

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 11/30/2017
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NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00241698 and IN00246114.</p> <p>Complaint IN00241698 - Unsubstantiated Complaint IN00246114 - Substantiated, State Residential Findings are cited at R148.</p> <p>Survey dates: November 29 & 30, 2017</p> <p>Facility number: 012394</p> <p>Residential Census: 110</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 7, 2017.</p>	R 0000		
R 0148 Bldg. 00	<p>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:</p>			

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>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe 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, interview, and record review, the facility failed to ensure medications were not left in a residents room in the memory care unit, and failed to maintain an environment free from liquid ant baits in the Orchard House (memory care area) which had the potential to effect 47 of 47 residents who resided on the memory care unit (Resident C, K, and O). The facility failed to ensure medications were not left on the floor in the assisted living hallway which had the potential to effect 63 of 63 residents who resided in the assisted living unit.</p> <p>Findings include:</p> <p>1. On 11/30/17 at 10:00 a.m., two clear pill capsules were observed open with an orange powdery substance spilled from them on a countertop in Resident E's room. Licensed</p>	R 0148	<p>The current disclaimer:</p> <p>This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Sugar Grove Senior Living as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal</p>	01/01/2018

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	<p>Practical Nurse (LPN) 5 observed the medication substance and indicated that she did not know what it was, where it came from, or who it belonged to. LPN 5 indicated the medication should not be there.</p> <p>In an interview with the Director of Nursing (DON) on 11/30/17 at 1:15 p.m., she indicated virtually all the residents on the Memory Care unit wander, and the potential for any resident to go into Resident E's room is a possibility.</p> <p>In an interview with the Administrator on 11/30/17 at 1:17 p.m., she indicated it was the policy of the facility to ensure that medication prescription or over the counter, not be stored in residents rooms on the Memory Care unit.</p> <p>An undated document titled, "Items not to be in [Memory Care] Apartments" the list included but was not limited to, over the counter medication, which needed to be kept by nursing staff.</p> <p>2. During an observation on 11/29/17 at 10:27 a.m., a Terra liquid ant bait was found in Resident C's room. Resident C resided in the memory care area. It was in visible from the door to the room, under the window, beside a table that was holding the TV.</p>		<p>action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."</p> <p>R 148- Sanitation and Safety Standards-Deficiency</p> <p>1.(Medications left in resident room on memory care unit.)</p> <p>1.The corrective action(s) that has been accomplished for Resident E all medications will be administered by licensed nursing staff.</p> <p>2.The facility reviewed that all memory care residents could be affected by the alleged deficient practice. All employees will be trained to observe residents rooms for non-appropriate items in the memory care units.</p> <p>3.The measures that will be put into place and the systemic changes the facility will make to ensure that the deficient practice does not recur include the Executive Director or designee shall audit rooms on the memory care unit 1 time weekly for the first 2 months and monthly thereafter to ensure there are no medications including OTC's left in the apartment by the staff or family. Family members will be notified of items not appropriate to bring into the memory care unit.</p> <p>4.The corrective action will be monitored by the Executive Director or designee who will be responsible for monitoring the timely completion of all audits. Resident E's family has given 30 day notice and the residents is moving on 12/23/2017.</p> <p>5.The date the systemic changes will be completed by is January 1, 2018</p>	

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	<p>Resident C was in her bed, covered up, with her eyes closed.</p> <p>During an observation and interview on 11/29/17 at 10:25 a.m., an insect was observed walking beside the door to the Director of Nursing (DON) office in the Orchard House (memory care unit). The DON indicated it was an ant.</p> <p>During an interview on 11/29/17 at 10:29 a.m., Resident M indicated the ants had been terrible by the sink in her room. Resident M resided in the memory care area.</p> <p>During an observation on 11/29/17 at 12:34 p.m., the Terra liquid ant bait was still in Resident C's room, under the window, beside a table that was holding the TV. Resident C was not in her room at this time.</p> <p>During an observation and interview on 11/29/17 at 12:49 p.m., the Terra liquid ant bait was in Resident C's room. The Executive Director (ED) indicated it should not have been in the resident's room. It was a hazard because the residents did not know to ingest things. She picked it up, double gloved (wrapped in two disposable gloves) it and threw it into the resident's uncovered trash can. She indicated it would have been</p>		<p>1.(Ant Baits)</p> <p>1.The corrective action(s) that has been accomplished for Resident C is all ant baits were removed from resident C's unit.</p> <p>2.The facility reviewed that all residents who had ant baits could be affected by the alleged deficient practice. The facility reviewed all units on memory care and removed ant baits from 4 units.</p> <p>3.The measures that will be put into place and the systemic changes the facility will make to ensure that the deficient practice does not recur include the Executive Director or designee shall audit all 40 units weekly for 2 months and monthly thereafter.</p> <p>4.The corrective action will be monitored by the Executive Director or designee who will be responsible for monitoring the timely completion of all audits and the pest control vendor Orkin to ensure that ant baits are not being used.</p> <p>5.The date the systemic changes will be completed by is January 1, 2018.</p> <p>1.(Pill on the floor on AL)</p> <p>1.The corrective action(s) that has been accomplished for Assisted Living medication on the floor was the aspirin was disposed of.</p> <p>2.The facility reviewed and determined that all Assisted Living residents could be affected by the alleged deficient practice.</p> <p>3.The measures that will be put into place and the systemic changes the</p>	

