

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2023
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NAME OF PROVIDER OR SUPPLIER  PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP COD 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000  Bldg. 00	<p>This visit was for the investigation of Complaints IN00399979, IN00399109, IN00398119, IN00394992, and IN00394540.</p> <p>Complaint IN00399979 - Substantiated. Federal/state deficiencies related to the allegations are cited at F812.</p> <p>Complaint IN00399109 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00398119 - Substantiated. No deficiencies are cited related to the allegations.</p> <p>Complaint IN00394992 - Substantiated. Federal/state deficiencies related to the allegations are cited at F658.</p> <p>Complaint IN00394540 - Substantiated. Federal/state deficiencies related to the allegations are cited at F658.</p> <p>Survey dates: January 24, 25, &amp; 26, 2023</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 3 Medicaid: 39 Other: 10 Total: 52</p>	F 0000	Submission of this plan of correction by the facility is not a legal admission that a deficiency exists or that this statement of deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute admission or agreement of any kind by the facility of truth of any facts set forth in this allegation by the survey agency. This facility respectfully requests a desk review to determine substantial compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janie	Swedenburg	02/16/2023

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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F 0658 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on January 31, 2023.</p> <p>483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that medications were administered according to manufacturer's guidance. Insulin was administered from a NovoLog FlexPen without being primed (removing the air from the needle and cartridge that may collect during normal use) prior to insulin being administered to a resident for 1 of 1 residents reviewed for receiving insulin. (Resident B)</p> <p>Finding includes:</p> <p>During an observation on 1/24/23 at 11:30 A.M., QMA 1 (Qualified Medication Assistant) administered medication NovoLog FlexPen Solution Pen-Injector 100 units/mL (milliliter) - 16 units to Resident B. While preparing the insulin pen-injector, QMA failed to prime the pen prior to selecting 16 units.</p> <p>During an observation on 1/26/23 at 8:45 A.M., QMA 1 (Qualified Medication Assistant) administered medication NovoLog FlexPen Solution Pen-Injector 100 units/mL (milliliter) - 16</p>	F 0658	<p>No ill effect occurred to Resident B from the alleged deficient practice.</p> <p>All residents receiving insulin with a Novolog insulin pen have the potential to be affected by the alleged deficient practice.</p> <p>An in-service was performed by the DON for all licensed nurses and QMAs on the proper use of the Novolog insulin pen.</p> <p>An audit tool has been created to monitor the proper use of the Novolog insulin pen. The DON/designee will monitor 3 random insulin injections a day with the Novolog pen 5x week for 8 weeks and then 3x week for 8 weeks. All results will be forwarded to the QAPI committee for any needed further recommendations.</p>	02/24/2023

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	<p>units to Resident B. While preparing the insulin pen-injector, QMA failed to prime the pen prior to selecting 16 units.</p> <p>During record review on 1/26/23 at 9:05 A.M. Resident B's physician orders included, but were not limited to, NovoLog FlexPen Solution Pen-Injector 100 units/mL (milliliter) - 16 units with meals (started 3/24/22).</p> <p>During an interview on 1/26/23 at 8:55 A.M., RN 2 indicated they had never been instructed that the NovoLog Flex-Pen should be primed prior to selecting the dose.</p> <p>During an interview on 1/26/23 at 9:00 A.M., QMA 1 indicated that the NovoLog FlexPen should be primed prior to selecting the dosage, and that they had forgot to do so before administering insulin to Resident B.</p> <p>Manufacturer's instructions for use from <a href="https://www.novologpro.com/administration-options/insulin-pens.html">https://www.novologpro.com/administration-options/insulin-pens.html</a>, revised 11/2021, include, prior to selecting a dose, perform an "air shot" by selecting 2 doses and pushing the push button until the dose selector returns to zero and a drop of insulin appears at the tip of the needle...</p> <p>On 1/26/23 at 10:10 A.M., the Facility Administrator supplied a facility policy titled, Administering Medications, dated 12/2015. The policy stated, "Medications shall be administered in a safe and timely manner, and as prescribed."</p> <p>This Federal tag relates to Complaint IN00394992 and IN00394540.</p> <p>3.1-35(g)(1)</p>			

