

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/24/2024	
NAME OF PROVIDER OR SUPPLIER 1019 BELLE'S PLACE OF CRAWFORDSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 BICKFORD LN, CRAWFORDSVILLE, , 47933					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE			
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: April 23 and 24, 2024 Facility number: 003674 Residential Census: 24 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 2, 2024.	R 0000					
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (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	R 0117	R117 – Personnel - Deficiency The facility failed to a staff with First Aid certification was scheduled on the night shift for 5 or 7 days reviewed. What	06/15/2024			

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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 a staff with First Aid certification was scheduled on the night shift for 5 of 7 days reviewed. Findings include: On 4/24/24 at 11:17 a.m., the employee record document was reviewed for employee certification for cardio-pulmonary resuscitation (CPR-a combination chest compressions and rescue breathing) and First Aid (emergency care or treatment given to an ill or injured person before regular medical aid can	corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected by this practice, but 24 out of 24 could have been affected. CNA 9 is now current on first aid certification How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: An audit of all employee files was completed on 4/29/24 to ensure all employees had current First Aid Certification.	
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be obtained). Review of the staff schedule for the week of 4/14/24 through 4/20/24, lacked documentation of a staff member with First Aid certification being in the building on the night shift.

The schedule indicated Certified Nursing Assistant (CNA) 9 was the staff scheduled to work the night shift on 4/16/24, 4/17/24, 4/18/24, 4/19/24, and 4/20/24. Review of the CNA's employee record indicated he was certified in CPR but lacked documentation of First Aid certification.

During an interview, on 4/24/24 at 1:50 p.m., the Director indicated she had completed an audit of the facility's CPR and First Aid certifications and found that CNA 9 lacked documentation of First Aid certification. She believed the CNA had participated in the CPR and First Aid training, but they had not yet received his certification card. If first aid was needed, on the night shift, the staff would call the nurse-on-call or if the situation was bad enough, they were to call 911.

On 4/24/24 at 2:05 p.m., the Director provided a document, dated 1-2024, titled, "Certification and Licensure (IN)," and indicated it was the policy currently used by the facility. The policy indicated,

All employees are now current with certification

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

Executive Director will be responsible for ensuring employees remain current on First Aid training.

Divisional Director of Health & Operations will re-educate Executive Director and Health & Wellness Director on policy/procedure for the requirement to have one staff member with a current first aid certificate on each shift

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place

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"...Policy: Bickford requires Bickford Family Members to maintain current licensure and certification, including CPR and First Aid...Procedure: ...8. It is required that each Bickford Family Member is CPR and First Aid certified...12. Bickford Family Members that fail to maintain current certifications and licensure will be placed on leave...."

Based on record review and interview, the facility failed to ensure a staff with First Aid certification was scheduled on the night shift for 5 of 7 days reviewed.

Findings include:

On 4/24/24 at 11:17 a.m., the employee record document was reviewed for employee certification for cardio-pulmonary resuscitation (CPR-a combination chest compressions and rescue breathing) and First Aid (emergency care or treatment given to an ill or injured person before regular medical aid can be obtained). Review of the staff schedule for the week of 4/14/24 through 4/20/24, lacked documentation of a staff member with First Aid certification being in the building on the night shift.

The schedule indicated Certified Nursing Assistant (CNA) 9 was

Divisional Director of Health and Operations
will audit employee files monthly x3 months and annually thereafter to ensure compliance.

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the staff scheduled to work the night shift on 4/16/24, 4/17/24, 4/18/24, 4/19/24, and 4/20/24. Review of the CNA's employee record indicated he was certified in CPR but lacked documentation of First Aid certification.

During an interview, on 4/24/24 at 1:50 p.m., the Director indicated she had completed an audit of the facility's CPR and First Aid certifications and found that CNA 9 lacked documentation of First Aid certification. She believed the CNA had participated in the CPR and First Aid training, but they had not yet received his certification card. If first aid was needed, on the night shift, the staff would call the nurse-on-call or if the situation was bad enough, they were to call 911.

