

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 09/17/2014
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NAME OF PROVIDER OR SUPPLIER MEADOW BROOK SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11011 VILLAGE SQUARE LANE FISHERS, IN 46038
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R000000	<p>This visit was for an Initial State Residential Licensure survey.</p> <p>Survey dates: September 16, and 17, 2014.</p> <p>Facility number: 013163 Provider number: 013163 AIM number: N/A</p> <p>Survey Team: Sandra Nolder, RN, TC</p> <p>Census bed type: Residential: 12 Total: 12</p> <p>Census Payor Type: Other: 12 Total: 12</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC16.2-5.</p> <p>Quality Review was completed by Tammy Alley RN on September 25, 2014.</p>	R000000		
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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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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 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 they had adequate Cardiopulmonary Resuscitation (CPR) and First Aid certified staff to cover all shifts. This deficient practice had the potential to affect 12 of 12 residents residing in the facility.</p> <p>Findings include:</p> <p>The employee records were reviewed on</p>	R000117	<p>R117 1. No residents were harmed. 2. All residents have the potential to be affected. 3. All Licensed Nursing Staff Identified to be lacking First Aid training received training on 9/19/14. Any nursing staff member who has received training has been documented and copies have been placed in the nursing audit book and copy given to the Business Office Manager(BOM)for personnel files. Any staff member who has</p>	10/11/2014

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	<p>9/17/14. The records indicated they had 3 out of the 7 regularly scheduled nurses on the as worked schedule who were certified in CPR and First Aid.</p> <p>The employee schedule as worked for September 1 through 15, 2014 was reviewed. The schedule indicated there were no days during this time frame where there was a CPR and First Aid certified licensed nurse working each eight hour shift.</p> <p>A document titled "CPR Disclosure" was observed in all residents' records during record reviews that were signed by the resident or the resident's representative when the admission paperwork was signed that indicated the facility staff did not do CPR and for any emergency requiring CPR where the resident did not have a valid CPR/DNR (Do Not Resuscitate) directive in place then 911 would be called.</p> <p>During an interview on 9/17/14 at 10:00 A.M., the Director of Wellness indicated the "Facility Staff meant all staff except licensed nurses." She indicated according to their company's policy only licensed nurses were allowed to initiate CPR on residents. She indicated if another facility staff found a resident not breathing, they were to call 911 if the</p>		<p>not been trained in First Aid /CPR will receive training within the next 2 weeks. This will be completed by 10/11/14. Any staff member who requires re-certification for First Aid and or CPR will be required to complete a class and obtain current certification before being scheduled to work. 4. As a measure of compliance the Director of Wellness (DOW) and Director of Resident Care (DRC) developed an Audit tool. An audit was completed on current employees, and this will also be completed on an ongoing basis to ensure compliance with Certification for CPR and First AID. 5. As a measure of quality assurance the DRC and the BOM will review the Audit book quarterly to ensure all nursing staff is within compliance. Any newly hired staff will produce record of certification prior to being placed on the schedule. 6. The staffing includes at least one staff member on duty for each shift who is CPR and First Aid Certified. All newly hired personnel shall have CPR and First Aid training prior to start date. As a means of quality assurance,the BOM and DRC will conduct audits of the new hire personnel files to ensure the proper training certifications are present, and the record is complete. The BOM will work with the DRC to ensure that all expiration and renewal dates are satisfied and will make every</p>				

