| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | | |
|--|---|---|--|----------|---|-----------|------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BUILDING <u>00</u> | | | COMPLETED | |
| | | | B. WING 09/30/2019 | | | 2019 | |
| | | | | CTDEET / | ADDRESS, CITY, STATE, ZIP COD | | |
| NAME OF P | ROVIDER OR SUPPLIER | L. | | | | | |
| BENNET | T PLACE | | 3928 HORNE AVE NEW ALBANY, IN 47150 | | | | |
| (X4) ID | SUMMARY S | STATEMENT OF DEFICIENCIE | | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' | TE | COMPLETION |
| TAG | REGULATORY OR | LSC IDENTIFYING INFORMATION | | TAG | DEFICIENCY) | 12 | DATE |
| R 0000 | | | | | | | |
| | | | | | | | |
| Bldg. 00 | | | | | | | |
| | This visit was for a | State Residential Licensure | R 00 | 000 | Submission of this response a | nd | |
| | Survey. | | | | Plan or Correction is not a legal | | |
| | | | | | admission that a deficiency ex | ists | |
| | Survey date: Septen | nber 30, 2019 | | | or that this Statement of | | |
| | | | | | Deficiencies was correctly cite | | |
| | Facility number: 00 | 4442 | | | and is also not to be construed | d as | |
| | | | | | an admission against interest | by | |
| | Residential Census: | 37 | | | the residence, or any employe | | |
| | | | | | agents, or other individuals wh | | |
| | These State Residential findings are cited in | | | | drafted or may be discussed ir | | |
| | accordance with 410 | 0 IAC 16.2-5. | | | response or Plan of Correction | า | |
| | | | | | does not constitute an admiss | | |
| | Quality review com | pleted on October 5, 2019. | | | or agreement of any kind by th | | |
| | | | | | facility of the truth of any facts | | |
| | | | | | alleged or the correctness of a | ıny | |
| | | | | | conclusions set forth in this | | |
| | | | | | allegation by the survey agend | cy. | |
| R 0117 | 410 IAC 16.2-5-1.4 | 1/h) | | | | | |
| 10117 | Personnel - Deficie | | | | | | |
| Bldg. 00 | | sufficient in number, | | | | | |
| Diag. 00 | ` ' | training in accordance with | | | | | |
| | | ws and rules to meet the | | | | | |
| | | our scheduled and | | | | | |
| | | ds of the residents and | | | | | |
| | | . The number, qualifications, | | | | | |
| | - | ff shall depend on skills | | | | | |
| | _ | e for the specific needs of | | | | | |
| | · · | ninimum of one (1) awake | | | | | |
| | | current CPR and first aid | | | | | |
| | • | pe on site at all times. If | | | | | |
| | | esidents of the facility | | | | | |
| | | esidential nursing services | | | | | |
| | | of medication, or both, at | | | | | |
| | | ng staff person shall be on | | | | | |
| | ` ' | esidential facilities with | | | | | |
| | | (100) residents regularly | | | | | |
| | | · , • • • • • • • • • • • • • • • • • • | | | | | |

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

TITLE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 1 of 11

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) M | | | | DATE SURVEY | | |
|--|--|---|----------------|-----------------------|---|-------------|------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BU | A. BUILDING <u>00</u> | | | COMPLETED | |
| | | | B. W | B. WING 09/30 | | | /2019 | |
| | | | | CTREET | ADDRESS, CITY, STATE, ZIP COD | | | |
| NAME OF F | PROVIDER OR SUPPLIEF | ₹ | | | | | | |
| DENNET | T PLACE | | 3928 HORNE AVE | | | | | |
| DEININE | I PLACE | | | NEW ALBANY, IN 47150 | | | | |
| (X4) ID | SUMMARY | STATEMENT OF DEFICIENCIE | | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) | |
| PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA | TE | COMPLETION | |
| TAG | REGULATORY OF | R LSC IDENTIFYING INFORMATION | | TAG | DEFICIENCY) | | DATE | |
| | - | ial nursing services or | | | | | | |
| | administration of medication, or both, shall | | | | | | | |
| | | (1) additional nursing staff | | | | | | |
| | • | d on duty at all times for | | | | | | |
| | • | fty (50) residents. Personnel | | | | | | |
| | | only those duties for which | | | | | | |
| | | perform. Employee duties | | | | | | |
| | shall conform with written job descriptions. | | D A | 117 | What corrective action(=)!! | ı | 11/12/2010 | |
| | Based on record review and interview, the facility failed to ensure a scheduled staff member was certified in First Aid while working on each shift. | | R 0 | 11/ | What corrective action(s) will be accomplished for those | I | 11/12/2019 | |
| | | | | | be accomplished for those residents found to have been | 2 | | |
| | This deficient practice had the potential to affect | | | | affected by the deficient | 1 | | |
| | 37 of 37 residents who reside in the facility. | | | | practice? | | | |
| | 37 of 37 residents v | vito reside in the lacinty. | | | Training class scheduled for F | iret | | |
| | Findings include: | | | | Aide for all staff on 10/29/19. | 11 31 | | |
| | i mamgo morado. | | | | How will the facility identify | | | |
| | During the review of | on 9/30/19 from 1:45 p.m. to 2:35 | | | other residents having the | | | |
| | - | Cardiopulmonary Resuscitation) | | | potential to be affected by th | ie | | |
| | | ications for the staff no staff | | | same deficient practice and | | | |
| | had a current First | Aid certification. | | | what corrective action will be | е | | |
| | | | | | taken? | | | |
| | The staff schedule | was reviewed from 9/29/19 | | | An audit of current employees | was | | |
| | through 10/5/19. Th | ne as worked schedule | | | conducted to identify staff | | | |
| | indicated none of the | ne 20 staff members scheduled | | | members lacking evidence of | | | |
| | | a.m. to 6:00 p.m. shifts, the 2:00 | | | First Aid Training by Care | | | |
| | | shifts, the 6:00 p.m. to 6:00 a.m. | | | Services Manager on 10/01/2 | | | |
| | | .m. to 2:00 p.m. shifts, had a | | | What measures will be put in | nto | | |
| | current First Aid ce | ertification. | | | place or what systemic | | | |
