

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155732	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2014
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NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670
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F000000	<p>This visit was for the a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: June 9, 10, 11, 12, 16, 17, 2014</p> <p>Facility number: 004130 Provider number: 155732 AIM number: 200491050</p> <p>Survey team: Anna Villain, RN TC Barbara Fowler, RN Diane Hancock, RN 6/9, 6/10, 6/11, 6/16, 6/17/2014 Diana Perry, RN 6/9, 6/10, 6/11, 6/12, 6/16/2014 Denise Schwandner, RN 6/9, 6/10, 6/12, 6/16, 6/17/2014</p> <p>Census bed type: SNF: 17 SNF/NF: 44 Residential: 32 Total: 93</p> <p>Census payor type: Medicare: 17 Medicaid: 19</p>	F000000		

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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F000282 SS=D	<p>Other: 57 Total: 93</p> <p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review was completed on June 23 by Jodi Meyer, RN</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to ensure physician's orders were written for the care of the colostomy for 1 of 1 residents reviewed for a colostomy. (Resident #105)</p> <p>Finding includes:</p> <p>On 6/11/14 at 9:01 a.m., Resident #105's clinical record was reviewed. Resident #105 was admitted on 5/31/14. The resident's diagnoses included, but were not limited to, colostomy.</p> <p>The daily Skilled Charting Evaluation,</p>	F000282	F 282 Res #105 had orders obtained for colostomy care and careplan updated to reflect them. Completion Date 7-17-14 There were no other residents affected by the deficient practice and through inservicing will ensure that colostomy orders are obtained.	07/17/2014			

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F000309 SS=E	<p>entitled GI Gastrointestinal Disorders, for 6/1/14 through 6/3/14 indicated, "care to ostomy stoma per MD order."</p> <p>The most recent signed physician's recapitulation orders dated 6/1/14 lacked an order for colostomy care.</p> <p>On 6/11/14 at 1:11 p.m., RN #1 was interviewed. RN #1 indicated colostomy care was completed daily and was supposed to be documented in the treatment record.</p> <p>On 6/11/14 at 1:55 p.m., the DHS (Director of Health Services) was interviewed regarding Resident #105's physician's orders. The DHS was unable to locate an order for colostomy care.</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and</p>		<p>Completion Date 7-17-14</p> <p>Licensed nurses will be inserviced on required colostomy orders.</p> <p>Completion Date 7-17-14</p> <p>DHS/Designee will monitor all TAR's 5x/week for 4 weeks, 2x/week for 12 weeks, 2x/month thereafter for colostomy care and proper documentation of completion.</p> <p>Results of monitoring will be forwarded to QA committee monthly x6 months and quarterly thereafter for review and further recommendations.</p>		

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	<p>services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review, observation and interview, the facility failed to ensure residents with changes in condition were monitored following the changes, for 2 of 3 residents reviewed who died, for 1 of 3 residents reviewed for hospitalization, and for 1 of 1 resident receiving dialysis services, in that residents had declines in condition, elevated blood pressures, bloody stools, and urinary bleeding without evidence of on-going monitoring. (Residents #92, #77, #109, #70)</p> <p>Findings include:</p> <p>1. Resident #92's clinical record was reviewed on 6/11/14 at 9:30 a.m. The resident was admitted to the facility on 2/27/14 following hospitalization for a cerebrovascular accident (CVA). Diagnoses included, but were not limited to, CVA, aphasia, dysphagia, hypertension, arthritis, rhabdomyolysis, and pressure area left hip.</p> <p>The resident's initial Minimum Data Set (MDS) Assessment, with a target date of 3/6/14, was incomplete, but indicated the resident was unable to be interviewed for cognitive status, required extensive</p>	F000309	<p>F 309 Res #92 and #77 are deceased as stated in 2567. Completion Date 7-17-14 Res #109 had blood pressure orders verified and nurses that care for her have been inserviced on those as well as her current careplan related to dialysis. Completion Date 7-17-14 Res #70 had current orders and labs verified with physician and nurses that care for him have been inserviced on these. Completion Date 7-17-14No other residents were affected but all have the potential to be and through inservicing and monitoring will prevent reoccurrence. Completion Date 7-17-14 Licensed nurses inserviced on hemodialysis shunt assessment and post dialysis complications, critical high lab response/documentation and overall change in condition documentation and assessment requirements. Completion Date 7-17-14 DHS/designee will review: all residents receiving dialysis weekly to ensure careplan/orders are current and reflective of adequate documentation and assessment and residents with critical labs daily for proper follow up and documentation. A list of all residents receiving dialysis</p>	07/17/2014			

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	<p>assistance of two staff for bed mobility, transfer, and was unable to walk. She also had limited range of motion of the upper and lower extremity on one side.</p> <p>The resident had a care plan, dated 3/10/14, for activities of daily living, that included, but was not limited to, the following approaches: "I cannot provide my own care at this time due to recent CVA with rt [right] sided hemiparesis, weakness, decreased physical ability, mobility, and function. I cannot communicate well at this time due to aphasia caused by the CVA...I will need total assistance...until I am better able to communicate and move...Please use the maximove [mechanical lift] with all transfers for maximum safety...I am unable to ambulate at this time...I am able to try to feed myself with my left hand but it is difficult...Please feed me in the restorative dining room at this time..."</p> <p>The record contained "Skilled Nursing Assessment and Data Collection" forms, completed daily. The documentation included a check-list type assessment of cognitive patterns, communication, vision, pain, elimination, nutrition, pulmonary, cardiac, skin, safety and mobility, and mood and behavior status. The form also included a section for narrative notes. Resident #92 had a form</p>		<p>and those with critical labs will be provided to QA committee monthly along with a copy of audits to ensure compliance x12 months</p>	

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	<p>dated 3/10/14, initiated at 6:00 a.m., that included, but was not limited to, the following assessment:</p> <p>Cognitive Patterns Short term and long term memory problems, "psychomotor retardation - sluggishness, staring into space, stays in one position." Nutrition By mouth, thickened liquids Pulmonary Wheezes and rhonchi in both lungs Cardiac Edema, +1 in both lower extremities Nursing notes/comments: 3/10/14 10:00 a.m., "Patient [up] with maxmove to wc [wheelchair]. Wouldn't hold head up. VS [vital signs] 88/52 [blood pressure], 89 [pulse], 18 [respirations], 95% RA [room air] [oxygen saturation]. Put back to bed. Family aware. Notified Dr. [name]."</p> <p>The resident had the same form completed for 3/11/14; the time the form was initiated was documented as 10:10 a.m. The check-list portion of the assessment indicated the cognitive patterns were the same, memory deficits with psychomotor retardation. The lungs were documented as clear with an oxygen saturation level of 93%. The vital signs were temperature 97.3, pulse 91, respirations 18, and blood pressure</p>			