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	<p>resident was not a DNR and call the licensed nurse to initiate CPR.</p> <p>During an interview on 9/17/14 at 8:20 P.M., the Executive Director indicated the facility had Certified Nursing Assistants (CNA) and Qualified Medication Assistants (QMA) that were CPR and First Aid certified that would show they had enough CPR and First Aid certified staff to adequately staff the facility 24 hours a day. She indicated the facility had to follow the company policy and only allow licensed nurses to initiate CPR even if other staff were CPR and First Aid certified. She indicated she was working to change that policy.</p> <p>A current policy titled "Cardio-Pulmonary Resuscitation" provided by the Director of Wellness on 9/17/14 at 8:20 P.M., indicated "Policy: In the event a resident goes into cardiac and/or pulmonary arrest, team members should call 911. If a licensed nurse is present the nurse may begin CPR while awaiting arrival of emergency personnel unless the resident has a 'Do Not Resuscitate' (DNR) order in place...State regulations regarding staff training on CPR will be followed. Procedure: If a resident is found to have no pulse and/or is not breathing, team members should:</p> <ol style="list-style-type: none"> 1. Call 911 immediately. 2. If on duty, 		<p>effort to remind staff of impending expiration and renewal in all above certifications and licensing. Staff will be removed from the schedule until the certifications are renewed and copies submitted to the BOM.</p>				

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R000121	<p>contact the licensed nurse. The licensed nurse may initiate CPR if a DNR order is not in place. If the resident had a DNR in place then CPR will not be initiated. 3. Only licensed nurses trained in CPR may administer CPR...."</p> <p>410 IAC 16.2-5-1.4(f)(1-4) Personnel - Noncompliance (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete</p>			

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	<p>a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p> <p>Based on interview and record review, the facility failed to ensure employees received their second step tuberculin skin test for 2 of 10 employee files reviewed for Tuberculin testing. (Cook #1 and Housekeeper #2)</p> <p>Findings include:</p> <p>The employee records were reviewed on 9/17/14 at 1 P.M.</p> <p>Cook #1's hire date was 7/2/14. The form titled "Tuberculin Skin Test (TB)" indicated he had his first Tuberculin skin test completed on 6/19/14. There was no second step Tuberculin skin test result found in his employee record.</p> <p>Housekeeper #2's hire date was 7/23/14. The form titled "Tuberculosis Screening Test" indicated she had her first Tuberculin skin test completed on 7/17/14. There was no second step Tuberculin skin test result found in her employee record.</p>	R000121	<p>R 0121 1) No Residents were harmed. 2) All staff identified will begin a 2 step Mantoux test and will complete the test within the required time frame. 3) All other personnel records have been reviewed. Staff members identified who have not received the second step Tuberculin skin test will provide documentation of a negative tuberculin skin test within the preceding twelve (12) months or complete a 2 step Mantoux test immediately. This will be completed by 10/7/2014. 4) The Business Office Manager will monitor personnel records and keep a calendar reminder system to ensure that new staff members complete a 2 step Mantoux test within the required time frame. The BOM will also monitor personnel records and maintain a calendar system with monthly reminders for employees who are due for annual Mantoux test and monitor that this is completed.</p>	10/07/2014			

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R000187	<p>During an interview on 9/17/14 at 2:00 P.M., the Business Office Manager (BOM) indicated there was no second step Tuberculin skin test results found in either employee record. She indicated she was going to call their previous employers and ask if she could get their annual Tuberculin skin test results to show they have had one in the last 12 months.</p> <p>During an interview on 9/17/14 at 8:32 P.M., the BOM indicated she was unable to get annual Tuberculin skin test results from Cook #1 and Housekeeper #2's previous employers and she did not find a second step Tuberculin skin test for either one of them.</p> <p>410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency (k) Hot water temperature for all bathing and hand washing facilities shall be controlled by an automatic control valve. Water temperature at point of use must be maintained between one hundred (100) degrees Fahrenheit and one hundred twenty (120) degrees Fahrenheit.</p> <p>Based on observation, interview and record review, the facility failed to maintain water temperatures between 100 degrees F (Fahrenheit) and 120 degrees F on the Memory Care unit for 3 of 3 facility apartments that had the water</p>	R000187	<p>R 0187 1) No Residents were harmed. 2) 6 Residents had the potential to be harmed in rooms 158, 168, 173 3) Water temperature in at least two resident rooms will be tested and recorded 5 days a week for a period of 2 months. If all are</p>	10/10/2014

