked if they are monitoring Depakote, LPN #3 indicated " I just asked Medical Records Coordinator [Name] and she said we aren't monitoring for it because it is for seizures." LPN #3 indicated "Well she doesn't have seizures, so we should have a sheet for it."</p>			

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F000441 SS=D	<p>There is currently no documentation for monitoring side effects of Valporic Acid.</p> <p>On 6/3/14 at 2:49 p.m., interview with the DON indicated when asked to explain the discrepancy in the physician's order dated 2/9/14, which indicated to give 125 mg/2.5 ml of Depakote every night, and the gradual dose reduction circumstance assessment and intervention sheet dated 2/10/14, which indicated reduce from 125 mg to 100mg, indicated, "I don't know. Now I'm confused. There must be a missing sheet. Let me check."</p> <p>According to Resident # 63's medication administration form dated 2/10/14, Resident #63 was receiving 125 ml of Valporic Acid from February 10, 2014 thru current date after reduction order for 100mg's on 2/10/14. Monthly Pharmacy reviews lacked documentation of a report of the irregularity.</p> <p>3.1-25(i)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease</p>			

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	<p>and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. A. Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to hand washing during patient care and assisting residents with meals as indicated by the facility policy for 5 randomly observed residents during stage 1. (Resident #3, Resident #5, Resident</p>	F000441	F 441 Res #3, #5, #20, #35, #63, and #15 suffered no ill effects from the findings on the 2567L and staff have been inserviced on handwashing procedures. Completion Date 7-4-14 All residents have the potential to be affected by the alleged deficient practice and through alterations in processes	07/04/2014

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	<p>#20, Resident #35, Resident #63)(CRCA #1, DON)</p> <p>B. Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to handwashing, in that a Licensed Practical Nurse on the 200 hall did not wash her hands for 20 seconds during medication administration as indicated by the facility policy for 1 of 7 residents observed during medication administration. (Resident #15, LPN #5)</p> <p>Findings include:</p> <p>A1). On 5/29/14 at 12:40 p.m., observed the DON to pull on her scrub top twice and proceed to assist Resident #20 with lunch. She was then observed to have her fist balled up underneath her chin, holding her finger on the left side of her face and behind her ear. No handwashing or sanitizing was observed.</p> <p>The DON was then observed to pick up a glass from the table, walk into the kitchen with hair covering, bring a glass of milk to the table and give to Resident #20 to drink. The DON was observed to sit down and continue assisting Resident #20 with lunch. No handwashing or sanitizing was observed.</p>		<p>and inservicing will ensure corrective actions to prevent spread of infection are followed.</p> <p>Completion Date 7-4-14 DON no longer is employed at campus and CRCA #1 and LPN #5 have received directed inservice on handwashing policy and infection control procedures during ADL care/resident contact or procedures. Completion Date 7-4-14 Nursing staff will be inserviced on proper handwashing/sanitizing procedures to prevent spread of infection and post test of skill competency. Completion Date 7-4-14 DHS/Designee will monitor resident care that includes handwashing before or after: glove usage, feeding, after care and techniques of all care provided daily x5days, 3xweek for 2 weeks, then weekly. Results of audits will be forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Addendum: Random monitoring to include across all shifts seven days a week.</p>				

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	<p>2). On 5/29/14 at 12:56 p.m., observed CRCA #6 (Clinical Resource Certified Assistant) to remove dirty dishes from the tables, enter the kitchen without hair covering, exit the kitchen, retrieve more dirty dishes, enter the kitchen, and bring ice cream out to Resident #63, clear dirty utensils from the table, pull on the back of her apron, walk over and retrieve a clean spoon, and sat down to assist Resident #5 with her applesauce. No handwashing was observed.</p> <p>3). On 5/30/14 at 9:38 a.m., observed CRCA #6 to enter Resident #3's room to assist with nasal cannula. CRCA #6 was observed to walk over to Resident #3 and place the nasal cannula in Resident #3's nose. No handwashing was observed. When asked what should she do upon entering a residents room or before providing care, CRCA #6 indicated, "I would knock on the door, ask the resident what can I do for you." When asked what should she do before any resident care is provided, CRNA #6 indicated, "I don't know, you caught me off guard, I will get back to you on that." CRCA #6 was observed to exit the room. No handwashing was observed.</p> <p>4). On 5/30/14 at 10:00 a.m., observed the DON to enter Resident #35's room and adjust her nasal cannula. No</p>			

