

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

PRINTED: 08/12/2019  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/19/2019	
NAME OF PROVIDER OR SUPPLIER  NEW ALBANY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 201 E ELM ST NEW ALBANY, IN 47150			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00301128.</p> <p>This visit resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy.</p> <p>Complaint IN00301128 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Unrelated deficiencies cited</p> <p>Survey dates: July 17, 18, and 19, 2019</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Census Bed Type: SNF/NF: 86 Residential: 9 Total: 95</p> <p>Census Payor Type: Medicare: 1 Medicaid: 73 Other: 12 Total: 86</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 21, 2019</p>			F 0000			
F 0689 SS=J	483.25(d)(1)(2) Free of Accident						

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 disclosable 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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Bldg. 00	<p><b>Hazards/Supervision/Devices</b> §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure adequate care and supervision was in place when a resident (Resident B) with dementia and a wanderguard in place exited the building at 5:25 p.m., without supervision, through the side door between the assisted living dining room and hall 4 and then ambulated 0.7 miles away from the facility before she was found by a staff member at 6:53 p.m. for 1 of 3 residents reviewed for accidents/supervision.</p> <p>This deficient practice resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 7/14/19 at 5:25 p.m. when a cognitively impaired female resident, with a wanderguard in place, exited the facility through a side door located between the assisted living dining room and hall 4. The resident then ambulated 0.7 miles away from the facility and was found across the street from the wastewater treatment plant and a liquor store. The Health Facility Administrator and Director of Nursing were notified of the Immediate Jeopardy on 7/17/19 at 2:50 p.m.</p> <p>Findings include:</p> <p>The incident report, dated 7/14/19 at 5:25 p.m., indicated Resident B exited the building while another resident was coming in and a family member alerted staff. The resident was found by</p>			F 0689	<p>Resident B was returned to facility by staff person and immediately assessed by Director of Nursing with no injuries or signs and symptoms of physical distress noted. Resident's physician notified and order received to send to hospital for assessment. Resident admitted to hospital for inpatient psychiatric treatment. Resident returned to facility on 7-23-19 and was assessed by physician for continued stay on the facility's memory care unit. Family notified. Order for Wander Guard was obtained and placed on resident. Resident referred to in-house psychiatric services for follow up.</p> <p>The elopement risk assessments and care plans for all residents were reviewed and updated as needed. Inservice education regarding resident elopement identification and prevention initiated immediately after the incident for all staff.</p> <p>To prevent reoccurrence of the deficient practice, the following systemic procedural changes,</p>		07/29/2019

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	<p>the activity director and brought back to the building. The resident had a wanderguard in place.</p> <p>The clinical record for Resident B was reviewed on 7/17/19 at 10:29 a.m. Diagnoses included, but were not limited to, dementia without behavior disturbance and schizophrenia.</p> <p>The care plan, dated 3/16/17, indicated the resident was a risk for elopement due to pacing, increased agitation, exit seeking, and decreased cognition. Interventions were to ensure basic needs were met, provide activities of choice, and a wanderguard to the wrist.</p> <p>The nurse's note, dated 7/11/19 at 1:10 p.m., indicated the resident had been pacing up and down the hallway.</p> <p>The re-admission elopement assessment, dated 7/13/19, indicated the resident was cognitively impaired with a diagnoses of dementia and schizophrenia; ambulated independently; wandered aimlessly; verbally expressed a desire to go home; had a history of elopement at home or other facility; and had been observed standing at the exit door waiting for someone to let her out.</p> <p>The nurse's note, dated 7/14/19 at 5:30 p.m., indicated the facility was made aware by an off duty staff member that the resident was out of the facility.</p> <p>The nurse's note, dated 7/14/19 at 6:55 p.m., indicated the resident was found by the Activities Director.</p> <p>During an interview on 7/17/19 at 9:35 a.m., the Director of Nursing indicated the resident was in</p>				<p>staff and resident education, and heightened surveillance includes:</p> <ol style="list-style-type: none"> <li>Quarterly Elopement Drills have been increased to weekly for 6 weeks and then monthly for 12 months;</li> <li>Elopement identification and prevention training on 7/14, 7/15, 7/16, 7/17, 7/18, 7/23, 7/25, 7/29 and ongoing for 12 months;</li> <li>Residents with exit-seeking behavior will be assessed immediately and a Wander Guard bracelet applied if deemed appropriate and with physician's order;</li> <li>Exit-seeking behavior will be documented on a Behavior Form and will be reviewed by IDT during morning QA meeting. Care plan and CNA assignment sheets will be updated;</li> <li>Nurses and QMAs will check for placement and functioning of the Wander Guards each shift (Wander Guard testers were obtained and are available for staff use) and document results in the treatment administration record (TAR);</li> <li>Unit Managers will audit TAR's daily 5 times a week for 2 months then weekly for 4 months to ensure appropriate Wander Guard placement and function is documented. Any areas of concern will be addressed immediately.</li> <li>Medical records person will keep an inventory of Wander</li> </ol>		