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	<p>149/92. The resident continued to have edema of the lower extremities. Nursing notes included, but were not limited to, the following: "3/11/14 1445 [2:45 p.m.] Res [resident's] family came to nurses station stated res is 'breathing funny.' This nurse went in room res had labored breathing O2 [oxygen] sat [saturation] 49% unable to obtain BP [blood pressure] unable to hear heartbeat @1450 [2:50 p.m.]. Family at bedside." "3/11/14 1500 Order received (sic) to destroy all meds et release body to [name] funeral home."</p> <p>An Occupational Therapy Progress note, dated 3/7/14, indicated the following: "Pt. demo [demonstrates] flaccid R UE [right upper extremity], extreme lethargy, decreased activity tolerance, decreased ADL [activity of daily living] object recognition and decreased task initiation and termination." An Occupational Therapy Progress and Discharge Summary indicated the following: "Pt. [patient] with decline over last several session requiring dependent assist for all ADL [activities of daily living] activities."</p> <p>A PT [physical therapy] Progress and Discharge Summary, dated 3/12/14, indicated the following: "pt [patient] expired 3/11/14; PT had been focusing</p>						

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	<p>on utilizing hooyer lift to seat pt in reclining w/c for more appropriate positioning for feeding and to inc [increase] sitting tolerance in supported position...Pt placed in bed via hooyer lift and staff after less than 2 hrs sitting up in reclined position with bilat [bilateral] LE's [lower extremities] supported on leg rests and tubigrip donned to assist in stabilizing BP. Pt expired after placed in bed via hooyer lift...Pt had been very somnolent and less responsive since last Thursday; MD had been faxed with concerns."</p> <p>On 6/16/14 at 11:00 a.m., Resident #92's clinical record was reviewed with the Director of Nurses (DoN). She indicated resident had been in therapy when she declined and they had brought her back to her room, transferred her to bed, and she then expired. She indicated she noted there was no documentation of care of the resident from 3/10/14 at 10:00 a.m. to 3/11/14 at 10:10 a.m., and from 10:10 a.m. to 3/11/14 at 2:45 p.m.</p> <p>2. The clinical record of Resident #77 was reviewed on 6/10/14 at 3:13 p.m. Resident #77 had diagnoses including, but not limited to, septicemia, visual disturbance, cerebrovascular accident with left hemiparesis, atrial fibrillation, arthritis, chronic obstructive pulmonary</p>			

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	<p>disease, and enlarged prostate.</p> <p>The clinical record indicated Resident #77 had expired on 2/15/14 at 9:55 p.m. The clinical record lacked documentation for 12 hours from 2/15/14 at 5:00 a.m., until 2/15/14 at 5:00 p.m.</p> <p>A "Skilled Nursing Assessment and Data Collection" form, dated 2/15/14 at 2:00 a.m., indicated Resident #77 was observed to have low urine output and the urine was "viscous [sic] and dark red." The note further indicated the Foley catheter was flushed with clear return noted.</p> <p>A "Skilled Nursing Assessment and Data Collection" form, dated 2/15/14 at 3:00 a.m., indicated Resident #77 continued to have low urinary output. The note further indicated Resident #77's Foley catheter was replaced.</p> <p>The "Skilled Nursing Assessment and Data Collection" form, dated 2/15/14 at 5:00 a.m., indicated Resident #77's Foley catheter was draining dark amber urine.</p> <p>The "Skilled Nursing Assessment and Data Collection" form, dated 2/15/14 at 5:00 p.m., indicated Resident #77 had no air movement auscultated and a pulse oximeter reading of 81% on 3 l(liters) of</p>			

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	<p>oxygen.</p> <p>During an interview on 6/11/14 at 12:36 p.m., the DHS indicated documentation of Resident #77 did not indicate what happened with the resident. The DHS further indicated the staff should have obtained a set of VS (vital signs) and documented more precisely regarding the resident.</p> <p>3. During an observation on 6/12/14 at 1:51p.m., Resident #109 was observed to be sitting in a wheelchair in a lounge with continuous nasal oxygen on. Resident #109 indicated she was tired as she had dialysis the day before and today her room was being totally cleaned. Resident #109 indicated she had a catheter in her chest for dialysis but would be obtaining a graft in her arm for dialysis soon. Resident #109 indicated she was "always worn out" after dialysis. Resident #109 indicated she had a headache earlier in the week after receiving dialysis. Resident #109 indicated her blood pressure had been elevated the day of her headache at the dialysis center. Resident #109 indicated the facility did not usually check her blood pressure when she returned from dialysis.</p>			

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	<p>The clinical record of Resident #109 was reviewed on 6/12/14 at 9:20 a.m.</p> <p>Resident #109 had diagnoses including, but not limited to, acute hypoxic respiratory failure, acute congestive heart failure, right lower lobe pneumonia, chronic renal failure, hyponatremia, hypertension, hypothyroidism, atrial fibrillation, left hydronephrosis, hemodialysis, anemia, and cardiomegaly,</p> <p>A physician's order, dated 6/5/14, indicated Resident #109 received dialysis each Monday, Wednesday, and Friday.</p> <p>A "Dialysis Consult Sheet," dated 6/6/14, indicated Resident #109 had an elevated B/P (blood pressure) of 213/103. The sheet further indicated the resident was asymptomatic.</p> <p>A "Skilled Charting Evaluation," dated 6/8/14 at 7:25 a.m., indicated Resident #109 had a B/P of 175/77.</p> <p>Resident #109 had a physician's order, dated 6/11/14, to check the B/P after dialysis and if high, notify the physician,</p> <p>The clinical record lacked documentation of any further monitoring of Resident #109's B/P or any post-dialysis assessment.</p>			

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	<p>During an interview with the DHS (Director of Health Services) on 6/16/14 at 10:49 a.m., the DHS indicated a resident was not assessed unless a condition warranted. The DHS indicated if a resident needed assistance upon returning from dialysis, the facility would assist them. The DHS further indicated the facility did not have a policy for pre- or post-dialysis care.</p> <p>4. The clinical record of Resident #70 was reviewed on 6/11/14 at 8:42 a.m. Resident #70 had diagnoses including, but not limited to, metabolic encephalopathy, cellulitis left lower extremity, end stage renal disease, dementia, chronic anemia, atrial fibrillation, hypertension, hypothyroidism, and anorexia. The admission MDS (Minimum Data Set) assessment, dated 3/18/14, indicated Resident #70 had no cognitive impairment.</p> <p>Resident #70 had a physician's order, dated 3/11/14, for Coumadin 1 mg take 1/2 tablet po (orally) daily. Resident #70 had an order for Coumadin, dated 3/13/14, 2 mg po daily. Resident #70 had a physician's order, dated 3/18/14, for Coumadin 2 mg alternate with 1 mg every other day,</p>			