| | | 0/00/10 + 0.05 | | | changes the facility will mak | е | | |
| | | v on 9/30/19 at 2:37 p.m., the | | | to ensure that the deficient | | | |
| | | eated he was told the Basic Life | | | practice does not recur. | | | |
| | | R and Automated External | | | Current Care services Staff | | | |
| | | Program training included First | | | trained on 10/29/2019 by an | rot. | | |
| | _ | mployees did not have a First rd. He did not provide a policy | | | approved trainer regarding Fir | ડા | | |
| | for staff training. | id. The did not provide a policy | | | Aid | | | |
| | ioi staii tianning. | | | | How the corrective action(s) | | | |
| | | | | | will be monitored to ensure t | | | |
| | | | | | deficient practice will not | | | |
| | | | | | recur. | | | |
| i e | i | | 1 | | 1 | | 1 | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 2 of 11

PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY | | | | | |
|--|--|--|--|------|---|------------------------------|------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | | | | COMPL | |
| | | | B. WING | · | | 09/30/2019 | |
| | PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP COD 3928 HORNE AVE NEW ALBANY, IN 47150 | | | | |
| (X4) ID | SUMMARY | STATEMENT OF DEFICIENCIE | | ID | | | (X5) |
| PREFIX | | CY MUST BE PRECEDED BY FULL | | EFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA | T- | COMPLETION |
| TAG | REGULATORY OR | LSC IDENTIFYING INFORMATION | Г | ΓAG | DEFICIENCY) | IE. | DATE |
| R 0123 Bldg. 00 | accurate personnel recinclude the followi (1) The name and (2) Social Security (3) Date of beginn (4) Past employment education, if application (5) Professional lication of completion, if a (6) Position in the (7) Documentation facility, including respecific job skills. (8) Signed acknown residents' rights. | onformance all maintain current and el records for all employees. cords for all employees shall ng: address of the employee. v number. ing employment. ent, experience, and cable. censure or registration assistant certificate or letter | | | The Care Services Manager is responsible for sustained compliance by reviewing sche to monitor and to ensure at leasone staff member on duty, per shift, will be first aid certified. Executive Director and/or designee will conduct a certification audit on 2 employ weekly x 4 weeks, bi-weekly x weeks, then monthly x 1. Rest of the audit will be discussed during monthly QI meetings. QI Committee will determine it continued auditing is necessal based on three consecutive months of compliance. Monitoring will be ongoing. | dule ast The vees 4 ults The | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 3 of 11

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) M | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | | |
|--|---|----------------------------------|----------------------------|-----------------------|---|------------------|------------|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BU | A. BUILDING <u>00</u> | | | COMPLETED | |
| | | | B. W | B. WING | | | 09/30/2019 | |
| | | <u> </u> | | CTREET | ADDRESS, CITY, STATE, ZIP COD | | | |
| NAME OF I | PROVIDER OR SUPPLIEF | ₹ | | | | | | |
| DENNET | T PLACE | | 3928 HORNE AVE | | | | | |
| DEININE | I PLACE | | | NEW ALBANY, IN 47150 | | | | |
| (X4) ID | SUMMARY | STATEMENT OF DEFICIENCIE | | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) | |
| PREFIX | (EACH DEFICIEN | ICY MUST BE PRECEDED BY FULL | | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA | ΓF | COMPLETION | |
| TAG | REGULATORY OF | R LSC IDENTIFYING INFORMATION | | TAG | DEFICIENCY) | - | DATE | |
| | with facility policy. | | | | | | | |
| | (10) Date and rea | son for separation. | | | | | | |
| | Based on record rev | view and interview, the facility | R 0 | 123 | R 123 410 IAC 16.2-5-1.4(h)(1 | -10) | 11/12/2019 | |
| | failed to ensure em | ployees received annual | | | Personnel - Nonconformance | - | | |
| | in-servicing for Resident Rights, Dementia, and | | | | | | | |
| | Abuse, employees l | had a Specific Job Orientation, | | | | | | |
| | and Job Description | n for 4 of 10 personnel files | | | | | | |
| | reviewed. (Community Relations Manager 8, | | | | | | | |
| | Resident Care Parti | ner 6, Activity Director 9, and | | | What corrective action(s) will | l | | |
| | Resident Care Partr | ner 10). | | | be accomplished for those | | | |
| | Findings include: | | | | residents found to have been | 1 | | |
| | | | | | affected by the deficient | | | |
| | | | | | practice? Employee 8 job | | | |
| | 1. During the review on 9/30/19 at 2:15 p.m., the | | | | description and job specific | | | |
| | _ | ted documentation of the | | | orientation completed and place | ced | | |
| | following: | | | | in file 10/14/2019, Employee 6 | | | |
| | | | | | specific job orientation and | | | |
| | a. Community Rela | tions Manager 8's employee file | | | in-services for resident rights, | | | |
| | | ription and Specific Job | | | dementia and abuse complete | d | | |
| | Orientation. | • | | | 10/15/2019. Employee 9 reco | | | |
| | | | | | will be obtained once they retu | | | |
| | The Community Re | elations Manager 8 began | | | from FMLA. Employee 10 | | | |
| | employment on 09/ | | | | in-service for resident rights | | | |
| | | | | | completed 10/15/2019 | | | |
| | b. RCP (Resident C | Care Partner) 6's employee file | | | , , | | | |
| | · · | bb Orientation, and In-services | | | How will the facility identify | | | |
| | _ | , Dementia, and Abuse. | | | other residents having the | | | |
| | | | | | potential to be affected by the | е | | |
| | The RCP 6 began e | employment on 4/26/19. | | | same deficient practice and | | | |
| | | | | | what corrective action will be |) | | |
| | c. Activity Director | 9's employee file lacked | | | taken. | | | |