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	<p>the AL (assisted living) dining room (located by the kitchen and laundry). The resident exited the facility when another resident was coming back into the building. Another resident's family member alerted staff in the parking lot that the resident was out of the building and they immediately began to look for her. An off duty staff member, LPN (Licensed Practical Nurse) 4, also saw the resident and called the facility to notify staff. She was found by the activity director who brought her back to the building. During the weekend only the kitchen and laundry staff were present with no staff in the front lobby. When they are working they cannot hear the alarm. If the side door opens for too long and then someone with a wanderguard walks through the alarming door, it does not make a different sound to alert staff. No one can really hear the alarm from the side door. It flashes at the nurse's station, "but you can't hear it". If the nurse was not at the nurse's station then they would not see the light flashing.</p> <p>The written statement from the off duty staff member LPN (Licensed Practical Nurse) 4, dated 7/14/19 and untimed, indicated LPN 4 was driving to work for his shift and was 2 blocks away by the high rise apartment. LPN 4 was in heavy traffic and thought he saw a resident walking. LPN 4 did not get a full view due to the traffic, and there was no place to pull over or park. LPN 4 came into the facility at approximately 5:40 p.m., went straight to the nurse on the 123 hall where the resident resided, and inquired if Resident B was in the building. Resident B was not found. LPN 4 and another staff member went back to the area where the resident was first seen. However, they could not locate the resident.</p> <p>During an interview on 7/17/19 at 9:56 a.m., the</p>				<p>Guards and will check placement and function and expiration weekly and record on the Wander Guard inventory form. The wander Guard inventory form will be reviewed and initialed by the DON weekly to ensure compliance;</p> <p>8. Door alarm range and volume have been adjusted at each door;</p> <p>9. The Maintenance director or designee will check all door alarms for appropriate function and volume daily and record results ongoing;</p> <p>10. All residents will have an Elopement Risk assessment completed on admission, readmission from a hospital stay, quarterly, annually and with any change in condition;</p> <p>11. No deliveries or outside vendors to go to secured unit without Department head or designee supervision;</p> <p>12. Drills are being conducted weekly for two months and monthly ongoing at various times of the day with sound being monitored in the furthest locations on the units with various activities going on. Logs are being kept with time and date. Any response times greater than 1 minute will require employee education and possible disciplinary action.</p> <p>13. All residents who are assessed as independent smokers have been educated by the Administrator regarding use of</p>		

