

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155717	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/27/2020
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NAME OF PROVIDER OR SUPPLIER  ALPHA HOME - A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00317409.</p> <p>Complaint IN00317409 - Substantiated. Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: February 27, 2020</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 5 Medicaid: 38 Other: 16 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 9, 2020.</p>	F 0000	Please accept this plan of correction ass our credible allegation of compliance to the complaint survey conducted on February 26, 2020 We respectfully requested a desk review and can provider greater information as needed	
F 0812 SS=D 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</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 90 days 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 14 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>approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure expired milk was not served to a resident, (Resident G) for 1 of 1 random breakfast tray observation.</p> <p>Findings include:</p> <p>During a random observation on 2/27/2020 at 9:17 a.m., Resident G was observed in his room with a breakfast tray. He had two individual sized cartons of milk. One had already been poured into a bowl of cereal which he had eaten. He opened the second carton of milk, and when he poured it onto his second bowl of cereal, the milk was curdled, and plopped out into the bowl. It was the consistency of yogurt. Resident G indicated, it was "gross." The milk carton were observed to have a printed expiration date of 2/25/2020.</p> <p>On 2/27/2020 at 9:22 a.m., Certified Nursing</p>	F 0812	<p>Please accept this plan of correction as our credible allegation of compliance to the complaint survey conducted on February 26, 2020 We respectfully requested a desk review and can provider greater information as needed</p> <p>821 It is the policy of this facility to store, prepare, distribute, and to serve food in accordance with professional standards. All milk cartons were immediately inspected for proper dating with no concerns. All residents had the potential to be impacted by this deficient practice. On 3/03/20 and 3/12/20 the</p>	03/16/2020

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F 0921 SS=D Bldg. 00	<p>Aide, (CNA) 9 observed the cereal bowl with the curdled milk and indicated, "That's not good." She looked at the milk cartons and indicated they had both expired. She removed the expired milk from the resident's room.</p> <p>On 2/27/2020 at 10:15 a.m., a brief inspection of the kitchen was conducted with the Dietary Manager, (DM). Three plastic milk crates were observed in the walk in cooler. Each plastic bin was approximately half full. The DM indicated she had been told about the expired milk and already checked for additionally expired product of which she found none. The DM indicated, residents should not be served expired products. She did not know how those two expired cartons had been served.</p> <p>During an interview on 2/27/2020 at 3:00 p.m., the Administrator indicated, she had no idea where the expired milk cartons had come from, but expired milk should not have been served.</p> <p>On 2/27/2020 at 4:00 p.m., the Administrator provided a copy of current, but undated, facility policy titled, "Date Marking" the policy indicated, "...4. Food should be discarded when...the food item is older than the expiration date...."</p> <p>3.1-21(i)(3)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p>	F 0921	<p>Dietary Manager and/or designee in-serviced staff on the policy of Dating and labeling. Any employee who fails to comply with the points of the in-service may be further discipline. Additionally, on 2/28/20 the Dietary manager conducted a full audited of all food supplies to determine that they comply with regulations. All corrections, if any, were made at the time.</p> <p>Dietary Manager will be utilized audit tool entitled "Food Expiration Dates" five days a week for four weeks. Then three days a week for four weeks, then monthly for four months. Any concerns noted will be immediately corrected. Results have the audit tool may be further discuss in QAPI and an action plan may be developed as needed.</p> <p>Completion date 3/16/20</p>	03/16/2020