On 4/24/24 at 2:05 p.m., the Director provided a document, dated 1-2024, titled, "Certification and Licensure (IN)," and indicated it was the policy currently used by the facility. The policy indicated, "...Policy: Bickford requires Bickford Family Members to maintain current licensure and certification, including CPR and First Aid...Procedure: ...8. It is required that each Bickford Family Member is CPR and First Aid certified...12. Bickford Family Members that fail to maintain current certifications

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	and licensure will be placed on leave...."			
R 0123	Personnel - Nonconformance 410 IAC 16.2-5-1.4(h)(1-10) (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance with facility policy. (10) Date and reason for separation. Based on record review and	R 0123	R123 – Personnel - Nonconformance The facility failed to ensure a Certified Nursing Aide (CNA) had current state CAN certification for 1 of 16 CNA certifications reviewed. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected by this practice, however, 24 out of 24 could have been affected CNA 10 now has a current state CNA certificate How will the facility identify other residents having the potential to be affected	06/15/2024

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	interview, the facility failed to ensure a Certified Nursing Aide (CNA) had current state CNA certification for 1 of 16 CNA certifications reviewed. Findings include: During the review of the employee record document, on 4/24/24 at 11:17 a.m., CNA 10's state CNA certification had expired on 4/11/24. Review of the facility's staffing staff schedule, dated 4/7/24 through 4/20/24, indicated CNA 10 had worked on 4/13/24, 4/14/24, 4/15/24, and 4/20/24. During an interview, on 4/24/24 at 1:50 p.m., the Director indicated she had recently started to audit employee files. She was not aware that CNA 10's state CNA certification had expired. The facility's expectation was that all staff with licensure or certifications kept their credentials active and current. On 4/24/24 at 2:05 p.m., the Director provided a document, dated 1/2024, titled, "Certification and Licensure (IN)," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Bickford requires Bickford Family [Staff] Members to maintain current licensure and certification...Procedure: ...11. The Director shall maintain		by the same deficient practice and what corrective action will be taken: An audit of all employee files was completed on 5/7/29 to ensure all certifications were current What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur Director/Designee will be responsible for ensuring all certifications are current Executive Director/Designee will be re-educated on CNA state certification requirements and renewals.	
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copies of all current certifications and licenses in the Bickford Family [Staff] Member's file...12. Bickford Family [Staff] Members that fail to maintain current certifications and licensure will be placed on leave...." Based on record review and interview, the facility failed to ensure a Certified Nursing Aide (CNA) had current state CNA certification for 1 of 16 CNA certifications reviewed. Findings include: During the review of the employee record document, on 4/24/24 at 11:17 a.m., CNA 10's state CNA certification had expired on 4/11/24. Review of the facility's staffing staff schedule, dated 4/7/24 through 4/20/24, indicated CNA 10 had worked on 4/13/24, 4/14/24, 4/15/24, and 4/20/24. During an interview, on 4/24/24 at 1:50 p.m., the Director indicated she had recently started to audit employee files. She was not aware that CNA 10's state CNA certification had expired. The facility's expectation was that all staff with licensure or certifications kept their credentials active and current. On 4/24/24 at 2:05 p.m., the Director provided a document,	How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Divisional Director of Operations will randomly audit 3 employee files monthly for 3 months to ensure compliance. R300 & 301 – Pharmaceutical services - Deficiency The facility failed to ensure an expired medication was disposed of properly for 1 of 1 medication storage room reviewed for medication storage. The facility failed to ensure a medication was labeled properly for 1 of 1 medication carts reviewed for medication storage (resident 24) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:
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dated 1/2024, titled, "Certification and Licensure (IN)," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: Bickford requires Bickford Family [Staff] Members to maintain current licensure and certification...Procedure: ...11. The Director shall maintain copies of all current certifications and licenses in the Bickford Family [Staff] Member's file...12. Bickford Family [Staff] Members that fail to maintain current certifications and licensure will be placed on leave...."

No residents were adversely affected by this deficient practice, but 24 of 24 could have been affected.

Expired medication has been disposed of and medication has been labeled properly.

How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

Health and Wellness Director completed audit on 4/29/24 to ensure all expired medications were removed from medication cart and that all medications were labeled properly

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

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Health and Wellness
Director/Designee will be
responsible for ensuring all
medications are not expired and
are labeled
properly in medication cart.