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	<p>Activity Director indicated she located the resident about a mile away across from the wastewater treatment plant and the liquor store at 6:53 p.m. and brought her back to the building. The resident was wearing a black jacket, pink shirt, long pants, and boots.</p> <p>The written statement from the Director of Nursing, dated 7/14/19 and untimed, indicated upon Resident B's return to the facility she was wearing a black jacket and appeared to be flushed.</p> <p>The temperature outside ranged between 90 and 91 degrees on 7/14/19 from 4:56 p.m. and 6:56 p.m.</p> <p>During an interview on 7/17/19 at 12:31 p.m., CNA (Certified Nursing Assistant) 4 indicated she worked the 4 hall on 7/14/19 but was providing care at the time of the incident. It was hard to hear the side door alarm at the opposite end of the 4 hall where she was working.</p> <p>The current policy titled "Elopement Identification, Prevention and Management" and dated 1/6/16 included, but was not limited to, "Purpose...It is the policy of this facility to ensure that each resident receives adequate supervision...Elopement occurs when a resident leaves the premises or a safe area without authorization...and/or any necessary supervision to do so. A resident who leaves a safe area may be at risk of...heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle...."</p> <p>The Immediate Jeopardy began on 7/14/19 when when a cognitively impaired female resident, with a wanderguard in place, exited the facility through a side door located between the assisted living dining room and hall 4. The Health Facility</p>				<p>court yard door only to enter and exit the designated smoking area.</p> <p>14. The number of employees scheduled daily will vary based on census and will be consistently applied seven days a week. Managers will be on duty for no less than four hours per weekend day. Staffing schedules as worked are posted daily and available for review.</p> <p>Each element of this plan will be enumerated on an audit form and the elements of the plan in its entirety will be reviewed weekly by the interdisciplinary team with completion and progress documented for each element. This weekly audit will be conducted for six months. The audits will be reviewed monthly by the QAPI committee and reviewed by corporate risk management. If threshold of 100% is not achieved a resolution action plan will be developed to ensure compliance.</p> <p>Completion date 7-29-19</p>		

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F 0921 SS=F Bldg. 00	<p>Administrator and Director of Nursing were notified of the Immediate Jeopardy on 7/17/19 at 2:50 p.m. The Immediate Jeopardy was not removed by exit date of the survey.</p> <p>This Federal tag relates to Complaint IN00301128</p> <p>3.1-45(a)(2)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure the sanitary condition of the kitchen was in place related to peeling plaster and paint, gnats, drain flies, and flies for residents and staff during 2 of 2 kitchen observations. This deficient practice had the potential to affect 86 out of 86 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 7/8/19 at 3:36 p.m., the following was observed in the kitchen:</p> <ul style="list-style-type: none"> <li>- A three inch by three inch hole in the floor next to the floor drain with 16 floor tiles missing around the hole.</li> <li>-An area on the floor that measured 1 foot by 1 foot located in front of the dishwasher when stepped on had a clear liquid bubble up and gnats and drain flies flew out from under the tiles.</li> <li>-The ceiling to the right of the floor drain had a hole which measured 8 inches by 4 inches and a 3 foot long area of plaster hanging from the ceiling.</li> </ul>			F 0921	<p>The following Corrections to the deficient practice affecting all residents are as follows: 1) The 3" x 3" hole in the floor next to the floor drain with 16 missing floor tiles was repaired and tiles replaced; 2) The area on the floor measuring 1' x 1' located in front of the dish machine was repaired; 3) The hole in the ceiling to the right of the floor drain measuring 8" x 4" and a 3' long area of plaster will be repaired; 4) the peeling plaster above the dish machine will be repaired; 5) The peeling paint on the ceiling to the right of the food serving table will be repaired; 6) The water stains on the ceiling directly behind the peeling paint to the right of the food serving table will be repaired; 7) The missing drywall and peeling paint above the reach-in refrigerator will be repaired; 8) The 1" x 1" hole in the ceiling above</p>		08/18/2019