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F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record review, the facility failed to ensure food was stored in accordance with professional standards for food service safety during 2 of 2 kitchen observations. A reach in refrigerator in the kitchen contained unlabeled and undated food, a walk in freezer contained unlabeled and undated food, boxes of food stored on the floor, and food open to air. Boxes of food were stored on the kitchen floor, the kitchen floor did not appear to be cleaned routinely, and a water softener was leaking onto the kitchen floor under a sink and dishwashing area.</p> <p>Findings include:</p>	F 0812	<p>All unlabeled, undated food in the freezer, reach in and walk in refrigerator was thrown away. All boxes that were on the floor were opened and items put away. Any food open to the air was also thrown away. The kitchen floor was thoroughly cleaned including the area where the water softener had leaked. The plumber was called and scheduled to repair the water softener.</p> <p>No residents were affected by the alleged deficient practice. All</p>	02/24/2023

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	<p>During a kitchen observation on 1/24/23 at 10:10 A.M., the standing refrigerator contained an unlabeled and undated bowel of what appeared to be potato salad and an undated and unlabeled blue bowl of undetermined food. A walk in freezer contained packages of undated hot dog and hamburger buns. The kitchen floor contained crumbs around the cooking and prep areas and near the door to the main dining room. Light yellow colored splatters were on the floor near the door to the main dining room. And a water softener was leaking onto the floor near a dishwashing area. Boxes of food were stored on the kitchen floor near the walk in freezer and inside the walk in freezer.</p> <p>During an interview on 1/24/23 at 10:15 A.M., the Dietary Manager indicated the kitchen was messy and that they had just finished serving breakfast and had just received a food shipment order.</p> <p>During a kitchen observation on 1/25/23 at 6:30 A.M., the standing refrigerator contained an undated and unlabeled blue bowl of undetermined food. A walk in freezer contained packages of undated hot dog and hamburger buns. A box of meat patties were open to air. The kitchen floor contained crumbs around the cooking and prep areas and near the door to the main dining room. Light yellow colored splatters were on the floor near the door to the main dining room. The water softener was leaking onto the floor near a dishwashing area. Boxes of food were stored on the kitchen floor near the walk in freezer with a box of canned green beans, a box of vinegar, and container of foam plates resting directly on the kitchen floor, and a box of frozen peas, a box of Italian blend vegetables, a box of frozen strawberries, and a box of frozen hamburger</p>		<p>residents have the potential to be affected by the alleged deficient practice.</p> <p>An in-service was performed by the Administrator for all dietary staff on proper food storage, labeling of food items, and cleaning of the kitchen floor. A professional sanitation company was hired to deep clean the kitchen floor. The kitchen floor was also added to the facility floor techs deep clean schedule to be deep cleaned monthly.</p> <p>An audit tool has been created for the monitoring of all food storage, labeling and cleanliness of the floor. The Administrator/designee will monitor food storage, labeling and cleanliness of the kitchen floor 5x week for 16 weeks. All results of this monitoring will be brought to QAPI for any needed further recommendations.</p>	

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	<p>patties resting directly on the walk in freezer floor.</p> <p>During an interview at 6:40 A.M., the Dietary Manager indicated the blue bowl of food in the walk in refrigerator was an employee's goulash, that the floors should be cleaned every day, that maintenance would be notified of the leaking water softener, that they hadn't yet had time to properly put away the food order from 1/24/23, but would do so, and that stored food should be labeled and dated and not open to air.</p> <p>On 9/26/23 at 10:20 A.M., the Facility Administrator supplied a facility policy titled, Dietary Department Sanitation &amp; Safety Operation and dated, 2010. The policy included, "...Foods and goods in dry storage will be at least 6 inches from the floor... Food in the refrigerator will be covered, labeled and dated... All foods should be stored at least 6 inches from the floor..."</p> <p>This Federal tag relates to Complaint IN00399979.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>			