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	<p>temperatures monitored. This deficit practice had the potential to affect 6 of 6 residents residing on the Memory Care unit. (Apt #158, Apt #173 and Apt #168)</p> <p>Findings include:</p> <p>An Environmental tour began on 9/16/14 at 11:50 A.M., with the Director of Maintenance in attendance.</p> <p>The following bathroom sink apartment water temperatures were checked and the temperatures were:</p> <p>12:38 P.M.--Room 158-122.2 degrees F. This apartment was a model apartment.</p> <p>12:43 P.M.--Room 173-122.2 degrees F. This apartment was a resident's apartment.</p> <p>12:47 P.M.--Room 168-122.5 degrees F. This apartment was a resident's apartment.</p> <p>Review of a document titled "Water Temp Log" for July on 9/16/14 at 1:25 P.M. indicated the following days did not have any temperatures documented: 7/1/14 through 7/18/14, 7/21/14, 7/23/14, 7/28/14 through 7/31/14</p> <p>Review of a document titled "Water Temp log" for August on 9/16/14 at 1:25 P.M. indicated the following days did not</p>		<p>within guideline limits, testing will occur 3 times a week.</p> <p>4) Director of Maintenance is responsible for all testing and recording. A copy of the record will be submitted to the Executive Director weekly.</p>	

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	<p>have any temperatures documented: 8/5/14, 8/8/14, 8/19/14, 8/21/14, 8/25/14 and 8/28/14</p> <p>Review of a document titled "Water Temp Log" for September on 9/16/14 at 1:25 P.M. indicated the following days did not have any temperatures documented: 9/8/14 through 9/10/14, 9/11/14, 9/12/14 and 9/15/14</p> <p>During an interview on 9/16/14 at 12:47 P.M., the Director of Maintenance indicated the water temperatures usually range for resident rooms between 115 degrees F and 118 degrees F.</p> <p>During an interview on 9/16/14 at 1 P.M., the Director of Maintenance and Executive Director was in attendance. The Director of Maintenance indicated he had failed to monitor water temperatures some days in September, August and July. He indicated he had started in this position in July. He indicated he had not been routinely monitoring water temperatures in occupied resident's rooms on the Memory Care unit, but he would start doing it now.</p>						

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R000273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to follow proper sanitation procedures for analog thermometers, food preparation equipment, dating opened food items, and disposing of expired food items for 1 of 1 kitchen observations. This deficit practice had the potential to affect 12 of 12 residents being served food from the kitchen.</p> <p>Findings include:</p> <p>The kitchen tour was started on 9/16/14 at 10:09 A.M., with the Regional Director of Dining (RDOD) in attendance.</p> <p>1. A rack where plastic containers were stacked were observed. There were two rectangular plastic containers stacked on top of each other and two tall square containers stacked on top of each other noted to have clear droplets in between the stacked containers. The RDOD indicated at that time the containers were</p>	R000273	<p>R 273 I. No Residents were harmed. II. All Residents have the potential to be harmed. III. Temperatures will be taken during: receiving, storage, preparation, cooking, transporting, holding, serving and as needed; calibrated thermometers will be used to ensure the Safety of food. Procedures: All Nutrition Services employees using a thermometer must: 1) Keep thermometers and their storage cases clean; a. Wash, rinse, sanitize and air-dry before and after each use to prevent cross contamination; b. Use an approved food-contact-surface sanitizing solution to sanitize the thermometers 2) Calibrate thermometers regularly to ensure accuracy, at a minimum of once a week, and more frequently if thermometers requires adjustment. a. Calibrate thermometers to within ±2° F Ice Point Method: a. Fill a large container with crushed ice; add clean tap water until the container is full. b. Put the thermometer stem or probe into the ice water</p>	10/10/2014			