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	<p>safe to dispose of it in the resident's uncovered trash can because staff empty the trash can every two hours.</p> <p>During an interview on 11/29/17 at 2:10 p.m., the ED indicated the facility did not buy Terra liquid ant baits.</p> <p>During an interview on 11/29/17 at 2:41 p.m., the DON indicated there was no problem with ants, maybe you would see one ant. She was not aware of any Terra liquid ant baits.</p> <p>During an interview on 11/29/17 at 2:49 p.m., the Maintenance Director indicated he did not put out any traps for ants.</p> <p>During a continuous observation on 11/29/17 from 3:00 - 3:12 p.m., Resident K was found in Resident C's room. Resident K touched, reached inside and lifted up the Resident C's uncovered trash can with the double gloved Terra liquid ant bait inside. She repeated these behaviors several times. At 3:04 p.m., Resident K, holding the trash can, backed out of Resident C's room, walked part of the way down the hall and placed the trash can on a chair. At 3:06 p.m., Resident K reached into the trash can and pulled out the contents, which included the double gloved Terra liquid ant bait, and</p>		<p>facility will make to ensure that the deficient practice does not recur include the Executive Director or designee shall audit weekly the hallways and nursing areas where medications are dispensed. A Check off list shall be utilized to ensure all audits are completed.</p> <p>4.The corrective action will be monitored by the Executive Director or designee who will be responsible for monitoring the timely completion of all audits.</p> <p>5.. The date the systemic changes will be completed by is January 1, 2018.</p>	

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	<p>placed them on the chair. At 3:09 p.m., Resident C picked up the trash can contents again and held them in her hand. At this point, the surveyor requested help from a nearby nurse. Licensed Practical Nurse (LPN) 8 removed the trash contents from Resident K's hand and confirmed the double gloved Terra liquid ant bait had been in the resident's hand. LPN 8 requested LPN 5 to assist. LPN 5 indicated she washed Resident K's hands. LPN 8 indicated the Terra liquid ant bait should have been put in the dumpster when it was found, and she did so.</p> <p>During an interview on 11/29/17 at 3:14 p.m., LPN 8 indicated the Terra liquid ant bait should not had been in Resident K's hand, and should not had been placed in Resident C's trash can.</p> <p>During an observation and interview on 11/20/17 at 11:02 p.m., Resident O's room had three ant traps in it, they were labeled Hot Shot Max Attract Ant Bait 2. Resident O resided on the memory care area. The Maintenance Director indicated he planned to throw them away.</p> <p>During an interview on 11/30/17 at 11:54 a.m., the ED indicated Orkin (facility pest control) called and informed her that he</p>			

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	<p>placed ant baits in the facility. She indicated it was not appropriate for the memory care area to have ant baits.</p> <p>During a record review on 11/30/17 at 12:28 p.m., Resident K's Service Evaluation and Health Assessment indicated she tended to wander/elope, rummaged through belongings, needed constant redirection, required reminders, redirection and orientation daily. Diagnosis, included, but were not limited to, dementia and Alzheimer's disease.</p> <p>During a record review on 11/30/17 at 1:05 p.m., Resident M's diagnosis included, but was not limited to, dementia.</p> <p>During a record review on 11/30/17 at 1:07 p.m., Resident O's diagnosis included, but was not limited to, dementia.</p> <p>During an interview on 11/30/17 at 1:10 p.m., the DON indicated all residents in the memory care area were wanderers (travels aimlessly) because they had a problem with cognition.</p> <p>A document, titled, "Orkin Pest Control Log, Pest Sighting Log", dated from 3/14/17 to 9/30/17, indicated ants were reported 7 times in March 2017. Orkin's Date</p>			

