

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2016
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NAME OF PROVIDER OR SUPPLIER TRADITIONS AT SOLANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7721 BATTERY POINTE WAY INDIANAPOLIS, IN 46240
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 3 & 4, 2016</p> <p>Facility number: 013164 Provider number: 013164 AIM number: N/A</p> <p>Census bed type: Residential: 94 Total: 94</p> <p>Census payor type: Other: 94 Total: 94</p> <p>Sample: 7</p> <p>These State findings were cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on August 8, 2016.</p>	R 0000		
R 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance</p>			

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>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 record review and interview, the facility failed to ensure staff met the requirements of First Aid training and certification. This deficient practice had the potential to affect 94 of 94 residents residing in the facility.</p> <p>Findings include:</p> <p>The staffing record were reviewed on 8/4/16 at 11:00 a.m., and indicated 3 shifts were not staffed with First Aid certified staff. The dates and shifts included were:</p>	R 0117	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review. <u>R117 Personnel</u> With regards to finding R117 Personnel Traditions At Solana will: <i>What corrective actions will be accomplished for those residents found to have been</i></p>	08/22/2016

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R 0273 Bldg. 00	<p>July 28, 2016 on third shift July 30, 2016 on first shift July 31, 2016 on first shift</p> <p>During an interview, with the Executive Director on 8/4/16 at 2:50 p.m., she indicated the facility follows the State guidelines regarding First Aid coverage.</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.</p>				<p>affected by the finding: No negative outcome identified for those residents affected. How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All residents had the potential to be affected. No resident was adversely affected. An audit was completed to further identify any licensed nursing staff that required first aid training. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; An audit of existing licensed nurses has been completed and two separate first aid training courses were provided for those identified licensed nurses that required training. All staff nurses will be trained in first aide/CPR by 8-22-16. How the corrective action(s) will be monitored to ensure the finding will not recur: The Business Office Manager or designee will conduct monthly audit to ensure licensed nurses have current first aid certification. This process will be ongoing.</p>		

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	<p>Based on observation, interview and record review the facility failed to ensure proper handwashing and glove use were followed during lunch meal service for 7 of 26 residents eating in the main dining room. (Resident #6, #12, #29, #52, #53, #58 and #70)</p> <p>Findings include:</p> <p>On 8/3/2016 at 11:30 a.m., the following observations were made:</p> <p>Cook #3 was pushing a serving cart with drinks and dropped her pen on the floor. She bent over, retrieved her pen from the floor and without washing her hands, served drinks to Resident # 6, #58 and #53.</p> <p>Cook #3 then proceeded to the serving area window and used her left hand to scratch the back of her head vigorously. She then retrieved 3 plates of food from the serving window. She stacked 2 plates of food on her left arm and held one with her right hand. Cook #3's left chest and shirt was sitting on the rim of the upper plate. She served Resident #70 the plate of food from her right hand and served Resident #12 the plate of food from her left lower arm and Resident #29 the plate of food from her upper left arm that had touched her chest and shirt.</p>	R 0273	<p>R273 Food and Nutritional Services With regards to finding R273 Food and Nutritional Services Traditions At Solana will: What corrective actions will be accomplished for those residents found to have been affected by the finding: No adverse action was noted as a result of the deficient practice. How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: All residents have the potential to be affected by the deficient practice. The corrective action will be to educate and in-service all staff on the Handwashing policy as it relates to meal service. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; All current associates as well as new associates to Traditions At Solana will be educated/in-serviced on the Hand washing policy, particularly as it relates to meal service. How the corrective action(s) will be monitored to ensure the finding will not recur: The Culinary Director or designee will be responsible for maintaining compliance with the Hand washing policy. The Culinary Director or designee will audit one meal service daily X 4 weeks, one meal service weekly X 4 weeks. If no issues are identified then monthly audits thereafter.</p>	08/22/2016			

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	<p>Cook #3 then walked from Resident #29 into the kitchen and began to touch and read postings attached to the Culinary Director's door. She then retrieved a plate of food from the serving window and served it to Resident #52.</p> <p>Cook #3 donned clean gloves and scooped ice cream into three bowls. She removed the gloves and discarded them into the trash then served the ice cream to Resident #6, #53 and #58. During the observation of Cook #3, she was not observed to wash her hands at any time during the lunch service.</p> <p>Server #2 touched her face and face piercing's several times, touched the dining room podium then walked to the serving area, filled a carafe with coffee and served the coffee to Resident #12 and #29 without washing her hands.</p> <p>Server #1 donned clean gloves without first performing hand hygiene. She touched her clothing and the dining room podium. Without changing or removing her gloves, she retrieved and placed 2 cookies on a plate, poured a cup of coffee, added cream and served it to Resident #6.</p> <p>Server #6 removed lunch dishes from</p>			

