

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155787	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/12/2018
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NAME OF PROVIDER OR SUPPLIER INDIANA VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3851 N RIVER RD WEST LAFAYETTE, IN 47906
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00278942, IN00280958 and IN00276250.</p> <p>Complaint IN00278942 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00280958 - Substantiated. Federal/State deficiencies related to the allegations are cited at F804 and F812.</p> <p>Complaint IN00276250 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: December 10, 11 and 12, 2018.</p> <p>Facility number: 001134 Provider number: 155787 AIM number: 200817200</p> <p>Census bed type: SNF/NF 169 Total: 169</p> <p>Census payor type: Medicare: 3 Medicaid: 129 Other: 37 Total: 169</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 19, 2018.</p>	F 0000	Preparation and/or execution of the Plan of Correction in general, or these corrective actions in particular, does not constitute an admission or agreement by this facility of the truth of the facts alleged or the conclusions set forth in this statement of deficiencies. This plan of correction and specific actions are prepared and/or executed in compliance of the Indiana State Department of Health Guidelines. This plan of correction is not meant to establish a standard of care, contract, obligation or position and the Indiana Veterans' Home reserves all possible contentions and defenses to the allegations and conclusions made by the inspection team.	
F 0550 SS=D	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights			

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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Bldg. 00	<p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as</p>			

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	<p>required under this subpart.</p> <p>Based on interview and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 4 residents reviewed for respect and dignity. (Resident S)</p> <p>Findings include:</p> <p>During record review on 12/12/2018 at 4:50 p.m. Resident S diagnoses included but were not limited to: Congestive Obstructive Pulmonary Disease, type 2 Diabetes Mellitus, schizophrenia, auditory hallucination, anxiety, depression, Chronic Kidney Disease stage 3, suicidal ideation's, nightmare disorder, insomnia,, pain, tobacco use, hyperlipidemia, edema, cough, Shortness Of Breath, dysphagia, emphysema and delusional disorder. Resident had a cognitional level or moderately impaired, but was alert to time and place.</p> <p>An incident report on 11/14/2018 at 4:08 p.m., Resident S indicated a CNA was hateful to him and told him to clean himself up. He indicated he was not afraid but was upset. The CNA needed to lighten up and help him. An investigation was conducted by the facility and found CNA 29 to have been disrespectful and did not provide care with dignity for the resident.</p> <p>A witness report, dated 11/14/2018, indicated CNA 29 reported on Resident S and she indicated he wet himself and she made him clean himself up, She indicated he did not understand her and she told him he heard her and he needed to clean himself up in the bathroom. The report also indicated CNA 29 had only completed his change of linen to include the fitted sheet and the resident was to complete the rest of the linen applications.</p>	F 0550	<p>F 550 483.10 (a) (1)(2)(b)(1) (2)Resident Rights/Exercise of Rights</p> <p>1.Action taken to Correct Deficiency:</p> <p>1. At the time of the incident a full investigation was completed and it was determined that the aide provided poor customer service and was banned from the facility. 2. Staff were re-educated on Resident Rights, Abuse and the importance of providing good customer service.</p> <p>1. How will other residents have the potential to be affected by the same deficient practice be identified and what corrective action will be taken:</p> <p>1. Re-education will be conducted for all nursing employees will be completed by 12/2/2018. 2. The Nursing Managers or designee will be conducting audits five times a week for the first 4 weeks, then three times a week for 4 weeks, then once a week for 4 weeks. Audits will be completed on 3/22/2019.</p> <p>1.Systemic changes put into place:</p>	01/11/2019

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	<p>CNA 29 was too busy talking about her personal life and he did not want to hear about it.</p> <p>During an interview on 12/12/2018 at 11:50 a.m., with the resident indicated CNA 29 was not nice to him. He said she was nasty and rude and she would not help him.</p> <p>During an interview on 12/12/2018 at 2:40 p.m., the Psychiatrist/MD indicated resident was moderately impaired and had a history of indicating staff abused him if he did not get what he wants from them. He indicated he did not feel the resident was verbally abused but he may have had an altercation of words with the staff member. He indicated the resident was fearful of snipers he sees in the trees outside his window, resident was delusional, suicidal and afraid he was going to die. Resident can care for himself with a lot of ADL tasks but he needed encouragement from the staff.</p> <p>Resident S care plans included a history of excessively utilizing his call light and requesting staff to assist with completing tasks he was able to do independently, refusal of care, suicide, verbal behavioral symptoms directed toward others, threatening, screaming and cursing at others, and a history of verbal altercations with his roommate.</p> <p>During an interview on 12/12/2018 at 4:30 p.m., with the Administrator, she indicated the resident was confused at times and needed to be encouraged to participate in ADLs. She indicated the resident wished to be more independent and was encouraged by staff to do ADL tasks. CNA 29's attitude and disrespect towards residents were report and investigated. CNA 29 was an agency staff member and has been asked to not</p>		<p>1.Nursing Managers will monitor staff during meals and while on the units to monitor staff behavior.</p> <p>2.Nursing will conduct audits five times a week for the first 4 weeks, then three times week for 4 weeks, then once a week for 4 weeks. Audits will be completed 3/22/2019.</p> <p>3.The audit findings will be presented during the QA meetings in February, March and April 2019. The QA Committee will determine if any further action is needed.</p> <p>1.How changes will be monitored:</p> <p>1.Nursing Managers will conduct audits to monitor staff behaviors ensuring that the resident's privacy and dignity is preserved.</p> <p>2.Nursing will conduct audits five times a week for the first 4 weeks, then three times week for 4 weeks, then once a week for 4 weeks.</p> <p>This process will be followed through the QA Committee for 90 days and as needed.</p> <p>1.Completion Date:</p>	