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	<p>Resolved was 3/21/17, with Corrective Action as, "Bait for Ants." Ants were reported 4 times in April 2017, 7 times in May, 2 times in June, 2 times in July, 5 times in August, and 2 times in September.</p> <p>During an interview on 11/30/17 at 11:52 a.m., the ED indicated the receptionist kept up the pest complaints until she left in September 2017.</p> <p>A services rendered document, titled, Orkin, dated 3/21/17, indicated, "Ant Activity," with product used as, "Maxforce Quantum Ant Bait," with the active ingredient as, "Imidacloprid (systemic insecticide) 0.03%," and App Rate as, "Indoor - 2 g per 100 sqft (square feet).</p> <p>A services rendered document, titled, Orkin, dated 9/15/17, indicated, "Treated three rooms in the memory ward area for ants," with product used as, "Maxforce Quantum Ant Bait," with the active ingredient as, "Imida," and App Rate as, "Indoor - 2 g per 100 sqft (square feet).</p> <p>A document, titled, Orkin, dated 10/23/17, indicated, "Reports of more ants. Due to the denial of the exterior barrier treatment, maintenance said they would take the responsibility of baiting and removal of ants."</p>			

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R 0273 Bldg. 00	<p>A policy, titled, "Pest Control," with no date, indicated, "Pests and vermin can contribute to the transmission of infection," and "the facility shall implement pest control measures."</p> <p>3. On 11/29/17 at 10:30 a.m., during an initial tour a small yellow pill was observed on the floor of the 300 hallway. Qualified Medication Aide (QMA) 7 picked up the pill and indicated that it was a Bayer 81 milligram Aspirin. QMA 7 disposed of the pill in the med-cart trash can.</p> <p>On 11/29/17 at 10:32 a.m., the DON indicated that she had dropped two pills that morning and had not found the second. She indicated that it should not be on the floor and she disposed of the pill.</p> <p>This State Residential Finding relates to Complaint IN00246114.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling</p>			

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	<p>standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that expired foods were thrown away which had the potential to effect 110 of 110 residents who resided in the facility.</p> <p>Findings include:</p> <p>1. On 11/29/17 at 10:30 a.m., during an initial kitchen tour, one unopened package of bulk pork loin was observed in a walk in refrigerator. The pork was expired and dated 11/19/17. The pork was observed through the clear packaging to have turned green and rotting. The Dietary Manger indicated that the pork was expired and should not be in the refrigerator.</p> <p>On 11/29/17 at 10:33 a.m., one bulk hunk of meat was observed in a plastic bin in a walk in freezer. No label was visible and the meat had an expiration date of 11/19/17. The Dietary Manager indicated the meat was a hunk of beef that should not be there because it was expired.</p> <p>A current undated policy titled, "Dietary Department" was provided by the Dietary Manager on 11/29/17 at 11:45 a.m. The policy indicated, "...the dietary department</p>	R 0273	<p>The current disclaimer: This plan of correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of Sugar Grove Senior Living as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."</p> <p>R 273- Food and Nutritional Services- Dietary</p> <p>Expired meat in freezer</p>	01/01/2018

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	shall meet acceptable standards of safety and sanitation for food....		<p>1.The corrective action(s) that has been accomplished for expired meat/ unlabeled meat in the freezer was the new Dietary Manager removed all expired and unlabeled foods from the freezer.</p> <p>2.The facility reviewed that 110 of 110 residents could be affected by the alleged deficient practice. The new Dietary Manger is trained to monitor labeling and expiration dates.</p> <p>3.The measures that will be put into place and the systemic changes the facility will make to ensure that the deficient practice does not recur include the Executive Director or designee shall audit cold storage weekly to ensure proper labeling and expired foods are removed and disposed of. A check off form shall be utilized to ensure all audits are completed.</p> <p>4.The corrective action will be monitored by the Executive Director or designee who will be responsible for monitoring the timely completion of weekly audits.</p> <p>5.The date the systemic changes will be completed by is January 1, 2018.</p>		