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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155428 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/08/2012 |
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| NAME OF PROVIDER OR SUPPLIER MERIDIAN NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 2102 S MERIDIAN ST INDIANAPOLIS, IN 46225 |
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| F0000 | <p>This visit was for the Investigation of Complaints IN00103201 and IN00103214.</p> <p>Complaint IN00103201- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00103214- Substantiated with Federal/ state deficiencies cited at F469.</p> <p>Survey dates: February 7 and 8, 2012</p> <p>Facility number: 000386 Provider number: 155428 AIM number: 100286820</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF/NF: 32 Total: 32</p> <p>Census payor type: Medicare: 4 Medicaid: 27 Other: 1 Total: 32</p> <p>Sample: 4</p> | F0000 | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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

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| | <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 9, 2012 by Bev Faulkner, RN</p> | | | |
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| F0469 SS=F | <p>The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, record review and interview, the facility failed to prevent rodent infestation in resident rooms. This actually affected 8 of 32 residents whose nightstand drawers were observed with mouse droppings (Resident #D, Resident #Q, Resident #R, Resident #S, Resident #T, Resident #X, Resident #U, and Resident #BB) and 4 of 32 residents interviewed (Resident # E, #DD, #H, and #W) who reported seeing mice in the facility. This had the potential to affect all 32 residents currently residing in the facility.</p> <p>Findings include:</p> <p>During initial tour of the facility conducted on 2-7-2012 at 10:10 a.m., resident nightstand drawers were inspected with resident permission. Small black rice shaped particles were noted in nightstand drawers of the following residents: Resident #D, Resident #Q, Resident #R, Resident #S, Resident #T, Resident #X, Resident #U, and Resident #BB.</p> <p>In an interview on 2-7-2012 at 10:30 a.m., the MDS Coordinator indicated the</p> | F0469 | <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required. F 469 Pest Control</p> <p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice: The contracted pest control company was immediately contacted to treat the identified areas. Purchased plastic containers for resident snacks and food to be stored. (b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: The contracted pest control company treated each area within the facility to address any other possible pest issues. (c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: Facility staff were re-educated on the importance of immediately reporting any pest issues so they can be quickly addressed. Facility residents were re-educated at resident council on proper</p> | 03/09/2012 | | | |

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| | <p>facility had a mouse control program and there were mouse droppings in the drawers and that the droppings would be taken care of immediately.</p> <p>An invoice from a pest control company provided by the Administrator on 2-7-2012 at 1:45 p.m., indicated on 1-20-2012 the pest control company had placed bait stations in the kitchen and hallways, and had checked traps in the exterior of the building. There was no indication the resident rooms or other storage areas had been protected.</p> <p>In an interview on 2-7-2012 at 10:15 a.m., Resident #E indicated he had seen a mouse in his room around the first of the month.</p> <p>In an interview on 2-7-2012 at 1:30 p.m., Resident # DD indicated he had seen a mouse in the last couple of weeks, but could not give an exact date.</p> <p>In an interview on 2-7-2012 at 1:59 p.m., Resident # H indicated she had seen a mouse in the drawer, but had not told anyone.</p> <p>In an interview on 2-8-2012 at 10:00 a.m., Resident # W indicated she had seen a mouse within the last week, but could not give an exact date.</p> | | <p>storage of food items to reduce the likelihood of pests within the facility. The facility Maintenance Director/designee will check for possible pest issues while conducting his routine weekly rounds and will ensure that any identified issues are addressed in a timely manner. Pest control vendor will double visits during Winter months. (d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: The monitoring of this will be a joint effort between the facility Administrator/designee and Maintenance Director who will conduct weekly rounds on each unit to observe for any possible pest issues. Resident council will query at each meeting if any pest identification is noted, the type and this will be reported to the maintenance director so it will be immediately addressed. Facility management will use the QIS resident interview Monthly X 1 then quarterly thereafter and focus on section "E-Building and Environment" and specifically asked about any concern with sighting of pests. Findings will be reported to the facility QA/Risk Management committee until such time as compliance has been determined. Weekly rounds by the Maintenance Director will be an ongoing plan for this correction. Date of compliance:</p> | | |

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| | <p>In an interview on 2-8-2012 at 8:49 a.m., the Administrator indicated the facility had no written pest control policy, but it was understood the facility would not tolerate pests. The Administrator further indicated the pest control company had been in to upgrade the pest control and staff were currently cleaning rooms and drawers and placing resident food stuffs in the rooms in plastic containers.</p> <p>On 2-8-2012 at 9:30 a.m., the Administrator provided a receipt from a pest control company, dated 2-7-2012. The receipt indicated the pest control company had placed bait stations and tube traps in the kitchen, storage areas, office areas, and patient rooms.</p> <p>3.1-19(f)(4)</p> | | 3-9-12 | | |