STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELROSE ASSISTED LIVING LLC	7101 HIGHWAY 41 NORTH, EVANSVILLE, , 47725

(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: January 13, 14, 2025 Facility number: 014866 Residential Census: 29 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on January 22, 2025.	R 0000	Preparation and/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 in the statement of deficiencies. This plan of correction is submitted timely and in accordance with State and Federal Regulatory Guidelines. In this document, we have outlined specific actions in response to identified issues. We remain committed to providing the best care and will continue to make changes and improvements to achieve our desired results. The facility is requesting a desk review for compliance in these areas.	

R 0270	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(c)(1-3) (c) The facility must meet: (1) daily dietary requirements and requests, with consideration of food allergies; (2) reasonable religious, ethnic, and personal preferences; and (3) the temporary need for meals delivered to the resident ' s room. Based on observation, interview, and record review, the facility failed to ensure a resident received a modified diet according to physician order for 1 of 1 residents reviewed for modified diets. Resident 3 did not receive a mechanical soft diet. (Resident 3) Finding includes: On 1/13/25 at 9:30 A.M., the Administrator provided a list of residents who received a modified diet. Resident 3 was listed. On 1/13/25 at 11:25 A.M., Resident 3's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension.	R 0270	Preparation and/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 in the statement of deficiencies. This plan of correction is submitted timely and in accordance with State and Federal Regulatory Guidelines. In this document, we have outlined specific actions in response to identified issues. We remain committed to providing the best care and will continue to make changes and improvements to achieve our desired results. The facility is requesting a desk review for compliance in these areas. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Upon the findings of the deficient practice, Melrose Immediately educated all staff on the resident(s)	02/13/2025

	The most current service plan, dated 10/2/24, indicated that Resident 3 was on a soft diet. Physician orders included, but were not limited to: May have regular diet (excluding consistency), dated 10/2/24 A nursing progress note, dated 11/9/24 at 10:31 A.M., indicated that speech therapy recommended a mechanical soft diet and the Kitchen Manager was aware. On 1/13/25 at 11:45 A.M., the Kitchen Manager indicated the facility did not have any residents on modified diets. On 1/13/25 at 12:02 P.M., Resident 3 was observed eating lunch. She had two whole pork chops on her plate.		who currently are ordered a modified diet and as well as what each modified diet consists of. How will the facility identify other residents having the potential to be affected by the same deficient practice? After a review of all residents, no other residents were found to be affected by this deficient practice. What corrective action will be taken? In addition to the development of the attached diet slip, Melrose will educate all appropriate staff via an Inservice about modified diets, and any residents who currently have an order. What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur? A diet order slip has been developed to be completed by a	

	On 1/13/25 at 1:58 P.M., the Administrator indicated Resident 3 was on a mechanical soft diet. At that time, she provided a Modified Barium Swallow Study test result, dated 11/8/24, that indicated the resident was recommended to be on a soft solids diet. She indicated that a soft solids diet and a mechanical soft diet were the same thing. She indicated the diet order had not changed since 11/8/24, and Resident 3 should still be receiving a mechanical soft diet. On 1/14/25 at 8:30 A.M., the Administrator provided a current Food Service and Mealtimes policy, revised 1/28/24, that indicated "Special diets are available as ordered by the resident's attending physician. Special diets available included Regular, Mechanical Soft, Puree". Based on observation, interview, and record review, the facility failed to ensure a resident received a modified diet according to physician order for 1 of 1 residents reviewed for modified diets. Resident 3 did not receive a mechanical soft diet. (Resident 3) Finding includes: On 1/13/25 at 9:30 A.M., the Administrator provided a list of		nurse upon admission and/or change in diet. This form is to be turned into the dietary department upon admission or change of order. Orders will not be changed until a revised slip is received by the dietary department signed off by the Nurse. How does the facility plan to monitor its performance to make sure that solutions are sustained? Dietary and Nursing departments will schedule monthly meetings or as changes occur to go over any changes in diet orders. Administer or designee with review all dietary order changes monthly and conduct random audits during meal service to ensure that all diet orders are followed. The audits will be conducted 1x per week for 4 weeks, and 1x per month for 5 months, or until total compliance is achieved.	

residents who received a modified diet. Resident 3 was listed.

On 1/13/25 at 11:25 A.M., Resident 3's clinical record was reviewed. Diagnoses included, but were not limited to, hypertension.

The most current service plan, dated 10/2/24, indicated that Resident 3 was on a soft diet.

Physician orders included, but were not limited to:

May have regular diet (excluding consistency), dated 10/2/24

A nursing progress note, dated 11/9/24 at 10:31 A.M., indicated that speech therapy recommended a mechanical soft diet and the Kitchen Manager was aware.

On 1/13/25 at 11:45 A.M., the Kitchen Manager indicated the facility did not have any residents on modified diets.

On 1/13/25 at 12:02 P.M., Resident 3 was observed eating lunch. She had two whole pork chops on her plate.