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	<p>several resident dining tables and placed them in the dirty dish cart. Without handwashing, she donned clean gloves and served drinks to Resident #70.</p> <p>During an interview on 08/03/2016 at 11:55 a.m., the Culinary Director indicated she expected the staff to wash their hands before starting work, after touching their bodies, if visibly soiled, and before and after using gloves. She indicated she had postings above each hand washing sink indicating when to perform hand hygiene.</p> <p>During an interview on 08/04/2016 at 2:55 p.m., the Administrator indicated the postings the Culinary Director provided and had posted in the kitchen and serving areas were taken from the Culinary Director's Serve Safe curriculum and were "not policy per say".</p> <p>An undated document titled "When to Wash Hands", provided by the Culinary Director on 08/03/2016 at 11:56 a.m., indicated, "Before starting work...After touching hair, face, body, clothing, aprons, or cell phones...After cleaning tables or touching dirty dishes, Before putting on gloves...After touching anything that may contaminate hands (includes handling money)...."</p>			

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	<p>An undated document titled, "How To Use Gloves", provided by the Administrator on 08/04/2016 at 1:00 p.m., indicated, "Wash hands before putting on gloves when starting a new task...."</p> <p>An undated document titled, "When To Change Disposable Gloves", provided by the Administrator on 08/04/2016 at 1:00 p.m., indicated, "As soon as they become dirty or torn. Before beginning a new task. After an interruption, such as a phone call or walking away from current task to something. After handling raw meat, seafood, or poultry and before handling ready-to-eat foods."</p> <p>A document titled, "INFECTION CONTROL-PROCEDURES" dated revised 12/30/15, provided by the Administrator on 08/04/2016 at 2:55 p.m., indicated, "...A. Hand-washing...2. In brief, hands are washed: a. On reporting for duty...e. Before preparing/serving food, drinks, ice, ect...k. When in doubt if hand-washing is required: DO IT!..."</p> <p>A document titled, "INFECTION CONTROL-HAND WASHING" dated revised 12/30/15, provided by the Administrator on 08/04/2016 at 2:55 p.m., indicated, "STANDARD...POLICY.</p>			

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R 0306 Bldg. 00	<p>All health care workers shall wash their hands frequently and appropriately...Health Care Workers shall wash hands: 1. On reporting to work; before/after eating; after smoking, toileting, blowing nose, coughing, sneezing, handling hair, ect. 2. Before/after preparing/serving meals, drinks, ice, ect...."</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. Based on observation, interview, and record review, the facility failed to label medications with an open date in 1 of 2 medication rooms reviewed for medication storage and failed to utilize</p>	R 0306	R306 Pharmaceutical Services With regards to the finding R306 Pharmaceutical Services Traditions At Solana will: What corrective actions will be accomplished for those	08/22/2016

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	<p>direction change labels for 1 of 7 residents observed during medication administration. (Resident #46, #41, #12)</p> <p>Findings include:</p> <p>1. During an observation, on 8/4/16 at 8:17 a.m., LPN #6 was observed preparing medications for Resident #12. She administered medications that included 1 tablet of Ranitidine (an antacid medication) HCL (hydrochloric acid) 150 mg (milligram). The Pharmacy label indicated "Ranitidine HCL 150 mg give 1 tablet everyday at bedtime." During an interview at that time, LPN #6 indicated Resident #12 received this medication at 9:00 a.m. and the pharmacy label was incorrect. She indicated a "direction change label" should have been used.</p> <p>During an interview, with the Clinical Wellness Director on 8/4/16 at 2:00 p.m., she indicated Resident #12's admitting and current physician orders indicated to administer the medication at 9:00 a.m. She indicated his medications were supplied from an outside pharmacy and the facility needed to contact the company to have the medication label changed.</p> <p>2. During medication storage review, on</p>		<p>residents found to have been affected by the finding: There were no adverse reactions noted regarding resident #12, #46 and #41. The bottles were all dated according to the date delivered and expiration dates were verified. How will you identify other residents having the potential to be affected by the same finding and what corrective action will be taken: The Wellness Director and/or designee conducted a review of all medication carts checking for medication changes and to ensure medications were labeled and that all medications that require a "date open" date were appropriately dated. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; Education was provided by Pharmacy Consultant & Wellness Director to all licensed nurses and QMA's as it relates to direction change labels and dating medications. How the corrective action(s) will be monitored to ensure the finding will not recur: The Wellness Director or designee will review physician order changes weekly as well as conduct weekly chart audits to monitor for compliance. This</p>				

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	<p>8/4/16 at 9:00 a.m., the facility's medication storage room refrigerator located in the memory care unit was observed to have 2 bottles of Lorazepam (an antianxiety medication) 2 mg/ml (milligrams/milliliter) oral concentration opened for Resident #46 and #41 and were not dated with an open date.</p> <p>During an interview, on 8/4/16 at 9:10 a.m., LPN #5 indicated the medications should have been dated when opened.</p> <p>An undated document, titled "Medications with Shortened Expiration Dates" provided and deemed as current facility practice by the Clinical Wellness Director on 8/4/16 at 3:15 p.m., indicated "...General Guidelines: The opened date should be noted on each container/vial of medication known to have a shortened beyond use date or expiration...Lorazepam...Discard opened bottle after 90 days..."</p>		practice will be ongoing.	