

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 03/12/2019
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NAME OF PROVIDER OR SUPPLIER BELL OAKS PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 4200 WYNTREE DR NEWBURGH, IN 47630
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: March 11 & 12, 2019</p> <p>Facility number: 004903</p> <p>Residential Census: 41</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on March 18, 2019.</p>	R 0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
R 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications,</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>and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interviews, the facility failed to ensure a all shifts had a staff member certified in CPR (cardio-pulmonary resuscitation) and First Aid. The facility lacked a staff member with CPR certification for 5 of 7 evening shifts reviewed and 5 of 7 night shift reviewed, and lacked a staff member with First Aid certification for 1 of 7 day shifts reviewed, 7 of 7 evening shifts reviewed, and 7 of 7 nights reviewed.</p> <p>Findings include:</p> <p>During a review of the schedules, dated 3/3-3/9/19 the following was noted:</p> <p>3/3/19, no first aid coverage for day shift 6 a.m.-6 p.m. 3/3/19, no first aid coverage for 6 p.m.-6 a.m. 3/4/19, no first aid/cpr for 6 p.m.-6 a.m. 3/5/19, no first aid/cpr for 6 p.m.-6 a.m.</p>	R 0117	<p>1.Current employee records have been reviewed and the schedule revised so that a CPR and First Aid certified staff member is scheduled for every shift.</p> <p>2.Current residents had the potential to be affected by the alleged deficient practice.</p> <p>3.All nursing staff has been in serviced on the requirement for First Aid and CPR training by the RN Care services manager on 4/1/19 and multiple staff members were trained on 3/14/19 in CPR/First Aid by Esha Roth, certified instructor. A second training is scheduled with Ms. Roth on 4/10/19 for remaining staff members. Staff members will not be allowed to work after 4/12/19 if</p>	04/12/2019

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R 0120 Bldg. 00	<p>3/6/19, no first aid for 6 p.m.-6 a.m. 3/7/19, no first aid/cpr for 6 p.m.-6 a.m. 3/8/19, no first aid/cpr for 6 p.m.-6 a.m. 3/9/19, no first aid/cpr for 6 p.m.-6 a.m.</p> <p>During an interview with the Administrator on 3/12/19 at 10:40 a.m., she indicated a class is scheduled for cpr/first aid this Thursday for all those that do not have it.</p> <p>The facility lacked written documentation of a policy specific to CPR/First Aid training.</p> <p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel. (2) In addition to the above required inservice hours, staff who have contact with residents</p>		<p>they have not received this training. 4. The Executive Director is responsible for sustained compliance. The Care Services Manager and/or designee will review the schedule weekly times four weeks and ongoing to ensure a CPR/First Aid trained staff member is scheduled on all shifts. Results of employee record reviews and schedule reviews will be delivered monthly times 6 months to the QI committee for review and recommendation. Monitoring will be ongoing.</p>		

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	<p>shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.</p> <p>Based on record review and interview, the facility failed to ensure staff had received 3 (three) hours of dementia-specific training for 4 of 10 employees reviewed. 4 (Four) employees lacked dementia-specific training in the last year. (QMA 1, Administrative Specialist, LPN 1, Chef 1)</p> <p>Findings include:</p> <p>During a review of the employee files on 3/12/19 at 11:18 a.m., they indicated the following:</p> <ol style="list-style-type: none"> QMA 1's employee file lacked documentation of dementia-specific training in the last year. The Administrative Specialist's employee file lacked documentation of dementia-specific training in the last year. LPN 1's employee file lacked documentation of dementia-specific training in the last year. Chef 1's employee file lacked documentation of 	R 0120	<ol style="list-style-type: none"> QMA 1, Administrative Specialist, LPN 1 and Chef 1 have all received three hours of dementia-specific training through Relias online training assignments. Current residents have the potential to be impacted by the alleged deficient practice. An employee education and training review was conducted by the executive director on 3/25/19 to determine which employees are lacking the required dementia training. Dementia training totaling three hours in duration has been assigned to all employees found to be lacking dementia specific training hours. No employee will be allowed to work after 4/12/19 if they have not completed the required training. The Executive Director is 	04/12/2019			

