

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

PRINTED: 05/19/2021

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 04/22/2021	
NAME OF PROVIDER OR SUPPLIER  HERITAGE POINT ALZHEIMER'S SPECIAL CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1215 TRINITY PLACE MISHAWAKA, IN 46545			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R 0000  Bldg. 00	<p>This visit was for a Recertification and State Residential Licensure Survey.</p> <p>Survey dates: April 21 &amp; 22, 2021</p> <p>Facility number: 013330</p> <p>Residential Census: 28</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on April 27, 2021.</p>		R 0000	<p>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. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</p>			
R 0274  Bldg. 00	<p>410 IAC 16.2-5-5.1(g)(1-3) Food and Nutritional Services - Noncompliance</p> <p>(g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.</p> <p>(1) The supervisor must be one (1) of the following:</p> <p>(A) A dietitian.</p> <p>(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.</p> <p>(C) A graduate of a dietetic technician program approved by the American Dietetic Association.</p> <p>(D) A graduate of an accredited college or</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 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>university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.</p> <p>(E) An individual with training and experience in food service supervision and management.</p> <p>(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.</p> <p>(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.</p> <p>Based on interview and record review, the facility failed to ensure a kitchen staff supervisor was certified in food safety and handling. This had the potential to affect 28 out of 28 residents who received meals from the kitchen.</p> <p>Finding includes:</p> <p>During an interview on 4/22/2021 at 11:10 A.M., the Administrator indicated that the Executive Chef's certificate was expired. He did not have the expired certificate available. According to the employee records the Executive Chef's start date was 9/3/2019.</p> <p>On 4/22/2021 at 11:30 A.M. Administrator provided the Culinary Service Manual/Safety and Health dated 1/15/2020, and indicated the manual was the one currently used by the facility. The manual indicated "... The ServSafe program has become the standard in food safety training, providing up-to-date information on all aspects of food handling ( receiving, storing, preparation, and serving). You are required to become ServSafe certified within 90 days of employment.</p>			R 0274	<p>The facility requests paper compliance R0274</p> <p>1. No residents were negatively affected by this practice</p> <p>2. Due to the nature of the violation all residents in the facility had the potential to be affected.</p> <p>3. Executive Director will schedule a ServSafe course for Executive Chef and Executive Director by 5/31/2021</p> <p>4. Executive Director will ensure course completion for both managers. Upon completion, Certificates will be prominently displayed in kitchen. Executive Director or designee will check yearly in January for expiration date</p> <p>5. Date of compliance 5.31.2021</p>		05/31/2021

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R 0302  Bldg. 00	<p>At least one other member of the Management Team is also required to be certified...."</p> <p>410 IAC 16.2-5-6(c)(6) Pharmaceutical Services - Deficiency (6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength.</p> <p>Based on record review, observation and interview, the facility failed to ensure over the counter medications were labeled, dated and not expired, for residents who were currently and/or no longer residing in the facility, for 1 of 2 medication carts reviewed and 1 medication room reviewed for medication storage. (Cart 1 &amp; Facility Medication Storage Room)</p> <p>Findings include:</p> <p>During a medication storage observation on 4/21/2021 from 2:40 P.M. to 2:47 P.M., with LPN (Licensed Practical Nurse) 5, on cart 1, the the following was observed: Two opened bottles of Preservision tablets without a pharmacy label or any other resident identifiers. An open bottle of melatonin (sleep aid supplement) with no pharmacy label or any other resident identifiers. An undated, opened bottle of Haldol (antipsychotic) liquid for Resident 2, without a pharmacy label.</p> <p>During a medication room observation on 4/21/2021 from 2:48 P.M. to 2:54 P.M., with LPN 5, the following was observed: An opened bottle of acetaminophen tablets with no label or other resident identifiers. An opened bottle of iodine,</p>			R 0302	<p>The facility requests paper compliance</p> <p>R0302 1. No residents were negatively affected from this practice. 2. Due to the nature of the violation all residents in the facility had the potential to be affected. 3. Health Services Director completed a Med Room and Med Cart Audit on 5/6/2021 and removed all expired and unlabeled medications. 4. Health Services Director or designee will complete a med storage observation to check for expired and unlabeled medications three times per week for four weeks, twice a week for eight weeks, and weekly for four months thereafter or until a pattern of substantial compliance is achieved. The results of these observations will be documented on the Monthly Med Storage audit sheet 5. Date of compliance 5.31.2021</p>		05/31/2021

