

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2014
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NAME OF PROVIDER OR SUPPLIER ALEXANDRIA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1912 S PARK AVE ALEXANDRIA, IN 46001
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 30 and 31, January 2, 3, 6, 7 and 8.</p> <p>Facility number: 000518 Provider number: 155521 AIM number: 100266670</p> <p>Survey Team: Jason Mench, RN, TC Karen K Koeberlein, RN (December 30 and 31, January 2, 3, 6 and 7) Shelley Reed, RN Angela Selleck, RN Kim Davis, RN</p> <p>Census bed type: SNF/NF: 57 Total: 57</p> <p>Census payor type: Medicare: 5 Medicaid: 46 Other: 6 Total: 57</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p>	F000000		
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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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F000371 SS=D	<p>Quality review completed by Debora Barth, RN.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions free from splatter and debris. This had the potential to affect 55 of 57 residents served food from the kitchen.</p> <p>Findings include: A tour of the kitchen was conducted, on 12/30/13 at 9:13 a.m., with the Dietary Service Manager.</p> <p>The North wall next to the handwashing sink was observed to have a dried crusted brown substance stuck to the wall, splatter marks and grime.</p>	F000371	<p>Alexandria Care Center</p> <p>1912 S. Park Avenue</p> <p>Alexandria, IN 46001</p> <p>Plan of Correction</p>	02/07/2014			

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	<p>The South wall next to the stainless steel freezers, in the food prep area which led into the dishwasher room and storage area, was observed to have yellow/brown grime and dust on the wall and on two electrical outlets.</p> <p>6 of 6 air vents in the ceiling, observed in the food prep area, had brown/grey dust on the vents. The brown/grey dust had gathered two square feet by two square feet around each of the six vents on the white ceiling. A small air vent over the food prep area was observed to have the brown/grey dust hanging down from the ceiling.</p> <p>Food debris was observed inside three small bowls, that were stored upright ready for use on the bottom shelf and were inside an uncovered white plastic webbed container next to the steam table.</p> <p>A one gallon plastic zip lock bag of frozen food was observed unlabeled and undated inside of a stainless steel freezer located in the food prep area.</p> <p>A one gallon plastic zip lock bag of frozen fried chicken was observed undated inside of a stainless steel</p>		<p>F 371 requires that the facility must 1. Procure food from sources approved or considered satisfactory by Federal, State or local authorities and 2. Store, prepare, distribute and serve food under sanitary conditions</p> <p>The facility will ensure this requirement is met through the following corrective measures:</p> <p>No residents were harmed.55 residents have the potential to be affective.A. The north wall next to the handwashing sink has been cleaned.B. The south wall next to the freezers has been cleaned.C. All air vents were cleanedD. All bowls were cleaned. All bowls, plates and silverware were transferred into</p>	

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	<p>freezer located in the food prep area.</p> <p>A small blue scoop, unprotected, was observed in a large plastic container of thickener located in the food storage room.</p> <p>During an interview with the Maintenance Supervisor and Administrator on 12/31/13 at 2:55 p.m., the Maintenance Supervisor indicated he changes the air filter in the kitchen monthly and would have cleaned the vents at that time. The Maintenance Supervisor indicated he did not have a cleaning schedule or log of when the vents and ceiling in the kitchen would have been cleaned.</p> <p>During an interview with the Dietary Manager and Administrator on 1/8/14 at 3:32 p.m., the Dietary Manager indicated she usually checks the freezers for unlabeled, undated, and expired food weekly and would toss those items in the trash. Staff had been educated to label and date food items placed in the freezers.</p> <p>The Dietary Manager indicated there was a cleaning schedule for each wall in the kitchen to be cleaned on</p>		<p>tupperware containers with lids and will be kept in such a manner in the future.E.</p> <p>All items in freezer were audited for label/dates.F.</p> <p>All bulk storage items were audited for scoops left in containers.A Dietary In-service was held on: January 23th</p> <p>2014 regarding kitchen sanitation and label/dating left-overs. All in-service materials and a monitoring sheet are listed as "Attachment _____."</p> <p>The Dietary Manager or designee will be responsible for monitoring kitchen sanitation and label/dating left-overs on the appropriate monitoring sheet daily (Monday through Friday) for 4 weeks then twice weekly for 4 weeks then weekly for two (2) months then monthly to ensure continue compliance indefinitely.The findings of the above audits will be reviewed during the facility's quarterly Quality Assurance meetings and</p>		