| | In-services for Resi | ident Rights, Dementia, and | | | An audit was completed by | | | |
| | Abuse. | | | | Executive Director to ensure s | tate | | |
| | | | | | required forms and training | | | |
| | The Activity Direct | tor 9 began employment on | | | present on 10/16/2019. | | | |
| | 7/29/13. | | | | What measures will be put in | to | | |
| | | | | | place or what systemic | | | |
| | d. RCP 10's employ | yee file lacked In-services for | | | changes the facility will make | • | | |
| | Resident Rights. | | | | to ensure that the deficient | | | |
| | | | | | practice does not recur. | | | |
| | | | | | <u> </u> | | | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 4 of 11

PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER | | (X2) MULTIPLE CO A. BUILDING B. WING | onstruction <u>00</u> | (X3) DATE SURVEY COMPLETED 09/30/2019 | | | | |
|---|--|--|--------------------------|--|---|--|--|--|
| | PROVIDER OR SUPPLIER T PLACE | | 3928 ⊢ | STREET ADDRESS, CITY, STATE, ZIP COD 3928 HORNE AVE NEW ALBANY, IN 47150 | | | | |
| (X4) ID PREFIX TAG | SUMMARY (EACH DEFICIEN REGULATORY OF The RCP 10 began During an interview Administrator indic on leave and he cou on the computer for no other in-services Relations Manager, The review on 9/30 Orientation and Tra 09/01/16, indicated Checklist is comple be found in the pers addition to general specific orientation for our new employ checklists are also or responsible for the phealth services, or radministration. Emple re-education are helbasis to ensure the president care and cur reviews, individual education and annu | STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL ELSC IDENTIFYING INFORMATION employment on 1/11/18. You on 9/30/19 at 2:37 p.m., the ated the Activity Director was ald not access the information where in-services. There were available for the Community RCP 6, and RCP 10. //19 at 3:00 p.m., of the Staff ining Policy effective on "A standardized Orientation ted for new employees and can connel files of employees. In corientation, department is completed and documented these. Competency skills completed for individuals corovision of resident care, medication assistance or coloyee education and do not a regularly scheduled corovision of high levels of instomer service. Competency goal-setting, testing following all employee performance as staff performance is | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRE TO THE APPROPRIED TO TH | be in rector) the nee udit uired hire, x 4 hith. e will high is | | | |
| R 0273 Bldg. 00 | was not limited to, education and training rights during initial on-going continuing 410 IAC 16.2-5-5. Food and Nutrition (f) All food preparate (excluding areas in | | | | | | | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 5 of 11

| AND PLAN OF CORRECTION DENTIFICATION NUMBER A BILLIDING UNITED NAME OF PROVIDER OR SUPPLIER BENNETT PLACE AND SUMMARY STATLEMENT OF DESCENCE. (AS.) ID SUMMARY STATLEMENT OF DESCENCE BY FULL PREFET (EACH DESCENCE PREFET PLACE) AND SUMMARY STATLEMENT OF DESCENCE BY FULL PROFIT PLACE (AS.) ID SUMMARY STATLEMENT OF DESCENCE BY FULL PROFIT PLACE (AS.) ID SUMMARY STATLEMENT OF DESCENCE BY FULL PROFIT PLACE (AS.) ID PROVIDER OR SUPPLIER SUMMARY STATLEMENT OF DESCENCE PLACE AND SHAPE STATES AND STAT | STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) M | X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | |
|--|--|---|---------------------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------|
| SIRLET ADDRESS, CITY, STATE, APP COD 3928 HORNE AVE NEW ALBANY, IN 47150 SIMMARY STATEMENT OF DEPICIENCE. (X4) ID SUMMARY STATEMENT OF DEPICIENCE. (X5) PRIEFIX TAG SECULATORY OF ALS DEPICTENCY MUST BE PRECEDED BY PILL standards, including 410 IAC 7-24 Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sirkly debris, and the saap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen Findings include: - The empty soap dispenser bottle was lying in the handwashing sink 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Flach bag only contained a few slices of bread or rolls 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." SIMMA APPENDENS AND PROPERSTORM TAG PRIFERY PRIFERY PRIFERY PRIFERY TAG PREPRY PRIFERY TAG PREPRY PROPERS AND PROPERSTORM TAG PREPRY PACH CARCHAPTOR AND PROPERSTORM TAG R 273 410 IAC 16.2-5.1 (f) Food and nutritional Services and nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice day on 9/30/19 and empty bottle disposed of in frash receptacle. Cabinet depose of on 9/30/19 and empty bottle disposed of in frash receptacle. Cabinet depose of the machine receptacle. Cabinet depose of the machine receptacle. Cabinet depose of in frash receptacle. Cabinet depose of the machine receptacle, Cabinet depose of the machine receptacle. Cabinet depose of th | AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BU | JILDING | 00 | COMPLET | TED |
| SAME OF PROVIDER OR SUPPLIER BENNETT PLACE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (BACH DEFICIENCY MUST BE PRECEDED BY RELL TAG local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Part of the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Pattner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." SUBJECTION PREFIX TAG Demontracy in PREFIX TAG PREFIX TAG R 273 410 IAC 16.2-5.1 (f) Food and nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice day on 9/30/19 and empty bottle disposed of on 9/30/19. Soap was made readily available prior to breakfast service day on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/20/19 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and store any number of the provide and store and nutritional Services What corrective a | | | | B. W | B. WING 09/30/2019 | | | |