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	<p>Resident #70 had a prothrombin time and INR (international normalization ratio), blood tests used for clotting times, of the following:</p> <ol style="list-style-type: none"> 1) 3/27/14 at 0720; PT 58.9; INR 5.08 2) 3/25/14 at 0709; PT 67.8; INR 5.85 3) 3/18/14 at 0645; PT 43.3; INR 3.73 4) 3/13/14 at 0647; PT 15.5; INR 1.34 <p>The normal for the prothrombin time is Low = 8.5 seconds and high = 13.1 seconds.</p> <p>The normal seconds for the INR are low = 0.80 and high = 1.20)</p> <p>A nurse's note, dated 3/26/14 at 11:00 a.m., indicated Resident #70 had a critical PT/INR and bloody stools. No monitoring of Resident #70's bloody stool was documented.</p> <p>A "Skilled Nursing Assessment and Data Collection" note, dated 3/27/14 at 2:00 a.m., indicated Resident #70 was continent of bowel and bowel sounds were present.</p> <p>The clinical record lacked any further documentation of monitoring of the resident's bloody stools.</p> <p>During an interview, on 6/11/14 at 1:00 p.m., the DHS (Director of Health Services) indicated an assessment should be completed whenever a change in a</p>			

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	<p>resident's condition occurs. The DHS indicated the staff should obtain a set of vital signs whenever there is a change in a resident's condition. The DHS further indicated she was not aware of Resident #70 having bloody stools.</p> <p>A policy titled, "Change in Condition Form Guidelines," dated 01/08 and obtained from the DHS on 6/16/14 at 8:51 a.m., indicated the purpose is to facilitate the thorough and consistent review and completion of the nursing process by use of a form that documents the change in the resident status. The policy indicated upon assessment of a resident change in status, the nurse shall initiate the "Condition Change Form" in order to fully reflect and document the nursing process. The guidelines further indicated the nursing assessment will be entered onto the first section of the "Condition Change Form" labeled, "Change That Prompted Physician Request for Order."</p> <p>A policy titled, "Circumstance and Reassessment Forms," obtained from the DHS on 6/16/14 at 8:51 a.m., indicated the top portion of the forms shall be utilized to analyze the root cause of the event. The policy further indicated the second section of the form provides a reassessment of the resident risk factors</p>			

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F000329 SS=D	<p>that may have contributed to the event.</p> <p>3.1-37(a)</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 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>Based on observation, interview, and record review, the facility failed to ensure 1 of 5 residents reviewed for unnecessary medications was free of unnecessary medications, in that an antianxiety medication was started and continued without adequate indications for use, in that symptom and/or behavior tracking was lacking. (Resident #1)</p>	F000329	F 329 Resident #1 suffered no ill effects from the findings and has had dosage clarified with M.D and side effects and behavior monitoring is in place for Ativan. Completion Date 7-17-14 All residents receiving psychotropic medications have the potential to be affected by the alleged deficient practice and were assessed for appropriate	07/17/2014

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	<p>Finding includes:</p> <p>Resident #1 was observed during the survey as follows: 6/10/14 3:09 p.m. Resident #1 observed in bed asleep. 6/11/14 9:10 a.m. Resident in a wheelchair in the restorative dining room. She was done eating breakfast, but still drinking her juice. She appeared calm. 6/11/14 3:50 p.m. Resident in bed asleep. 6/16/14 9:30 a.m. Resident observed in a wheelchair in the hallway outside of her room. Her eyes were closed and she appeared to be asleep.</p> <p>Resident #1's clinical record was reviewed on 6/11/14 at 12:40 p.m. The resident was admitted to the facility on 5/6/11 with diagnoses including, but not limited to, weakness, spinal stenosis, dementia with behavior disturbances, obesity, diabetes mellitus, transient cerebral ischemia, and osteoporosis. The resident's Annual Minimum Data Set (MDS) assessment, dated 4/6/14, indicate long and short term memory problems and moderate impairment in decision-making ability. No behaviors were identified. The Quarterly MDS, dated 5/19/14, indicated the same cognitive impairments and no behaviors.</p>		<p>indication for medications. Completion Date 7-17-14 Through inservicing and behavior tracking/documentation prior to medication changes will ensure adequate indications for use. Completion Date 7-17-14 DHS, ADHS and unit manager have received directed inservice on psychotropic medication monitoring and use as well as unnecessary medications guideline. Completion Date 7-17-14 Nursing personnel, Activities and Social Services inserviced on psychotropic medications indications for use and symptom/behavior tracking. Completion Date 7-17-14 DHS/Designee will audit all psychotropic medication changes to ensure adequate indications for use has been documented via kiosk and MAR's for nonpharmacologic interventions and continued need of med 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>The resident had a care plan, dated 5/26/14, for moods and behaviors. The care plan included, but was not limited to, the following:</p> <p>"I tend to have increase in confusion, agitation, exit seeking and delirium when I have a UTI [urinary tract infection]. However these symptoms are also increasing even without an infection. Provide reassurance to me and approach me calmly. Please reorient me to time and place when necessary, and do not argue with me...redirect me from doorways and offer reading material, activities, and reassurance.</p> <p>Monitor me for signs of UTI and notify my physician...I become anxious and start repetitive phrases, 'oh dear.' Please try to help calm me and ask if I'd like to go to my room to read a book or rest.</p> <p>I take an antipsychotic medication for dementia with behavioral symptoms...I also have a new order for Ativan d/t [due to] my continued symptoms of anxiety and repetitive verbalizations.</p> <p>Please review these medications often to ensure that they are effective and that I have no adverse reactions to them...I want to show no signs of distress or depression."</p> <p>Physician's orders included, but were not limited to, the following:</p>			

