

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/18/2019
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NAME OF PROVIDER OR SUPPLIER WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP COD 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and Complaint IN00283004 completed on January 9, 2019</p> <p>Complaint IN00283004-corrected</p> <p>Survey dates: February 18, 2019</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Census Bed Type: SNF/NF: 120 Total: 120</p> <p>Census Payor Type: Medicare: 15 Medicaid: 95 Other: 10 Total: 120</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 20, 2019.</p>	F 0000	<p>The creation and submission of this Plan of Correction (POC) does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this <i>CMS-2567 Plan of Correction</i> be considered the <i>Letter of Credible Allegation of Compliance</i> and requests a desk review in lieu of a post-survey review on, or after March 13, 2019.</p>	
F 0732 SS=C Bldg. 00	<p>483.35(g)(1)-(4) Posted Nurse Staffing Information §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours</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>worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. Based on observation, interview, and record review, the facility failed to ensure completed staffing sheets were posted daily for 1 of 1 days during the survey. Actual hours worked for nursing staff was not posted as per the plan of correction.</p> <p>Findings include:</p>	F 0732	<p>1) It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law. Daily Staffing Form to be updated with the following information:</p>	03/13/2019

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	<p>On 2/18/19 at 10:15 A.M., a staff posting sheet was observed to be posted by the A/B hall entrance and indicated the date, census, and number of hours worked for each shift. Disciplines included RN, LPN, QMA, and CNA. Specific hours were not included in the posting.</p> <p>On 2/18/19 at 2:21 P.M., a copy of the facilities plan of correction regarding posted nurse staffing indicated that beginning 2/8/19, the facility would update daily staffing forms with the following information: Facility name, current date, total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: RN, LPN, CNA, QMA. The posting was to be completed daily with audit in weekly HR meeting to ensure accurate information is posted daily per requirement.</p> <p>During an interview on 2/18/19 at 2:00 P.M., the Administrator indicated the updated staff posting form was sent from another facility, and was unaware that the actual hours needed to be included on the form.</p> <p>This deficiency was cited on January 9, 2019. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>Facility Name, The Current Date, total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides, QMAs and Resident Census. To be posted daily, per requirement.</p> <p>2) Daily Staffing Form to be updated with the following information: Facility Name, The Current Date, total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides and Resident Census. To be posted daily, per requirement.</p> <p>3) Scheduler to complete Posted Nurse Staffing daily with audit in weekly HR meeting to ensure accurate information is posted daily per requirement. Manager on Duty assignments to be revised to ensure that Staffing Information is posted on Saturday/Sunday/Holiday &/or any other time Manager On Duty is assigned.</p> <p>4) Progress toward the successful completion of this POC will be monitored each week during HR meeting using the <i>F732-20190109 Willow Manor Audit Tool</i>. Progress toward the successful completion</p>	

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F 0804 SS=E Bldg. 00	<p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p>	F 0804	<p>of this POC will be monitored daily on NORMAL BUSINESS DAYS for ONE MONTH by comparing posted hours report with the daysheets, then WEEKLY X4 WEEKS, then SEMI-MONTHLY X4 months for a TOTAL OF SIX (6) MONTHS ensuring compliance. Progress toward the successful completion of this POC will be reviewed each weekday in StandUp and also by the Willow Manor QAPI Committee meeting (chaired by the Administrator) each month for six (6) months total. The Administrator, or designee will be responsible for monitoring this POC to ensure its successful completion.</p> <p>1) It is the practice of this provider</p>	03/13/2019

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	<p>Based on observation, interview, and record review, the facility failed to provide appetizing and palatable meals for 2 of 2 lunch trays sampled on 2 of 4 units. Residents complained of cold food temperatures at meals, meals were served to residents below the facilities required temperature, and a hall cart containing warm food was observed also containing a bin of ice. (Hall C, Hall E/F) (Resident 51, Resident 23, Resident 86, Resident 54)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During an interview on 2/18/19 at 11:30 A.M., Resident 51, Resident 23, and Resident 86 indicated the food was cold. 2. During an interview on 2/18/19 at 1:46 P.M., Resident 54 indicated the food was lukewarm. 3. During an observation on 2/18/19 at 11:50 A.M., a sample tray from the Hall E cart was sampled. The sample tray food temperatures were as follows: Meat - 95 degrees Fahrenheit Potatoes - 102 degrees Fahrenheit Vegetable mix - 98 degrees Fahrenheit 4. On 2/18/19 at 12:00 P.M., the Hall F cart was observed to contain resident lunch trays yet to be delivered. A bin full of ice and cold beverages was observed being stored at the bottom of the cart directly under the resident trays. During an interview on 2/18/19 at 12:10 P.M., the Dietary Manager (DM) indicated the hall carts were not insulated and that cold drinks and ice shouldn't be kept with the hot trays. 5. During an observation on 2/18/19 at 12:15 P.M., 		<p>to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law.</p> <p>The plate warmer in the downstairs kitchen was repaired and the steam table temps are being monitored daily. Cold drinks and ice previously transported to the halls in food carts has been removed in order to ensure food remains at the proper temperature throughout tray service to resident rooms. Dietary and nursing team responsible for delivering room trays to residents have been in-serviced on properly transferring items from the food carts in order to maintain temperatures within required levels.</p> <p>2) The plate warmer in the downstairs kitchen was repaired and the steam table temps are being monitored daily. Cold drinks and ice previously transported to the halls in food carts has been removed in order to ensure food remains at the proper temperature throughout tray service to resident rooms. Dietary and nursing team responsible for delivering room trays to residents have been in-serviced on properly transferring items from the food carts in order to maintain temperatures within required levels.</p> <p>3) Outside Registered Dietician to in-service all nursing and dietary</p>	