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F 0804 SS=F Bldg. 00	<p>return to the facility. Allegation was substantiated for lack of respect, poor customer service and not treating resident with the dignity he deserved at the facility.</p> <p>This Federal tag relates to Complaint IN00278942</p> <p>3.1-3(t)</p> <p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §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. Based on observation, record review and interview, the facility failed to ensure food was temperature checked on 8 of 15 days and food was served at an appetizing temperature for 1 of 1 test trays. This deficient practice had the potential to affect 169 of 169 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>During the record review on 12/11/2018 at 3:00 p.m., the temperature checked for food services from 11/26/2018 through 12/10/2018 indicated 8 days without a meal checked.</p> <p>1. 11/26 - no temperature reading for dinner 2. 11/27 -no temperature reading for dinner</p>	F 0804	<p>1.All in-services will be completed no later than 12/28/2018. 2. Nursing audits will continue through 3/22/2019.</p> <p>F 804 483.60 (d)(1) (2)NUTRITIVE/APPEAR, PALATABLE/PREFER TEMP</p> <p>1.Action taken to Correct Deficiency: 1.The cooks will take the tray line temperatures at the beginning of the tray line, when 50% of the trays have been completed and with the last tray. These temperatures will be recorded and immediate action will be taken if any item is out of range.</p>	01/11/2019	

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	<p>3. 12/1 - no temperature reading for lunch or dinner</p> <p>4. 12/2 - no temperature reading for dinner</p> <p>5. 12/6 - no temperature reading for lunch</p> <p>6. 12/8 - no temperature reading for dinner</p> <p>7. 12/9 - no temperature reading for lunch or dinner</p> <p>8. 12/10 - no temperature reading for breakfast</p> <p>During an interview on 12/11/2018 at 3:05 p.m., with the Director of Regularity Affairs, she indicated the temperatures should have been taken for each meal. She indicated this procedure had not been done by the cooks on the serving line for the missing meal temperatures.</p> <p>During an interview on 12/11/2018 at 1:45 p.m., with Cook 16, he indicated he did not have time to check temperatures while working the serving line.</p> <p>During an interview on 12/11/2018 at 1:48 p.m., with Cook 17, he indicated he did not have time to check temperatures while working the serving line.</p> <p>During an interview on 12/12/2018 at 10:25 a.m., with the Food Services Supervisor, she indicated Cooks 16 and 17 were seasoned employees and should have known to check temperatures before serving food and during food service.</p> <p>During the observation of a food test tray on 12/12/2018 at 1:00 p.m., the temperature readings were measured by the Director of Regulatory Affairs, using the proper temperature taking technique for the lunch meal. Her readings indicated the potatoes were at 114 degrees, milk was at 45 degrees and cold fruit cup was at 57 degrees.</p> <p>During an interview on 12/12/2018 at 1:10 p.m.,</p>		<p>1. How will other residents have the potential to be affected by the same deficient practice be identified and what corrective action will be taken:</p> <p>1.Re-education of Dietary staff was completed on 12/28/18.</p> <p>2.Systemic changes put into place:</p> <p>1. The Food Service Director and the Managers will monitor the cooks and ensure that the temperatures are completed and within range.</p> <p>2.Audits will be conducted five times a week for the first 4 weeks, then three times week for 4 weeks, then once a week for 4 weeks.</p> <p>1.How changes will be monitored:</p> <p>1.The Food Service Director and the Managers will monitor the cooks and ensure that the temperatures are completed and within range.</p> <p>1.Audits will be conducted five times a week for the first 4 weeks, then three times week for 4</p>	