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	<p>4/18/14 Continue Risperdal (antipsychotic medication) 0.5 milligrams (mg) every bedtime, initially ordered 10/10/13</p> <p>5/13/14 Keflex (antibiotic) 500 mg one by mouth three times a day for a urinary tract infection (UTI)</p> <p>5/16/14 Tobramycin (antibiotic) 3 mg/kg every 24 hours for urinary tract infection</p> <p>5/23/14 Ativan (antianxiety medication) 0.5 mg one tablet by mouth (po) twice a day (BID)</p> <p>5/27/14 Ativan 1 mg po BID anxiety</p> <p>6/3/14 Ativan 0.5 mg po TID</p> <p>Progress notes by a visiting psychologist indicated the following:</p> <p>4/17/14 "She is yelling for help and assistance and appears to be in distress and staff believe that a reduction in her Risperdal would not be appropriate at this time. She was today found lying on her bed calmly in a book as she has been each time I've been in to see her. I don't know if there's a pattern to her distress but I have not witnessed it. She was not able to identify anything that was distressing to her today. She is certainly not sedated by the Risperdal."</p> <p>6/4/14 "The patient was seen in her room where she participated adequately in supportive and solution focused psychotherapy addressing anxiety. She</p>			

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	<p>has had recent medication changes and was somewhat subdued today but denies feeling increasingly depressed. We should watch this medication changes (sic) to determine efficacy. She reports satisfaction with care and was not anxious today."</p> <p>Mental Health Wellness Circumstance forms were in the clinical record as follows: 5/23/14 (no time). Type of incident: Wandering Crying Current psychopharmacological medications: Ativan 0.5 mg po BID Diagnosis which may contribute to behavior: "anxiety" General body check: Pulse 71 Blood pressure 143/74 Respirations 19 Temperature 97.6 Signs of depression: Sad/pained expression, crying, anxious, irritable, repetitive behaviors</p> <p>The Mental Health Risk Re-Assessment, part of the circumstance form, indicated an answer of yes to all of the following questions: Resident has cognitive or memory impairment that affects behaviors? Yes Resident has difficulty understanding and following directions? Yes Resident has a history of behaviors in the</p>			

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	<p>past three months? Yes</p> <p>Resident has diagnosis which contributes to behaviors? Yes</p> <p>Triggers to behaviors have been identified? Yes</p> <p>Identified behavior trigger which led to behavior concern? Yes</p> <p>Resident has poor, impaired vision or forgets to wear glasses? Yes</p> <p>Resident has identified pain? Yes</p> <p>Resident frequently misplaces items? Yes</p> <p>Resident has expanded ideations of time? Yes</p> <p>Resident doesn't comply with safety measures or other care plan interventions? Yes</p> <p>The Prevention Update indicated the facility was to anticipate needs, evaluate medications and change as indicated, evaluate triggers to behaviors and eliminate when possible.</p> <p>The circumstance form included follow-up for 72 hours. Documentation on 5/24/14 "6p-6a [6:00 p.m. to 6:00 a.m.]" "repetitive statements not easily redirected but became anxious and was calmed [after] Ativan."</p> <p>5/25/14 "6a" "Res having repetitive statements. Res difficult to redirect."</p> <p>There was no indication behaviors were</p>			

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	<p>tracked and assessed, with attempts to provide nonpharmacological interventions prior to starting the Ativan.</p> <p>A Mental Health Wellness Circumstance form was completed with a date of 5/27/14 (no time). This form indicated a change in the Ativan dosage to Ativan 1 mg po BID. The assessment indicated the resident was having anxiety and signs of depression, sad/pained expression, crying, anxious, and repetitive behaviors. The prevention update indicated to toilet the resident and evaluate medications and change as indicated. The 72 hour follow-up indicated no issues; only "slept all day" on 5/28/14.</p> <p>A Mental Health Wellness Circumstance form was also completed for 6/3/14 (no time). The type of incident identified was physical, verbal, crying, and repetitive verbalizations. There was no further description of the incident. The current psychopharmacological medication indicated was Ativan 0.5 mg po TID (three times a day). Documentation on the form included vital signs and the following signs of depression identified: sad/pained expression, crying, anxious, and repetitive behaviors. The prevention update section indicated the following approaches: anticipate needs, toilet,</p>			

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	<p>explain procedures, simple choices, engage in activities, evaluate medications and change as indicated. No further behaviors or issues were noted on the 72 hour follow-up.</p> <p>The Director of Nurses indicated behavior tracking was completed in their kiosk computer system, when interviewed on 6/11/14 at 1:15 p.m. The Administrator provided the Behavior Detail Report for Resident #1, from 5/1 through 6/11/14, on 6/11/14 at 1:30 p.m. Nursing staff documented each shift that no behaviors had occurred.</p> <p>Resident #1's use of Ativan, beginning on 5/23/14, was reviewed with the Director of Nurses on 6/16/14 at 11:00 a.m. She indicated she had seen where no behaviors had been documented and indicated there was no way to determine if the resident had sufficient indications for use of the medication.</p> <p>The facility policy and procedure for Psychotropic Medication Usage and Gradual Dose Reductions, dated August 2013, was provided by the Corporate Nurse Consultant on 6/17/14 at 9:51 a.m. The procedure included, but was not limited to, "Residents shall receive psychotropic medications only if designated medically necessary by the</p>			

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F000371 SS=F	<p>prescriber, with appropriate diagnosis or documentation to support its usage. The medical necessity will be documented in the resident's medical record and in the care planning process."</p> <p>"Non-pharmacological interventions (such as behavioral interventions) are to be considered and used when indicated, instead of or in addition to, medications..."</p> <p>3.1-48(a)(3)</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 Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food under sanitary condition, in that hair was observed falling out from under the ball</p>	F000371	F 371 The residents suffered no ill effects from the alleged deficiencies. Dietary staff were in serviced on hair restraints, handwashing, and proper equipment cleaning procedures. Completion Date: 7-17-2014	07/17/2014