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	<p>a sample tray from the Hall C cart was sampled. The sample tray food temperatures were as follows: Potatoes - 131 degrees Fahrenheit Vegetable mix - 131 degrees Fahrenheit</p> <p>During a record review on 2/18/19 at 2:15 P.M., the facility's POC (Plan of Correction) Worksheet stated, "... Dietary and nursing team responsible for delivering room trays to residents have been in-serviced on properly transferring items from the food carts in order to maintain temperatures within required levels."</p> <p>On 2/18/19 at 1:50 P.M., the DON (Director of Nursing) supplied a facility policy dated 6/2018, titled, "Food Temperatures on Service Line". The policy stated, "Acceptable service temperatures are: Hot Cereal, gravy [above or equal to] 135 [degrees Fahrenheit] Casseroles [above or equal to] 135 [degrees Fahrenheit] Meat, Entrees, Eggs [above or equal to] 135 [degrees Fahrenheit] Potatoes, pasta [above or equal to] 135 [degrees Fahrenheit] Vegetables, Soup [above or equal to] 135 [degrees Fahrenheit] ..."</p> <p>This deficiency was cited on January 9, 2019. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-21(a)(2)</p>		<p>staff on facility policy related to food temps on the serving line and food handling related to "time and temperature." Additionally, it was discovered during revisit that there were cold drinks and ice tubs being transported to the halls with room trays in the food carts. That practice was ceased immediately! Original POC protocols followed as outlined below. Food temperatures will continue to be spot-checked coming from the food carts to ensure quality teaching moments where needed.</p> <p>4) Outside Registered Dietician to in-service all nursing and dietary staff on facility policy related to food temps on the serving line and food handling related to "time and temperature." Additionally, it was discovered during revisit that there were cold drinks and ice tubs being transported to the halls with room trays in the food carts. That practice was ceased immediately! Original POC protocols followed as outlined below. Food temperatures will continue to be spot-checked coming from the food carts to ensure quality teaching moments where needed. Progress toward the successful completion of this POC will be monitored using the <i>F804-20190109 Willow Manor Audit Tool</i>. Progress toward the successful completion of this POC will be monitored daily on NORMAL BUSINESS DAYS for</p>	

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F 9999 Bldg. 00		F 9999	<p>ONE MONTH, then WEEKLY X4 WEEKS, then SEMI-MONTHLY X4 months for a TOTAL OF SIX (6) MONTHS ensuring compliance.</p> <p>Progress toward the successful completion of this POC will be reviewed each weekday in StandUp and also by the Willow Manor QAPI Committee meeting (chaired by the Administrator) each month for six (6) months total. The Administrator, or designee will be responsible for monitoring this POC to ensure its successful completion.</p> <p>1) It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law.</p> <p>The policy entitled "REPORTABLE INCIDENT POLICY AND ISDH REPORTABLE UNUSUAL OCCURRENCE POLICY" was reviewed and all management personnel were in-serviced on the requirements and expectations of said policy. It is the practice of this provider to follow this policy to the letter.</p>	03/13/2019

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			<p>The facility is aware of the requirement to file the "Alzheimer's/Dementia Special Care Unit" (State Form 48896) form annually by December 31. State Form 48896 was reviewed and all management personnel were in-serviced on the requirements and expectations of said requirement.</p> <p>2) The policy entitled "REPORTABLE INCIDENT POLICY AND ISDH REPORTABLE UNUSUAL OCCURRENCE POLICY" was reviewed and all management personnel were in-serviced on the requirements and expectations of said policy. It is the practice of this provider to follow this policy to the letter.</p> <p>The facility is aware of the requirement to file the "Alzheimer's/Dementia Special Care Unit" (State Form 48896) form annually by December 31. State Form 48896 was reviewed and all management personnel were in-serviced on the requirements and expectations of said requirement.</p> <p>3) Discussion related to</p>		

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			<p>"REPORTABLE INCIDENT POLICY..." will be added to the Willow Manor StandUp (Morning Meeting) agenda and covered during all StandUp or Morning Meetings.</p> <p>The facility is aware of the requirement to file the "Alzheimer's/Dementia Special Care Unit" (State Form 48896) form annually by December 31. State Form 48896 was reviewed and all management personnel were in-serviced on the requirements and expectations of said requirement.</p> <p>4) Discussion related to "REPORTABLE INCIDENT POLICY..." will be added to the Willow Manor StandUp (Morning Meeting) agenda and covered during all StandUp or Morning Meetings.</p> <p>The deadline for the submission of Alzheimer's/Dementia Special Care Unit" (State Form 48896) form annually by December 31 has been added to a MASTER facility calendar to ensure it will be submitted timely.</p>	