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	<p>- An area above the dishwasher which measured 2 feet by 2 feet had plaster peeling off the ceiling.</p> <p>-The ceiling to the right of the food serving table had an area of peeling paint which measured 16 inches long.</p> <p>-The ceiling to the right of the food serving table and directly behind the area with the peeling paint had two large water stains which measured 16 inches by 12 inches and 18 inches by 24 inches.</p> <p>- The ceiling above the reach in refrigerator 1 was observed with an inserted panel, which measured 4 feet by 2 feet, with missing drywall down the entire left side and a 6 inch area of peeling paint.</p> <p>- The ceiling above the air conditioning unit was observed with a one inch by one inch hole next to where the vent bracket was attached to the ceiling.</p> <p>During an interview on 7/18/19 at 3:36 p.m., the Dietary Manager indicated the hole in the floor started as a small hole but had increased in size over time. She had asked on multiple occasions to get it fixed.</p> <p>During an interview on 7/18/19 at 3:45 p.m., the Maintenance Director indicated the hole in the ceiling to the right of the floor drain was from a leak from the second floor. The water stains and peeling paint were a result of the roof leaking.</p> <p>3.1-19(a)(4)(f)</p>				<p>the air conditioning unit will be repaired.</p> <p>All residents are potentially affected by the deficient practice. See corrections above.</p> <p>-</p> <p>The facility will maintain the kitchen floor, walls and ceiling in good repair. The maintenance staff and Dietary staff were in-serviced on 8/2/2019 regarding identifying, reporting and performing repair needs in a timely manner. The kitchen floors, walls and ceilings are a part of the kitchen preventative maintenance program and will be inspected as scheduled but no less than monthly. Needed repairs and or replacements will be reported to the administrator and performed in a timely manner.</p> <p>To ensure compliance, the maintenance person will monitor the condition of the kitchen floor, walls and ceilings and document findings on the PM audit tool weekly for two months and monthly for four months and ongoing. If inspection requirements are not met, repairs or replacements will be made. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. If a compliance threshold of 95% is</p>		

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F 0925 SS=D Bldg. 00	<p>483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation and interview, the facility failed to ensure an effective pest control was in place in the kitchen related to flies, gnats, and drain flies for 2 of 2 kitchen observations.</p> <p>Findings include:</p> <p>On 7/17/19 at 2:15 p.m., the following was observed in the kitchen:</p> <ul style="list-style-type: none"> <li>- There were four fly strips hanging from the ceiling in the dishwashing area. The fly traps were full of flies, drain flies, and gnats.</li> <li>- The bug light on the food prep side of the kitchen was observed to be full of flies and gnats.</li> <li>- The basement, under the kitchen, was observed with a large amount of dead and live drain flies and gnats on the stairs, floor, walls, and ceilings.</li> <li>- Flies, gnats, and drain flies were observed flying throughout the kitchen.</li> </ul> <p>During an interview on 7/17/19 at 2:30 p.m., the Dietary Manager indicated the drain fly's and gnats were coming up through the hole in the floor by the dishwasher.</p> <p>On 7/18/19 at 3:36 p.m., the following was</p>		F 0925	<p>not achieved an action plan will be developed.</p> <p>Completion date 8-18-19</p> <p>Fly strips have been removed; the bug light has been cleaned and a fresh strip replaced; the hole in the floor from the kitchen to the basement has been sealed; the kitchen has been deep cleaned; basement has been thoroughly cleaned; and, the drains throughout the kitchen were treated.</p> <p>All residents are potentially affected by the deficient practice. See corrections above.</p> <p>The facility will maintain an effective pest control program in the kitchen including the use of outside professional vendor. The pest control company was consulted on remediation recommendations. The maintenance staff and dietary staff were in-serviced on 8/2/2019 regarding pest control preventative measures and reporting. Pest control measures were incorporated into the kitchen sanitation and preventative maintenance schedule.</p>		08/18/2019	

