STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RESIDENTIAL CARE INC	2075 RIPLEY ST LAKE STATION, IN 46405

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R0000	This visit was for a State Residential Licensure Survey. Survey dates: July 11 & 12, 2012 Facility number: 001136 Provider number: 001136 AIM number: N/A Survey team: Kathleen (Kitty) Vargas, RN, TC Lara Richards, RN Census bed type: Residential: 132 Total: 132 Census payor type: Other: 132 Total: 132 Sample: 9 Supplemental Sample: 1 These state findings are cited in accordance with 410 IAC 16.2. Quality review 7/17/12 by Suzanne Williams, RN	R0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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R0144	410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to maintain an environment that was clean and in a state of good repair, related to marred walls, tables with broken edges, broken floor tiles, dusty ceiling vents, soiled windowsills, torn shampoo chair, dusty hair dryers, peeling cove base, chipped paint and stained bathroom faucet for 1 of 2 floors of the facility, as well as the Activity Room, the Sun Room and the large Dining Room. This deficient practice had the potential to affect 132 of 132 residents residing in the facility. (Large Dining Room, Activity Room, Beauty Shop, Sun Room, Library and First Floor) Findings Include: 1. During the environmental tour on 7/12/12 at 9:30 a.m., with the Maintenance Supervisor and Maintenance Staff #1, the following was observed on the First Floor: A. In the Activity room, 3 of 3 Formica tables had chipped and broken edges that were in need of repair.	R0144	1. a. The formica tables will be repaired.b. The walls behind the ice coolers will be painted.c.The wall behind the vending machines will be painted.d.The ceiling vents in the large dining room have been cleaned.e.All of the window cills in the dinng room were cleaned before survey process ended.f.The five missing floor tiles will be replaced.g.The shampoo chair in the beauty shop will be repaired.h. 2 of 2 hair dryers were cleaned.i. The inch section of cove bas will be repaired.j. The eleven broken tiles in the library will be replaced.k.The handrail in the stairwell will be painted.l. The cracked tiles near room 124 will be replaced.m.The 14 broken tiles near Room 149 will be replaced.n. The carpet in room 157 will be cleaned.o. The bathroom facuet in Room 169 was replaced.p. The tiles near the East Exit door will be replaced.2. All the residents in the facility have the potential tobe affected by the alleged deficient practice.3. The Environmental Services Director will revise the cleaning schedule and maintenance schedule to ensure that facility will be cleaned and kept in good repair.4.The Environmental	09/14/2012

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	B. Outside of the Activity Room, the wall behind the ice coolers was marred and in need of paint. C. The wall behind the vending machines, outside of the Activity Room, was marred and in need of paint. D. In the Large Dining Room, there were 4 of 4 ceiling vents that had a large accumulation of black dust and dirt and were in need of cleaning. E. In the Sun Room, 3 of 3 windowsills had an accumulation of dust and dirt and were in need of cleaning. F. There were 5 missing floor tiles in the Sun Room. G. The shampoo chair in the Beauty Shop had torn seat and back cushions. H. 2 of 2 hair dryers in the Beauty Shop had an accumulation of dust on the dryer hoods, and were in need of cleaning. I. There was a 10 inch section of cove base by the First Floor Nurses' Station that was not attached to the wall and was in need of repair. J. There were 11 broken floor tiles in the Library by the exit door.		Services Director or designee will make weekly rounds and as needed to ensure that housekeeping staff and maintenance staff are cleaning and repairing items in the facility. Housekeeping and Maintenance Staff will be inserviced on cleaning and maintenance schedules. All staff will be inserviced about reporting areas in facility that are in need of cleaning and also areas of facility that are in need of repair.Monitoring will be ongoing.5. Completion Date September 14, 2012	

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	K. The hand rail in the stairwell of the Library was chipped and in need of paint. L. There were 10 broken and/or cracked floor tiles near the exit door near room 124. M. There were 14 broken and/or cracked floor tiles near the exit door near room 149. N. In room 157, the carpet was observed to have numerous dark gray stains. The carpet was in need of deep cleaning. Two residents resided in the room. O. The bathroom faucet in room 169 was stained a green color and was in need of cleaning or replacement. Two residents resided in the room. P. There were 6 broken and/or cracked floor tiles near the East exit door. Interview with the Maintenance Supervisor and Maintenance Staff #1 at the time of the environmental tour, indicated all of the above areas were in need of cleaning and/or repair.			

