

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

PRINTED: 09/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155675		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/19/2024	
NAME OF PROVIDER OR SUPPLIER MORNING BREEZE RETIREMENT COMMUNITY AND HEALTHC				STREET ADDRESS, CITY, STATE, ZIP COD 950 N LAKEVIEW DR GREENSBURG, IN 47240			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: August 13, 14, 15, 16, and 19, 2024.</p> <p>Facility number: 011039 Provider number: 155675 AIM number: 200299100</p> <p>Census Bed Type: SNF: 1 SNF/NF: 47 Residential: 13 Total: 61</p> <p>Census Payor Type: Medicare: 6 Medicaid: 32 Other: 10 Total: 48</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 26, 2024.</p>			F 0000			
F 0761 SS=D Bldg. 00	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals 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 when applicable.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Holly Witkemper

HFA

08/29/2024

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 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 30 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>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to appropriately store medications related to an expired medication vial for 1 of 2 medication rooms reviewed. (Long Hall medication room refrigerator)</p> <p>Findings include:</p> <p>The Medication Room for the Long Hall was observed with LPN 1 on 08/19/24 at 3:32 P.M. The refrigerator contained an open vial of TB (Tuberculin) serum with an open date written on the side of the bottle of 06/03/24. The vial was over half full.</p> <p>During an interview on 08/19/24 at 3:57 P.M., the DON (Director of Nursing) indicated the TB serum should have been discarded after 30 days from the open date. She could not identify how many residents could have received this medication after its expiration due to limited documentation in</p>			F 0761	<p>Please find our plan of correction below. This constitutes my written allegation of compliance for the alleged deficiencies cited. This plan is submitted to meet requirements established by State and Federal law.</p> <p>We would like to request, at this time, a desk review of said plan of correction.¿</p> <p>F 761 Label/Store Drugs and Biologicals</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p>		09/05/2024

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	<p>their system.</p> <p>The TB serum package insert was provided by the DON on 08/19/24 at 4:00 P.M. The directions for storage indicated, "...vials in use more than 30 days should be discarded..."</p> <p>The current facility policy, titled "Storage of Medications", and dated 2020, was provided by the DON on 05/17/24 at 4:15 P.M. The policy indicated, "...The facility stores all drugs and biologicals in a safe, secure, and orderly manner..." ,and " ...Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed ...".</p> <p>3.1-25(o)</p>			<p>All medication audited for expiration dates by the director of nursing on August 26,2024. No other medications were identified as expired. Medical Director notification for storage of expired PPD solution completed.</p> <p>¿</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All medication storage areas and carts were audited for expired medication by DON/ADON August 26, 2024 and no other expired medications were identified. All residents had the potential to be affected by the alleged deficient practice, but no residents were identified to be affected by this alleged deficiency after review.</p> <p>¿</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All nurses were educated on disposal of expired medications by SDC, DON & ADON on August 28, 2024 . The facility will appropriately store medications and monitor expiration dates.</p>			

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F 0921 SS=E	483.90(i) Safe/Functional/Sanitary/Comfortable Environ		<p>¿</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>¿</p> <p>A Performance Improvement Tool has been developed that will monitor compliance storage of medications and disposal of expired meds. DON/Designee will complete PI tool daily (Mon- Fri) for one month, then weekly for one month, then monthly for four months, with results being presented at the QAPI committee meeting and if 90% or greater compliance is obtained, the committee will make a decision on continuing or discontinuing the audits.</p> <p>¿</p> <p>By what date the systemic changes for each deficiency will be completed.¿</p> <p>9/5/2024</p>		

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Bldg. 00	<p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on interview, observation, and record review, the facility failed to provide safe water temperatures for 5 of 9 resident rooms observed. (Rooms 45, 47, 42, 43, and 1)</p> <p>Findings include:</p> <p>During an interview and observation on 08/13/24 at 12:53 P.M., Resident 11 indicated the water in his bathroom was hot. The water in the resident's bathroom sink was felt and found to be hot. The water stream was to hot to keep a hand under the water flow without discomfort. The water temperature was tested with a probe and was found to be 121.5 degrees Fahrenheit.</p> <p>On 08/13/24 the following water temperatures were checked using a probe thermometer:</p> <ul style="list-style-type: none"> - At 12:56 P.M., Resident Room 45 the water temperature was 124.1 degrees Fahrenheit, - At 1:00 P.M., Resident Room 43 the water temperature was 122.6 degrees Fahrenheit, - At 1:02 P.M., Resident Room 42 the water temperature was 122.2 degrees Fahrenheit, - At 1:04 P.M., Resident Room 1 the water temperature was 121.6 degrees Fahrenheit. <p>During an interview on 08/13/24 at 1:16 P.M., the Maintenance Director indicated he would check the facility water temperature using a laser gun. He would point the gun's lazer towards the the bottom of the sink where the water was pooled.</p> <p>The following water temperatures were observed on 08/13/24, with the Maintenance Director using</p>			F 0921	<p>Please find our plan of correction below. This constitutes my written allegation of compliance for the alleged deficiencies cited. This plan is submitted to meet requirements established by State and Federal law.</p> <p>F 921 Safe/Functional/Sanitary/Comforta ble Environment What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The water heater was immediately drained on August 13, 2024 by Maintenace Director and water was ran in all areas to ensure resident safety. In addition, the mechanical/plumber vendor replaced a mixing valve to promote safe water temperatures. New thermometer probes were purchased and maintenance staff use multiple thermometers when checking temps to verify thermometer calibration- The facility will provide safe water temperatures.</p> <p>¿</p> <p>How other residents having the potential to be affected by the same deficient practice will be</p>		09/05/2024