Health and Wellness
Director/Designee will be
re-educated on Medication
Management Policy

Health and Wellness Director
will complete an
in-service on Medication
Management Policy with all med
passers

How
the corrective action(s) will be
monitored to ensure the
deficient practice
will not recur, i.e., what quality
assurance program will be put
into place

Divisional Director of Health
and Wellness
will audit weekly medication
audits completed by branch and
complete audit
directly on routine visits monthly
for 3 months.

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R 0300	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(4) (4) Over-the-counter medications, prescription 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. Based on observation, interview, and record review, the facility failed to ensure an expired medication was disposed of properly for 1 of 1 medication storage room reviewed for medication storage. Finding includes: On 4/24/24 at 1:20 p.m., the medication storage room contained an opened multi-use vial of Aplisol (a clear, colorless solution for injection as an aid in the diagnosis of tuberculosis) solution and had an open date of 1/9/24.	R 0300	R300 & 301 – Pharmaceutical services - Deficiency The facility failed to ensure an expired medication was disposed of properly for 1 of 1 medication storage room reviewed for medication storage. The facility failed to ensure a medication was labeled properly for 1 of 1 medication carts reviewed for medication storage (resident 24) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were adversely affected by this deficient practice, but 24 of 24 could have been affected. Expired medication has been disposed of and medication has been labeled properly.	06/15/2024
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	During an interview, on 4/24/24 at 1:20 p.m., Qualified Medication Aide (QMA) 8 indicated she was not aware of the facility policy for how long the Aplisol was good for once it was opened but she would check the facility policy. During an interview, on 4/24/24 at 1:26 p.m., the Director indicated the Aplisol vial was good for 30 days once opened and the vial should have been discarded because it was expired. The Director indicated she did not have a specific policy for Aplisol, but the facility follows manufacturer guidelines. On 4/24/24 at 2:15 p.m., the Director provided the manufacturer guidelines document titled, "Aplisol," dated 03/16. The manufacturer guidelines indicated, " ...Aplisol vials should be inspected visually for both particulate matter and discoloration prior to administration and discarded if either is seen. Vials in use for more than 30 days should be discarded" Based on observation, interview, and record review, the facility failed to ensure an expired medication was disposed of properly for 1 of 1 medication storage room reviewed for medication storage.		How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: Health and Wellness Director completed audit on 4/29/24 to ensure all expired medications were removed from medication cart and that all medications were labeled properly What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur Health and Wellness Director/Designee will be responsible for ensuring all medications are not expired and are labeled properly in medication cart. Health and Wellness Director/Designee will be re-educated on Medication Management Policy Health and Wellness Director	
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	Finding includes: On 4/24/24 at 1:20 p.m., the medication storage room contained an opened multi-use vial of Aplisol (a clear, colorless solution for injection as an aid in the diagnosis of tuberculosis) solution and had an open date of 1/9/24. During an interview, on 4/24/24 at 1:20 p.m., Qualified Medication Aide (QMA) 8 indicated she was not aware of the facility policy for how long the Aplisol was good for once it was opened but she would check the facility policy. During an interview, on 4/24/24 at 1:26 p.m., the Director indicated the Aplisol vial was good for 30 days once opened and the vial should have been discarded because it was expired. The Director indicated she did not have a specific policy for Aplisol, but the facility follows manufacturer guidelines. On 4/24/24 at 2:15 p.m., the Director provided the manufacturer guidelines document titled, "Aplisol," dated 03/16. The manufacturer guidelines indicated, " ...Aplisol vials should be inspected visually for both particulate matter and discoloration prior to administration and discarded if either is seen. Vials in use for more than 30 days should be		will complete an in-service on Medication Management Policy with all med passers How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Divisional Director of Health and Wellness will audit weekly medication audits completed by branch and complete audit directly on routine visits monthly for 3 months.	
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	discarded"			
R 0301	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(5) (5) Labeling of prescription drugs shall include the following: (A) Resident ' s full name. (B) Physician ' s name. (C) Prescription number. (D) Name and strength of the drug. (E) Directions for use. (F) Date of issue and expiration date (when applicable). (G) Name and address of the pharmacy that filled the prescription. If medication is packaged in a unit dose, reasonable variations that comply with the acceptable pharmaceutical procedures are permitted. Based on observation, interview, and record review, the facility failed to ensure a medication was labeled properly for 1 of 1 medication carts reviewed for medication storage (Resident 24). Finding includes: On 4/24/24 at 1:18 p.m., the medication cart contained an	R 0301	R300 & 301 – Pharmaceutical services - Deficiency The facility failed to ensure an expired medication was disposed of properly for 1 of 1 medication storage room reviewed for medication storage. The facility failed to ensure a medication was labeled properly for 1 of 1 medication carts reviewed for medication storage (resident 24) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were adversely affected by this deficient practice, but 24 of 24 could have been affected. Expired medication has been disposed of and medication has been labeled properly.	06/15/2024