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	<p>handwashing was observed. The DON placed the tubing properly around Resident #35's ear and into her nose. The DON was then observed to enter the bathroom and handwash for 20 seconds and exit the room.</p> <p>On 5/30/14 at 10:27 a.m., interview with the DON indicated when asked when should you handwash? "Before and after patient care, after we use the bathroom, before and after using gloves, after touching a resident we need to wash them, when we do treatment we wash before and after clean glove, when doing the dressing, before and after our meals, and pericare. Did you do that when you entered Resident #35's room? "No, I didn't"</p> <p>On 6/2/14 at 8:35 a.m., the Administrator provided "GUIDELINES FOR HANDWASHING" dated 10/2004 and indicated that was the policy currently used by the facility. The policy indicated, "... Procedure: 1. All health care workers shall wash their hands frequently and appropriately. ... 2. Health care Workers shall wash hands at times such as: a. ... before/after eating; ... handling hair, etc., b. Before /after preparing/serving meals, drinks, ... etc., c. Before /after having direct physical contact with residents. ..."</p>			

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	<p>On 6/2/14 at 9:03 a.m., the Administrator provided "Infection Control General Policy Statement", undated, and indicated that was the policy currently used by the facility. The policy indicated, " Goal: The goal of the Infection Control Manual is to provide a resource to assist the facility Infection Control Practitioner to identify and reduce the risks of acquiring and transmitting infections among residents, employees, contract service workers, volunteers, students, and visitors...."</p> <p>B). On 6/4/2014 at 11:17 a.m., an observation of LPN #5 during medication administration indicated, LPN #5 administered eye drops to Resident #15, disposed of gloves and handwashed for 10 seconds, returned to Resident #15 to administer inhalation treatment. At that time, an interview with LPN #5 indicated the proper amount of time for handwashing was 20 seconds.</p> <p>On 6/2/2014 at 8:35 a.m., the Executive Director provided the policy "GUIDELINES FOR HANDWASHING" dated 10/2004, and indicated it was the current one used by the facility. The policy indicated: "...6. Turn water on to a comfortable temperature 7. Wet hands with running water. Apply</p>			

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	<p>liquid soap and work into a lather.</p> <p>8. Wash well for 20 seconds (ABC or Happy Birthday song) using a rotary motion and friction.</p> <p>9. Rinse hands well under running water, allowing water to flush from wrists to fingertips.</p> <p>10. Dry hands with paper towels."</p> <p>Review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated:</p> <p>"...Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.</p> <p>Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.</p> <p>Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.</p> <p>Rinse your hands well under clean, running water.</p> <p>Dry your hands using a clean towel or air dry them...."</p> <p>3.1-18(I)</p>			

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R000000	<p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: May 29, 30, June 2, 3, 4 and 5, 2014</p> <p>Facility number: 003924 Provider number: 155727 AIM number: 200472040</p> <p>Survey team: Cheryl Mabry, RN-TC Diana McDonald, RN Melissa Gillis, RN Angela Patterson, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 34 Residential: 31 Total: 75</p> <p>Census payor type:</p>	R000000	<p>The Submission of this plan of correction does not indicate an admission by StoneBridge Health Campus that the findings and allegations contained herin are an accurate and true representation of the quality of care provided to our residents of StoneBridge Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and services to it's residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. To this end, this plan of correction shall serve as the credible allegation of compliance of this facility. It is thus submitted as a matter of statue only. We respectfully request from the Department paper compliance. All corrections have been submitted to this POC.</p>	

