STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS	1251 W 96TH ST INDIANAPOLIS, IN 46260

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R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00294850 and IN00297974. Complaint IN00294850- Substantiated. State Residential Finding related to the allegations is cited at R0148, R0273 and R0326. Complaint IN00297974- Substantiated. State Residential Finding related to the allegations is cited at R0148 and R0273. Survey date: June 19 and 20, 2019 Facility number: 003282 Residential Census: 76 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality Review was completed on June 27, 2019.	R 0000		
R 0148 Bldg. 00	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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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	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. Based on observation and interview, the facility failed to ensure an ice chest was in clean working condition prior to serving ice to residents for 1 of 1 observations which had the potential to affect 51 of 51 residents served food from the Assisted Living dining room. Findings include: On 6/19/19 at 12:01 p.m., the Service Steam-Table room ice chest was observed. A thin layer of ice was observed inside , but it was partially melted. The inside of the chest was cool, but not cold. There were scattered specs and splotches of a dark substance on the ceiling/shelf of the ice chest. Food Service Aide (FSA) 6 had just been observed using the ice chest to full beverage pitchers for lunch. The Kitchen Manager (KM) called for maintenance to come and look at the ice chest. The KM indicated when he left the day before the ice machine was not in working order. The KM pulled the lid off, and attempted to wipe the dark substance with a paper towel. "It looks like mold to me because it doesn't come right off." On 6/19/19 at 12:08 p.m., FSA 6 was instructed by the KM to pick up the pitchers from the 30 residents in the Assisted Living dining room. There were 13 unidentified residents who had already poured drinks from the pitchers. On 6/19/19 at 12:10 p.m., the Maintenance Director indicated the substance was from not being wiped off. He thought it was dust, not mold. Staff came in and used the ice chest but would leave it open	R 0148	For the residents found to have been affected by potentially contaminated ice- Residents were observed without findings of any resident drinking out of contaminated ice glasses. All residents were identified as potential for being affected and corrective action as follows- Ice filled drinks were removed immediately from tables. Ice was purchased for immediate use. Staff in-service on keeping the ice machine lid closed to maintain proper temperature. Staff in-service on Daily cleaning of the ice machine initiated and monitored through a log sheet. Staff in-service on Weekly cleaning of the ice machine partition initiated and monitored through a log sheet. MD and CD in-service for Maintenance Director to report off to Culinary Director after each kitchen equipment repair to ensure proper function and cleanliness of the equipment. Ice Machine cleaning policy with staff in-service	07/19/2019

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	so the temperatures is not maintained., and the heat hits it which causes condensation. So there was a potential to cause mold. During an interview, on 6/20/19 at 10:25 a.m., the Executive Director indicated there was no policy related to cleaning of the ice machine. She was in the process of creating a policy to clean the ice machine partition with other routine cleaning in the kitchen and was creating a check-off sheet. This State Residential Finding relates to Complaints IN00294850 and IN00297974.			
R 0273 Bldg. 00	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. Based on observation and interview, the facility failed to ensure food was not contaminated during preparation for 1 of 2 observations which had the potential to affect 76 of 76 residents served food from the kitchen. Findings include: During the kitchen tour on 6/19/19 at 10:00 a.m., the Kitchen Manager (KM) indicated there was a concern with a broken air conditioner (AC) in the kitchen, so staff were too hot. During a second visit into kitchen to observe food preparation at 11:50 a.m., a stand-up floor fan was observed in use, pointing towards the KM, as he cut and prepared fresh tomatoes for tacos. Food Service Aide (FSA) 3 indicated she was very hot and sweat was visible on her brow, as she	R 0273	No residents were found with known contamination- All residents were identified for the potential for contamination with the following corrective actions- Portable air conditioners were purchased for immediate use while waiting air conditioning repair. Fans removed from the kitchen immediately. Staff in-service on kitchen contamination policy related to the use of fans and physical hygiene regarding sweat. Air conditioner repair was in process during visit from ISDH and completed the following day 6/20/19.	07/19/2019