| SAME OF PROVIDER OR SUPPLIES BENNETT PLACE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING ROFORMATION LOCal sanitation and safe food handling standards, including 410 LAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food items were labeled and deta dafer use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Principal in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Pathers) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." SUBJECTION TAG PREFIX PREFIX PREFIX PROMISE AVE PREFIX PROMISE AUX COMPLETION DATE OCAPILATION PREFIX TAG R 273 410 IAC 16.2-5.1 (f) Food and nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice day on 9/30/19 and empty bottle disposed of in trash receptace. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all Rems were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures wi | | | | | STREET | ADDRESS CITY STATE ZIP COD | | |
| Deal | NAME OF I | PROVIDER OR SUPPLIE | R | | | | | |
| Ox 10 PREFIX (RACH DEFICIENCY MUST BE PRECEDED BY FILL TAG RIGIDATION PRO ISC DEMINITY OR ISO BY FILL AGE PROFILE PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROFILE PROPERTY | BENNET | T PLACE | | | | | | |
| REFIX REGULATORY OR LSC IDENTIFYING INFORMATION Iocal sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Findings include includes include include includes included included inclu | | T | | | | 1 | | |
| Icoal sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kinchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." BATE R 273 410 IAC 16.2-5.1 (f) Food and nutritional Services What corrective action(s) will be accomplished for those residents and untritional Services What corrective action(s) will be accomplished for those residents and untritional Services What corrective action(s) will be accomplished for those residents and untritional Services What corrective action(s) will be accomplished for those residents and untritional Services What corrective action(s) will be accomplished for those residents passed of on the safected by the deficient practice of on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit | | | | | | | | |
| local sanitation and safe food handling standards, including 410 JAC 7-24. Based on observations, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Findings include: Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." Based on observations, und record and nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All items without dates disposed of on 9/30/19 and empty bottle disposed of on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken. An audit was conducted to ensure all items were deaded and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make t | | | | | | CROSS-REFERENCED TO THE APPROPRIA | TE (| |
| standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." R 273 410 IAC 16.2-5.1 (f) Food and nutritional Services What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice? All items without dates disposed of on 9/30/19 and empty bottle disposed of in 19/30/19 and empty bottle disposed of in 19/30/20/19 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were detated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will ma | TAG | | | | TAG | DEFICIENCY) | | DATE |
| Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Findings include: Findings include: The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." R 273 410 IAC 18.2-5.1 (f) Food and nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice and infected by the deficient practice. All items without dates disposed of on 9/30/19. Soap was made readily available prior to breafast service day on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/1 | | | <u> </u> | | | | | |
| review, the facility failed to ensure food items were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." Band nutritional Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All items without dates disposed of on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/20/19 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All items without dates disposed of on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet day allable prior to breakfast service day on 9/30/20/19 and empty bottle disposed of in trash receptacle. Cabinet day and empty bottle disposed of in trash receptacle. Cabinet day and and the same deficient practice? An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out o | | | | D O | 272 | D 070 440 14 0 40 0 5 4 (6) 5- | | 11/12/2010 |
| were labeled and dated after use, a kitchen cabinet was free of sticky debris, and the soan dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Prindings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All items without dates disposed of on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Execute Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on 10/16/2019. | | | | R 0. | 2/3 | 1 | oa | 11/12/2019 |
| was free of sticky debris, and the soap dispenser was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." be accomplished for those residents found to have been affected by the deficient practice? All items without dates disposed of on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice day on 9/30/10 at 8:16 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." be accomplished for those residents found to have been affected by the deficeted by the deficient practice? All items without dates disposed of on 9/30/20 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice day on 9/30/19 at 8:16 a.m. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put | | - | | | | | . | |
| was readily available for use during 1 of 2 kitchen observations. This deficient practice had the potential to affected 37 of 37 residents who received meals from the kitchen. Findings include: Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." Fresidents found to have been affected by the daffected by the daffected by the daffected by readily items without dates disposed of on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet leaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | | ' | |