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	<p>specific days each week.</p> <p>The Dietary Manager indicated the small blue scoop laying in the plastic container of thickener should not have been stored there.</p> <p>Review of the policy, titled "Storage of Leftovers", dated 11/12/2008, which was provided by the Administrator on 12/30/13 at 12:50 p.m., indicated the following:</p> <p>"Policy: It is the policy of this facility that food shall be stored according to acceptable sanitation standards.</p> <p>Procedure:</p> <p>3. Label and date all containers with a "Use By" date...."</p> <p>Review of the policy, titled "Dish & Utensil Handling", dated 10/2/2008, which was provided by the Administrator on 12/30/13 at 12:50 p.m., indicated the following:</p> <p>"Policy: Dishes and utensils shall be cleaned, dry and correctly handled so as not to be contaminated...."</p> <p>No further documentation was provided upon exit of facility on 1/8/14 at 4:50 p.m.</p>		<p>the plan of</p> <p>action adjusted accordingly. The above</p> <p>corrective measures will be completed on or before February 07, 2014.</p>		

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	3.1-21(l)(3)			

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure lotions, wound cleansers, salves, and enemas were properly</p>	F000431	Alexandria Care	02/07/2014			

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	<p>disposed of following expiration dates for 2 of 3 treatment carts observed. (100 and 300 Hall carts)</p> <p>Findings include:</p> <p>On 1/3/14 at 2:00 p.m., while observing medication storage, the treatment cart on the 300 Hall contained 2 jars of Nyst/Zinc/Baci (a salve used for wound care) 1 of which expired on 6/2013, and 1 of which expired on 8/2013. The cart also contained a bottle of Skintegrity (a wound cleanser) which expired on 5/2013, a bottle of Cleansing Body Lotion which expired on 9/2013, and a ready to use enema which expired on 1/2013.</p> <p>On 1/3/14 at 2:15 p.m., while observing medication storage, the treatment cart on 100 Hall contained 1 Fleets Enema, which expired on 4/2013.</p> <p>During an interview on 1/3/14 at 2:05 p.m., LPN #1 indicated the facility should have removed the medications upon the expiration dates. The expired medications were given to LPN #1, who then gave them to the DoN for disposal.</p> <p>Review of a current facility policy,</p>		<p>Center</p> <p>1912 S. Park Avenue</p> <p>Alexandria, IN 46001</p> <p>Plan of Correction</p> <p>F 431 Drug Records</p> <p>No resident incurred a negative outcome. The fleet's enema from the 100 hall cart was removed from the cart and disposed per facility policy and procedure. The 2 jars of Nyst/Zinc/Baci, one bottle of Skintegrity Wound Cleanser, 1 bottle of body lotion and 1 enema were removed from the 300 hall cart and disposed per the facility policy and procedureAll residents who</p>				

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	<p>titled "Storing Drugs" which was provided by the Administrator on 1/8/14 at 3:45 p.m., indicated the following:</p> <p>"Procedures</p> <p>1. The pharmacy supplier must dispense drugs in containers...</p> <p>12. Any outdated, contaminated, or deteriorated drugs, or those in containers which are cracked, soiled, or without secure closures must be removed from stock and destroyed according to procedures for drug destructions.</p> <p>3.1-25(o)</p>		<p>have prescription orders for treatments have the potential to be affected. All treatment carts in the facility have been reviewed and no other medications or treatments were found to be expired. The policy and procedure for Storing of Drugs has been reviewed and no changes were made. All nurses have been re-educated on the policy and procedure addressing Storage of Drugs, with emphasis placed on observing the expiration date prior to use. As a means of quality assurance, the DON or her designee will monitor to ensure that all prescribed medications continue to be stored and disposed properly by observing one treatment cart daily for 2 weeks on scheduled days of work, three times a week for 2 weeks, two times a week for one month and one time a week monthly until compliance is maintained for 6</p>		

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			<p>consecutive months. Should concerns be observed, re-education shall be</p> <p>provided. Results of said observations and any corrective actions taken will be</p> <p>discussed during the facility's quarterly QA meetings and the plan adjusted accordingly,</p> <p>if warranted. The above corrective measures will be completed</p> <p>on or before February 07th, 2014</p>		

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