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R000157	<p>Medicare: 20 Medicaid: 20 Other: 35 Total: 75</p> <p>Residential Sample 5</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.5.</p> <p>Quality review completed on June 13, 2014; by Kimberly Perigo, RN.</p> <p>410 IAC 16.2-5-1.5(n) Sanitation and Safety Standards - Deficiency n) The facility shall develop, adopt, and implement written policies and procedures on cleaning, disinfecting, and sterilizing equipment used by more than one (1) person in a common area.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's room was cleaned according to facility policy, in that a resident's room was dusty, had a full trash can, and had a dead bug on the sink which resulted in the resident not feeling comfortable in her room. (Resident #2).</p> <p>Findings include:</p> <p>Observation on 6/5/2014 at 10:15 a.m., indicated the bedside table in Resident 2's</p>	R000157	<p>R 157</p> <p>Resident #2's room has been cleaned and dusted.</p> <p>Completion date 7-4-14</p> <p>There were no other residents affected by this alleged deficient practice and through inservicing and monitoring will ensure that rooms are</p>	07/04/2014

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	<p>room was covered with dust. At that time, observation of a dead bug on the counter top by the sink. The trash can by the resident's chair was full. The floor under a storage container in the bathroom was dirty and had debris on it. Resident #2's television stand's top shelf and behind the television was covered with dust. Resident #2's sink indicated it was stained with a brown substance and had dry particles in it.</p> <p>Interview on 6/5/2014 at 10:30 a.m., with Resident #2 indicated when asked if there is something in the facility that affects her comfort and could be improved on, "I am 95 years old and I like a clean house. I don't like my belongings to be white (indicating the furniture is covered with dust). They (housekeeping) came in here yesterday and just cleaned the bathroom. See that dead bug? That has been there for 3 days. The trash has not been emptied for a couple of days. The stand in the bathroom has not been moved and cleaned under since I don't know when. The other night, a nurse got down on her hands and knees and dusted my table legs for me."</p> <p>Interview on 6/5/2014 at 11:15 a.m., with the Director of Environmental Services indicated on the residential hall there is no cleaning services available on</p>		<p>cleaned on a regular basis.</p> <p>Completion Date 7-4-14</p> <p>Housekeeping will be inserviced on room cleaning checklist and what tasks are done and at what intervals.</p> <p>Completion Date 7-4-14</p> <p>Housekeeping supervisor will randomly audit 2 rooms per day x2 weeks, 1 room daily for 8 weeks and 2 rooms weekly thereafter for checklist being followed and room cleanliness.</p> <p>QA committee will review the room audits monthly for 6 months and quarterly review thereafter for ongoing compliance with room cleanliness requirements.</p>	

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	<p>weekends, but there is cleaning the rest of the week. Director of Environmental Services also indicated that the trash can be picked up by CRCA's during their shift as well. Director of Environmental Services was shown the room, she indicated they had a new girl in here, but she is not here any longer. She indicated that she would get another housekeeper in here and get Resident #2's room clean.</p> <p>On 6/5/2014 at 11:00 the Director of Environmental provided the Housekeeping/Laundry Department schedule. The schedule indicated there was housekeeping services performed on the residential side on 6/2, 6/3, 6/4, and 6/5/2014.</p> <p>On 6/5/2014 at 12:40 p.m., LPN #4 provided the Environmental Services Manual, no date. The manual indicated, "Environmental Policy and Procedures: Room Cleaning: Policy: The room cleanliness is the top priority of the ES department. The residents are to know they have all the comforts of home in the cleanest environment available. We provide daily cleaning in their rooms and restrooms...2. Every resident room is to be cleaned daily...4. Each bathroom is to be disinfected and cleaned. The disinfecting of the bathrooms is to be the first task when entering the resident's</p>			

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R000241	<p>room...5. Each room is to be vacuumed if carpeted...7. Each bathroom floor is to be swept and mopped. 9. Each room is to be dusted...Assisted Living, Policy Title: Housekeeping. Purpose: To establish standards of cleanliness and consistency in the way in which Apartment units and common areas are cleaned and maintained...Assisted-living Apartment units will be cleaned weekly, unless otherwise noted...Procedure Title: Routine (Weekly) Apartment Unit Cleaning...3. A complete routine cleaning includes:...b) Emptying all trash cans/waste baskets. c) Cleaning the bathroom...d) Dusting tops and sides of wood furniture using furniture polish (carefully remove items on tops of furniture to dust and then replace items exactly as they were before moving...)...e) Using all-purpose cleaner, clean countertops, fronts of cabinets, exterior of appliances...inside of sink and faucet..."</p> <p>410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician</p>			