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R0145	410 IAC 16.2-5-1.5(b) Sanitation and Safety Standards - Deficiency (b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents. Based on observation and interview, the facility failed to maintain equipment in a safe condition related to a large accumulation of lint in 2 of 2 clothes dryers in the Laundry Room. This had the potential to affect 132 of 132 residents residing in the facility. (Laundry Room) Findings include: During the environmental tour on 7/12/12, with the Maintenance Supervisor and Maintenance Staff #1, the Laundry Room was observed at 10:30 a.m. Laundry Staff #1 was working in the laundry. There were 2 clothes dryers in the Laundry Room. Laundry Staff #1 opened the first dryer. There was a large accumulation of lint in the lint trap. Laundry Staff #1 opened the second dryer. There was a large accumulation of lint in the lint trap. Interview with Laundry Staff #1 at that time, indicated she was to clean the lint traps every hour. When asked if she had	R0145	1 The two dryers lint traps in the laundry room were cleaned immediately by the Laundry Staff person after the surveyor and Environmental Services Director made rounds. The laundry aide was disciplined and counselled by the Environmental Services Director for not following facility protocol on cleaning lint traps.2. All residents in the facility have the potential to be affected by the alleged deficient practice.3. The Environnmental Services Director will initiate a cleaning schedule for the cleaning of the dryers lint traps and staff will be responsible for initialing the schedule for cleaning every hour the laundry department is using the facility dryers. All laundry staff will be inserviced on the cleaning of the lint traps.4. The Environmental Services Director will review the lint trap cleaning schedule weekly and will make rounds 3-5 times per week at various times to ensure that the lint traps are being cleaned. Rounds and Monitoring by the Environmental Services Director will be ongoing.5. Completion Date September 14, 2012	09/14/2012

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	cleaned the lint traps every hour she stated, "No, I was busy." When interviewed further, Laundry Staff #1 indicated she does not document the cleaning of the lint traps of the dryers. Interview with Maintenance Supervisor on 7/12/12 at 10:30 a.m., indicated there was a large accumulation of lint in the lint traps. He indicated staff was to clean the lint traps every hour.			

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R0154	410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. Based on observation and interview, the facility failed to ensure the ceramic floor tile and the ice machine in 1 of 1 kitchen area was maintained in a clean manner related to discolored grout on the tile and an accumulation of lime deposits on the floor tile and on the ice machine. This had the potential to affect 132 residents residing in the facility. Findings include: 1. During the Initial Kitchen Sanitation tour on 7/11/12 at 9:13 a.m., the following was observed: a. The ceramic floor tile throughout the kitchen had discolored grout and some discolored tiles. 2. During the Kitchen Sanitation tour on 7/12/12 at 10:05 a.m., the following was observed: a. The ice machine located in the hall outside of the dining room, had an accumulation of lime deposits on the floor tile as well as along the edge of the lid	R0154	1.The tiles in the kitchen were recently replaced due to new drainage which caused the discoloration of tiles in the kitchen. The kitchen floor was cleaned again and a vendor will be power washing the floor in the kitchen to restore consistent color of tiles.The ice machine located in the hall outside of the dining room was cleaned as well as the floor tile.2. All of the residents in the facility have the potential to be affected by the alleged deficient practice.3. The Dietary Manager will revise the cleaning schedule of the ice machine as well as the cleaning of the floor tile in all areas of the kitchen. 4.The Dietary Manager will inservice the Dietary Staff on the cleaning of the kitchen floor as well as the ice machine. The Dietary Manager and/or Assistant Dietary Manager will monitor for compliance of cleaning by making rounds 3 - 5 times a week. Monitoring will be ongoing.5. Completion Date September 14, 2012	09/14/2012

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	and along the rubber gasket. Interview with the Dietary Food Manager at the time, indicated that no matter what product she used, lime deposits were still present on the ice machine. She also indicated the ceramic floor tile in the kitchen was in need of deep cleaning.			