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	<p>6 inch deep third pans and 6 quart pans and the clear droplets were water in between the pans. He indicated the Dietary staff should have let the pans air dry before putting them away.</p> <p>2. The dry storage area had these food items opened with no open dates. At this time during interview, the RDOD indicated there were:</p> <p>A bag with one-half pound of Egg noodles remaining. A bag with five pounds of Macaroni noodles remaining. A bag with two pounds of Ziti noodles remaining. A bag with one-half pound of Tortilla Chips remaining. A bag with six ounces white Corn chips remaining. A bag with one pound of Orzo remaining. A bag with one pound Rice remaining. A bag with one pound Croutons remaining. A bag with one-half pound Potatoes stix remaining. A bag with one-fourth pound Cornbread stuffing remaining. A bag with one pound Frosted Flakes cereal remaining. A bag with two pounds Crisp Rice cereal remaining. A bag with one-half pound Honey Nut</p>		<p>so the sensing area is completely submerged; wait thirty seconds or until the indicator stops moving; do not let it touch the container's bottom or sides. c. Hold the calibration nut securely with a wrench or other too land rotate the head of the thermometer until it reads 32° F. Boiling Point Method: d. Bring clean tap water to a boil in a deep pan. e. Put the thermometer stem or probe into the boiling water so the sensing area is completely submerged; wait thirty seconds, or until the indicator stops moving; do not let it touch the pan's bottom or sides. f. Hold the calibration nut securely with a wrench or other tool and rotate the head of the thermometer until it reads 212° F. 3) Record the date and the amount of calibration on the Thermometer Calibration Log. 4) Do not use glass thermometers to monitor the temperature of food. 5) Measure internal temperatures of food by inserting the thermometer stem or probe into the thickest part of the product (usually the center); make sure the tip of the thermometer does not poke through the food. 6) Wait for the thermometer reading to steady before recording the temperature of the food item; wait at least 15 seconds from the time the thermometer stem or probe is inserted in the food. 7) Record the temperature on appropriate temperature logs. Corrective Action: 1) Discard thermometers</p>				

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	<p>cereal remaining. A package with six ounces Taco seasoning remaining. A box with two pounds white Cake mix remaining. Two bottles with one quart of Maple syrup remaining. A package with one-half pound Gravy mix remaining. A bottle with one-half quart Lemon juice remaining. A box with one pound Pancake mix remaining.</p> <p>3. The walk-in cooler was observed to have the following food items. At that time during interview the RDOD indicated there were:</p> <p>A package with one pound Parsley leaves remaining, opened with no open date. A container with two ounces crumbled Blue cheese remaining, opened with no open date A carton with one pound of whole liquid pasteurized Eggs remaining, opened with no open date. A four pound block of Swiss cheese remaining, opened with no open date. A one pound package of Swiss cheese slices remaining, opened with no open date. Two five pound Ricotta cheese containers unopened with a use by date of</p>		<p>that cannot be calibrated to within ±2° F. 2) Repeat above procedure correctly. Supervisor Responsibilities: 1) Train employees on the procedures upon hire and as needed. 2) Monitor the use of thermometers daily and review Thermometer Calibration Log Weekly. 3) Take corrective action as needed. 4) File Thermometer Calibration Log with HACCP records. 5) Retrain any Nutrition Services employee not following procedures. Verification and Record Keeping: Dining Service Director or designee will verify that thermometers are used correctly by monitoring Nutrition Services employees daily and reviewing temperature and calibration logs weekly. Nutrition Services employees will record product name, temperatures, and any corrective action taken on appropriate temperature logs and will also record the date of calibration on the Thermometer Calibration. The Thermometer Calibration Log is to be kept on file for a minimum of 5 years. Monitoring of all areas will be the responsibility of the Dining Service Director.</p>				

