

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

PRINTED: 06/09/2023

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 04/28/2023	
NAME OF PROVIDER OR SUPPLIER  WYNDMOOR OF EVANSVILLE LLC				STREET ADDRESS, CITY, STATE, ZIP COD 6521 GREENDALE DR EVANSVILLE, IN 47711			
(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. This visit included the Investigation of Complaints IN00403906 and IN00401348.</p> <p>Complaint IN00403906 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00401348 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 25, 26, 27, 28, 2023</p> <p>Facility number: 010681</p> <p>Residential Census: 86</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 9, 2023.</p>		R 0000				
R 0273  Bldg. 00	<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 and interview, the facility failed to ensure food was stored appropriately for 1 of 1 kitchen observations. Open food containers were not dated in the beverage refrigerator, walk in refrigerator, or dry storage area. Open foods were not covered in the walk in refrigerator or freezer. Boxes were stored on the floor in the dry storage area. (Kitchen)</p>		R 0273	<p><b>R-0273</b> <b>This Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance purposes. /b&gt;</b></p> <p>="" b=""&gt;</p>		05/26/2023	

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

TITLE

(X6) DATE

Jessie

Hawkins

06/05/2023

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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	<p>Findings include:</p> <p>On 4/25/23 at 8:46 A.M., the following was observed in the kitchen:</p> <p>Dry storage:</p> <ul style="list-style-type: none"> <li>a dented can of chick peas</li> <li>a dented can of fruit cocktail</li> </ul> <p>Beverage refrigerator:</p> <ul style="list-style-type: none"> <li>an open gallon of milk not dated</li> </ul> <p>Walk in refrigerator:</p> <ul style="list-style-type: none"> <li>2 serving size bowls of slaw on a tray uncovered with no date</li> <li>1 serving size bowl of cottage cheese on a tray uncovered with no date</li> <li>a tray of potato salad, slaw, cottage cheese and grapes covered in plastic not dated</li> <li>a plastic container of fruit salad not dated</li> <li>a plastic container of cottage cheese not dated</li> <li>a plastic container half full of honey mustard dressing not dated</li> <li>a plastic container of sweet potatoes not dated</li> </ul> <p>Freezer:</p> <ul style="list-style-type: none"> <li>a plastic bag of long rolls lying on the floor under the shelf</li> <li>an open bag of ground meat not closed or dated</li> <li>a box of hamburger patties in a plastic bag open to air not dated</li> <li>a box of sausage patties in a plastic bag open to air not dated</li> </ul> <p>Dining Room counter:</p> <ul style="list-style-type: none"> <li>an empty package of sweetener lying on the counter</li> <li>an empty creamer package lying on the counter</li> <li>an unopened butter lying on the counter</li> <li>an unopened sweetener package lying on the counter</li> <li>an unopened creamer package lying on the counter</li> <li>several pieces of cereal lying on the counter</li> <li>a container of almond milk sitting on the counter</li> </ul>				<p>==== p====&gt;</p> <p>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. All food has been properly dated and stored per the Food Storage Policy. 100% of resident records were reviewed for illness related to infection control practices for the past 90 days. No associates demonstrated communicable illnesses and no resident demonstrated illnesses consistent with communicable disease transferred through the deficient practice.</p> <p>2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state what actions the facility took to correct the deficient practice for any client the facility identified as being affected.</p> <p>No residents were identified as being affected by the deficient practice.</p> <p>3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. All ancillary dietary associates were provided education through in-service on cleaning schedules, compliance, and the importance of consistency in completion of</p>		