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	<p>and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received a medication as ordered by the resident's physician, in that Resident #5 had not been receiving Lantus daily as prescribed for 1 of 5 residents reviewed for medication administration. Which resulted in an elevated HbgA1c (a blood test that indicated how well the blood sugar was controlled over the past several months) (Resident #5).</p> <p>Findings include:</p> <p>On 6/5/2014 at 10:00 a.m., the clinical record was reviewed for Resident #5. Diagnoses included, but were not limited to: dyspnea, aphasia, right hemiparesis, and diabetes mellitus.</p> <p>Medications included, but not limited to: Lantus (a long acting insulin used to treat diabetes) 15 units subcutaneously every bedtime for diabetes mellitus.</p> <p>On 6/5/2014 at 9:47 a.m., the unit coordinator provided the physicians orders and Medication Administration Record (MAR) for Resident #5. The</p>	R000241	<p>R 241</p> <p>Resident #5 medication orders have been reviewed.</p> <p>Completion Date 7-4-2014</p> <p>All residents have the potential to be affected by the alleged deficient practice and through altercations in processes and in servicing the campus will ensure measures to prevent medication errors</p> <p>Completion Date 7-4-2014</p> <p>Nursing staff have been in serviced on medication orders regarding passing medications and transcription of medication orders/lab orders. Systemic change is all nurses and QMAs will complete a medication pass competency now and annually thereafter.</p> <p>Completion Date 7-4-2014</p>	07/04/2014			

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	<p>physicians order dated 9/12/2013, indicated Resident #5 was to receive Lantus 15 units every day at bedtime.</p> <p>On 6/5/2014 at 9:15 a.m., an observation of the MAR'S (Medication Administration Record) indicated Resident #5's Lantus had not been signed as given on: June 2nd, 3rd, and 4th. May 10th, 11th, 12th, 14th, 15th, 21st, 24th, 25th, 26th, 29th, and 30th. April 1st, 2nd, 5th, 14th, 15th, 21st, and 28th</p> <p>On these dates the space below the date was blank and the reverse side of the MAR had no entries documented as to why the space was blank (not given). At that time, an interview with LPN #6 indicated she didn't know why Resident #5's insulin had not been signed as given.</p> <p>On 6/5/2014 at 9:20 a.m., an observation of Resident #5's Lantus pen indicated, it had been opened on 5/16/2014. Each pen contains 100 units per milliliter, for a total of 300 units per pen. The pen still contained 75 units.</p> <p>On 6/5/2014 at 9:30 a.m., an interview with the DHS (Director of Health Services) indicated she did not know why the Lantus was not signed as given.</p>		<p>Nurse managers will perform random audits of medication administration sheets and treatment administration sheets to review for medication errors or missed medication doses on 5 random residents 5x week x one month 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-4-2014</p>	

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	<p>On 6/5/2014 at 11:30 a.m., the DHS provided a laboratory report for Resident #5 dated 5/01/2014. The lab was for a HgbA1c (glycated hemoglobin) the result was 8.0 which is high, 3.9-6.1 is the normal values.</p> <p>"A1c test," was retrieved on 6/8/2014 from Medline Plus website. The guidance included that the A1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes. If your level is above 7% and you have diabetes, it often means that your blood sugar is not well controlled.</p> <p>On 6/2/2014 at 9:01 a.m., the Executive Director provided the "MEDICATION ADMINISTRATION GENERAL GUIDELINES" policy, dated 9/07/2012, and indicated the policy was the one currently used by the facility. The policy indicated: "Medication are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to do so... Administration ... b) Medications are administered in accordance with written orders of the attending physician...Documentation a) The individual who administers the</p>			

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	<p>medication dose records the administration on the resident's MAR directly after the medication is given. At the end of each medication pass, the person administering the medications review the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medications report off-duty without first recording the administration of any medication...</p> <p>....d) The resident's MAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are verified with a full signature in the space provided...</p> <p>.....f) If a dose of regularly scheduled medication is with held, refused, or given at other than the scheduled time..the space provided on the front of the MAR for that dosage administration is initialed and circled. An An explanatory note is entered on the reverse side of the record provided for PRN [as needed] documentation. If two consecutive doses of a vital medication are withheld or refused, the physician is notified."</p>			