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	<p>caps, staff walked through food prep areas with no hair restraint, no handwashing was observed during preparation of food, a dietary aide was observed to set up trays with a brace on her arm, boxes were stacked in front of the handwashing sink, an ice maker was dirty, and an ice cream freezer had a loose gasket on the sliding door. This had the potential to affect 61 of 61 residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 6/9/14 at 9:45 a.m., the following were observed:</p> <ol style="list-style-type: none"> 1. A rotten tomato was observed to be lying in a box with other ripe tomatoes. 2. A bin of sugar had a empty plastic bottle in it. 3. A package of dry blended coffee mix was sitting open on a shelf with no date on it as to when the package had been opened. 4. The small ice maker in the outer kitchen area was dirty with dried white and dark drippings on it. The inside of the ice maker had brown substances around it. 5. Empty cardboard boxes were sitting in front of and under the handwashing sink and in front of the trash can, making 		<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: 7-17-2014</p> <p>All dietary employees have been in serviced on hair restraints, guidelines for hand washing, and proper equipment cleaning procedures. 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/common area of kitchen and inserviced on daily/weekly/monthly cleaning lists. Completion Date 7-17-2014 ED/designee will complete unannounced audit of kitchen for , proper hair restraints, hand washing, and dirty/clean areas of kitchen, equipment cleaning checklists 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>it difficult to access the handwashing sink.</p> <p>During an observation on 6/12/14 at 10:39 a.m., the following were observed:</p> <p>6. Empty cardboard boxes were sitting in front of and under the handwashing sink and a dust pan with broom was lying in the floor in front of the trash can. , making it difficult to access the handwashing sink.</p> <p>7. Pudding was sitting on a tray in the walk-in refrigerator uncovered and with no date on it.</p> <p>8. A covered bowl of tossed salad was sitting on a shelf in the walk-in refrigerator with no date on it.</p> <p>9. A package of dry blended ice coffee mixture was sitting on a shelf opened with no date on it.</p> <p>10. The ice cream freezer in the outer kitchen area had a loose gasket on the sliding door.</p> <p>11. The ice maker in the outer kitchen area was dirty with dried brown drippings down the front. The inside of the ice maker had dried crumbs around the edge.</p> <p>During an interview on 6/12/14 at 10:41 a.m., FSC (Food Service Cook) #3 indicated the pudding was going to be used during the lunch meal and she would date and cover it immediately.</p>			

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	<p>During an interview on 6/12/14 at 10:55 a.m., the DFS (Director of Food Services) indicated the blended coffee should have been sealed and dated after it was opened. The DFS indicated he would have the gasket repaired on the ice cream freezer. The DFS also was observed to stack and push the cardboard boxes further under the handwashing sink.</p> <p>A policy titled, "Storage Procedures," revised in 2009, and provided by the DHS (Director of Health Services) on 6/16/14 at 8:51 a.m., indicated opened packages are to be dated and stored in closed container and refrigerated food is to be covered, labeled, and dated until used.</p> <p>12. During an observation on 6/9/14 at 12:12 p.m., DA (Dietary Aide) #1 was observed to be serving lunch in the dining room. DA #1 had a ball cap on with sprigs of hair observed to be hanging out of her ponytail.</p> <p>13. During an observation on 6/12/14 at 11:10 a.m., FSC #3 was observed to be pureeing food. FSC #3 was observed with a ball cap on and her hair pulled back in a pony tail. Sprigs of hair were observed hanging in the back from her</p>			

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	<p>pony tail.</p> <p>14. During an observation on 6/12/14 at 11:15 a.m., FSC #1 was observed to have a ball cap on and her hair pulled back in a pony tail. FSC #1 had sprigs of hair hanging out from her pony tail and her bangs were hanging from under the ball cap.</p> <p>During an interview on 6/17/14 at 10:45 a.m., the DFS indicated if hair was hanging out of the ball cap the staff should have a hair net on.</p> <p>A policy titled, "Dietary Hair Restraint Policy and Procedures," obtained from the DHS on 6/16/14 at 8:51 a.m., indicated employees that have hair that extrudes out of the cap will be required to wear a hair net. The policy indicated food service employees will be required to wear hair restraints while in all food preparation areas. The policy further indicated tray-line, dishwashing, cooking, and walk-in cooler areas were restricted to personnel with hair restraints.</p> <p>15. During an observation on 6/12/14 at 11:15 a.m., FSC #1 was observed to apply gloves and obtain a fresh pineapple, 2 (two) containers of fresh strawberries, 6 (six) kiwis, and a container of peaches from the walk-in</p>			

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	<p>refrigerator. FSC #1 proceeded to cut the fresh pineapple. The DFS (Director of Food Service) indicated the pineapple did not look ripe and instructed FSC #1 to obtain a new pineapple. FSC #1 was observed to discard the pineapple into the trash container and obtain a fresh pineapple from the walk-in refrigerator. FSC #1 proceeded to cut the pineapple with the same knife. FSC #1 continued to cut the strawberries and kiwis with the same knife. No hand sanitizing was observed prior to applying gloves. FSC #3 indicated she had just started work 4 (four) days ago.</p> <p>A policy titled, "Food Production Guidelines - Sanitation & Safety," revised 2009, and provided by the DHS on 6/16/14 at 8:51 a.m., indicated hands were to be washed thoroughly before touching food or equipment.</p> <p>A policy titled, "Dress Code and Personal Hygiene," revised 01/2003, and provided by the DHS on 6/16/14 at 8:51 a.m., indicated all employees were required to wash their hands after disposing of or handling trash or food and any other time deemed necessary,</p> <p>16. During an observation on 6/12/14 on 11:45 a.m., FSC #2 was observed to be placing clean napkins and clean utensils</p>			

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NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670
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	<p>onto trays with a brace on her left hand. The brace was uncovered and dirty.</p> <p>During an interview with FSC #2 on 6/12/14 at 11:50 a.m., FSC #2 indicated the brace needed to be covered and proceeded to apply gloves. No hand sanitizing was observed prior to applying the gloves.</p> <p>17. During an observation on 6/12/14 at 11:57 a.m., staff members x(times) 3 (three) were observed to enter the kitchen from the Assisted Living hall. The staff members were observed to walk past the walk-in freezer, the walk-in refrigerator, the grill area, the hand washing sink, and a table to the dirty dish area to place their dirty dishes on the table. No hair covering or hand sanitizing were observed.</p> <p>The DFS further indicated the area was a common area and staff were allowed in by the handwashing sink and the table. He indicated the walk-in freezer and refrigerator were not prep areas and therefore, staff were allowed in the area with no hair covering on.</p> <p>A policy titled, "Dietary Hair Restraint Policy and Procedures," obtained from the DHS (Director of Health Services) on 6/16/14 at 8:51 a.m., indicated tray-line,</p>			

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F000441	<p>dishwashing, cooking, and walk-in cooler areas were restricted to personnel with hair restraints.</p> <p>18. During an observation on 6/12/14 at 12:04 p.m., FSC #1 was observed to be wiping a soiled prep table with a wet cloth and no gloves. The ED (Executive Director) was observed to enter the door at the common area and requested tea. FSC #1 ceased wiping the prep table, obtained a pitcher of tea from the free-standing refrigerator, and gave it to the ED. FSC #1 continued to wash the prep table. No hand hygiene was performed.</p> <p>During an interview on 6/12/14 at 2:10 p.m., the ED (Executive Director) indicated FSC #1 should have washed her hands prior to obtaining the pitcher of tea.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>				
	483.65				