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	<p>On 4/26/23 at 12:22 P.M., the following was observed in the kitchen:</p> <p>Dry storage:</p> <p>4 full boxes of hinged carry out foam containers against the right side wall next to the shelving unit sitting on the floor</p> <p>1 full box of black napkins sitting on the floor behind the door</p> <p>1 dented can of chickpeas, pork and beans and fruit salad</p> <p>1 plastic bottle of soy sauce, 2/3 full not dated</p> <p>1 bottle of enchilada sauce 1/2 full not dated</p> <p>an open bag of spaghetti in a Ziploc bag not dated</p> <p>Walk in refrigerator:</p> <p>a plastic bag of bologna open to air</p> <p>4 bowls of tossed salad half covered in plastic</p> <p>Freezer:</p> <p>a box of hamburger patties in a plastic bag open to air not dated</p> <p>a box of sausage patties in a plastic bag open to air not dated</p> <p>On 4/27/23 at 9:35 A.M., the following was observed in the kitchen:</p> <p>Walk in refrigerator:</p> <p>4 serving size bowls of potato salad sitting on a tray half covered with plastic wrap with no date</p> <p>a plastic bag of bologna open to air</p> <p>a plastic container of honey mustard dressing 1/2 full not dated</p> <p>Splash guard behind the stove is splattered with a brown substance</p> <p>vent above the stove has areas of a brown substance on it</p> <p>Beverage refrigerator:</p> <p>1 gallon of milk opened not dated</p> <p>Ice machine:</p> <p>brown substance on lower outer edge of ice</p>				<p>tasks. All dietary associates were assigned three (3) Relias training modules titled Proper Freezer Storage, Proper Cooler Storage, and Dry Storage. The Dietary Manager or designee will review the cleaning checklist and monitor areas of food storage, no less than daily during normal business operation to ensure tasks are completed thoroughly and in a timely fashion per the cleaning schedule and food storage policy for 90 days and PRN thereafter.</p> <p>==== p====&gt;</p> <p>4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>The executive director or designee will provide weekly inspections of the kitchen and dining areas for cleanliness, sanitation practices, and proper dating, labeling, and storage of food items. This will continue for 90 days and PRN thereafter. The executive director will provide weekly audits of the cleaning schedule to verify completion for 90 days and PRN thereafter.</p> <p>==== p====&gt;</p>		

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R 0302  Bldg. 00	<p>machine where the lid closes Dining room counter: several pieces of rice shaped cereal on the counter a piece of round cereal on the counter</p> <p>During an interview on 4/27/23 at 9:26 A.M., the dietary manager indicated dented cans were thrown away and the company reimbursed them. He indicated foods prepared and stored in the walk in refrigerator should absolutely be covered and dated or labeled. He indicated once an item was opened it should be dated and labeled with a tag. He indicated there should not be any boxes sitting on the floor.</p> <p>A current Labeling and Dating for Safe Storage of Food policy, dated 3/31/20, provided on 4/28/23 at 8:30 A.M., indicated "labeling and dating are critical in order to promote food safety... E. When food is taken out of an original container write the name of the food being stored on the container and the use by date."</p> <p>410 IAC 16.2-5-6(c)(6) Pharmaceutical Services - Deficiency (6) Over-the-counter medications must be identified with the following: (A) Resident name. (B) Physician name. (C) Expiration date. (D) Name of drug. (E) Strength. Based on observation and interview the facility failed to the provide proper storage of medications of 4 of 4 medication carts and 1 treatment cart. Eighteen unidentified pills and twenty-eight medications and /or treatments lacked complete and/or accurate labels in a storage room and 4 of 4 medication carts. (Medication room 300 hall, Medication carts on</p>			R 0302	<p><b>R-0302</b> <b>This Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members. Rather, it is submitted for compliance purposes. /b&gt;</b></p>		05/26/2023

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	<p>100, 200, and 300 halls)</p> <p>Findings include:</p> <p>On 4/26/23 at 9:21 A.M., during an observation of the 200 Hall medication cart there were the following loose pills in several drawers of the cart:</p> <p>1 small round pill unable to read numbers. 1 small rectangle white pill #10 2 1/2 white pills 1 large oblong white pill G #102 2 1/2 pills small round no label 1 small round pink with R 25 1 oblong green pill E #45 1 large oblong white MA #34 1 large white pill with no number 1 unopened pill of Imodium</p> <p>Over the counter bottles without the complete label:</p> <p>1 bottle of Vitamin D3 room 209 no label present 1 bottle of Senna no label or MD (Medical Doctor) name 1 bottle of Vitamin C for [patient name] no label 1 bottle of Vitamin D3 for [patient name] no label 1 bottle of Baby ASA no label for [patient name] no MD name, or label 1 bottle of Clear lax no doctor just [patient name] room 211, no label 1 bottle of stool softener for Room 211, no label</p> <p>On 4/26/23 at 9:35 A.M., QMA (Qualified Medication Aide) 10 was observed placing the loose medications in a medication cup, placing in the top drawer of the cart, and not immediately destroying the pills.</p> <p>On 4/26/23 at 9:40 A.M., first of 2 medication carts</p>		<p>====&gt;</p> <p>====&gt;</p> <p>1. Describe what the facility did to correct the deficient practice for each client cited in the deficiency. All medication carts have been audited and labeled/stored appropriately based on our medication storage policy.</p> <p>2. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state what actions the facility took to correct the deficient practice for any client the facility identified as being affected. No residents were identified as being affected by the deficient practice.</p> <p>====&gt;</p> <p>3. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not recur, including any in-services, but this also should include any system changes you made. 100% of QMA's/Nurse's will be given education in-services on the proper storage/labeling of medications. The Director of Nursing or designee will audit medication carts once a week for 90 days and PRN thereafter.</p> <p>====&gt;</p> <p>4. 4. Describe how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what</p>				