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R000272	<p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on observation and interview, the facility failed to ensure that food was served at the required temperatures, in that a hall tray for a resident was not served at the required temperatures as indicated by the 410 IAC 7-24 for 1 of 4 residents randomly observed for food temperatures receiving hall trays. (Resident #3).</p> <p>Findings include:</p> <p>On 6/5/2014 at 10:20 a.m., an interview with Resident #3 indicated the hall trays are always cold.</p> <p>On 6/5/2014 at 12:38 p.m., an observation of the Dietary Manager taking the hall tray from the hall cart warmer to Resident #3's room.</p> <p>On 6/5/2014 at 12:40 p.m., an observation of Resident #3's hall tray temperatures being measured by the</p>	R000272	<p>R 272 Resident # 3 suffered no ill effects from the alleged allegations. Completion Date 7-4-2014 All residents have the potential to be affected by the deficient practice and through alterations and in services the campus will ensure each resident is served food at the proper temperature. Completion Date 7-4-2014 An in service was provided to dietary staff on proper temperature for food served. Systemic change is meal managers assigned to each meal will check the hall cart to assure proper temperature. Completion Date 7-4-2014 DFS/designee will monitor 3 resident meals to assure the proper temperature 5x week x one month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 7-4-2014 Addendum: Monitoring will include across all meals seven</p>	07/04/2014

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R000273	<p>Dietary Manager indicated the mushrooms were 98 degrees Fahrenheit, and the spaghetti was 108 degrees Fahrenheit. At that time, an interview with Dietary Manager indicated the holding temperature for the hall trays is 135 degrees Fahrenheit.</p> <p>On 6/5/2014 at 12:45 p.m., an observation of the hall tray warmer indicated, it was plugged into the wall and turned on. At that time, an interview with the Dietary Manager indicated it was set to 135-145 degrees Fahrenheit.</p> <p>The Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, Sections 186-187, indicated the holding temperature for these foods was 135 degrees Fahrenheit.</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 handwashing practices were followed in</p>	R000273	<p>days a week</p> <p>R 0273 The residents suffered no ill effects from the alleged deficiencies. All food products not dated or expired were disposed of. Dietary staff were in</p>	07/04/2014

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	<p>the kitchen by facility staff, failed to ensure proper storage of cooking equipment, and failed to ensure adequate use of hair coverings were followed by facility policy and 410 IAC Retail Food Establishment Sanitation Requirements Manual. This deficient practice had the potential to affect 31 of 31 residents being served from the kitchen.</p> <p>Findings include:</p> <p>1). Observation on 6/3/2014 at 11:10 a.m., indicated Chef put on a pair a gloves and started to serve meal plates for residents. She then went to the refrigerator and retrieved a package of cheese and butter and went back to the prep area to open a loaf of bread. The Chef then put french fries in the fryer to cook and walked back to the prep area to serve more meal plates. She then opened a package and walked to the trash can to throw away the package. The Chef then walked to the dessert cart and took a dessert from the cart and put it on a meal tray. The Chef then took off her gloves and washed her hands.</p> <p>Observation on 6/3/2014 at 12:50 p.m., indicated Clinical Resource Certified Assistant (CRCA) #3 walked into the kitchen with a soiled plate and cup and emptied the plate into the kitchen sink</p>		<p>serviced on hair restraints, handwashing, and proper storage of cooking equipment.</p> <p>Completion Date: 7-4-2014</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus procures food from sources approved or considered satisfactory by Federal, State, or local authorities and stores, prepares, distributes, and serves food under sanitary conditions.</p> <p>Completion Date: 7-4-2014</p> <p>All dietary employees have been in serviced on hair restraints, guidelines for hand washing, and storage of cooking equipment. Systemic changes are Kitchen staff will wear a hairnet under the cap if there is hair hanging loose. All employees will complete a competency check off for hand washing and glove usage now and annually thereafter. Staff have been in serviced on dirty area of kitchen. Completion Date 7-4-2014</p> <p>ED/designee will complete unannounced audit of kitchen for , proper hair restraints, hand washing, and dirty/clean areas of kitchen 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-4-2014</p>		