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SS=D	<p>INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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 and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <ol style="list-style-type: none"> (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>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> (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>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed ensure</p>	F000441	F 441	07/17/2014

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	<p>the infection control programs were implemented, in that hands were not washed and gloves were not changed in between clean and dirty tasks and resident care equipment was stored on the floor for 1 of 3 residents observed during resident care. (Resident #108)</p> <p>Finding includes:</p> <p>On 6/12/14 at 9:17 a.m., observed CNA (Certified Nursing Assistant) #2 and COTA (Certified Occupational Therapist Assistant) #1 assist Resident #108 to the commode. CNA #2 was observed to retrieve an unlabeled container from behind the commode. CNA #2 was observed to use the container to empty the resident's Foley catheter. CNA #2 was observed to place the container of urine on the floor to finish assisting the resident. No glove change and/or hand wash was observed. COTA #1 was observed to cleanse the resident's buttocks after a bowel movement. No glove change and/or hand wash was observed. CNA #2 and COTA #1 were observed to assist the resident with dressing and back to the wheelchair. COTA #1 was observed to assist the resident to hand wash and assisted resident with towels to dry the resident's hands. COTA #1 then removed her gloves and hand washed. CNA #1</p>		<p>Res #108 suffered no ill effects from the findings on the 2567 related to handwashing.</p> <p>Completion Date 7-17-14</p> <p>CNA #3 and COTA #1 will have directed inservice with infection control procedures and handwashing.</p> <p>Completion Date 7-17-14</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and inservicing will ensure corrective actions to prevent spread of infection are followed.</p> <p>Completion Date 7-17-14</p> <p>All nursing and therapy staff will be inserviced on proper handwashing and glove usage procedures to prevent spreading of infection.</p> <p>Completion Date 7-17-14</p> <p>DHS/Designee will monitor random resident care that includes handwashing/glove usage, after care</p>	

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	<p>emptied the container with urine in the toilet and rinsed the container with water and emptied it again in the toilet. CNA #1 placed the container on the floor behind the commode. CNA #1 removed her gloves and washed her hands.</p> <p>On 6/16/14 at 8:51 a.m., the DHS (Director of Health Services) Provided the "CDC Hand washing Parameters" policy. The policy indicated, "Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care".</p> <p>On 6/16/14 at 10:08 a.m., CNA #3 was interviewed. CNA #3 indicated gloves should be changed and hands should be washed in between dirty and clean tasks.</p> <p>On 6/17/14 at 2:00 p.m., the CNC (Corporate Nurse Consultant) provided the "Infection Control Guidelines" policy. The policy indicated, "clean all equipment and return to appropriate storage area".</p> <p>3.1-18(b)(1) 3.1-18(l)</p>		<p>and techniques of all care provided 5xweek for 3weeks, 3xweek for 2 months and then weekly.</p> <p>Results of audits will be forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments.</p>	

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe and functional environment, in that caulking around sinks was in disrepair, walls were in disrepair, and resident care equipment was stored improperly for 12 of 27 rooms reviewed. (Room #103, 106, 107, 207, 208, 210, 301, 304, 307, 308, 310, 311)</p> <p>Finding includes:</p> <p>1. On 6/9/14 at 2:28 p.m., Room #207 was observed with a stained overbed table. The bathroom was observed with caulking around the sink in disrepair, a clean adult brief lying on top of a plastic cabinet, two unlabeled denture cups, the assistive handles over the commode with rust like substance present, the wall outside of shower was cracked and scuffed, and the bathroom door frame was scuffed. On 6/11/14 at 10:13 a.m., Room #207 was again observed. The caulking around the bathroom sink was still in disrepair, a bar of soap was lying on the back of the sink, a rust like substance was on the assistive handles over the commode, the wall outside the</p>	F000465	<p>F 465 Rooms 103, 106, 107, 207, 208, 210, 301, 304, 307, 308, 310 and 311 had the caulking redone and walls repaired as well as resident care items properly stored.</p> <p>Completion Date 7-17-14 All rooms inspected for repair needs and completed. Completion Date 7-17-14 Systemic change is that housekeeping will utilize the work order system daily after inspecting the rooms as they clean them. Completion Date 7-17-14 Housekeeping and Maintenance staff inserviced on this process and maintenance supervisor will check work orders daily for schedule of completion. Completion Date 7-17-14 Executive Director will randomly inspect 3 rooms per week for environmental issues and compliance with process. Environmental audits will be forwarded to QA committee monthly x12 for review.</p>	07/17/2014			

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	<p>shower was cracked and scuffed, and the bathroom door frame was scuffed.</p> <p>2. On 6/9/14 at 2:44 p.m., Room #308 was observed. The caulking around the bathroom sink was in disrepair. On 6/11/14 at 10:41 a.m., the same was observed.</p> <p>3. On 6/9/14 at 2:49 p.m., Room #107 was observed. An unlabeled comb and toothbrush were stored on the side shelf and the wall outside of the shower had chipped drywall. On 6/12/14 at 10:51 a.m., the same was observed.</p> <p>4. On 6/9/14 at 3:09 p.m., Room #208 was observed. The caulking around the bathroom sink was in disrepair. On 6/12/14 at 10:01 a.m., the same was observed.</p> <p>5. On 6/9/14 at 3:14 p.m., Room #210 was observed. A container of Pond's skin cream was unlabeled, setting on the back of the sink. An air deodorizer was plugged into the wall. The air deodorizer cartridge was missing leaving an empty electrical socket exposed. The caulking around the bathroom sink was in disrepair. On 6/11/14 at 10:46 a.m., the same was observed.</p> <p>6. On 6/9/14 at 2:33 p.m., Room #307</p>			

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	<p>was observed. The caulking around the bathroom sink was in disrepair and the bathroom floor had a sticky substance. On 6/11/14 at 10:42 a.m., the same was observed.</p> <p>7. On 6/9/14 at 3:39 p.m., Room #310 was observed with the caulking around the heating/ air conditioning unit in disrepair. On 6/11/14 at 10:08 a.m., the same was observed.</p> <p>8. On 6/9/14 at 3:40 p.m., Room #304 was observed. The bathroom was observed to have a toothbrush lying brush side down on the back of the sink, an unlabeled bed pan was stored on the seat of the shower in a shared bathroom, and the caulking around the sink was in disrepair. On 6/11/14 at 10:01 a.m., the same was observed.</p> <p>9. On 6/10/14 at 8:32 a.m., Room #106's bathroom was observed with a loose slip resistant shower strip, an unlabeled denture cup, and the caulking around the bathroom sink was in disrepair.</p> <p>10. On 6/10/14 at 9:21 a.m., Room #311's bathroom was observed with the caulking around the bathroom sink in disrepair. On 6/11/14 at 10:06 a.m., the same was observed.</p>			