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R0349	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on observation, record review and interview, the facility failed to maintain clinical records that were complete and accurately documented related to laboratory results, diet orders, documentation of behaviors, and medication administration for 2 of 9 sampled residents and for 1 of 1 resident in the supplemental sample observed during medication administration. (Residents #1, #5, and #10) Findings include: 1. The record for Resident #5 was reviewed on 7/11/12 at 11:30 a.m. The resident's diagnoses included, but were not limited to, schizophrenia. An entry in the Nursing Progress notes dated 5/10/12 at 7:00 p.m., indicated the resident was at the Nurses' Station earlier in the shift requesting to go to the hospital due to increased anxiety. An as needed (prn) medication was administered with	R0349	1. Resident #5 is not exhibiting any behaviors that require any documentation at this time.Lithium level has been drawn and results are in the lab book and will be given to the resident's physician for review.Resident #10 refused to have her Blood Glucose level re-checked and physician notified of the refusal.The Diet Order and Communication was on the chart for Resident#1 in the miscellanous section of the chart Dated July 12, 2012 but was not written on the Physician Order Sheet. The diet order has now been written on the Physican Order Sheet and the physician was notified for accuracy.All new admission charts and readmission charts were reviewed for diet orders written on Physician Order Sheet.The LPN was inserviced and counselled on Medication Administration.2. All residents in the facility have the potential to be affected by the alleged deficient practices.3. The Nursing Staff are being inserviced	09/14/2012

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	effective results. Resident was yelling and throwing arms around after prn administered. Resident was directed to room to take a nap. Resident then slept. The next documented entry in the Nursing Progress notes was on 5/19/12, nine days later. Interview with the Director of Nursing on 7/11/12 at 3:00 p.m., indicated follow up documentation should have been completed in a more timely manner related to the resident's behavior. A Physician's order dated 2/17/12, indicated the resident was to have a lithium (a medication used to treat bi-polar disorder) level drawn. Review of the laboratory results in the clinical record, indicated there were no results for the lithium level. Interview with the Director of Nursing on 7/12/12 at 8:45 a.m., indicated there were no results for the lithium level in the resident's record. 2. On 7/12/12 at 9:15 a.m., LPN #1 was observed preparing medications for Resident #10. The LPN signed out the resident's medications prior to giving them to the resident. At this time, the resident received Metformin (a diabetic medication) 500 milligrams (mg) by		on timely documentation of residents exhibiting behaviors, ensuring that lab orders are carried out and refusal of such are relayed to the residents physician, ensuring that diet orders are written on the physician order sheet when a resident is being admited or readmitted from a hospitalization.4.The Director of Nursing or designee will randomly check lab book weekly to ensure labs are being done as ordered.Director of Nursing will randomly check residents charts for documentation when there has been an behavioral incident. Director of Nursing or designee will randomly check residents charts weekly for diet orders on the physician order sheets. Montioring will be ongoing.5, Completion Date September 14, 2012.	

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	mouth. The record for Resident #10 was reviewed on 7/12/12 at 9:30 a.m. A Physician's order dated 3/15/12, indicated the resident was to receive Metformin 500 mg by mouth daily. The medication was to be held if the resident's blood sugar was less than 110. There was no blood sugar documented prior to giving the Metformin. Interview with the Director of Nursing at this time, indicated the resident's blood sugar was checked at 6:00 a.m. and her blood sugar was 62; the resident received a sandwich and juice. When asked if the resident's blood sugar was checked prior to giving the Metformin, she indicated she would have to check. She indicated the resident did eat her breakfast prior to receiving the Metformin. Interview with the Director of Nursing on 7/12/12 at 2:30 p.m., indicated the Physician was contacted and he indicated if the resident ate 75% of her breakfast, there was no need to check the resident's blood sugar and a clarification order was obtained at this time. 3. The record for Resident #1 was reviewed on 7/11/12 at 10:10 a.m. The resident had diagnoses that included, but were not limited to gastric cancer, anemia and schizophrenia.			

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	Review of the July 2012 Physician Order Sheet, indicated there was no written Physician's order for a diet. Interview with the Director of Nursing on 7/11/12 at 1:00 p.m., indicated there was no written Physician's order for the resident's diet.			