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F 0812 SS=F Bldg. 00	<p>with the Director of Regulatory Affairs, she indicated the potato temperature was too cold for serving and the milk and fruit cup were too hot to be served on the test tray.</p> <p>During an interview on 12/12/2018 at 1:15 p.m., with the Food Services Supervisor, she indicated the potato temperature was too cold for serving and the milk and fruit cup were too hot to be served on the test tray.</p> <p>The policy titled, "Time Temperature Control Sheet," dated May 2000, received 12/11/2018 at 3:00 p.m., from the Director of Regulatory Affairs indicated "... To ensure the temperatures of the food items will be taken and properly recorded...1 All hot food items must be served at a temperature of at least 135 degrees or higher 2. All cold food items must be served at a temperature of at least 41 degrees or below...."</p> <p>This Federal tag relates to Complaint IN00280958.</p> <p>3.1-21(a)(2)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility</p>		<p>weeks, then once a week for 4 weeks.</p> <p>This process will be followed through the QA Committee for 90 days and as needed.</p> <p>2.Completion Date:</p> <p>1.All in-services will be completed no later than 12/28/2018 2. Food Service audits will continue through March 22, 2019</p>	

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	<p>gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, record review, and interview, the facility failed to ensure food was covered, labeled and dated in the refrigerators and the open kitchen area and food was disposed of after the date of expiration, in 1 of 1 kitchens in the facility. This deficient practice had the potential to affect 169 of 169 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>During the tour of the kitchen on 12/11/2018 at 1:08 p.m., with the Dietary Manager and the Director of Regulatory Affairs, the following observations were made:</p> <p>1.) The kitchen area was observed to have not dated items: a.) a flour bin, containing flour, was not dated b.) a sugar bin, containing sugar was not dated</p> <p>2.) The refrigerator 1 was observed to have open and not dated items: a.) a package of bacon strips was open and not dated b.) 2 packages of lettuce were opened and not dated</p> <p>3.) The refrigerator 2 was observed to have expired, open and not dated items:</p>	F 0812	<p>F 812 483.60 (i)(1)(2) FOOD PROCUREMENT, STORE/PREPARE/SERVE-SANITARY</p> <p>1.Action taken to Correct Deficiency: 1.All items in the walk in cooler/freezer in the Pyle Kitchen and Mitchell kitchen were checked for dates and for opened containers. All items found opened and not dated were discarded.</p> <p>2.Items that had just been opened were dated according.</p> <p>1. How will other residents have the potential to be affected by the same deficient practice be identified and what corrective action will be taken:</p> <p>1.Re-education of Dietary staff was completed on 12/28/18.</p> <p>2.Systemic changes put into</p>	01/11/2019
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	<p>a.) 3 trays of 24 sausage patties each were not dated</p> <p>b.) 2 packages of bread were outdated and still in refrigerator (expiration dates were 12/3/2018 and 12/7/2018)</p> <p>c.) a tray of bacon strips was not dated</p> <p>d.) 2 packages of buns were open and not dated</p> <p>e.) a package of buns was open and not dated</p> <p>During an interview on 12/11/2018 at 1:08 p.m., with the Director of Regulatory Affairs, she indicated all items should have been sealed and dated and expired items should have been discarded.</p> <p>During an interview on 12/11/2018 at 2:10 p.m., with the Dietary Manager, she indicated all open items should have been sealed, and dated. All expired items should have been discarded.</p> <p>The policy titled, "Food Service Management and Clinical Services," dated 03/24/06 received on 12/11/2018 at 3:50 p.m., from the Administrator indicated, "... 14. Food Services Management and staff shall assure food products are stored and prepared under proper conditions of sanitation, temperature, light, moisture, ventilation and security in accordance with Indiana Sanitation requirements, the Food Service Department Manual and the Infection Control Manual...."</p> <p>This Federal tag relates to Complaint IN00280958.</p> <p>3.1-21(i)(3)</p>		<p>place:</p> <p>1. The Food Service Director and the Managers will audit the walk in coolers and freezers in both the Pyle and Mitchell kitchens.</p> <p>2. Audits will be conducted five times a week for the first 4 weeks, then three times week for 4 weeks, then once a week for 4 weeks.</p> <p>1. How changes will be monitored:</p> <p>2. The Food Service Director and the Managers will audit the walk in coolers and freezers in both the Pyle and Mitchell kitchens.</p> <p>3. Audits will be conducted five times a week for the first 4 weeks, then three times week for 4 weeks, then once a week for 4 weeks.</p> <p>This process will be followed through the QA Committee for 90 days and as needed.</p> <p>4. Completion Date:</p> <p>1. All in-services will be</p>		

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

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