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	<p>11. On 6/10/14 at 9:28 a.m., Room #103's bathroom was observed with the caulking around the bathroom sink in disrepair, an unlabeled blue denture cup lying on the back of the sink, and the bathroom wall and door frame with chipped paint. On 6/12/14 at 10:55 a.m., the same was observed.</p> <p>12. On 6/10/14 at 9:50 a.m., Room #301 was observed with a bottle of Febreze in the bathroom, a bar of soap and an unlabeled denture cup lying on the back of the sink, in a shared bathroom. On 6/11/14 at 10:02 a.m., the same was observed.</p> <p>On 6/16/14 at 9:58 a.m., CNA #1 was interviewed. She indicated if there was a maintenance issue in a resident room, the nurse was notified and then a work order was filled out and given to the maintenance department. She further indicated if there were chemicals present in the resident's room, the nurse should be notified and then depending on the chemical it would be removed from the resident's room.</p> <p>On 6/17/14 at 9:49 a.m., the DPS (Director of Plant Services) provided "Trilogy Resident Room PM Inspection Sheet". Areas noted to review on the inspection sheet included, but were not</p>			

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R000000	<p>limited to, walls in need of painting/repair and is the sink in need of caulking. The DPS indicated rooms were inspected on a yearly basis. The DPS further indicated resident rooms were deep cleaned on a monthly basis and if there were any issues housekeeping notified the DPS.</p> <p>On 6/17/14 at 2:00 p.m., the CRC (Corporate Nurse Consultant) provided the "Dentures, Care of" policy. The policy indicated, "equipment container, with plain water, marked with the resident's name".</p> <p>3.1-19(f)</p>			
	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.	R000000		
R000117	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and</p>			

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	<p>unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure that a First Aid certified employee was present at all times.</p> <p>Finding includes:</p> <p>On 6/16/14 at 9:30 a.m., the staffing schedule for 6/1/14 through 6/14/14 was reviewed. The staffing scheduled was compared with staff with an up to date CPR (Cardiopulmonary Resuscitation)/First Aid certificate. The schedule lacked a certified First Aid employee for every day in the pay period after 4:00 p.m., until 8:00 a.m. the next</p>	R000117	No residents were affected and through training will ensure that: AL staff will have first aid training to ensure there is a certified employee present at all times. AL unit manager/designee will initial daily schedule verifying requirement is met. AL Employee list will be reviewed by QA committee monthly x12 to ensure scheduling/training requirements are met.	07/17/2014

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R000246	<p>morning, and 24 hours a day on the weekends.</p> <p>On 6/16/14 at 10:19 a.m., the DHS (Director of Health Services) indicated the ADHS (Assistant Director of Health Services) kept a book of staff members with CPR/First Aid certification.</p> <p>On 6/16/14 at 11:43 a.m., the ADHS indicated there was a miscommunication between the CPR instructor, therefore the facility did not have first aid certified employee at all times.</p> <p>On 6/17/14 at 9:51 a.m., the CNC (Corporate Nurse Consultant) provided the, "Assisted Living Guidelines Staff Training Requirements" policy. The policy indicated, "prior to working independently staff shall receive orientation and training which shall include but may not be limited to: First aid....".</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or</p>			

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	<p>physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, the facility failed to ensure QMA's (Qualified Medication Aide) received authorization for as needed medications for 1 of 5 sampled resident's reviewed. (Resident #122)</p> <p>Finding includes:</p> <p>On 6/16/14 at 4:15 p.m., Resident #122's clinical record was reviewed. The clinical record indicated Resident #122 had a physician's order for: Tramadol HCL (a medication used for the treatment of pain) 50 mg (milligrams) four times a day as needed for pain. The clinical record indicated the resident had received this medication.</p> <p>On 6/17/14 at 9:10 a.m., the UM (Unit Manager) #1 indicated the dose of Tramadol given on 5/30/14 was given by a QMA. The UM #1 indicated a licensed nurse was required to cosign the documentation for an as needed administration of a medication by a QMA. UM #1 indicated the dose given</p>	R000246	Resident #122 suffered no ill effects from the deficiency and through inservicing will prevent any further potential for others to be affected. QMA's will be inserviced on requirement of nurse authorization of PRNs AL manager will audit PRN med administration records daily for compliance x4 weeks and weekly thereafter. Audits will be forwarded to QA committee monthly x12 for review.	07/17/2014			

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R000273	<p>on 5/30/14 lacked documentation of a licensed nurses' prior authorization.</p> <p>On 6/17/14 at 9:51 a.m., the CRC (Corporate Nurse Consultant) provided the "Assisted Living Guidelines Medication Administration" policy. The policy indicated, "PRN medications may be administered by a qualified medication aid only upon authorization by a licensed nurse or physician".</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. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food under sanitary condition, in that hair was observed falling out from under the ball caps, staff walked through food prep areas with no hair restraint, no handwashing was observed during preparation of food, a dietary aide was observed to set up trays with a brace on her arm, boxes were stacked in front of the handwashing sink, an ice maker was dirty, and an ice cream freezer had a</p>	R000273	All residents had the potential to be affected by the deficient practice and through remediation of items listed below and inservicing will ensure food is stored, prepared, distributed and served under sanitary conditions. All fruits and vegetables that were beyond ripe were disposed of Plastic bottle was removed from the sugar bin Opened package of coffee was closed and secured Ice maker was cleaned Empty boxes were discarded All items in walk-in refrigerator undated were disposed of Ice cream freezer	07/17/2014

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	<p>loose gasket on the sliding door. This had the potential to affect 32 of 32 residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 6/9/14 at 9:45 a.m., the following were observed:</p> <ol style="list-style-type: none"> 1. A rotten tomato was observed to be lying in a box with other ripe tomatoes. 2. A bin of sugar had an empty plastic bottle in it. 3. A package of dry blended coffee mix was sitting open on a shelf with no date on it. 4. The small ice maker in the outer kitchen area was dirty with dried white and dark drippings on it. The inside of the ice maker had brown substances around it. 5. Empty cardboard boxes were sitting in front of and under the handwashing sink and in front of the trash can making it difficult to access the handwashing sink. <p>During an observation on 6/12/14 at 10:39 a.m., the following were observed:</p> <ol style="list-style-type: none"> 6. Empty cardboard boxes were sitting in front of and under the handwashing sink and a dust pan with broom was lying in the floor in front of the trash can 				<p>gasket was repaired Dietary staff inserviced on hair restraints, handwashing and proper equipment cleaning as well as cleaning lists of kitchen. Daily, weekly and monthly cleaning lists have been assigned to dietary staff. ED/designee will complete unannounced audit of kitchen for proper hair restraint, handwashing and unobstructed sink area, equipment cleaning, and food storage. Audits will be completed 5x/week for 4 weeks, 3x/week for 4 weeks and then weekly with audits forwarded to QA committee monthly x12 for review.</p>		