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	<p>and walked out of the kitchen. CRCA #3 then walked back into the kitchen and emptied two more soiled plates and cups and walked out of the kitchen. CRCA #3 walked into the kitchen and emptied one more plate and cup and walked out of the kitchen. No observation of handwashing or hand sanitizing by CRCA #3.</p> <p>Review on 6/3/2014 at 2:45 p.m., of 410 IAC Retail Food Establishment Sanitation Requirements Manual indicated, "Food employees shall clean their hands and exposed portions of their arms as specified under section 128...immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following:...(6) After handling soiled surfaces, equipment, or utensils. (7) During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks...(9) Before touching food or food-contact surfaces. (10) Before placing gloves on hands. (11) After engaging in other activities that contaminate the hands..."</p> <p>On 6/2/2014 at 8:33 a.m., the Administrator provided the "Guidelines</p>		Addendum: Monitoring will include across all meals seven days a week	

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	<p>for Handwashing" policy, no date, and indicated the policy was the one currently used by the facility. The policy indicated, "Purpose: Handwashing is the single most important factor to preventing transmission of infections. Inadequate handwashing has been responsible for many outbreaks of infection disease in LTCF...Procedure: 1. All health care workers shall wash their hands frequently and appropriately...3. Health Care Workers shall wash hands at times such as:...b. Before/after preparing/serving meals, drinks, tube feedings, etc..."</p> <p>2). Observation on 5/29/2014 at 12:15 p.m., indicated facility staff serving meal plates to residents in the dining room. By the side door of the kitchen, located by the main dining room, sits the kitchens industrial mixer. No covering was noted on the mixer. At that time, the ADON (Assistant Director of Nursing) walked into the kitchen using the side door from the main dining room, without a hair net, and asked for a lunch plate for a resident. LPN #2 walked into the kitchen using the side door, without a hair net, and asked for a meal plate for a resident. CRCA #3 and CRCA #4 also walked into the kitchen using the side door, closed the door behind them, without hair nets. DA #1 walked into the kitchen with a baseball cap, which is worn by all kitchen</p>			

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	<p>staff, and walked passed the mixer and went to the dishwasher. DA #1 had a baseball cap on, but her hair was hanging loose under the cap and was not put up in a bun, as indicated by facility policy.</p> <p>Interview on 5/29/2014 at :12:20 p.m., with Dietary Manager (DM) indicated the staff can walk into the kitchen by the side door, but can't go pass the mixer. DM indicated the side door by the mixer is a dirty zone.</p> <p>Interview on 6/3/2014 at 11:20 p.m. with Dietary Manager (DM) indicated the safe dirty zone for kitchen employees is the back door. The back door of the kitchen is the door located off the 500 hallway.</p> <p>On 6/2/2014 at 8:58 a.m., the Administrator provided the "Dietary Hair Restraint Policy and Procedures", no date, and indicated the policy was the one currently used by the facility. The policy indicated, "Policy...required by the 2009 Federal Food Code; Hair Restraints 2-402.11 Effectiveness. (Federal Food Code) (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean</p>			

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	<p>equipment, utensils, and linens; and unwrapped single-service and single-use articles...Procedure: The walkway through the kitchen to the back door in not considered a food preparation area...tray-line, dishwashing, cooking, and walk-in cooler area area restricted to personnel with hair restraints..."</p> <p>On 6/2/2014 at 4:00 p.m., review of 410 IAC Retail Food Establishment Sanitation Requirements Manual Section 318 indicated, "Equipment shall be reassembled so that food contact surfaces are not contaminated."</p> <p>3). Observation on 5/29/2014 at 12:20 p.m., indicated the ADON opened the side door to the kitchen, located off the main dining room, walked in the kitchen near the mixer and asked for a meal plate for a resident and walked back out into the dining room. No hair net observed. LPN #2 then opened the side kitchen door, walked into the kitchen and asked for a meal plate for a resident and walked back into the dining room. No hair net was observed. CRCA #3 and CRCA #4 walked into the kitchen from the main dining room and closed the door. CRCA #3 and CRCA #4 was in the kitchen approximately one minute before opening the door and walking out of the kitchen. No hair nets were observed. DA #1 then</p>			