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	<p>Based on observation, interview, and record review, the facility filed to ensure a resident's room was maintained in a clean and sanitary manner (Resident B) for 1 of 24 resident's residing on the locked memory care unit.</p> <p>Findings include:</p> <p>On 2/27/2020 at 9:34 a.m., Resident B's room was observed. The room had a stagnate odor of urine. A visitor's chair was observed to have a large smeared stain on its seat cushion, and there was a clump of what appeared to be, old, dried, feces smeared on the front edge of the chair. Two privacy curtains which hung in the resident's room, were also observed to be soiled with streaks and smears of what appeared to be feces. A bedside table was observed with an unidentified substances smeared and dried across the entire surface. The resident's bathroom had a strong, musty, old, urine odor, and the toilet bowl was observed with a splattered brown substance across its rim and lid. The bathroom sink was also covered with a dark unidentified substance.</p> <p>On 2/27/2020 at 10:27 a.m., Resident B's room was observed for a second time, and had not been cleaned.</p> <p>On 2/27/2020 at 10:55 a.m., Resident B's room was observed for a third time with Certified Nursing Aide (CNA) 9. CNA 9 indicated Resident B was frequently incontinent and could be combative with care. She observed the resident's visitor's chair and identified the stains and clumped substance as old bowel movement (BM). She indicated the privacy curtains also appeared to be stained with BM. She could not identify the dried spill on the resident's bedside</p>		<p>Please accept this plan of correction as our credible allegation of compliance to the complaint survey conducted on February 26th, 2020. We respectfully requested a desk review and can provide greater information as needed</p> <p>921</p> <p>It is the policy of this facility to provide a safe, functional, sanitary, and comfortable environment for the residents, families, and public. Resident B's room was immediately deep cleaned including the removal and replacement of the privacy curtain.</p> <p>All residents had the potential to be impacted by this deficient practice.</p> <p>On 3/9/20 the Administrator in-serviced Nursing and Housekeeping staff on the policies "Resident Rights" and Housekeeping on the "Resident Room – Clean". Any employee who fails to comply with the points of the in-serviced may be further educated. The Housekeeping Director did a full audit of all resident rooms and any corrections needed were immediately made.</p> <p>The Housekeeping Director was implemented and utilized audit tool entitled "Room/Environmental</p>	

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	<p>table. When she observed the resident's bathroom, she indicated there was a bad smell, and it needed to be cleaned.</p> <p>During an interview on 2/27/2020 at 12:10 p.m., the Housekeeping Supervisor, (HS) indicated resident bedrooms and bathrooms were cleaned daily, but if there was visible BM, then nursing staff should have cleaned it up, and called Housekeeping in after to sanitize it. The HS indicated she had been waiting on a new shipment of privacy curtains, and did not know when Resident B's had last been washed. If the curtains were visibly soiled then they should have been pulled down and cleaned.</p> <p>During an interview on 2/27/2020 at 12:15 p.m., Licensed Practical Nurse, (LPN) 8 indicated, residents who were incontinent, were checked every two hours for accidents. If there had been an accident and BM had gotten on the floor or furniture, then nursing would have cleaned it up immediately, and called housekeeping to come in after to sanitize. If an accident happened and no Housekeeping staff were available, then nursing should have cleaned and sanitized the area after the accident.</p> <p>On 2/27/2020 at 11:18 a.m., Resident B's medical record was reviewed. A quarterly Minimum Data Set (MDS) assessment, dated 1/1/2020, indicated Resident B was severely cognitively impaired, with diagnoses that included but were not limited to: Alzheimer's disease, non-Alzheimer's disease, impulse disorder, and need for assistance with personal care. The MDS indicated Resident B had recent behaviors of verbal aggression, and rejection of care, and required extensive assistance for all her ADLs (activities of daily living).</p>		<p>Compliance tool" five days a week for four weeks, then three days a week for four weeks, then monthly for four months. Any concerns noted will be immediately corrected. Additionally, the results will be further discussed in QAPI and an action plan may be developed.</p> <p>The Administrator will monitor the Action Plans written by the QAPI, Committee weekly until resolution. Completion date 3/16/20</p>	

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	<p>Resident B had a comprehensive care plan for behaviors, dated 8/27/2018 and revised 1/17/2020. The care plan indicated, "...[Resident B] can become verbally aggressive (swearing and/or calling names) and combative/resistive with care, may remove clothes and be naked and sometimes will not let staff change her when she is soiled, when she is upset about something and may throw things at staff..." Interventions for the care plan included, but were not limited to: "...make sure basic needs (food, drink, toilet) are met..."</p> <p>During an interview on 2/27/2020 at 3:30 p.m., the Administrator indicated, resident rooms were cleaned daily but if a room was visibly soiled with BM it should be cleaned up immediately, and not left for nursing staff to do later, or wait for housekeeping to come in and take care of it.</p> <p>On 2/27/2020 at 4:00 p.m., the Administrator provided a copies of current, but undated, facility policies. The first policy was titled, "General Cleaning Policies and Procedures Resident Room- Clean," and indicated, "...to provide a clean, attractive and safe environment for residents, visitors, and staff..." The second policy was titled, "Resident Rights," and indicated, "...As a resident of this facility, you have the right to a dignified existence... the facility must care for you in a manner and environment that enhances or promotes your quality of life... the facility must provide a safe, clean, comfortable, home-like environment..."</p> <p>This Federal tag relates to Complaint IN00317409.</p> <p>3.1-19(f)(5)</p>			

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

PRINTED: 03/17/2020

FORM APPROVED

OMB NO. 0938-0391

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