| observations. This deficient practice had the potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." affected by the deficient practice? All items without dates disposed of on 9/30/19. Soap was made readily available prior to breakfast service day on 9/30/19 at 0 empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | - | | | | - | , | |
| potential to affect 37 of 37 residents who received meals from the kitchen. Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." practice? All thems without dates disposed of of 19/30/19. Soap was made readily available prior to breakfast service day on 9/30/19 and empty be the deficient of 19/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procederating proper cleaning procederates by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on 10/16/2019. Current Director on 10/1 | | - | - | | | | | |
| meals from the kitchen. All items without dates disposed of on 9/30/19, Soap was made readily available prior to breakfast service day on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/20/9 - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." All items without dates disposed of on 9/30/19 and empty beavailable prior to breakfast service day on 9/30/19 and empty bettle disposed of in trash receptacle. Cabinet cleaned on 9/30/20/9 How will the facility identify other resideants having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on 10/16/2019. Current dietary staff in-serviced on 9/30/10 at 10 procedures by Executive Director on 10/16/2019. | | | • | | | <u> </u> | | |
| Findings include: During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." of on 9/30/19. Soap was made readily available prior to breakfast service day on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | * | | | | • | ed | |
| Findings include: readily available prior to breakfast service day on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 The empty soap dispenser bottle was lying in the handwashing sink. | | ment nom all monen. | | | | | | |
| During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." service day on 9/30/19 and empty bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | Findings include: | | | | • | | |
| During the initial kitchen observation on 9/30/19 at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I' know they are supposed to label and date any container of food they put in the refrigerator." bottle disposed of in trash receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | <i>S S S S S S S S S S</i> | | | | | | |
| at 8:06 a.m., the following was observed: - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." receptacle. Cabinet cleaned on 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | During the initial kitchen observation on 9/30/19 | | | | - | 7.3 | |
| - The empty soap dispenser bottle was lying in the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." 9/30/2019 How will the facility identify other residents having the potential to be affected by the same deficient what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | _ | | | | 1 | on | |
| the handwashing sink. - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | I | | |
| on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." potential to be affected by the same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | - The empty soap of | lispenser bottle was lying in | | How will the facility identify | | | |
| - 6 containers of food items not easily distinguished were in the reach in refrigerator without a label or date. - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." same deficient practice and what corrective action will be taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | the handwashing si | nk. | | | other residents having the | | |
| distinguished were in the reach in refrigerator without a label or date. The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic contained a few slices of bread or rolls. The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. Shalf-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. The cabinet above the coffee machine had a all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | potential to be affected by th | ie | |
| taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." taken. An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | - 6 containers of fo | od items not easily | | | same deficient practice and | | |
| - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." An audit was conducted to ensure all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | distinguished were | in the reach in refrigerator | | | what corrective action will be | e | |
| - The cabinet above the coffee machine had a sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." all items were dated and stored appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | without a label or o | late. | | | taken. | | |
| sticky powdery substance pink in color on the shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." appropriately. Any found missing or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | An audit was conducted to en | sure | |
| shelf. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." or out of compliance were immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | | | |
| immediately disposed. - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." immediately disposed. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | 1 ' ' ' | ostance pink in color on the | | | | ing | |
| - 8 half-empty bags of bread and rolls were sitting on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | shelf. | | | | 1 | | |
| on the kitchen window sill - Each bag only contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." place or what systemic changes the facility will make to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | 0.110 / 1 | | | | · · | | |