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	<p>for the 100 Hall was observed with the following loose pill in a drawer:</p> <p>1 small orange pill RS #333 1 bottle Super B complex has no lid and has no label or name.</p> <p>Over the counter bottles without the complete label:</p> <p>1 box of laxative with room number, MD, [patient name], no label 1 box of Mucinex with [patient name], room number, MD, no label 1 box of Prilosec no resident name or MD name 1 box of Tylenol [patient name] no MD name 1 bottle of Vitamin C 1000 mg no resident name, label, or MD name 1 box of Estradiol Vaginal suppositories with no label, resident name, or MD name</p> <p>Treatment cart in medication room:</p> <p>1 bottle of unlabeled Nystatin powder (anti-fungal) with no name, MD name, or label 1 can of Nasal spray mist with [patient name]. no MD name, date, or label 1 tube of Vitamin A+ D Ointment (moisturizer) [patient name], no MD name, or label 1 tube of Hemorrhoid ointment (relief of hemorrhoid pain) for [patient name] no MD, or label 1 jar of Desitin topical (prevent diaper rash) for [patient name], no MD order, label.</p> <p>On 4/26/23 at 11:57A.M., during an observation of 300 Hall medication cart the following over the counter medications were observed:</p> <p>1 tube of Diclofenac Sodium gel for pain, no label,</p>				<p>quality assurance program will be put into place. Company policy for medication storage and labeling will be reviewed each month at the all-staff meeting.</p> <p>="" span=""&gt;</p>		

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	<p>resident name, or MD name</p> <p>1 bottle of Folic Acid 303 no label, no resident name, or MD name</p> <p>1 bottle of probiotic for [patient name], no label, or MD name</p> <p>1 bottle of stool softener for [patient name], no label, or MD name,</p> <p>1 container or Active Calcium Chews for [patient name]. no label, or MD name</p> <p>1 bottle of Tylenol (pain reliever) for [patient name], no label, or MD name</p> <p>1 bottle of Calcium 600 with Vitamin D3, for [patient name], no label, or MD name</p> <p>On 4/26/23 at 12:23 P.M., during an observation of Second Medication Cart for 100 Hall (rooms 101-125) the following loose pills were noted in several of the drawers of the cart:</p> <p>1 large oblong pill I # 434</p> <p>1 small, long purple pill # 597</p> <p>1 small white pill no numbers.</p> <p>1 small yellow pill no numbers.</p> <p>Over the counter medications without complete labels</p> <p>1 bottle of pain reliever no label, patient name hard to read, no MD name.</p> <p>1 bottle of Fish oil, [patient name] MD name, no label for administration</p> <p>1 bottle of anti-diarrhea, no patient name [MD name] no administration label</p> <p>On 4/23/23 at 9:20 A.M., during an interview QMA 10 indicated loose medications were collected and placed in a drug buster, spoke with her nurse, but did not know what happened after that.</p> <p>A current "Storage of Medication" policy, revised</p>						

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	8/29/21, was provided at 11:33 A.M. by the ADON (Assistant Director of Nursing), indicated " Policy of the Wyndmoor of Evansville that all currently order medications must be stored in the proper environment... 1. When storing medication be sure to separate c. Medications should be stored in original containers...f. Over the counter medications should be labeled with resident name, room number, doctors name, and must include date opened on container..."						