

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

PRINTED: 01/14/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2019	
NAME OF PROVIDER OR SUPPLIER BRIDGE AT GARDEN PLAZA				STREET ADDRESS, CITY, STATE, ZIP COD 8614 W 10TH ST INDIANAPOLIS, IN 46234			
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: November 13, and 14, 2019.</p> <p>Facility number: 005616</p> <p>Residential Census: 63</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 25, 2019.</p>			R 0000			
R 0123 Bldg. 00	<p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <ol style="list-style-type: none"> (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. 						

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>Based on record review, and interview, the facility failed to provide a correct job description for 1 of 5 newly hired employees reviewed for current job descriptions.</p> <p>Findings include:</p> <p>On 11/13/19, following the entrance conference, the Executive Director (ED) provided a completed list of current employees for the Employee Records Form.</p> <p>On 11/14/19 at 8:30 a.m., the ED provided employee records for 10 randomly selected employees: 5 new hires, and 5 employees who were with the facility greater than 1 year.</p> <p>On 11/14/19 at 9:00 a.m., Licensed Practical Nurse (LPN) 9's employee record was reviewed. The record contained a signed job description for a Registered Nurse (RN).</p> <p>On 11/14/19 at 9:15 a.m., during an interview, the ED indicated employee LPN 9 was given the wrong job description. She should have had a LPN job description, not a RN job description.</p>			R 0123	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No resident were negatively affected.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>The LPN that signed the RN job descriptions has signed the corrected LPN job description as of 11/15/19 but no resident were negatively affected due to the deficiency.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <p>The Executive Director, Business Office Manager or Designee assigned to the staff orientation will ensure that each new hire signs the correct job description upon hire.</p> <p>The Executive Director, Business Office Manager or Designee will use a new hire checklist to verify</p>		12/13/2019

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R 0148 Bldg. 00	410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe				<p>that each new employee member has signed the correct job description upon hire.</p> <p>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; and</p> <p>The Executive Director, Business Office Manager or Designee will complete a full audit of all current employees to ensure that all job descriptions are signed and for appropriate job title by 12/13/19 then after quarterly to ensure that all job descriptions are signed.</p> <p>By what date the systemic changes will be completed.</p> <p>Changes will be completed by 12/13/19</p>		

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	<p>functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, and interview, the facility failed to monitor, or clean refrigerators in the common use resident nourishment pantries for 2 of 2 refrigerators observed. (Residents 45 and 64)</p> <p>Findings include:</p> <p>On 11/13/19 at 3:05 p.m., during a random observation of the 2nd floor nourishment room, the refrigerator/freezer was observed. The butter dish area had a round baseball sized spot of green mold. The refrigerator contained a grocery bag of assorted yogurt for Resident 45. The freezer had a frozen liquid red/brown substance, over the bottom of the freezer, on the top of the freezer, and down the sides. The freezer contained 7 reusable ice packs.</p> <p>On 11/13/19 at 3:10 p.m., during a random observation of the 3rd floor nourishment pantry, the refrigerator contained a large bottle of orange juice, labeled for Resident 64. A gallon jug of (Name of Brand) unsweet tea, with no Resident name. A plastic grocery bag, tied shut, without name on it. The bag contained yogurt, cookies, and grapes. Individual containers of butter, sugar packets, and Sweet n Low were in the refrigerator drawer. The freezer contained 4 bags frozen strawberries, and waffles, marked for Resident 64. Inside a cabinet under the sink was a package of unopened underpads for men and women.</p> <p>On 11/14/19 at 10:57 a.m., during an interview, the ED indicated she could not find a policy for</p>			R 0148	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>All residents had the potential to be affected but no resident was negatively affected.</p> <p>-How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>No corrective action was taken since no resident was negatively affected.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>The Maintenance director, Housekeeping and Designee will monitor and track cleaning the nourishments refrigerators weekly.</p> <p>-How the corrective</p>		12/13/2019

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R 0217 Bldg. 00	<p>cleaning, or checking the refrigerators in the nourishment rooms. She was not aware residents were using the refrigerators, in the nourishment rooms. The housekeeping schedule did not assign cleaning for nourishment room refrigerators.</p> <p>On 11/15/19, the Assisted Living Director provided a current policy with no date, titled, "Satellite Kitchen Refrigerator Cleaning and Policy Log." The policy indicated, "...Food must be stored properly and used in a timely manner to ensure good quality and safe consumption. Refrigerators are to be deep cleaned weekly with all outdated products properly disposed of...."</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the</p>				<p>action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>Housekeeping and maintenance will be in-serviced by 12/13/19 on nourishment room cleaning policies.</p> <p>By what date the systemic changes will be completed. Changes will be completed by 12/13/19</p>		