On 1/13/25 at 1:58 P.M., the Administrator indicated Resident 3 was on a mechanical soft diet. At that time, she provided a Modified Barium Swallow Study test result, dated 11/8/24, that

	indicated the resident was recommended to be on a soft solids diet. She indicated that a soft solids diet and a mechanical soft diet were the same thing. She indicated the diet order had not changed since 11/8/24, and Resident 3 should still be receiving a mechanical soft diet. On 1/14/25 at 8:30 A.M., the Administrator provided a current Food Service and Mealtimes policy, revised 1/28/24, that indicated "Special diets are available as ordered by the resident's attending physician. Special diets available included Regular, Mechanical Soft, Puree".			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.	R 0407	Preparation and/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 in the statement of deficiencies. This plan of correction is submitted timely and in accordance with State and Federal Regulatory Guidelines. In this document, we have outlined specific actions in response to identified issues. We remain committed to	02/14/2025

	(4) Reporting communicable disease to public health authorities. Based on observation, record review, and interview, the facility failed to ensure infection control practices, and cleaning of equipment were performed for 4 of 4 random observations for cleaning blood pressure equipment in between residents during a medication pass. (Resident 10, Resident 11, Resident 8, Resident 3) Findings include: 1. On 1/14/25 at 7:15 A.M., during a random observation of a medication pass the following was observed. Registered Nurse (RN) 8 took Resident 10's blood pressure of 116/73 on left arm. After completing the blood pressure RN 8 did not sanitize the equipment. 2. On 1/14/25 at 7:25 A.M., during a random observation of a medication pass the following was observed. RN 8 took Resident 11's blood pressure of 150/81 on left arm. RN 8 did not sanitize the equipment before or after completing the blood pressure. 3. On 1/14/25 at 7:35 A.M., during a random observation of a medication pass the following was observed. RN 8 took Resident 8's blood pressure of 131/51 on left arm. RN 8 did not		providing the best care and will continue to make changes and improvements to achieve our desired results. The facility is requesting a desk review for compliance in these areas. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Immediately upon findings of deficient practice, appropriate staff was educated on how to properly clean the blood pressure cuff between each residents use. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents that have blood pressures taken had the potential to be affected by deficient practice. The corrective action that is being implemented is an Inservice and continued education to all appropriate staff on the proper way to clean BP cuffs and all additional	

	sanitize the equipment before or after completing the blood pressure. 4. On 1/14/25 at 7:50 A.M., during a random observation of a medication pass the following was observed. RN 8 took Resident 3's blood pressure of 131/64 on left arm. RN 8 did not sanitize the equipment before or after completing the blood pressure. During the above observations the same B/P equipment was used for each resident. During an interview on 1/14/25 at 8:26 A.M., RN 8 indicated the equipment should be cleaned between each resident but typically was done after all the resident's had their blood pressure medications. On 1/14/25 at 9:30 A.M., the Administrator provided a current policy "Cleaning and Disinfecting of Multi-Person Equipment" revised 1/28/24. The policy indicated "any equipment that is used by multiple residents must be cleaned and disinfected between each use..." Based on observation, record review, and interview, the facility failed to ensure infection control practices, and cleaning of equipment were performed for 4 of 4 random observations for cleaning blood pressure		multi-use equipment. To ensure that the deficient practice does not recur, all new employees' training is to all appropriate staff on the proper way to clean/disinfect all BP cuffs and all additional multi-use equipment. The facility plans to monitor its performance to make sure that solutions are sustained by the DON conducting random audits medication passes to ensure all staff are properly cleaning all equipment and following manufacturers' recommendations. The audits will be conducted 2x per week for 4 weeks, and 1x per month for 5 months, or until total compliance is achieved.	

equipment in between residents during a medication pass. (Resident 10, Resident 11, Resident 8, Resident 3)

Findings include:

1. On 1/14/25 at 7:15 A.M., during a random observation of a medication pass the following was observed. Registered Nurse (RN) 8 took Resident 10's blood pressure of 116/73 on left arm. After completing the blood pressure RN 8 did not sanitize the equipment.

2. On 1/14/25 at 7:25 A.M., during a random observation of a medication pass the following was observed. RN 8 took Resident 11's blood pressure of 150/81 on left arm. RN 8 did not sanitize the equipment before or after completing the blood pressure.

3. On 1/14/25 at 7:35 A.M., during a random observation of a medication pass the following was observed. RN 8 took Resident 8's blood pressure of 131/51 on left arm. RN 8 did not sanitize the equipment before or after completing the blood pressure.

4. On 1/14/25 at 7:50 A.M., during a random observation of a medication pass the following was observed. RN 8 took Resident 3's blood pressure of 131/64 on left arm. RN 8 did not sanitize the equipment before or

	after completing the blood pressure. During the above observations the same B/P equipment was used for each resident. During an interview on 1/14/25 at 8:26 A.M., RN 8 indicated the equipment should be cleaned between each resident but typically was done after all the resident's had their blood pressure medications. On 1/14/25 at 9:30 A.M., the Administrator provided a current policy "Cleaning and Disinfecting of Multi-Person Equipment" revised 1/28/24. The policy indicated "any equipment that is used by multiple residents must be cleaned and disinfected between each use..."			

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