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R 0000  Bldg. 00	<p>observed:</p> <p>- The area on the floor that measured 1 foot by 1 foot, in front of the dishwasher, when stepped on was observed to have clear liquid bubble up and drain flies flew out of the hole in the floor by the floor drain.</p> <p>- Five flies and several gnats were observed flying throughout the kitchen</p> <p>During an interview on 7/18/19 at 3:40 p.m., the Dietary Manager indicated when the staff prepped the food they continuously swatted at the flies. The staff had been instructed to cover the food that was prepared to keep the flies off the food.</p> <p>During an interview on 7/18/19 at 3:50 p.m., the Maintenance Director indicated pest control had been in to spray frequently but it had not been effective.</p> <p>3.1-19(f)(4)</p> <p>This visit was for the Investigation of Complaint IN00301128.</p> <p>This visit resulted in a Partially Extended Survey - Substandard Quality of Care - Immediate Jeopardy.</p> <p>Unrelated deficiencies cited</p> <p>Survey date: July 17, 18, and 19, 2019</p> <p>Facility number: 001145</p>			R 0000	<p>To ensure compliance, the Dietary supervisor or designee will inspect the kitchen daily for one month and weekly for five months with findings and remedial action documented on a QAPI audit tool. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. If a compliance threshold of 95% is not achieved an action plan will be developed.</p> <p>Completion date 8-18-19</p>		

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R 0148  Bldg. 00	<p>Residential Census: 9</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to ensure the sanitary condition of the kitchen was in place related to peeling plaster and paint, gnats, drain flies, and flies for residents and staff during 2 of 2 kitchen observations. This deficient practice had the potential to affect 9 out of 9 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 7/8/19 at 3:36 p.m., the following was observed in the kitchen:</p> <p>- A three inch by three inch hole in the floor next</p>			R 0148	<p>The following Corrections to the deficient practice affecting all residents are as follows: 1) The 3" x 3" hole in the floor next to the floor drain with 16 missing floor tiles was repaired and tiles replaced; 2) The area on the floor measuring 1' x 1' located in front of the dish machine was repaired; 3) The hole in the ceiling to the right of the floor drain measuring 8" x 4" and a 3' long area of plaster will be repaired; 4) the peeling plaster above the dish machine</p>		08/18/2019

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/19/2019	
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	<p>to the floor drain with 16 floor tiles missing around the hole.</p> <p>-An area on the floor that measured 1 foot by 1 foot located in front of the dishwasher when stepped on had a clear liquid bubble up and gnats and drain flies flew out from under the tiles.</p> <p>-The ceiling to the right of the floor drain had a hole which measured 8 inches by 4 inches and a 3 foot long area of plaster hanging from the ceiling.</p> <p>- An area above the dishwasher which measured 2 feet by 2 feet had plaster peeling off the ceiling.</p> <p>-The ceiling to the right of the food serving table had an area of peeling paint which measured 16 inches long.</p> <p>-The ceiling to the right of the food serving table and directly behind the area with the peeling paint had two large water stains which measured 16 inches by 12 inches and 18 inches by 24 inches.</p> <p>- The ceiling above the reach in refrigerator 1 was observed with an inserted panel, which measured 4 feet by 2 feet, with missing drywall down the entire left side and a 6 inch area of peeling paint.</p> <p>- The ceiling above the air conditioning unit was observed with a one inch by one inch hole next to where the vent bracket was attached to the ceiling.</p> <p>During an interview on 7/18/19 at 3:36 p.m., the Dietary Manager indicated the hole in the floor started as a small hole but had increased in size over time. She had asked on multiple occasions to get it fixed.</p>				<p>will be repaired; 5) The peeling paint on the ceiling to the right of the food serving table will be repaired; 6) The water stains on the ceiling directly behind the peeling paint to the right of the food serving table will be repaired; 7) The missing drywall and peeling paint above the reach-in refrigerator will be repaired; 8) The 1" x 1" hole in the ceiling above the air conditioning unit will be repaired.</p> <p>All residents are potentially affected by the deficient practice. See corrections above.</p> <p>-</p> <p>The facility will maintain the kitchen floor, walls and ceiling in good repair. The maintenance staff and Dietary staff were in-serviced on 8/2/2019 regarding identifying, reporting and performing repair needs in a timely manner. The kitchen floors, walls and ceilings are a part of the kitchen preventative maintenance program and will be inspected as scheduled but no less than monthly. Needed repairs and or replacements will be reported to the administrator and performed in a timely manner.</p> <p>To ensure compliance, the maintenance person will monitor the condition of the kitchen floor, walls and ceilings and document findings on the PM audit tool</p>		