| contained a few slices of bread or rolls. - 2 bags of noodles were open to air in the dry storage room. - 2 bags of noodles were open to air in the dry storage room. - 2 bags of noodles were open to air in the dry practice does not recur. - 2 current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary are supposed to label and date any container of food they put in the refrigerator." - 2 bags of noodles were open to air in the dry practice does not recur. - 2 current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | <u>-</u> | ito | |
| to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." to ensure that the deficient practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | | | | | 1 - | | |
| - 2 bags of noodles were open to air in the dry storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." practice does not recur. Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | contained a few sii | ces of bread or rolls. | | | | e | |
| storage room. An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." Current Staff were in serviced regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | 2 hags of noodless | were open to air in the dry | | | | | |
| An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." regarding proper cleaning procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | _ | were open to an in the dry | | | · | , | |
| An interview, on 9/30/10 at 8:15 a.m., RCP (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." procedures by Executive Director on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | Storage room. | | | | | u | |
| (Resident Care Partner) 6 indicated "I know they are supposed to label and date any container of food they put in the refrigerator." on 10/16/2019. Current dietary staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | An interview on 0 | /30/10 at 8:15 a m RCP | | | | ctor | |
| are supposed to label and date any container of food they put in the refrigerator." staff in-serviced on safe handling of food to include dating and labeling by Executive Director on | | - | | | | 1 - | | |
| food they put in the refrigerator." of food to include dating and labeling by Executive Director on | | | · · · · · · · · · · · · · · · · · · · | | | 1 | | |
| labeling by Executive Director on | | | <u> </u> | | | | "''y | |
| | | 1000 they put in the | o romigorator. | | | _ | | |
| An interview with the Chef on 9/30/19 at 11:45 10/16/2019 | | An interview with | the Chef on 9/30/19 at 11:45 | | | | J11 | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 6 of 11

PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE (| (X3) DATE SURVEY | | | | |
|--|---|---|--|--|------------|--|--|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BUILDING B. WING | COMPLETED | | | |
| | | | <u> </u> | | 09/30/2019 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | | T ADDRESS, CITY, STATE, ZIP COD | | | |
| BENNET | T PLACE | | 3928 HORNE AVE NEW ALBANY, IN 47150 | | | | |
| (X4) ID | SUMMARY | STATEMENT OF DEFICIENCIE | ID | PROVIDER'S PLAN OF CORRECTION | (X5) | | |
| PREFIX | * | CY MUST BE PRECEDED BY FULL | PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR | | | | |
| TAG | | e had been off for 4 days and | TAG | DEFICIENCY) | DATE | | |
| | | or what the other staff did, but | | How the corrective action(s) | | | |
| | | d have been labeled and dated | | will be monitored to ensure the | | | |
| | when put into the refrigerator. On 9/30/19 at 2:35 p.m., the Administrator | | | deficient practice will not | | | |
| | | | | recur. | | | |
| | | | | | | | |
| | | the facility's current policy | | The Dietary Manager is | | | |
| | | d Prepared Foods". This olicy: Leftovers and prepared | | responsible for sustained | | | |
| | | red and stored appropriately. | | compliance. The Executive Director and/or designee with | | | |
| | | oods must be stored in an | | monitor kitchen sanitation | | | |
| | _ | er with an airtight lid or | | 5x/week for 4 weeks, then | | | |
| | cellophane, and labeled with the type of food and date" | | | 3x/week for 4 weeks, then we | ekly | | |
| | | | | for 4 weeks. Results of the au | | | |
| | A good maliar titl | ed "Storage of Products" was | | will be discussed during mont | = | | |
| | | the Administrator at 2:35 p.m. | | QI meetings. The QI Commit will determine if continued aud | | | |
| | | ed "Process:Once opened, | | is necessary based on three | aning | | |
| | | ed and sealed/covered | | consecutive months of | | | |
| | appropriately for sto | orage." | | compliance. Monitoring will b | e | | |
| | | | | ongoing. | | | |
| R 0295 | 410 IAC 16.2-5-6(| a) | | | | | |
| | Pharmaceutical S | ervices - Noncompliance | | | | | |
| Bldg. 00 | | self-medicate may keep | | | | | |
| | | on and nonprescription | | | | | |
| | | eir unit as long as they keep | | | | | |
| | | n other residents. on and interview, the facility | R 0295 | R 295 410 IAC 16.2-5-6(a) | 11/12/2019 | | |
| | | dications were secured for | K 0293 | Pharmaceutical Services | 11/12/2019 | | |
| | resident safety durin | ng 3 of 3 observations of | | -Noncompliance | | | |
| | medication storage. | | | · | | | |
| | Findings include: | | | | | | |
| | i mamga meraac. | | | What corrective action(s) will | oe | | |
| | 1. During an observ | ration on 9/30/19 at 8:10 a.m., | | accomplished for those reside | | | |
| | LPN (Licensed Prac | ctical Nurse) 3 left the | | found to have been affected b | | | |
| | | aving the door unlocked and | | deficient practice? | | | |
| | - | ed her medication cart to the | | | | | |
| | dining room hall. Sl | he obtained medication for four | | LPN 3 was re-trained on | | | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 7 of 11

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIE | | X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | |