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	<p>resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, interview, and record review, the facility failed to complete a change of condition assessment for 1 of 7 residents reviewed, (Resident 63).</p> <p>Findings include:</p> <p>On 11/13/19 at 9:50 a.m., Resident 63 was observed in her apartment working on a craft. At this time she indicated was not happy living there, but had to remain in the facility because her family had sold everything out from under her. She repeatedly indicated her mother always told her she would "amount to nothing." She indicated when she first came to the facility, things were fine for a while, but then they would not let her go home. Then they [nursing staff] started to give her pills to calm down, and now she took new medication for depression too.</p> <p>On 11/13/19 at 11:30 a.m., Resident 63's medical record was reviewed. Resident 62 was admitted with a diagnosis of Essential Hypertension (high blood pressure).</p> <p>A nursing progress note, dated 4/25/19 at 3:52 p.m., indicated, "... [the physician spoke to Resident 63's family member] about [Resident 63] having a hard time with the transition to moving</p>			R 0217	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No resident was negatively affected due to the assessment not being accurate.</p> <p>-How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>No corrective action was taken because no resident was negatively affected due to the deficiency.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>Resident Care Director, Assisted living Director and/or</p>		12/13/2019

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	<p>to assisted living. This nurse went to resident's apartment with [family member] ... Resident agreed to have nurse call and speak to [name of physician] about obtaining an order for outside counseling services...."</p> <p>A nursing progress note, dated 5/28/19 at 9:27 a.m., indicated, "... Health Status Note...writer spoke with [name of psychiatric care provider] about when they would be coming out to see resident, writer was told they are coming out tomorrow...."</p> <p>A nursing progress note, dated 6/5/19 at 8:18 p.m., indicated Resident 63's family member had been visiting but was upset because Resident 63 had made threats against her spouse, and was upset with her spouse. The family member removed Resident 63's spouse from the apartment and went to the nurse, in tears. Resident 63 remained angry and indicated, "...my family does not care about me and they [are] going to sell my condo" The nurse began hourly room-checks, and Resident 63's spouse indicated, " ... [Resident 63] does not care about me anymore...."</p> <p>A nursing progress note, dated 6/5/19 at 8:19 p.m., indicated, " ... Health Status...Resident not talkative this evening when writer went to administer her medication. Resident did tolerate medication as usual. Resident was tearful and seemed angry with spouse...."</p> <p>A nursing progress note, dated 6/5/19 at 8:40 p.m., indicated, Resident 63 was sent to the Emergency Department for evaluation as a potential harm to herself or others. She returned the next day.</p> <p>A nursing progress note, dated 6/12/19 at 5:15 p.m., indicated, " ... Health Status...Resident came</p>		<p>Designee are hand writing any change of conditions on current assessments until new reevaluation is due. As of 12/4/19 all residents are up to date of any changes of conditions. RCD and AL director will continue to make changes to assessment of change of conditions that occur with residents.</p> <p>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; and</p> <p>The facility nursing department will utilized the 24 hour report and the RCD, AL director and/or designee will review report daily or as needed to see if any change of conditions need to re-evaluated.</p> <p>-By what date the systemic changes will be completed</p> <p>Changes are will be completed by 12/13/19.</p>				

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	<p>to writer tearful and said that her daughter is a liar...."</p> <p>A nursing progress note, dated 6/17/19 at 3:49 p.m., indicated, "...Resident returned from neurology with [family member] with new diagnosis of dementia and new script (prescription) for Aricept (a medication used to treat symptoms of Alzheimer's disease). Diagnosis updated"</p> <p>A nursing progress note, dated 6/19/19 at 6:30 p.m., indicated, "... Behavior Note ... Resident stated "I am not a d*** idiot and I know how to read a bottle." Resident was very agitated and tossed the bottle at writer"</p> <p>A nursing progress note, dated 6/26/19 at 11:16 a.m., indicated, " ... Health Status Note...Weekly meeting with LMSW [Licensed Master Social Worker] at [name of psychiatric care provider] resident is open and accepting of services. Last week she was ill and in bed. Today's visit was better. Resident is happy with services and wants services to continue"</p> <p>A nursing progress note, dated 7/25/19 at 12:19 p.m., indicated, "... Health Status Note... Resident had scheduled visit with [name of psychiatric care provider] for counseling on 7/24/19. Resident refused visit ... Resident will now be discharged from services at this time. Per [LMSW] she has refused the last 4 visits. Writer spoke with resident about services being stopped and she stated 'There is someone that needs her more than I do'...."</p> <p>A nursing progress note, dated 8/30/19 at 4:02 a.m., indicated Resident 63's antidepressant medication was increased from 10 mg (milligrams)</p>						