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undated and opened Novolog (medication used to lower blood sugar) insulin pen. The insulin pen contained a label that indicated it was for Resident 24 and that it was delivered to the facility on 1/11/24.

During an interview, on 4/24/24 at 1:18 p.m., Qualified Medication Aide (QMA) 8 indicated an open date should have been placed on the insulin pen once opened and was good for 28 days once opened. The QMA indicated she was unaware of when the insulin pen was opened and how long it had been in the medication cart.

Resident 24's record was reviewed on 4/24/24 at 1:40 p.m. The profile indicated the resident's diagnosis included, but were not limited to, Diabetes with vascular complications (diabetes mellitus is not merely a disorder of carbohydrate metabolism but a cause of vascular [relating to, affecting, or consisting of a vessels or vessels, especially those which carry blood] disease affecting nearly all blood vessel types and sizes).

A physician order, dated 4/1/24, indicated Novolog Flexpen 100 units/ml (milliliter). Inject subcutaneously (under the skin) per sliding scale before meals.

Review of Medication

How
will the facility identify other residents having the potential to be affected
by the same deficient practice and what corrective action will be taken:

Health and Wellness Director completed audit on 4/29/24 to ensure all expired medications were removed from medication cart and that all medications were labeled properly

What
measures will be put into place or what systemic changes the facility will make
to ensure that the deficient practice does not recur

Health and Wellness Director/Designee will be responsible for ensuring all medications are not expired and are labeled properly in medication cart.

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Administration Record (MAR) for April 2024, indicated Resident 24 had received the sliding scale medication all but one day for the month of April so far. During an interview on 4/24/24 at 1:50 p.m., the Director indicated the insulin pens should have an open date on them so the staff was aware of when the medication would need to be discarded. On 4/24/24 at 2:15 p.m., the Director provided and identified a document as a current facility policy titled, "Medication and Nursing," revised date 01/21. The policy indicated, " ...f. Medications should be destroyed in a safe and timely manner according to the Department of Environmental Protection and Federal and State regulations. These include medications that have expired, been discontinued, or recalled, etc ...Labeling of Medications: a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following ...iii. The date the prescription was issued. iv. The expiration date" Based on observation, interview, and record review, the facility failed to ensure a medication was labeled properly for 1 of 1 medication carts		Health and Wellness Director/Designee will be re-educated on Medication Management Policy Health and Wellness Director will complete an in-service on Medication Management Policy with all med passers How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Divisional Director of Health and Wellness will audit weekly medication audits completed by branch and complete audit directly on routine visits monthly for 3 months.	
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reviewed for medication storage (Resident 24).

Finding includes:

On 4/24/24 at 1:18 p.m., the medication cart contained an undated and opened Novolog (medication used to lower blood sugar) insulin pen. The insulin pen contained a label that indicated it was for Resident 24 and that it was delivered to the facility on 1/11/24.

During an interview, on 4/24/24 at 1:18 p.m., Qualified Medication Aide (QMA) 8 indicated an open date should have been placed on the insulin pen once opened and was good for 28 days once opened. The QMA indicated she was unaware of when the insulin pen was opened and how long it had been in the medication cart.

Resident 24's record was reviewed on 4/24/24 at 1:40 p.m. The profile indicated the resident's diagnosis included, but were not limited to, Diabetes with vascular complications (diabetes mellitus is not merely a disorder of carbohydrate metabolism but a cause of vascular [relating to, affecting, or consisting of a vessels or vessels, especially those which carry blood] disease affecting nearly all blood vessel types and sizes).

