

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

PRINTED: 11/12/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/07/2019	
NAME OF PROVIDER OR SUPPLIER  CRAWFORDSVILLE BICKFORD COTTAGE LLC				STREET ADDRESS, CITY, STATE, ZIP COD 100 BICKFORD LN CRAWFORDSVILLE, IN 47933			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: October 7, 2019</p> <p>Facility number: 003674</p> <p>Residential Census: 28</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 15, 2019</p>			R 0000			
R 0118  Bldg. 00	<p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide.</p> <p>Based on record review and interview, the facility failed to ensure a Certified Nursing Assistant (CNA) who had been certified in another state, had obtained an Indiana certification within the time frame required by statute for 1 of 10 employee files reviewed.</p> <p>Findings include:</p>			R 0118	<p>No residents were harmed by this deficient practice although potential harm did exist. Director will audit all personnel files to ensure that each staff member has proper certification / license required for their job title / duties. Documentation of audit will be sent to Divisional Director for review.</p>		11/08/2019

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0273  Bldg. 00	<p>Certified Nursing Assistant (CNA) 4's employee file was reviewed on 10/7/19 at 2:00 p.m. The file indicated the CNA had been hired by the facility on 4/4/19, but lacked documentation of an active Indiana CNA certification.</p> <p>A document, titled, "State of Tennessee Division of Health Care Facilities," indicated CNA 4 had been certified as a CNA, by the state of Tennessee on 9/1/2015.</p> <p>During an interview, on 10/7/19 at 3:05 p.m., the Administrator indicated CNA 4 had provided direct Activities of Daily Living (ADL) care to the residents of the facility, and should have completed her certification as a CNA in Indiana. She indicated the facility had no specific policy, and would follow the state residential rules.</p> <p>The "Indiana Administrative Code: Health Facilities; Licensing and Operational Standards," readopted 5/22/07, indicated at "410 IAC 16.2-3.1-14 Personnel: Sec. 14...(c) Each nurse aide who is hired to work in a facility shall have successfully completed a nurse aide training program approved by the division or shall enroll in the first available approved training program... (1) Thirty (30) hours of classroom instruction within one hundred twenty (120) days of employment...."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record</p>			R 0273	<p>Director will receive in-service education on hiring policies / practices.</p> <p>Any staff member found to be not current in their credentialing will be immediately removed from performing tasks for which they are not credentialed until certification / license is acquired.</p> <p>The next three new staff hires – personnel files will be audited by the director and results sent to the Divisional Director for review. Personnel files will be audited annually by Divisional Director to ensure compliance</p> <p>No residents were harmed by this deficient practice although</p>		11/08/2019

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	<p>review, the facility failed to ensure a trash container was functional to allow hygienic disposal of refuse, and to ensure food items were stored in a safe and sanitary manner, dated, and not maintained beyond the use by date for 1 of 1 kitchen observations which had the potential to affect 28 of 28 residents who receive food from the kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour, with the Dietary Manager, on 10/7/19 at 10:00 a.m., the following concerns were observed:</p> <ol style="list-style-type: none"> <li>1. A trash container next to the kitchen handwashing sink, had a non-functional foot pedal used to open the lid of the container.</li> <li>2. An observation of a refrigerator located next to the door, revealed the following: <ol style="list-style-type: none"> <li>a. A bag of unlabeled lettuce.</li> <li>b. An opened bag of cheese.</li> <li>c. A container with peeled yellow butternut squash, with a use by date of 9/29/19.</li> <li>d. Uncovered celery soaking in water, which was not dated or labeled.</li> <li>e. A banana pie, dated 10/2/19.</li> </ol> </li> </ol> <p>At the same time, the Dietary Manager indicated the bag of cheese should not have been opened. The bag of peeled butternut squash should have been used within 7 days. She unsure if the lettuce had to be dated, and believed it was acceptable for the celery to be stored in water uncovered.</p>				<p>potential for harm did exist Director will inspect kitchen / food storage areas to ensure all food is dated and labeled properly. All compromised food has been discarded Kitchen manager and all food service staff will receive in-service educations on proper food storage policies / procedures. The foot operated trash can has been replaced. Director/ kitchen manager/ kitchen staff will audit all food storage areas three times weekly for two months, then twice weekly for next four months. Cycle will start over if any compromised food discovered on these audits. Kitchen and food storage areas will be monitored on routine site visits and audited annually by Divisional Director to ensure compliance.</p>		