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	<p>for a discharged resident, with an expiration date of 8/5/2019. An opened bottle of docusat sodium (stool softener) with no label or resident identifiers. An opened bottle of glucosamine chondroitin (anti inflammatory) with no pharmacy label or resident identifiers, that had expired in 2017. An opened bottle of liquid Ativan, in a box with no pharmacy label or other resident identifiers.</p> <p>During an interview, on 4/21/2021 at 2:58 P.M., LPN 6 indicated the the opened bottles of medications should have labels on them, and the date when opened, and the expired items should have been destroyed.</p> <p>During an interview, on 4/21/2021 at 4:07 P.M., QMA (Qualified Medication Aide) 15 indicated if the family brings in medications for a resident, and there is no label on the bottle, they would put the residents name, their birth date, their doctors name and when to take the medication.</p> <p>On 4/21/2021 at 4:04 P.M., the Administrator provided the policy titled, " Medication Administration", revised date 1/15/2020, and indicated the policy was the one currently used by the facility. The policy indicated "... Medication Labeling and Packaging. 2. Medications ordered to be administered per staff or to be self- administered per the Resident must be properly labeled and comply with FDA regulations to include the following: 2. Residents full name; Physician's name; Prescription number; Name and strength of the drug; Directions for use; Date of issue and expiration date (when applicable); and Name and address of the pharmacy that filled the prescription. 3. Over-the-counter medications must have the original label attached and be identified with the</p>						

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R 0304  Bldg. 00	<p>following: Resident's name; Physician's name; Expiration date; Name and strength of drug and Directions for use. Medication Destruction. Expired, permanently discontinued medication, and medication left behind by a Resident will be destroyed according to the procedure below. Expired or discontinued medications will not be given to any Resident or responsible party, nor retained in the Community. Resident medication, including over the counters, should go with the Resident when possible. When medication is left behind by a Resident, the procedure for medication destruction should be used. 2. The designated staff person inspects containers regularly for expiration dates...."</p> <p>410 IAC 16.2-5-6(e) Pharmaceutical Services - Deficiency (e) Medicine or treatment cabinets or rooms shall be appropriately locked at all times except when authorized personnel are present. All Schedule II drugs administered by the facility shall be kept in individual containers under double lock and stored in a substantially constructed box, cabinet, or mobile drug storage unit. Based on observation, interview and record review, the facility failed to ensure 1 of 2 randomly observed medication carts were locked. (Medication Cart 1)</p> <p>Findings included:</p> <p>1. On 4/21/2021 at 2:40 P.M. QMA (Qualified Medication Aide) 8 exited the nursing station to go give medications to a resident. Medication cart 1 was left unlocked with no other qualified staff in attendance.</p> <p>During an interview, on 4/21/2021 at 2:42 P.M.,</p>			R 0304	<p>The facility requests paper compliance</p> <p>R0304 1. No residents were negatively affected by this practice. 2. Due to the nature of the violation all residents in the facility had the potential to be affected. 3. Medication Administration staff were inserviced on medication storage on 5/6/2021. 4. Health Services Director or designee will complete a med</p>		05/31/2021

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	<p>QMA 8 indicated the medication cart should have been locked when she walked away from it.</p> <p>2. On 4/21/2021 at 3:00 P.M., medication cart 1 was observed to be unlocked and unattended. An activity staff member was observed to go into the nursing station, where the medication carts are kept. The activity staff retrieved an item then exited the nursing station.</p> <p>On 4/21/2021 at 3:02 P.M., LPN (licensed practical Nurse) 6 walked into the nurses station and pushed the locked the medication cart.</p> <p>During an interview, on 4/21/2021 at 3:02 P.M., LPN 6 indicated the medication cart should have been locked.</p> <p>On 4/21/2021 at 4:02 P.M., the Administrator provided a policy titled, "Narcotic, Controlled Substances, and Preventing Drug Diversion", revised 1/15/2020, and indicated the policy was the one currently used by the facility. The policy indicated "...1. All medications, including over the counter medications, are kept in locked storage at all times...."</p> <p>On 4/21/2021 at 4:02 P.M., the Administrator provided a policy titled, "Medication Administration", revised 1/15/2020, and indicated the policy was the one currently used by the facility. The policy indicated "...1. Medication Storage. 1. Medications will be securely stored at all time as follows. Controlled (Schedule II, III and IV) medications administered per staff will be kept in individual containers under double lock, i.e., stored in a locked cabinet in the locked Medication Room...."</p>		<p>storage observation to check for locked med carts three times per week for four weeks, twice a week for eight weeks, and weekly for four months thereafter or until a pattern of substantial compliance is achieved. The results of these observations will be documented on the Monthly Med Storage audit sheet</p> <p>5. Date of compliance 5.31.2021</p>				