A physician order, dated 4/1/24,

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	indicated Novolog Flexpen 100 units/ml (milliliter). Inject subcutaneously (under the skin) per sliding scale before meals. Review of Medication Administration Record (MAR) for April 2024, indicated Resident 24 had received the sliding scale medication all but one day for the month of April so far. During an interview on 4/24/24 at 1:50 p.m., the Director indicated the insulin pens should have an open date on them so the staff was aware of when the medication would need to be discarded.			
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R 0414	Infection Control - Deficiency 410 IAC 16.2-5-12(k) (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	R 0414	R414 – Infection Control Deficiency The facility failed to ensure proper food handling and handwashing in the dining room for 1 of 1 dining room observations. This had the potential to affect 24 out of 24 residents who ate meals from the kitchen. What corrective action(s) will be accomplished for those residents found to	06/15/2024

Based on observation, interview, and record review, the facility failed to ensure proper food handling and handwashing in the dining room for 1 of 1 dining room observations. This had the potential to affect 24 out of 24 residents who ate meals from the kitchen.

Finding includes:

a. During a continuous observation in the dining room, on 4/23/24 at 11:45 a.m. until 12:09 p.m., Qualified Medication Aide (QMA) 6 came into the dining room holding an aluminum can drink, she opened the can and took a drink, placed the can by the sink in the dining room. The QMA placed gloves on and placed ice tongs in the ice bucket on top of the ice. She continued to fill cups with ice placing the tongs back in the ice bucket in between the cups. The QMA dropped some ice chips on the floor and proceeded to pick the ice off the floor with her gloves on and threw the ice into the sink. She then grabbed two glasses picking them up by the inside rim with the same gloves on that she just picked the ice of the floor with. The QMA served water to some residents and returned to the counter to place more ice into cups. She once again dropped an ice chip and picked it up off the floor and threw it into the sink. She

have been affected by the deficient practice:

No residents were affected by this deficient practice but it had potential to affect 24 out of 24 residents

How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

All employees educated on Infection Control, including proper food handling and hand washing on 5/8/24

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

Divisional Director of Health & Wellness will re-educate Executive Director and Health & Wellness Director on infection control; including proper food handling and handwashing

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OMB NO. 0938-0391

served some lemonade to some female residents and returned to the cabinet to grab a cup with a lid. The QMA retrieved some ice chips from the bucket with the tongs in the bucket, poured lemonade into the cup and placed a lid on the cup with her gloved hand palm down on top of the lid. During this observation the QMA had kept the same gloves on the whole time.

b. During a continuous observation in the dining room, on 4/23/24 at 12:10 p.m. until 12:30 p.m., QMA 6 entered the dining room with no gloves on, she proceeded to the sink to grab her aluminum can drink, she took a drink and set the can back on the counter by the sink. She turned around and noticed a spill on the floor in the dining room and grabbed a paper towel and cleaned up the spill on the floor without wearing any gloves. No handwashing was observed and the QMA put on gloves and proceeded to a back table to serve 2 residents their lunch. She fed the two residents using the same hand reaching across the plate of food in front of her. As she continued to assist the two residents with their food, she scratched her face and reached her hands on top of her head and stretched touching the hands together. The QMA then got up from her chair in the middle of feeding

How the corrective action(s) will be monitored
to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place

Divisional Director of Health & Wellness will observe one dining room meal monthly for 3 months on routine visits.

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the residents and went to the living room area to turn off the television with the remote control. During this time, she still had the same gloves on. When she returned to the table, she adjusted a resident's blanket and continued to feed them both. She same pair of gloves were worn during this entire observation.

During an interview, on 4/23/24 at 12:28 p.m., the Happiness Assistant indicated the QMA should have changed out her gloves when she picked the ice off the floor and threw it into the sink.

During an interview, on 4/23/24 at 1:56 p.m., Certified Nurse's Assistant (CNA) 2 indicated when she was feeding two residents at the same time, she used separate hands to feed with, so she did not cross contaminate.

During an interview, on 4/23/24 at 2:45 p.m. the Health and Wellness Director indicated it would be more ideal to feed one resident at a time, but if you had to feed two at the same time, then it would be best practice to use separate hands. Anytime a staff member touched food, residents, and or other surfaces they should remove their gloves, wash their hands, and put on new gloves.

