

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155493		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/15/2017	
NAME OF PROVIDER OR SUPPLIER SCENIC HILLS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 311 E FIRST ST FERDINAND, IN 47532			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 11, 12, 13, 14, & 15, 2017</p> <p>Facility number: 000534 Provider number: 155493 AIM number: 100267220</p> <p>Census bed type: SNF: 16 SNF/NF: 64 Total: 80</p> <p>Census payor type: Medicare: 8 Medicaid: 47 Other: 25 Total: 80</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 18, 2017.</p>			F 0000	<p>Preparation or execution of this plan of correction 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.</p> <p>This plan of correction is prepared and executed solely because Federal and State law require it.</p> <p>This plan of correction is submitted in order to respond to the allegations of noncompliance cited during annual survey review concluding on</p> <p>September 15, 2017</p> <p>Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before October 6, 2017</p> <p>We respectfully request paper compliance.</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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F 0364 SS=E Bldg. 00	<p>483.60(d)(1)(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP (d) Food and drink</p> <p>Each resident receives and the facility provides-</p> <p>(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature; Based on observation, interview, and record review, the facility failed to obtain food temperatures before trayline service began for 1 of 2 kitchen observations.</p> <p>Findings include:</p> <p>On 9/14/17 at 11:21 A.M., the kitchen was observed. At 11:41 A.M., Cook 1 was observed to begin the trayline service. Cook 1 was not observed to obtain food temperatures prior to trayline service. Two plates had been prepared. The Director of Dining Services was queried regarding when the food temperatures had been obtained. The Director of Dining Services questioned</p>		F 0364	<p>364 F</p> <p>The trays already plated prior to temperature checks were checked and at proper temperature</p> <p>Completion Date 10/6/2017</p> <p>All residents have the potential to be affected and therefore through alterations in provision of care and in servicing the campus will assure the campus obtains food temperatures before tray line service begins.</p>		10/06/2017	

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F 0465 SS=E Bldg. 00	<p>Cook 1 if the temperatures had been taken. Cook 1 indicated they had not and stopped trayline services to obtain the temperatures.</p> <p>On 9/15/17 at 10:39 A.M., the Director of Dining Services indicated food temperatures should be obtained prior to food service.</p> <p>On 9/15/17 at 10:35 A.M., the DON provided the "Serving Line Food Temp" policy, reviewed 5/31/16. The policy included, but was not limited to: The temperatures of all food on the serving line will be measured and recorded at every meal.</p> <p>3.1-21(a)(2)</p> <p>483.90(i)(5) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON (i) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>(5) Establish policies, in accordance with</p>		<p>Completion Date 10/6/17</p> <p>An in-service was completed with all dining staff concerning the need to check temperatures prior to tray line service. Systemic change is a log will be maintained for temperature checks in the kitchen</p> <p>Completion Date 10/6/17</p> <p>DFS/designee will complete audit prior to a meal to assure temperatures obtained as required 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Completion Date 10/6/17</p>				

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	<p>applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the environment was safe, functional, sanitary and comfortable, in that, a bathroom faucet was leaking water, walls and doorframes had peeling paint, a sink was coming away from the wall, and denture cups in bathrooms were unlabeled on 3 of 4 nursing units. (Room 204, Room 215, Room 305, Room 311, Room 313, Room 403)</p> <p>Findings include:</p> <p>1. On 9/11/17 at 11:46 A.M., a denture case in Room 204 (a shared bedroom) was observed with no name or identifier.</p> <p>On 9/13/17 at 1:57 P.M., a pink denture case was observed on a shelf in the bathroom of Room 204 (shared bathroom) with no name or identifier.</p> <p>2. On 9/12/17 at 9:14 A.M., the bathroom sink faucet in Room 215 was observed to leak water when the faucet was turned on.</p> <p>On 9/15/17 at 10:30 A.M., the bathroom sink faucet in Room 215 was observed to leak water when the faucet was turned</p>	F 0465	<p>F 465</p> <p>All areas mentioned on the 2567 have been resolved.</p> <p>Completion Date 10/6/17</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure the campus provides a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.</p> <p>Completion Date 10/6/17</p> <p>DPO has been in serviced on preventative maintenance rounds and documentation Systemic change is Home office DPO support will round monthly in the campus to assure preventative maintenance and rounding completed.</p>	10/06/2017			

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	<p>on.</p> <p>3. On 9/11/17 at 11:04 A.M., the bathroom in Room 305 was observed to have caulking and paint peeling off around the doorframe.</p> <p>On 9/14/17 at 10:03 A.M., the bathroom in Room 305 was observed to have caulking and paint peeling off around the doorframe.</p> <p>4. On 9/11/17 at 11:05 A.M., the shared bathroom in Room 311 was observed to have an unlabeled denture cup with dentures on the back of the commode, a wet washcloth on the sink, and 3 washbasins on the floor in the shower.</p> <p>On 9/14/17 at 8:13 A.M., the shared bathroom in Room 311 was observed to have an unlabeled denture cup with dentures on the back of the commode.</p> <p>5. On 9/12/17 at 8:47 A.M., the shared bathroom in Room 313 was observed to have a washbasin on the floor.</p> <p>On 9/14/17 at 8:14 A.M., the shared bathroom in Room 313 was observed to have a washbasin on the floor under the sink.</p> <p>6. On 9/12/17 at 8:47 A.M., the bathroom</p>				<p>Nursing Staff have been in serviced related to denture cups and bath basin storage.</p> <p>Completion Date 10/6/17</p> <p>DPO/designee will audit 5 random rooms concerning safe/functional/sanitary/comfortable environment 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 10/6/17</p>		

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	<p>in Room 403 was observed to have missing paint, and water on the bathroom floor.</p> <p>On 9/14/17 at 2:09 P.M., the bathroom in Room 403 was observed to have peeling paint, with drywall exposed on the wall behind the sink, on the wall by the soap dispenser, and on the ceiling by the sprinkler. The bathroom in Room 403 was observed to have the sink pulling away from the wall.</p> <p>On 9/15/17 at 10:49 A.M., a "Preventative Maintenance Procedures" policy was provided. Included in the policy was a "Preventative Maintenance Master Calendar" with the following tasks and when to be checked:</p> <p>Wall painting (monthly) Ceilings (March, June, September, December) Doors (monthly)</p> <p>The "Trilogy Resident Room Monthly PM's" checklist indicated "Bathroom... Walls - need or patched or paint?... Sink - secured to the wall? water leaks?..."</p> <p>During an interview on 9/15/17 at 10:42 A.M., the Maintenance Supervisor indicated that he checked the building for maintenance needs monthly, used the</p>						

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	<p>TELS system online to track maintenance needs, and would perform other maintenance as needed. He indicated that he was aware of the things that needed to be fixed in the building, but he was the only one fixing them and he was unable to do it all himself.</p> <p>3.1-19(f)</p>						