

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

PRINTED: 09/11/2019
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 08/07/2019	
NAME OF PROVIDER OR SUPPLIER CRESTWOOD VILLAGE SOUTH APARTMENTS LLC				STREET ADDRESS, CITY, STATE, ZIP COD 8809 MADISON AVENUE INDIANAPOLIS, IN 46227			
(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 dates: August 6 & 7, 2019.</p> <p>Facility number: 013367</p> <p>Residential Census: 84</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.12-5.</p> <p>Quality Review completed on August 09, 2019.</p>			R 0000			
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference;</p> <p>of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the</p>						

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to ensure a service plan was followed for a resident receiving insulin for 1 of 7 residents reviewed for implementation of service plans. (Resident 39)</p> <p>Findings include:</p> <p>The clinical record of Resident 49 was reviewed on 8/6/19 at 2:00 p.m. Diagnoses for the resident included, but were not limited to, diabetes mellitus and congestive heart failure.</p> <p>Diabetes is a condition in which the body either doesn't make enough insulin or cells are resistant to the insulin. Insulin allows the body to absorb sugar for energy or storage.</p> <p>A service plan, dated 3/7/19 and current through 10/7/19, indicated a Focus of Medications. Goals were, "Will be supported to take all medications safely and as ordered" and "Will be supported to have glucose level in therapeutic range." Interventions included, "Needs help with medications due to cognitive loss."</p> <p>A physician's order, dated 5/22/19 and current through 8/6/19, indicated Resident 39 received NovoLog insulin 8 units 2 times per day, and to hold the insulin if the resident's blood sugar was</p>			R 0217	<p>HSD immediately contacted prescribing doctor of insulin order. Doctor changed order to be more accurate to that resident's needs. New order was transcribed.</p> <p>HSD immediately checked insulin orders for accuracy for all remaining residents.</p> <p>HSD or designee will verify all new doctor orders ongoing regarding insulin and parameters by reviewing the duplicate order sent by doctor on regular basis.</p> <p>HSD or designee will review insulin dependent resident care plans on a monthly basis with nursing for staff for 3 months.</p> <p>HSD or designee will review the EMAR for proper administration of insulin per MD order of all insulin dependent residents on medication management daily on regularly scheduled days of work for 1 month. After 1 month, it will be reviewed weekly for 1 month. After that month, it will be</p>		02/03/2020

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R 0273 Bldg. 00	<p>less than 100 milligrams (mg) per deciliter (dL).</p> <p>Review of Resident 39's blood sugars and Medication Administration Record for July, 2019, indicated the following:</p> <p>7/4 at 5:51 a.m. blood sugar was 96 mg/dL. Received 8 units insulin.</p> <p>7/5 at 5:58 a.m. blood sugar was 92 mg/dL. Received 8 units of insulin.</p> <p>7/5 at 6:28 p.m. blood sugar was 92 mg/dL. Received 8 units of insulin.</p> <p>7/13 at 5:54 a.m. blood sugar was 93 mg/dL. Received 8 units of insulin.</p> <p>7/17 at 5:49 a.m. blood sugar was 88 mg/dL. Received 8 units of insulin.</p> <p>Interview, on 8/7/19 at 9:30 a.m., the Director of Nursing (DON) indicated the resident should not have received his insulin on the above dates in July, 2019 as indicated by the physician's order and the resident's service plan. The DON had contacted the physician on 8/7/19, who indicated the order needed to be changed to a lower blood sugar parameter. The physician's new order, dated 8/7/19 at 9:45 a.m. was "Inject 8 units [insulin] subcutaneously two times a day...Hold if blood sugar [less than] 80, give after meal hold if resident does not eat meal."</p>				<p>reviewed monthly for 3 months and then after those 3 months, the HSD or designee will randomly review EMAR administration of insulin on an ongoing basis.</p> <p>Med administration including insulin and it's parameters, transcription of orders and reading the EMAR in-service to take place in August for all nursing staff. Nursing staff will be educated on when it is appropriate to call the physician. Nursing staff will also be educated on why and how to view the resident service plan.</p> <p>The Plan of Correction will be completed by February 3rd, 2020.</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 review, the facility failed to ensure dietary staffs' facial hair was covered while resident foods were</p>			R 0273	<p>Dining staff were immediately required to wear a beard net if they were preparing food and had any</p>		08/16/2019

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	<p>being prepared and plated. This had the potential to affect 84 of 84 residents residing in the facility who received food from the kitchen.</p> <p>Findings include:</p> <p>On 8/6/19 from 10:05 a.m. to 10:15 a.m., observed the DM (Dietary Manager) in the food serving area where breakfast foods were being prepared and plated. DM was giving a tour of the kitchen's grill, stove, and oven area. Observed the DM's facial hair to not be covered.</p> <p>On 8/6/19 from 11:05 a.m. to 11:20 a.m., observed Dining Services Server 1 in the kitchen food prep area while the noon meal was being prepared and plated. Dining Services Server 1 was dipping soups into the soup bowls and plating fresh fruits onto resident plates. Observed Dining Services Server 1's facial hair to not be covered.</p> <p>On 8/6/19 from 11:15 a.m. to 11:40 a.m., observed the DM in the food serving area while the noon meal food items were being prepared and plated. The DM was taking and recording temperatures of the food items located at the steam table. The DM was observed plating food items for the noon meal. Observed DM's facial hair to not be covered.</p> <p>Interview, on 8/6/19 at 10:15 a.m., the DM indicated all residents residing in the facility received food from the kitchen.</p> <p>Interview, on 8/6/19 at 1:40 p.m., the DM indicated all kitchen staff with facial hair longer than 1/8 inch in length, were to keep their hair restrained while in the kitchen food prep area.</p> <p>On 8/6/19 at 1:10 p.m., the Executive Director</p>				<p>facial hair.</p> <p>Beard nets are available at kitchen entrances and will be required for any employee preparing food with facial hair.</p> <p>Dining staff were educated on what constitutes food preparation and when it is appropriate to wear a beard net.</p> <p>Executive Chef and Executive Director will visually monitor beard net use on an ongoing basis.</p>		

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	<p>provided the Facility Census document. A review of the document indicated the facility census was 84 residents currently residing in the facility.</p> <p>On 8/6/19 at 1:55 p.m., the Executive Director provided a copy of the Dining Hygiene policy, dated 2019, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...employees will wear hair covering that covers the hair ...beard and mustache must be covered with effective hair restraint when hair is over ¼ inch ..."</p> <p>On 8/6/19 at 2:55 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to wear effectively keep their hair from contacting...exposed food..."</p>						