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	<p>walked into the kitchen with a baseball cap. DA #1 walked to the dishwasher to prepare washing dishes. DA #1 had a baseball cap on, but her hair was observed to be loose and hanging on her shoulders.</p> <p>On 6/2/2014 at 8:58 a.m., the Administrator provided the "Dietary Hair Restraint Policy and Procedures", no date, and indicated it was the one currently used by the facility. The policy indicated, "Policy-Hair Restraint: All Dining Service employees will be required to wear hair restraints as required by the 2009 Federal Food Code; Hair Restraints 2-402.11 Effectiveness. (Federal Food Code) (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles...Trilogy has chosen Baseball, Floppy Chef or Beanie style caps with the Trilogy Logo for our restraint policy to meet our designed uniform code. This had will be worn to effectively keep hair from contacting exposed food. Those employees that have hair that extrudes</p>			

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R000306	<p>out of the cap will be required to have hair wrapped into a bun style or tucked under hat. A neutral colored hair net will need to be worn under hat if hair cannot be contained by the ball cap. Food Service employees will wear hair restraints while in all food preparation areas...Procedure: The walkway through the kitchen to the back door is not considered a food preparation area. Tray-line, dishwashing, cooking, and walk-in cooler areas are restricted to personnel with hair restraints. For all other needs, hair nets will be available at the entrance to the kitchen; request a Dining Service staff person for assistance..."</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal.</p>			

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	<p>(8) The signature of the person conducting the disposal of the drug.</p> <p>(9) The signature of a witness, if any, to the disposal of the drug.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that expired medications were disposed of as indicated by the facility policy for 1 of 1 medication refrigerators in 1 of 1 medication rooms reviewed for medication storage.</p> <p>Findings include:</p> <p>On 6/4/2014 at 2:00 p.m., an observation of the medication refrigerator located in the medication room indicated, Resident #6's Gentamycin/Phenytoin 0.1/5% topical cream had a label indicating it expired on 1/7/2014.</p> <p>On 6/4/2014 at 2:05 p.m., an observation of the medication refrigerator located in the medication room indicated, Resident #7's Gentamycin/Phenytoin 0.1/5% topical cream had a label indicating it expired on 1/7/2014.</p> <p>On 6/4/2014 at 2:05 p.m., an observation of medication refrigerator located in the medication room indicated, Resident #7's liquid Ativan 0.25 milligram had an open date of 1/11/14, a label indicated it was expired 90 days after opening.</p>	R000306	<p>R 306</p> <p>Resident # 6 and #7 medication have been destroyed as per policy</p> <p>Completion Date 7-4-2104</p> <p>All residents have the potential to be affected by the alleged deficient practice and through altercations in processes and in servicing the campus will ensure expired medication is destroyed as per policy.</p> <p>Completion Date 7-4-2014</p> <p>Nursing staff have been in serviced on expiration timeframes of medication. Systemic change is expiration timeframes will be posted on teh MAR and refrigerators. Medication carts and medication refrigerators will be audited weekly for expired medications.</p>	07/04/2014			

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	<p>On 6/4/2014 at 2:10 p.m., an interview with LPN #6, indicated those three medications should have been disposed of. LPN #6 indicated night shift is usually the one that takes care of that.</p> <p>On 6/2/2014 at 9:03 a.m., the Executive Director provided the "MEDICATION STORAGE IN THE FACILITY" dated 9/17/2012, and indicated it was the current policy used by the facility. The policy indicated: "Medications and biological's are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier...". "Procedures...m) Outdated, contaminated, or deteriorated medications and those in containers that are, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy, if a current order exists..."</p>		<p>Completion Date 7-4-014</p> <p>DHS/designee will review weekly audits completed by staff of medication cart and medication refrigerator to assure complete 5x week x one month 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 7-4-2014</p>	