

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 08/01/2012
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NAME OF PROVIDER OR SUPPLIER  LAMPLIGHT INN OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E WASHINGTON BLVD FORT WAYNE, IN 46802
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R0000	<p>This visit was for the Investigation of Complaint IN00112036.</p> <p>Complaint IN00112036-Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: July 31, 2012 and August 1, 2012</p> <p>Facility number: 012288 Provider number: 012288 AIM number: N/A</p> <p>Survey team: Ann Armey, RN</p> <p>Census bed type: Residential: 106 Total: 106</p> <p>Census payor type: Medicaid: 41 Other: 65 Total: 106</p> <p>Sample: 3</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2.</p>	R0000		

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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	Quality review completed 8/2/12 Cathy Emswiler RN			

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R0157	<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, interviews, and record review, the facility failed to develop written policies and procedures regarding cleaning, and sanitizing blood glucose meters. This deficiency had the potential to affect four residents whose blood sugars were checked, during medication pass (Residents #E, #F, #G, #H) and all 20 resident's, whose blood sugars were checked by the facility.</p> <p>The findings include:</p> <p>On 7/31/12 between 4:45 p.m. and 5:25 p.m., during observation of the medication pass, LPN #10 was observed to check the blood sugars of Resident #E and LPN #11 was observed to check the blood sugars of Resident #F, #G, and #H. Both of the nurses used alcohol swabs to sanitize the blood glucose meters in between resident use.</p> <p>On 7/31/12 at 4:50 p.m., LPN #11, indicated they had been using sani- wipes to sanitize the blood glucose meters between residents but they had run out of the wipes and were told they could use</p>	R0157	<p>R 157- 410IAC 16.2-5-1.5</p> <p>Sanitationand Safety Standards:</p> <p>Policy and Procedure was written on 2/10/2012 to ensureproper cleaning and disinfecting of glucometers.</p> <p>a) Policy and Procedure will be placed in companypolicy book to ensure easy excess to all staff members.</p> <p>b) Policywill be reviewed with all nursing staff on 8/27/2012.</p> <p>c) Copy of policy book will be placed in nursingstation for all staff reference.</p> <p>d) Emergency supply of sani-wipes will be kept inDON/ED office to ensure staff does not run out.</p>	08/03/2012			

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	<p>alcohol swabs until the shipment of sani-wipes arrived.</p> <p>On 8/1/12 at 11:15 a.m., the DON (Director of Nursing) indicated they had no written policy for sanitizing the blood glucose meters.</p> <p>The DON indicated they usually used sani-wipes but since 7/30/12, they had been using alcohol swabs while they waited for the shipment of sani-wipes. She indicated they had two blood glucose meters on each of the three medication cart.</p> <p>The DON provided a highlighted list of the 20 residents, whose blood sugars were checked in the facility.</p> <p>On 8/1/12 at 11:20 a.m., The manufacturers information related to the blood glucose meters, which were used by the facility, was reviewed and indicated both cleaning and disinfecting could be completed using a commercially available EPA-registered disinfectant or germicidal wipe.</p> <p>The information indicated a second option was to clean the outside of the meter with a cloth dampened with soapy water or isopropyl alcohol (70%-80%) and disinfect the meter with a 1:10 dilution of household bleach or use commercially available 1:10 bleach wipes from a variety of sources.</p>			

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	<p>On 8/1/12 at 11:30 a.m., the manufacturers information related to the Sani Cloth Surface Wipes, used by the facility, was reviewed and indicated the wipes were EPA registered, hospital-grade disinfectants and tested effective, with a contact time of 5 minutes or less, against 13 bacterial and viral organisms, including but not limited to, Hepatitis, Tuberculosis, Methicillin Resistant Staphylococcus, and HIV (Human Immune Virus).</p>			

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R0217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to ensure service plans were signed and dated by the resident. This deficiency effected 3 of 3 residents, whose current service plans were reviewed, in a sample of 3. (Residents #B, #C, #D)</p>	R0217	<p>R 217 410 IAC 16.2-5-2 (e)(1-5)  Evaluation-Deficiency  a) Resident assessments have been updated for all new and current residents to have a signature place verify review and agreement of assessment b) All current residents will have</p>	10/01/2012			

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	<p>Findings include:</p> <p>On 7/31/12 at 5:30 p.m., the DON (Director of Nursing) was interviewed. The DON indicated residents were assessed every six months and their service plans were reflected in the assessment. The DON indicated there were three levels of care provided by the facility, with residents, who were assessed at level one, requiring the least care and residents at level three, requiring the most care.</p> <p>1. The clinical record of Resident #B was reviewed on 7/31/12 at 6:30 p.m. and indicated the resident was admitted to the facility on 9/1/11, with diagnoses which included but were not limited to, seizure disorder, diabetes mellitus and mild cognitive impairments.</p> <p>On 9/1/11, Resident #B's guardian signed an admission agreement which included the admission assessment and service plan. The admission service plan indicated Resident #B required level one care.</p> <p>The resident's current assessment and service plan, dated 4/1/12, indicated the Resident #B now required level three care. The Assessment/service plan for Resident #B was not signed by the</p>		<p>their care planreview and signed by 10/1/12</p> <p>c) All service plans will be reviewed every 6months, upon re-admission, or as needed for acute changes.</p>				

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	<p>resident's guardian or by the resident</p> <p>2. The clinical record of Resident #C was reviewed on 7/31/12 at 6:00 p.m., and indicated the resident was admitted to the facility on 6/21/11. The resident was identified as interviewable by the facility.</p> <p>On 6/21/11, Resident #C signed an admission agreement which included the admission assessment and service plan. The admission service plan indicated Resident #C was independent.</p> <p>The resident's current assessment and service plan, dated 6/20/12, indicated Resident #C now required level one care. The assessment/service plan was not signed or dated by the resident.</p> <p>3. The clinical record of Resident #D was initially admitted to the facility on 1/9/11 and was readmitted to the facility on 1/16/12.</p> <p>On 1/27/12, Resident #D's signed an admission agreement which included the admission assessment and service plan. The admission service plan indicated Resident #D required level one care.</p> <p>The resident's current assessment/service</p>						

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	<p>plan, dated 6/19/12, indicated Resident #D now required level two care. The assessment/service plan was not signed or dated by the resident.</p> <p>On 8/1/12 at 10:30 a.m., the DON was interviewed. The DON indicated service plans were reviewed and signed upon admission but subsequent service plans were not signed by the resident or responsible party. The DON indicated she was not aware the service plans needed to be signed and dated. The DON indicated she would begin having either the responsible party or the resident sign and date the service plans when they were completed.</p>			