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R 0298  Bldg. 00	<p>The Dietary Manager also indicated the banana pie would only be good for 3 days and needed to be thrown out. She went through the refrigerator daily to ensure the items were dated and not used past their use by dates, but she had not been working for a few days. During her absence, there had been non-kitchen staff working.</p> <p>During an interview, on 10/7/19 at 10:18 a.m., the Administrator indicated all food should be dated, including the lettuce. All food should be covered, including the celery and should be used by required dates. Bags of food should never be left open. The trash container should be hands free, and should have a functional foot pedal so it could be opened without touching it when they washed their hands.</p> <p>On 10/7/19 at 10:28 a.m., the Dietary Manager provided a document, dated 3/2017, titled, "Dining Service," and indicated it was the policy currently being used by the facility. The policy indicated, "Policy: It is the policy for the Food Service Department to wrap, cover, label, dated and store all foods in a safe, appropriate manner...Procedure: 1. All...foods...are labeled, dated and securely covered...2. All dates are to be written on the container and represent the date it was opened or prepared. All foods that are prepared at the branch must be discarded at the end of the third day...."</p> <p>410 IAC 16.2-5-6(c)(2) Pharmaceutical Services - Deficiency (2) A consultant pharmacist shall be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility;</p>						

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	<p>(C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping;</p> <p>(D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and</p> <p>(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days.</p> <p>Based on record review and interview, the facility failed to ensure a medication drug regimen review was completed by a pharmacist every 60 days for 2 of 5 residents reviewed for pharmacy reviews (Residents 703 and 722).</p> <p>Findings include:</p> <p>1. On 10/7/19 at 9:30 a.m., Resident 703's record was reviewed. Diagnoses included, but were not limited to, Dementia with behavioral disturbances and hypertension (high blood pressure).</p> <p>The facility controlled, handled, and administered Resident 703's medications, but failed to have a pharmacist drug regimen review completed at least every 60 days.</p> <p>On 10/7/19 at 11:42 a.m., the Registered Nurse (RN) Coordinator indicated, there were no pharmacist drug regimen reviews for May 2019 and July 2019. The facility used a consultant pharmacy to review all of the resident's medications, but the pharmacist that was used for the facility was let go and they had to find a pharmacist that could come to the facility from April 2019 to September 2019.</p> <p>2. On 10/7/19 at 10:30 a.m., Resident 722's record</p>			R 0298	<p>No residents were harmed by this deficient practice however potential harm did exist.</p> <p>RNC and pharmacy manager will receive in-service education on policy / procedure for pharmacist reviews every 60 days.</p> <p>A pharmacist review has been completed on Sept. 6th, 2019 with written recommendations sent to the RNC for review and Physician response.</p> <p>Physician responses will be forwarded to the pharmacy and any new orders completed per protocol.</p> <p>RNC will inform Divisional Director of date of pharmacy review, and projected date of next review will be added to electronic calendar to assist with monitoring of future visits to assist with compliance.</p> <p>Resident charts will be monitored annually by Divisional Director to ensure compliance</p>		11/08/2019

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	<p>was reviewed. Diagnoses included, but were not limited to, cancer, Chronic Obstructive Pulmonary Disease (COPD) (progressive lung disease), and generalized anxiety disorder (GAD).</p> <p>The facility controlled, handled, and administered Resident 722's medications, but failed to have a pharmacist drug regimen review completed at least every 60 days.</p> <p>On 10/7/19 at 1:46 p.m., the Administrator indicated, the facility followed the State of Indiana guidelines of a pharmacy to review resident's medications every 60 days, but the consulting pharmacist review of Resident 722's medications was not completed from April 2019 to September 2019.</p> <p>On 10/7/19 at 1:49 p.m., the Registered Nurse (RN) Coordinator provided and identified as a current facility policy, titled "Valumed Pharmacy Services," dated 09/2019, which indicated, "...Valumed Pharmacy utilizes Consultant Pharmacists that perform quarterly reviews of medical records. The Consultant Pharmacists are an integral part of the health care team that interacts with your physician and Bickford staff to provide the following benefits to Bickford residents...Performs quarterly reviews to make sure the proper medications are given at the proper time and in the proper manner...."</p> <p>The "Indiana Administrative Code: Health Facilities; Licensing and Operational Standards," readopted 5/22/07, indicated, "...410 IAC 16.2-5-6 Pharmaceutical services...section (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: ...(2) A consultant pharmacist shall</p>						

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	be employed, or under contract, and shall: ...(E) review the drug regimen of each resident receiving these services at least once every sixty (60) days...."						