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	<p>the laser gun:</p> <ul style="list-style-type: none"> - At 1:16 P.M., Resident Room 47 the water temperature was 120.0 degrees Fahrenheit, - At 1:18 P.M., Resident Room 46 the water temperature was 116.0 degrees Fahrenheit, and - At 1:24 P.M., Resident Room 45 the water temperature was 116.0 degrees Fahrenheit. <p>During an observation and interview on 08/13/24, of hot water temperatures with the Administrator using a probe thermometer, that was provided by the Dietary Manager, the following was observed:</p> <ul style="list-style-type: none"> - At 1:33 P.M., Resident Room 45 the water temperature was 121.0 degrees Fahrenheit, - At 1:35 P.M., Resident Room 47 the water temperature was 121.2 degrees Fahrenheit, - At 1:36 P.M., Resident Room 42 the water temperature was 120.7 degrees Fahrenheit, - At 1:39 P.M., Resident Room 43 the water temperature was 121.5 degrees Fahrenheit, and - At 1:41 P.M., Resident Room 1 the water temperature was 121.4 degrees Fahrenheit. <p>During an interview on 08/13/24 at 1:33 P.M., the Dietary Manger indicated the thermometer was calibrated to read hot water temperatures.</p> <p>During an interview on 08/13/24 at 1:45 P.M., the Administrator indicated the hot water temperatures should be 120 or below per the facility policy.</p> <p>During an interview on 08/13/24 at 1:48 P.M., the Maintenance Director indicated he would test the hot water temperatures at each nurses station. He would only test resident rooms if there was a problem. The purpose to keep the temperatures below 120 was so that resident's didn't get burnt.</p>				<p>identified and what corrective action(s) will be taken;</p> <p>All residents had the potential to be affected by the alleged deficient practice, but no residents were identified to be affected by this alleged deficiency. Skin assessments and interviews were completed with residents with no concerns identified. Following stabilization of water temperatures after the mixing valve was repaired, temperatures in all areas of the facility were taken to ensure in acceptable range.</p> <p>¿</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Maintenance Staff educated on taking and maintaining water temperatures are monitored and maintained in the acceptable range as well as utilizing appropriate thermometers when taking water temperatures. In addition, maintenance staff were educated on the measures to take should a water temperature be discovered out of acceptable range. Education was completed by the Executive Director on August 13,2024.</p> <p>How the corrective action(s) will</p>		

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	<p>During an observation on 08/13/24 at 1:54 P.M., the mixing valve thermometer was at 120 degrees Fahrenheit.</p> <p>During an interview on 08/13/24 at 2:02 P.M., the Maintenance Director indicated the mixing valve was turned down a notch.</p> <p>During an interview on 08/14/24 at 9:15 A.M., the Administrator indicated they had flushed the water lines and a company came in and replaced a part.</p> <p>The facility hot water monitoring logs from 06/24/24 through 08/09/24 indicated the only documented temperatures were at the two nurses stations, Nurse Station 1 and Nurse Station 2 . There were no resident rooms documented.</p> <p>The current facility policy, titled "Water Temperatures" were provided by the Administrator on 08/13/24 at 1:45 P.M. The policy indicated, "...of no more than 120 [degrees] Fahrenheit, or the maximum allowable temperature per state regulations...Water heaters that service resident rooms, bathrooms, common areas, and tub/shower areas shall be set to temperatures Tap water in the facility shall be kept within temperature range to prevent scalding of residents...Maintenance staff or designee shall conduct periodic tap water checks and record the water temperatures in a safety log...If at any time water temperatures feel excessive to the touch (i.e., hot enough to be painful or cause reddening of the skin after removal of the hand from the water), staff will report this finding to the immediate supervisor...If the water temp [temperature] is found to be out of acceptable range nursing staff will be notified, maintenance</p>				<p>be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>¿A Performance Improvement Tool has been developed that will monitor water temperatures in a variety of rooms and locations throughout the facility. Maintenance Director or designee will complete PI tool daily (Mon-Fri) going forward. The audit will include both resident rooms, nurses stations and common areas. With results being presented at the QAPI committee meeting and if 90% or greater compliance is obtained, the committee will review and make recommendations on changes in audit that should occur.</p> <p>¿</p> <p>By what date the systemic changes for each deficiency will be completed.¿</p> <p>9/5/2024</p>		

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R 0000 Bldg. 00	notified and a maintenance request completed and the Administrator notified..." 3.1-19(r)(1) 3.1-19(r)(2) This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey. Survey dates: August 13, 14, 15, 16 and 19, 2024. Facility number: 011039 Residential Census: 13 Morning Breeze Retirement Community And Healthcare was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality review completed on August 26, 2024.			R 0000			