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During an interview, on 4/24/24 at 11:30 a.m., the Director indicated she was unsure why the QMA was wearing gloves at all during the dining observation because that was not part of their facility policy and was not considered a home like environment for the residents.

On 4/24/24 at 11:40 a.m., the Director provided and identified a document as a current policy titled, "Dining Service," with a revised date of 3/17. The policy indicated, " ...1) Bickford family [staff] members shall wash their hands: ...e) after scratching heads, touching hair, coughing, sneezing, blowing nose, or other acts of personal nature. f) After eating, drinking, and smoking ...j) after touching anything else that may contaminate hands, such as dirty equipment, work surfaces, or cloths"

Based on observation, interview, and record review, the facility failed to ensure proper food handling and handwashing in the dining room for 1 of 1 dining room observations. This had the potential to affect 24 out of 24 residents who ate meals from the kitchen.

Finding includes:

a. During a continuous observation in the dining room, on 4/23/24 at 11:45 a.m. until 12:09 p.m., Qualified Medication

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FORM APPROVED

OMB NO. 0938-0391

Aide (QMA) 6 came into the dining room holding an aluminum can drink, she opened the can and took a drink, placed the can by the sink in the dining room. The QMA placed gloves on and placed ice tongs in the ice bucket on top of the ice. She continued to fill cups with ice placing the tongs back in the ice bucket in between the cups. The QMA dropped some ice chips on the floor and proceeded to pick the ice off the floor with her gloves on and threw the ice into the sink. She then grabbed two glasses picking them up by the inside rim with the same gloves on that she just picked the ice of the floor with. The QMA served water to some residents and returned to the counter to place more ice into cups. She once again dropped an ice chip and picked it up off the floor and threw it into the sink. She served some lemonade to some female residents and returned to the cabinet to grab a cup with a lid. The QMA retrieved some ice chips from the bucket with the tongs in the bucket, poured lemonade into the cup and placed a lid on the cup with her gloved hand palm down on top of the lid. During this observation the QMA had kept the same gloves on the whole time.

b. During a continuous observation in the dining room,

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on 4/23/24 at 12:10 p.m. until 12:30 p.m., QMA 6 entered the dining room with no gloves on, she proceeded to the sink to grab her aluminum can drink, she took a drink and set the can back on the counter by the sink. She turned around and noticed a spill on the floor in the dining room and grabbed a paper towel and cleaned up the spill on the floor without wearing any gloves. No handwashing was observed and the QMA put on gloves and proceeded to a back table to serve 2 residents their lunch. She fed the two residents using the same hand reaching across the plate of food in front of her. As she continued to assist the two residents with their food, she scratched her face and reached her hands on top of her head and stretched touching the hands together. The QMA then got up from her chair in the middle of feeding the residents and went to the living room area to turn off the television with the remote control. During this time, she still had the same gloves on. When she returned to the table, she adjusted a resident's blanket and continued to feed them both. She same pair of gloves were worn during this entire observation.

During an interview, on 4/23/24 at 12:28 p.m., the Happiness Assistant indicated the QMA should have changed out her

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gloves when she picked the ice off the floor and threw it into the sink.

During an interview, on 4/23/24 at 1:56 p.m., Certified Nurse's Assistant (CNA) 2 indicated when she was feeding two residents at the same time, she used separate hands to feed with, so she did not cross contaminate.

During an interview, on 4/23/24 at 2:45 p.m. the Health and Wellness Director indicated it would be more ideal to feed one resident at a time, but if you had to feed two at the same time, then it would be best practice to use separate hands. Anytime a staff member touched food, residents, and or other surfaces they should remove their gloves, wash their hands, and put on new gloves.

During an interview, on 4/24/24 at 11:30 a.m., the Director indicated she was unsure why the QMA was wearing gloves at all during the dining observation because that was not part of their facility policy and was not considered a home like environment for the residents.

On 4/24/24 at 11:40 a.m., the Director provided and identified a document as a current policy titled, "Dining Service," with a revised date of 3/17. The policy indicated, " ...1) Bickford family

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[staff] members shall wash their hands: ...e) after scratching heads, touching hair, coughing, sneezing, blowing nose, or other acts of personal nature. f) After eating, drinking, and smoking ...j) after touching anything else that may contaminate hands, such as dirty equipment, work surfaces, or cloths"			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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