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	<p>8/27/14.</p> <p>A two pound Vanilla yogurt container opened that was one-half full with a use by date of 9/7/14 and no open date.</p> <p>A two pound Strawberry yogurt container unopened with a use by date of 9/12/14.</p> <p>During an interview with the RDOD at that time he indicated the yogurt and Ricotta cheese were expired and should have been thrown away.</p> <p>4. The walk-in freezer was observed to have these food items opened with no open dates. At that time during interview, the RDOD indicated there were:</p> <p>A bag with two pounds of sweet Potatoes fries remaining.</p> <p>A bag with two pounds of Steak fries remaining.</p> <p>A bag with two pounds of Popcorn Shrimp remaining.</p> <p>A bag with one pound of Zucchini remaining.</p> <p>A bag with one pound of Blueberries remaining.</p> <p>A bag with one-half pound Onion rings remaining.</p> <p>A bag with 12 Waffles remaining.</p> <p>5. On 9/16/14 at 11:15 A.M., Cook #1 was observed placing an analog</p>						

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	<p>thermometer under a faucet of running water then he placed the thermometer into a pan of Corn and Green Beans. After he obtained the temperature of the Corn and Green Beans he placed the thermometer under the faucet with running water then obtained the temperature of the Meatloaf. At that time Cook #1 indicated to the RDOD that he did not know where the alcohol swabs were that the RDOD had obtained for the Dietary staff.</p> <p>The RDOD at that time indicated that Cook #1 was to sanitize his analog thermometer by placing it into the "green wash bucket and using the white cloth to wash the debris off the thermometer then use the red sanitizer bucket to sanitize the thermometer and let it air dry." The RDOD indicated this procedure was the proper procedure for sanitizing a thermometer when obtaining food temperatures. At that time Cook #1 dipped his analog thermometer into the sanitizer bucket and dried it with a paper towel and stuck the thermometer back into his pocket.</p> <p>During an observation on 9/16/14 at 11:20 A.M., Cook #1 removed his thermometer from his pocket and dipped it into the sanitizer bucket and dried it with the same paper towel and obtained</p>			

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	<p>the temperature of the Mashed Potatoes. He dipped the thermometer in the sanitizer bucket and dried it off with the same paper towel then obtained the temperature of the brown Gravy. He dipped the thermometer in the sanitizer bucket and dried it off with the same paper towel and obtained the temperature of the Potatoes O' Brien. After obtaining that temperature he dipped his thermometer into the sanitizer bucket and dried it off with the same paper towel.</p> <p>During an interview on 9/16/14 at 10:09 A.M., RDOD indicated there had been no Dietary Manager for the last three weeks. He indicated the Executive Director had been coming into the kitchen daily and following up on things and he had been coming for the last 3 weeks a couple days a week to help out. He indicated a new chef who would be the Dietary Manager was starting tomorrow.</p> <p>During an interview on 9/16/14 at 11:30 A.M., Cook #1 indicated there had been alcohol swabs to sanitize the analog thermometers in the kitchen, but he did not know where they went and he did not think about getting any from the nursing department at the time he was obtaining the temperatures for the food. He indicated he knew he was suppose to use alcohol swabs to sanitize the</p>						

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	<p>thermometers and he took full responsibility for not obtaining them from the nursing department. He indicated he used hot water to wash the thermometer off before the RDOD instructed him to use the sanitizer bucket.</p> <p>During an interview on 9/17/14 at 10:15 A.M., the Executive Director indicated alcohol swabs were the appropriate method for sanitizing the analog thermometers.</p> <p>A current policy titled "Storing of Food" dated 06/2012, provided by the RDOD on 9/16/14 at 2 P.M., indicated "...Procedure: 1...To ensure freshness, store opened items in tightly covered containers. Use the "First In, First Out" (FIFO) rotation method, dating packages and placing incoming supplies in the back so that older supplies will be used first."</p> <p>A current policy titled "Purchasing and Receiving" dated 06/2012, provided by the RDOD on 9/16/14 at 2 P.M., indicated "...Procedure:...Store frozen food immediately using the "First In, First Out" (FIFO) method. Remember to check the "use by" dates...."</p> <p>A current policy titled "Thermometer Usage" dated 06/2012, provided by the</p>						