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R 0149  Bldg. 00	<p>During an interview on 7/18/19 at 3:45 p.m., the Maintenance Director indicated the hole in the ceiling to the right of the floor drain was from a leak from the second floor. The water stains and peeling paint were a result of the roof leaking.</p> <p>410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure an effective pest control was in place in the kitchen related to flies, gnats, and drain flies for 2 of 2 kitchen observations.</p> <p>Findings include:</p> <p>On 7/17/19 at 2:15 p.m., the following was observed in the kitchen:</p> <ul style="list-style-type: none"> <li>- There were four fly strips hanging from the ceiling in the dishwashing area. The fly traps were full of flies, drain flies, and gnats.</li> <li>- The bug light on the food prep side of the kitchen was observed to be full of flies and gnats.</li> <li>- The basement, under the kitchen, was observed with a large amount of dead and live drain flies</li> </ul>	R 0149	<p>weekly for two months and monthly for four months and ongoing. If inspection requirements are not met, repairs or replacements will be made. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. If a compliance threshold of 95% is not achieved an action plan will be developed.</p> <p>Completion date 8-18-19</p> <p>Fly strips have been removed; the bug light has been cleaned and a fresh strip replaced; the hole in the floor from the kitchen to the basement has been sealed; the kitchen has been deep cleaned; basement has been thoroughly cleaned; and, the drains throughout the kitchen were treated.</p> <p>All residents are potentially affected by the deficient practice. See corrections above.</p> <p>The facility will maintain an effective pest control program in the kitchen including the use of outside professional vendor. The</p>	08/18/2019	

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	<p>and gnats on the stairs, floor, walls, and ceilings.</p> <p>- Flies, gnats, and drain flies were observed flying throughout the kitchen.</p> <p>During an interview on 7/17/19 at 2:30 p.m., the Dietary Manager indicated the drain fly's and gnats were coming up through the hole in the floor by the dishwasher.</p> <p>On 7/18/19 at 3:36 p.m., the following was observed:</p> <p>- The area on the floor that measured 1 foot by 1 foot, in front of the dishwasher, when stepped on was observed to have clear liquid bubble up and drain flies flew out of the hole in the floor by the floor drain.</p> <p>- Five flies and several gnats were observed flying throughout the kitchen</p> <p>During an interview on 7/18/19 at 3:40 p.m., the Dietary Manager indicated when the staff prepped the food they continuously swatted at the flies. The staff had been instructed to cover the food that was prepared to keep the flies off the food.</p> <p>During an interview on 7/18/19 at 3:50 p.m., the Maintenance Director indicated pest control had been in to spray frequently but it had not been effective.</p>				<p>pest control company was consulted on remediation recommendations. The maintenance staff and dietary staff were in-serviced on 8/2/2019 regarding pest control preventative measures and reporting. Pest control measures were incorporated into the kitchen sanitation and preventative maintenance schedule.</p> <p>To ensure compliance, the Dietary supervisor or designee will inspect the kitchen daily for one month and weekly for five months with findings and remedial action documented on a QAPI audit tool. Results of the monitoring will be reviewed during the facility's QAPI Committee meeting overseen by the administrator and reviewed by corporate risk management. If a compliance threshold of 95% is not achieved an action plan will be developed.</p> <p>Completion date 8-18-19</p>		