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	removed taco shells and backed fish from the oven. The thermostat on the wall beside the walk in refrigerator was observed to be 84 degrees. FSA 3 indicated it was reading 84 degrees, but by the oven and food prep areas it was much hotter, probably 95-100 degrees. FSA 3 and the KM both indicated that because of the hot kitchen they sweat a lot during food preparation. The KM indicated there was a potential for contamination of the residents' food because they had to use a circulating fan, and there was nowhere to point the fan in the food prep area as to not blow directly across food. There was also a concern for potential contamination due to staff being so hot and sweat possibly dripping into the food. They were doing so much and moving so fast there was no way to tell if it happened or when the contamination happened. During an interview, on 6/26/19 at 2:30 p.m., the Executive Director (ED) indicated the Maintenance Director was out purchasing portable AC units for the kitchen and dining areas. During an interview, on 6/20/19 at 10:25 a.m., the ED indicated there was no policy related to contamination of food with fans. This State Residential Finding relates to Complaints IN00294850 and IN00297974.			
R 0326 Bldg. 00	410 IAC 16.2-5-7.1(a) Activities Programs - Deficiency (a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served. Based on observation and interview, the facility failed to provide activities on the locked memory care unit according to the activity calendar for 1 of	R 0326	For those residents found to have been affected- Immediate daily monitoring of	07/19/2019

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	2 days of observation which had the potential to affect 25 of 25 residents residing on the locked memory care unit (Resident H, Resident M, and Resident J). Findings include: During an observation, on 6/19/19 at 10:04 a.m., two unidentified residents were observed in the activity room on the locked memory care unit sitting in wheelchairs facing the television with their eyes closed and heads on their chests. Resident H was in a recliner leaning to the left side with her eyes closed. During an interview on 6/19/19 at 10:08 a.m., Qualified Medication Aide (QMA) 5 was in the hallway sitting area and indicated residents had just finished eating and were getting cleaned up for activities. She indicated breakfast was served at 8 a.m. The activity calendar posted on the wall outside the dining room indicated the following activities were scheduled for 6/19/19: 10:30 a.m. "snack & chat" 1:30 p.m. "creative coloring" 2:30 p.m. "sensory smell" 3:00 p.m. "snack" 3:30 p.m. "adult coloring" 5:30 p.m. "walking time" No activities were listed between 10:30 a.m. and 1:30 p.m. On 6/26/19 at 10:17 a.m. Resident M was observed in hallway by the activity calendar, in a wheelchair with her buttocks slid down lower in the wheelchair and she was leaning to the right with her eyes closed.		activity calendar by Activity Director and ED All residents were identified as potentially being affected with the following corrective actions-Staff in-service on following the activity calendars and who to notify if they have difficulties meeting these goals. Memory Care Program Director to start employment by 7/12/19. Staff have started Memory Care training for the SHINE program on 6/26/19 and will continue until all memory care staff have been trained.	

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	On 6/26/19 at 10:20 a.m., no staff were in the activity room. No snacks were observed in the activity room. During an interview on 6/19/19 at 10:45 a.m., the Activities Director (AD) indicated she started 6 weeks ago. Right now she did not have any assistance and she was the only one in the activities department. "I do all the outings, including medical transportation on Mondays and Wednesdays." On 6/26/19 at 10:54 am., Resident J was coloring with QMA 5 in the activity room. There were 7 residents in front of the television with a movie playing. Three of the residents had their eyes closed. There were no snacks visible in the activity room. No conversation between staff and residents was observed. On 6/26/19 at 10:57 a.m., Resident M was observed in the same location by the activity calendar in the same position in her wheelchair with her eyes closed. The Executive Director (ED) was observed to walk past her down the hall and out of the locked unit. During an interview on 6/26/19 at 12:03 p.m., QMA 5 indicated there were no snacks provided today during the activity. Residents watched television for the morning activity and she sat with Resident J .She indicated activities and schedules were not as organized as they used to be due to staff changes. In the past there would have been snacks and an activity on 1 side of activity room, and some residents could watch television if preferred. There were not many individualized activities for residents. On 6/26/19 at 2:30 p.m., no activity was observed			

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	on the memory care unit. Resident N was lying on her right side on the loveseat in the hallway sitting area. During an interview on 6/19/19 at 3:30 p.m., the ED indicated the Dementia Care Director was terminated and since then activities in the locked unit had to be covered by the AD, and the Certified Nurse Aides. She was aware they did not have activities as listed on the calendar. On 6/20/19 at 12:38 p.m., the ED indicated there was no policy for activities. They followed the state regulations. This State Residential Finding relates to Complaint IN00294850.			