

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

PRINTED: 12/05/2024  
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 11/07/2024	
NAME OF PROVIDER OR SUPPLIER  MORNING VIEW NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 475 NORTH NILES AVENUE SOUTH BEND, IN 46617			
(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 State Residential Licensure Survey. This visit included the Investigation of Complaints IN00442675 and IN00445564.</p> <p>Complaint IN00442675 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00445564 - No deficiencies related to the allegations are cited</p> <p>Survey dates: November 4, 6 &amp; 7, 2024</p> <p>Facility number: 013149</p> <p>Residential Census: 54</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on 11/13/2024</p>		R 0000				
R 0406  Bldg. 00	<p>410 IAC 16.2-5-12(a) Infection Control - Offense</p> <p>Based on observation, interview and record review, the facility failed to ensure one of one licensed staff distributed medication in a sanitary manner during 2 of 5 medication observations. (LPN 2)</p> <p>Findings include:</p> <p>1. During an observation on 11/6/2024 at 9:37 A.M., LPN 2 dropped one tablet of calcium carbonate plus vitamin D onto the medication cart. LPN 2 grabbed a spoon and used her left index finger to push the pill onto the spoon and placed</p>		R 0406	<p><b>1 LPN 2 has been educated as for #3 below.</b></p> <p>2 AL residents have the potential to be affected by the deficient practice. Nurses and QMAs will be observed by Nurse Managers for appropriate sanitary measures during medication pass.</p> <p><b>3 All Nurses and QMAs have been educated on infection control measures for medication pass. Nurses and</b></p>		11/08/2024	

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

TITLE

(X6) DATE

Mitchell F. Craven

Administrator

11/27/2024

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>it into the medication cup. The resident was given the medication cup and took all the medications.</p> <p>2. During an observation on 11/6/2024 at 9:46 A.M., LPN 2 dropped one tablet of pantoprazole onto the medication cart and used her bare hands to pick up the tablet and put it into the medication cup. The resident was given the medication cup and took all the medications.</p> <p>During an interview on 11/6/2024 at 10:25 A.M. LPN 2 indicated if a pill fell onto the medication cart she was to scoop up the pill with a spoon and place it into the medication cup. She indicated she should not have touched the pills with her bare hands.</p> <p>On 11/7/24 at 9:31 A.M., the DON provided the policy titled, "Medications Administration," undated, and indicated it was the policy currently being used by the facility. The policy indicated, "...14. Remove medication from source, taking care not to touch the medication with bare hands...."</p>				<p><b>QMAs will administer medications in a sanitary manner while following standard infection control procedures. Nurse Managers will observe all LN/QMAs/wk for sanitary medication administration, while following standard infection control procedures.</b></p> <p><b>4 The Director of Nursing will review the results of the observations weekly. The Director of Nursing will bring the results of the audits to the facility's Quality Assurance Performance Improvement meeting monthly X 6 months or until 100% compliance is achieved. The Administrator is responsible to ensure compliance with this citation.</b></p>		