|--|--|---|----------------------------|----------------------------------|---|------------------|------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BUILDING <u>00</u> | | 00 | COMPLETED | |
| | | | B. WI | ING | | 09/30/ | /2019 |
| N. 1 | NOVEMBER OF STATE | | | STREET A | ADDRESS, CITY, STATE, ZIP COD | | |
| NAME OF F | PROVIDER OR SUPPLIER | ζ | | | ORNE AVE | | |
| | T PLACE | | NEW ALBANY, IN 47150 | | | | |
| (X4) ID | | STATEMENT OF DEFICIENCIE | | ID | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CO | | (X5) |
| PREFIX | | ICY MUST BE PRECEDED BY FULL | | PREFIX | | | COMPLETION |
| TAG | | R LSC IDENTIFYING INFORMATION | | TAG | | | DATE |
| | residents whom were entering the dining room. During each administration of the four residents' | | | | medication handling and stora on 10/11/2019 by Care Servic | - | |
| | medications, the medication storage room door | | | | Manager. Door lock serviced l | | |
| | was out of view, ajar, and unlocked. | | | | maintenance on 10/01/2019. I | - | |
| | | | | | keys cut for door lock. | VCVV | |
| | An interview, on 9/ | 30/19 at 8:10 a.m., the LPN | | | noyo out for user reen. | | |
| | | d to unlock the door with her | | | How will the facility identify oth | ner | |
| | key, so she had left | it open. | | | residents having the potential | | |
| | | - | | | be affected by the same defici | | |
| | During an observat | ion on 9/30/19 at 8:11 a.m., | | | practice and what corrective a | | |
| | Residents 9 and 10 were observed walking by the | | | | will be taken. | | |
| | medication room door, while going to the dining | | | | | | |
| | room. | | | | Door lock changed to ensure a | all | |
| | | | | | licensed staff will have easy | | |
| | T - | vation on 9/30/19 at 8:29 a.m., | | | access to medication room. | | |
| | | ralax for Resident 11. The LPN | | | | | |
| | | ntainer on the top of the | | | What measures will be put into | | |
| | | e had entered the dining room ne medication to the resident | | | place or what systemic change | | |
| | leaving the medicat | | | | the facility will make to ensure | | |
| | leaving the medical | tion cart out of site. | | | that the deficient practice does recur. | STIOL | |
| | An interview, on 9/ | 30/10 at 8:31 a.m., LPN returned | | | recui. | | |
| | | art and noticed the Miralax on | | | Current licensed staff were in | | |
| | | ted, "Oops" that she should | | | serviced to ensuring medication | ons | |
| | | iralax out onto of the cart | | are stored properly per Enlivant | | | |
| | unsecured. | | | | Policy on 10/14/2019 by the | | |
| | | | | | Care Services Manager | | |
| | | vation on 9/30/19 at 12:23 p.m., | | | | | |
| | | in the dining room. She then | | | | | |
| | · · | man out of the facility. Upon a | | | How the corrective action(s) w | | |
| | | eview, the LPN walked from the | | | monitored to ensure the defici | ent | |
| | | the dining room area, and | | | practice will not recur. | | |
| | _ | tion room door, which was not | | | The Oans Oans : | 0044 | |
| | locked. | | | | The Care Services Manager (| USIMI) | |
| | During an interview on 9/30/19 at 3:04 p.m., the | | | | is responsible for sustained | | |
| | _ | eated the medication room door | | | compliance. The CSM and/or Designee will perform a rando | m | |
| | | nd the medications in the cart | | | cart audits for ensuring | 111 | |
| | | when a nurse was not present. | | | medications are secure, med | | |
| | Should be secured v | a naise was not present. | | | room door locked, meds secu | red | |
| | | | 1 | | 100.11 0001 1001.00, 111000 00001 | | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 8 of 11

PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER | | (X2) MULTIPLE CO A. BUILDING B. WING | ONSTRUCTION 00 | (X3) DATE SURVEY COMPLETED 09/30/2019 | | | | |
|---|---|---|--|---|------------------------|--|--|--|
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZIP COD 3928 HORNE AVE NEW ALBANY, IN 47150 | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN REGULATORY OF | SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCY OR LSC IDENTIFYING INFORMATION TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | (X5) COMPLETION DATE | | | |
| | of Medications poli was not limited to, community must be locked container or | /19 at 2:37 p.m., of the Storage cy dated 9/1/19, included, but "All medications stored by the emaintained in a clean, neat, area. The medication cart, and the Wellness Area should in not used" | | in med cart. Audits will be conducted 5 x/week for 4 weeks, the weekly for 4 weeks. Results audit will be discussed during monthly QI meetings. The Quantities will determine if continued auditing is necessed based on three consecutive months of compliance. Monitoring will be ongoing. | en of the | | | |
| R 0300 Bldg. 00 | (4) Over-the-coundrugs, and biological must be labeled in accepted profession the appropriate accepted on observation that interview, the faciliand monitoring of a | ervices - Deficiency ter medications, prescription cals used in the facility n accordance with currently onal principles and include ccessory and cautionary ne expiration date. on, record review, and ty failed to ensure the labeling on expiration date on f 2 medication carts reviewed. | R 0300 | R 300 410 IAC 16.2-5-6(c)(4) Pharmaceutical Services -Deficiency | 11/12/2019 | | | |
| | Medication Cart 1 i Resident 4's bisacoo expiration date of 8 During an interview | on 9/30/19 at 12:23 p.m., of the ndicated the following: dyl suppository had an /20/19. on 9/30/19 at 12: 23 p.m., LPN Nurse) 3 indicated "the night | | What corrective action(s) will accomplished for those reside found to have been affected to deficient practice? Humalog kwikpen for resident disposed on 9/30/2019. Bisact suppository for resident 4 disposed on 9/30/2019 LPN was re-trained on insulin expirate. | ents by the t 5 bodyl | | | |