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	<p>making it difficult to access the handwashing sink</p> <p>7. Pudding was sitting on a tray in the walk-in refrigerator uncovered and with no date on it.</p> <p>8. A covered bowl of tossed salad was sitting on a shelf in the walk-in refrigerator with no date on it.</p> <p>9. A package of dry blended ice coffee mixture was sitting on a shelf opened with no date on it.</p> <p>10. The ice cream freezer in the outer kitchen area had a loose gasket on the sliding door.</p> <p>11. The ice maker in the outer kitchen area was dirty with dried brown drippings down the front. The inside of the ice maker had dried crumbs around the edge.</p> <p>During an interview on 6/12/14 at 10:41 a.m., FSC (Food Service Cook) #3 indicated the pudding was going to be used during the lunch meal and she would date and cover it immediately.</p> <p>During an interview on 6/12/14 at 10:55 a.m., the DFS (Director of Food Services) indicated the blended coffee should have been sealed and dated after it was opened. The DFS indicated he would have the gasket repaired on the ice cream freezer. The DFS also was observed to stack and push the cardboard</p>			

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	<p>boxes further under the handwashing sink.</p> <p>A policy titled, "Storage Procedures," revised in 2009, and provided by the DHS (Director of Health Services), indicated opened packages were to be dated and stored in closed container and refrigerated food is to be covered, labeled, and dated until used.</p> <p>12. During an observation on 6/9/14 at 12:12 p.m., DA (Dietary Aide) #1 was observed to be serving lunch in the dining room. DA #1 had a ball cap on with sprigs of hair observed to be hanging out of her ponytail.</p> <p>13. During an observation on 6/12/14 at 11:10 a.m., FSC #3 was observed to be pureeing food. FSC #3 was observed with a ball cap on and her hair pulled back in a pony tail. Sprigs of hair were observed hanging in the back from her pony tail.</p> <p>14. During an observation on 6/12/14 at 11:15 a.m., FSC #1 was observed to have a ball cap on and her hair pulled back in a pony tail. FSC #1 had sprigs of hair hanging out from her pony tail and her bangs were hanging from under the ball cap.</p>			

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	<p>During an interview on 6/17/14 at 10:45 a.m., the DFS indicated if hair was hanging out of the ball cap the staff should have a hair net on.</p> <p>A policy titled, "Dietary Hair Restraint Policy and Procedures," obtained from the DHS (Director of Health Services) on 6/16/14 at 8:51 a.m., indicated employees that have hair that extrudes out of the cap will be required to wear a hair net. The policy indicated food service employees will be required to wear hair restraints while in all food preparation areas. The policy further indicated tray-line, dishwashing, cooking, and walk-in cooler areas were restricted to personnel with hair restraints.</p> <p>15. During an observation on 6/12/14 at 11:15 a.m., FSC #1 was observed to apply gloves and obtain a fresh pineapple, 2 (two) containers of fresh strawberries, 6 (six) kiwis, and a container of peaches from the walk-in refrigerator. FSC #1 proceeded to cut the fresh pineapple. The DFS (Director of Food Service) indicated the pineapple did not look ripe and instructed FSC #1 to obtain a new pineapple. FSC #1 was observed to discard the pineapple into the trash container and obtain a fresh pineapple from the walk-in refrigerator. FSC #1 proceeded to cut the pineapple</p>			

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	<p>with the same knife. FSC #1 continued to cut the strawberries and kiwis with the same knife. No hand sanitizing was observed prior to applying gloves. FSC #3 indicated she had just started work 4 (four) days ago.</p> <p>A policy titled, "Food Production Guidelines - Sanitation & Safety," revised 2009, and provided by the DHS on 6/16/14 at 8:51 a.m., indicated hands were to be washed thoroughly before touching food or equipment.</p> <p>A policy titled, "Dress Code and Personal Hygiene," revised 01/2003, and provided by the DHS on 6/16/14 at 8:51 a.m., indicated all employees were required to wash their hands after disposing of or handling trash or food and any other time deemed necessary,</p> <p>16. During an observation on 6/12/14 on 11:45 a.m., FSC #2 was observed to be placing clean napkins and clean utensils onto trays with a brace on her left hand. The brace was uncovered and dirty.</p> <p>During an interview with FSC #2 on 6/12/14 at 11:50 a.m., FSC #2 indicated the brace needed to be covered and proceeded to apply gloves. No hand sanitizing was observed prior to applying the gloves.</p>			

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	<p>17. During an observation on 6/12/14 at 11:57 a.m., staff members x(times) 3 (three) were observed to enter the kitchen from the Assisted Living hall. The staff members were observed to walk past the walk-in freezer, the walk-in refrigerator, the grill area, the hand washing sink, and a table to the dirty dish area to place their dirty dishes on the table. No hair covering or hand sanitizing were observed.</p> <p>The DFS further indicated the area was a common area and staff were allowed in by the handwashing sink and the table. He indicated the walk-in freezer and refrigerator are not prep areas and therefore, staff were allowed in the area with no hair covering on.</p> <p>A policy titled, "Dietary Hair Restraint Policy and Procedures," obtained from the DHS (Director of Health Services) on 6/16/14 at 8:51 a.m., indicated tray-line, dishwashing, cooking, and walk-in cooler areas were restricted to personnel with hair restraints.</p> <p>18. During an observation on 6/12/14 at 12:04 p.m., FSC #1 was observed to be wiping a soiled prep table with a wet cloth and no gloves. The ED (Executive Director) was observed to enter the door</p>			

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	<p>at the common area and requested tea. FSC #1 ceased wiping the prep table, obtained a pitcher of tea from the free-standing refrigerator, and gave it to the ED. FSC #1 continued to wash the prep table. No hand hygiene was performed.</p> <p>During an interview on 6/12/14 at 2:10 p.m., the ED (Executive Director) indicated FSC #1 should have washed her hands prior to obtaining the pitcher of tea.</p>			