STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING VIEW NURSING AND REHABILITATION CENTER	475 NORTH NILES AVENUE, SOUTH BEND, , 46617

(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. This visit included the Investigation of Complaints IN00442675 and IN00445564. Complaint IN00442675 - No deficiencies related to the allegations are cited. Complaint IN00445564 - No deficiencies related to the allegations are cited Survey dates: November 4, 6 & 7, 2024 Facility number: 013149 Residential Census: 54 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality Review completed on 11/13/2024	R 0000		
R 0406	Infection Control - Offense	R 0406	**1LPN 2 has been**	11/08/2024

	410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview and record review, the facility failed to ensure one of one licensed staff distributed medication in a sanitary manner during 2 of 5 medication observations. (LPN 2) Findings include: 1. During an observation on 11/6/2024 at 9:37 A.M., LPN 2 dropped one tablet of calcium carbonate plus vitamin D onto the medication cart. LPN 2 grabbed a spoon and used her left index finger to push the pill onto the spoon and placed it into the medication cup. The resident was given the medication cup and took all the medications.		**educated as for #3 below.**2AL residents have the potential to be affected by the deficient practice. Nurses and QMAs will be observed by Nurse Managers for appropriate sanitary measures during medication pass.3**All Nurses and QMAs have been educated on infection control measures for medication pass. Nurses and QMAs will administer medications in a sanitary manner while following standard infection control procedures. Nurse Managers will observe all LN/QMAs/wk for sanitary medication administration, while following standard infection control procedures.** **4The Director of Nursing will review the results of the observations weekly. The Director of Nursing will bring the results of the audits to the facility's Quality Assurance Performance Improvement meeting monthly X 6 months or until 100% compliance is achieved. The Administrator is responsible to ensure compliance with this citation.**	

2. During an observation on 11/6/2024 at 9:46 A.M., LPN 2 dropped one tablet of pantoprazole onto the medication cart and used her bare hands to pick up the tablet and put it into the medication cup. The resident was given the medication cup and took all the medications.

During an interview on 11/6/2024 at 10:25 A.M. LPN 2 indicated if a pill fell onto the medication cart she was to scoop up the pill with a spoon and place it into the medication cup. She indicated she should not have touched the pills with her bare hands.

On 11/7/24 at 9:31 A.M., the DON provided the policy titled, "Medications Administration," undated, and indicated it was the policy currently being used by the facility. The policy indicated, "...14. Remove medication from source, taking care not to touch the medication with bare hands...."

Based on observation, interview and record review, the facility failed to ensure one of one licensed staff distributed medication in a sanitary manner during 2 of 5 medication observations. (LPN 2)

Findings include:

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dropped one tablet of calcium carbonate plus vitamin D onto the medication cart. LPN 2 grabbed a spoon and used her left index finger to push the pill onto the spoon and placed it into the medication cup. The resident was given the medication cup and took all the medications.

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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