| | shift nurse should c | heck the expiration dates, but out 3 weeks ago, so we have | | dates by the Care Services Manager on 10/11/2019. How will the facility identify of | | | | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 9 of 11

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION (X | | | (X3) DATE SU | X3) DATE SURVEY | |
|--|---|-----------------------------------|--|----------|--|-----------------|------------|
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER | A. BUILDING <u>00</u> | | | COMPLETED | |
| | | | B. WI | ING | | 09/30/2 | 2019 |
| | | l . | | CTDEET A | ADDRESS, CITY, STATE, ZIP COD | | |
| NAME OF P | ROVIDER OR SUPPLIEF | ₹ | | | | | |
| BENNET | T DL ACE | | 3928 HORNE AVE NEW ALBANY, IN 47150 | | | | |
| DEININE | I PLACE | | | INEVV A | LBAN1, IN 47 150 | | |
| (X4) ID | SUMMARY | STATEMENT OF DEFICIENCIE | | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | PREFIX | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA | TE | COMPLETION |
| TAG | REGULATORY OF | R LSC IDENTIFYING INFORMATION | | TAG | DEFICIENCY) | | DATE |
| | The clinical record was reviewed on 9/30/19 at 2:30 | | | | residents having the potential | to | |
| | p.m. The resident's diagnoses included, but were | | | | be affected by the same defici | ent | |
| | not limited to, anorexia, gastro-esophageal reflux | | | | practice and what corrective a | ction | |
| | disease, and gout. | | | | will be taken. | | |
| | | | | | | | |
| | | ers indicated the resident | | | An audit was conducted on M | | |
| | | rl suppository 10 milligrams | | | Cart 1 and Med Cart 2 by the | I | |
| | • | ed for constipation, with a start | | | Services Manager to ensure n | I | |
| | date of 12/12/17. | | | | expired medications were pres | sent | |
| | | | | | on 10/08/2019 | | |
| | 2. An observation on 9/30/19 at 12:30 p.m., of the | | | | | | |
| | Medication Cart 2 indicated the following: | | | | What measures will be put int | | |
| | | | | | place or what systemic change | | |
| | | og kwikpen had an open date | | | the facility will make to ensure | I | |
| | of 8/24/19. | | | | that the deficient practice does | s not | |
| | ъ | 0/20/10 / 12 20 L DN | | | recur. | | |
| | _ | v on 9/30/19 at 12:30 p.m., LPN | | | | | |
| | - | ted pharmacy expiration date | | | Current licensed staff were in | | |
| | was still good. | | | | serviced to medication storage | I . | |
| | The clinical record | was reviewed on 9/30/19 at 2:30 | | | including expired medications | - | |
| | | diagnosis included, but was | Enlivant Policy on 10/14/2019 | | | | |
| | _ | etes Mellitus type 2. | | | by the Care Services Manage | <i>'</i> | |
| | not minicu to, Diau | otes Memitus type 2. | | | How the corrective action(s) w | ا مطالن | |
| | The physician's ord | er indicated the resident was | | | monitored to ensure the defici | | |
| | | 100 unit/mL (milliliter) kwikpen | | | practice will not recur. | CIIL | |
| | _ | imes a day, with a start date of | | | practice will flot fecul. | | |
| | 12/14/18. | mics a day, with a start date of | | | The Care Services Manager is | , | |
| | 12/11/10. | | | | responsible for sustained | ´ | |
| | The Medication Ad | ministration Record for | | | compliance. The Care Service | | |
| | | idicated the resident received | | | Manager and/or Designee will | | |
| | | of Humalog, after the pen was | | | perform a random cart audits | | |
| | open for 28 days: | or | | | expired medications. Audits v | I . | |
| | - 1 - 1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 | | | | be conducted 5 x/week for 4 | | |
| | - on 9/22/19 - 2 uni | ts before lunch and dinner. | | | weeks, then 3x/week for 4 week | eks. | |
| | | ts before breakfast and lunch | | | then weekly for 4 weeks. Resu | | |
| | and 4 units before d | | | | of the audit will be discussed | | |
| | | ts before breakfast and lunch | | | during monthly QI meetings. | _{The} | |
| | and 4 units before d | | | | QI Committee will determine it | I . | |
| | | ts before lunch and 4 units | | | continued auditing is necessar | | |
| 1 | | | 1 | | 1 | , | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 10 of 11

PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-039

| STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER | | A. BU | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | | (X3) DATE SURVEY COMPLETED 09/30/2019 | | |
|---|--|---|--|---------------------|---|---|----------------------------|--|
| | PROVIDER OR SUPPLIER | <u> </u> | B. W. | STREET A | ADDRESS, CITY, STATE, ZIP COD ORNE AVE | 03/30/ | 2013 | |
| BENNETT PLACE | | | NEW ALBANY, IN 47150 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION | | | ID PREFIX TAG | CROSS-REFERENCED TO THE APPROPRIAT | | (X5) COMPLETION DATE | |
| | before dinner on 9/26/19 - 2 uni and 2 units before c - on 9/27/19 - 8 uni - on 9/28/19 - 2 uni and 2 units before c - on 9/29/19 - 2 uni - on 9/30/19 - 2 uni - on 9/30/19 - 2 uni - on 9/30/19 at 12:48 p.i at the medications of the facility did not for expired medicat The review on 9/30 Long Should Insuli Started?" at https://care.diabetes 5 included, but was vials, whether or no | ts before breakfast and lunch linner. ts before dinner. ts before breakfast and lunch linner. ts before breakfast and lunch. ts before breakfast and lunch. w with the Administrator, on m., he indicated they just looked for expiration dates last month. have a policy for monitoring ions. /19 at 2:40 p.m., of the "How n Be Used Once a Vial Is sjournals.org/content/26/9/266 not limited to, "Opened of refrigerated, must be used by must be discarded if not | | | based on three consecutive months of compliance. Monitoring will be ongoing | | | |

State Form Event ID: IRQ911 Facility ID: 004442 If continuation sheet Page 11 of 11