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R000410	<p>RDOD on 9/16/14 at 2 P.M., indicated "...Procedure: All Nutrition Services employees using a thermometer must: 1) Keep thermometers and their storage cases clean. a. Wash, rinse, sanitize and air-dry before and after each use to prevent crosscontamination. b. Use an approved food-contact-surface sanitizing solution to sanitize them...."</p> <p>A current policy titled "Labeling & Dating" dated 06/2012, provided by RDOD on 9/16/14 at 2 P.M., indicated "...Procedure: 2. On premise preparation of ready-to-eat PHF [potentially hazardous food] item that is to be held for longer than 24 hours in the refrigerator will be marked to indicate which date or day the food must be consumed or discarded. 3. Commercially processed PHF that is to be held for longer than 24 hours in the refrigerator will be marked to indicate which date or day the food must be consumed or discarded. The day or date marked by the food service establishment may not exceed the manufacturer's use by date...."</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance</p>						

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	<p>(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.</p> <p>(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on interview and record review, the facility failed to ensure second step Tuberculin skin tests were completed on 3 of 7 residents reviewed for Tuberculin skin testing. (Resident #301, #168 and #302)</p> <p>Findings include:</p> <p>1. Resident #301's record was reviewed on 9/17/14 at 10:44 A.M. Diagnoses included, but were not limited to, hypertension, arthritis, and anemia.</p> <p>The record lacked documentation of a second step Tuberculin skin test had been</p>	R000410	R 0410 Infection Control-noncompliance 1. Residents #301,#302, #168, were screened for Tuberculosis and skin test was placed and read prior to admission.Resident received a chest X-Ray stating free of communicable diseases.Second step PPD was not placed. 2. An Audit tool was developed, and the medical records of all residents have been reviewed by the DOW/DRC. The DOW/DRC will review residents medical records monthly to confirm timely placement of second step PPDs for all residents within 10-14 days after first step has been read. 3. If the second step of the PPD is not done prior to move-in by	10/10/2014			

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	<p>completed within one to three weeks after his first step test.</p> <p>During an interview on 9/17/14 at 11:50 A.M., the Director of Wellness (DOW) indicated the resident did not have a second step Tuberculin skin test completed. She indicated according to the facility company policy the facility did not give the Tuberculin skin tests to the residents, so an outside company had to come into the facility to administer the test and that was the reason the resident did not receive her second step Tuberculin skin test.</p> <p>2. Resident #168's record was reviewed on 9/17/14 at 4:45 P.M. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, sleep apnea, and cellulitis left lower leg.</p> <p>The record lacked documentation of a second step Tuberculin skin test had been completed within one to three weeks after his first step test.</p> <p>During an interview on 9/17/14 at 5:40 P.M., the DOW indicated the resident did not have a second step Tuberculin skin test completed.</p> <p>3. Resident #302's record was reviewed on 9/17/14 at 6:01 P.M. Diagnoses</p>		<p>resident's physician, the DOW will schedule each new resident to have the second step placed and an order will be populated to the Resident's Medication Administration Record. 4. To ensure ongoing compliance the nursing staff has been educated on the resident's skin testing per policy/regulation, both upon admission and annually. 5. The DOW has created an H&P and PPD binder to ensure the compliance of correct infection control and monitoring both upon move in and annually. This binder will be reviewed quarterly by the DOW and DRC. 6. For new residents who have not had the second step of the PPD, the second step skin testing for residents will be completed by the community certified nursing staff.</p>				

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	<p>included, but were not limited to, chronic kidney disease Stage 3, diabetes mellitus type II, and suprapubic catheter.</p> <p>The record lacked documentation of a second step Tuberculin skin test had been completed within one to three weeks after his first step test.</p> <p>During an interview on 9/17/14 at 6:26 P.M., the DOW indicated the resident did not have a second step Tuberculin skin test completed. She indicated she did not find documentation in his record from his previous facility he was living at to indicate he had an annual Tuberculin skin test within the last 12 months.</p>				