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	<p>to 15 mg"</p> <p>On 6/18/19 new diagnoses were added to Resident 63's profile to include, but were not limited to: Alzheimer's disease, dementia, major depressive disorder, and anxiety.</p> <p>Resident 63's most recent comprehensive service plans were reviewed, but did not indicate any concerns, issues, or services related to Resident 63's new diagnosis, medications, and/or need for behavior monitoring.</p> <p>Resident 63's most recent comprehensive assessment, dated 11/4/19, indicated Resident 63 had no issues related to behaviors or psychosocial needs.</p> <p>During an interview on 11/14/19 at 9:55 a.m., the Resident Care Director (RCD), indicated a change of condition for a resident would include concerns such as, a hospitalization, a new diagnosis that may effect that resident's needs, and possibly new medications. The RCD indicated the semi-annual full resident assessments completed every months and was a "look back" tool for that 6 months. Resident 63's increased behaviors, hospitalization, and new diagnosis of dementia would be considered a change of condition and should have been captured on the 11/4/19 assessment, so that her service plans and "attach sheets" (a tool used for direct care staff to obtain important information about the resident, and the care/services they need) were accurate.</p> <p>On 11/14/19 at 10:10 a.m. the Administrator provided a copy of current facility policy titled, "Assessments," dated 11/10/10. The policy indicated, " ... Resident assessments are completed prior to move-in, upon move-in, 30</p>						

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R 0410 Bldg. 00	<p>days after move-in, and semi-annually and/or resident changes in condition ...accuracy: the General Manager or Resident Care Director emphasizes to prospective resident that community's ability to meet his or her needs is based on an accurate assessment"</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review, and interview, the facility failed to ensure a completed two-step Mantoux tuberculin skin test (TST) (tuberculosis test) was completed upon admission for 2 of 7 residents reviewed (Residents 62 and 63).</p> <p>Findings include:</p>		R 0410	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>All resident had the potential to be affected but no resident was negative affected</p>		12/13/2019	

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	<p>On 11/13/19 at 11:00 a.m., Resident 62's medical record was reviewed. Resident 63 was admitted to the facility with diagnoses to include but were not limited to: Alzheimer's disease.</p> <p>A first step PPD (Purified Protein Derivative, is a TST preformed to determine if a person has tuberculosis) was placed on 2/5/19, but was not read, and there was no documentation of the second step.</p> <p>On 11/13/19 at 11:30 a.m., Resident 63's medical record was reviewed. Resident 62 was admitted to the facility with a diagnosis of Essential Hypertension (high blood pressure).</p> <p>A first step PPD (Purified Protein Derivative, is a TST preformed to determine if a person has tuberculosis) was placed on 2/5/19, but was not read, and there was no documentation of the second step.</p> <p>During an interview on 11/13/19 at 2:08 p.m., the Assistant Assisted Living Director indicated, both Residents, 62, and 63, had a first step PPD placed, but not read, and the second step had not been completed as facility policy and state regulation required.</p> <p>On 11/14/19 at 10:37 a.m., the Administrator provided a copy of current facility policy titled, "Communicable Disease (Residents)," dated 11/10/10. The policy indicated, "...TB (Tuberculosis) screening by Mantoux tuberculin skin test or chest x-ray is conducted prior to move-in by an independent physician and within 30 days of move-in"</p>				<p>-How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>No corrective action was taken since no resident was negatively affected.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>Resident 62 & 63 both received step one TB Test on 6/14/19 and read on 6/16/19. Step two was completed on 6/27/19 and read 6/29/19. All RDC and AL director completed a audit of all residents on 11/15/19 to confirm all residents where up to date on TB test.</p> <p>-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; and</p> <p>The Resident Care Director and/or Designee will complete a tracking system for all new move-ins to ensure two step TB test are</p>		

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

PRINTED: 01/14/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2019	
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					completed. This will be monitored by the RDC and/or Designee. -By what date the systemic changes will be completed Changed will be completed by 12/13/19.		