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R 0144 Bldg. 00	<p>dementia-specific training in the last year.</p> <p>During an interview with the Administrator on 3/12/19 at 1:30 p.m., she indicated she was currently in charge of inservices, and should have been running a report monthly to see what employees were due to complete. She further indicated she saw this was a problem.</p> <p>During a review of the current policy, " Staff Orientation and Training," effective ate 9/1/16, provided by the Administrator on 3/12/19 at 2:15 p.m., indicated, " Staff members and volunteers undergo orientation and training in accordance with state-specific licensing requirements as well as [name of facility] policies and procedures."</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation, interview, and record review the facility failed to provide a safe and sanitary environment. Carpets were soiled and stained, walls were soiled and had gouges in them, and doors and door frames were soiled for 2 of 2 units and 30 of 76 rooms observed. (100 Unit, 200 Unit, 100 Unit Laundry Room, Elevator, Activity Room, Rooms 103, 104, 105, 106, 107, 110, 111, 112, 113, 114, 115, 116, 117, 119, 121, 200, 201, 202, 203, 204, 205, 207, 210, 212, 218, 219, 223, 224, 225, 227)</p> <p>Findings include:</p> <p>1. On 3/11/19 at 8:05 a.m., the carpet in the hallway on the 100 unit was soiled, stained, and</p>	R 0144	<p>responsible for sustained compliance. The ED and/or designee will track the number of employee education hours received by each employee monthly to ensure all training requirements are met. Results of monthly training audits will be reported monthly times 6 months to the QI committee for review and recommendation. Monitoring will be ongoing.</p> <p>1. Carpet in hall 100 has been cleaned and will be replaced in upcoming refurbishment. Doors to rooms 103, 104, 105, 106, 107, 110, 112, 113, 114, 115, 116, 117, 119, 121 have been cleaned and repainted. The carpet in the 100 unit hallway was vacuumed. The carpet on the 200 hall has been cleaned and will be replaced in the upcoming refurbishment. The 200 unit bathroom has been cleaned and water pressure restored to normal. The door to 212 has been cleaned and painted. The elevator carpet has been cleaned and will be replaced in the upcoming</p>	04/12/2019			

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	<p>had worn areas throughout the unit.</p> <p>2. During an observation on 3/12/19 at 9:04 a.m., the following doors on the 100 unit were observed to be marred with black marks, black fingerprints, and knicks: 103, 104, 105, 106, 107, 110, 112, 113, 114, 115, 116, 117, 119, 121. The laundry room door frame was observed to have huge gashes in the wood.</p> <p>3. During an observation on 3/12/19 at 9:06 a.m., the 100 unit hallway carpet had paper and debris noted.</p> <p>2. On 3/11/19 at 9:05 a.m., the carpet in the hallway on the 200 unit was soiled, stained, and had worn areas throughout the unit.</p> <p>3. On 3/11/19 at 9:45 a.m. the 200 unit bathroom had dirt and debris in the corners and the water pressure in the sink was low.</p> <p>4. On 3/11/19 at 10:15 a.m., Room 212 had black marks on the outside of the entry door. The same was observed on 3/12/19 at 11:10 a.m.</p> <p>5. On 3/11/19 at 3:43 p.m., the elevator carpet had paper, dirt, debris, and stained areas in it.</p> <p>6. During an observation on 3/12/19 at 9:17 a.m., the following doors on the 200 unit were observed to be marred with black marks, black fingerprints, and knicks: 200, 201, 202, 203, 204, 205, 207, 210, 212, 218, 219, 223, 224, 225, 227. The electrical room door was observed to have knicks in the door frame and black marks on the bottom of the door.</p> <p>7. During an observation on 3/12/19 at 9:15 a.m., the stairs to the second floor were observed to be</p>		<p>refurbishment. The doors to rooms 200, 201, 202, 203, 204, 205, 207, 210, 212, 218, 219, 223, 224, 225, 227 have been cleaned and painted as has the electrical room door. The stairs have been swept and vacuumed. The floor in 111 has been cleaned and a door stop provided. The closet doors have been repaired and the room paint has been touched up. The trash has been removed from the activity room. The bulb has been changed in the light outside 223.</p> <p>2. Current residents have the potential to be impacted by the alleged deficiency.</p> <p>3. The Maintenance Technician has been serviced on the expectation for maintenance tasks by the executive director on 3/22/19. An assignment has been made for current staff to perform housekeeping tasks until a replacement is hired. The current staff has been serviced on expectations for housekeeping tasks by the executive director on 3/28/19.</p> <p>4. The Executive Director is responsible for sustained compliance. The Community Relations Manager and/or designee will make rounds daily 5x times a week times 4 weeks to observe housekeeping and maintenance and ensure tasks are completed. Results of these daily rounds will be presented to housekeeping and maintenance</p>	

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	<p>dusty and the carpet runner had paper and debris noted</p> <p>8. During an observation on 3/12/19 at 9:18 a.m., the 200 unit hallway carpet had paper and debris noted</p> <p>9. On 3/12/19 at 1:24 p.m., Room 111 had clumps of dried dirt and brown splatters on the floor, the bathroom door was being held open with an incontinence cloth pad, and one of the closet doors was lying inside of the closet. The room also had missing paint.</p> <p>10. During an observation on 3/11/19 at 9:12 a.m., a bag of trash was observed on the floor of the activity room. The bag was open, untied, and spilling trash onto the floor. A snack wrapper was also observed in the middle of the activity room floor, and the carpet had dirt and debris.</p> <p>11. During an observation on 3/12/19 at 7:42 a.m., the light outside of Room 223 was flashing. It was observed to still be flashing at 9:10 a.m.</p> <p>During an interview with CNA 1 on 3/12/19 at 8:05 a.m., she indicated the light had been flashing and maintenance had been notified. She further indicated the light was not connected to a call light system, just a malfunctioning light.</p> <p>During an interview with the Administrator on 3/12/19 at 8:05 a.m., she indicated the housekeeper was on medical leave right now and the administrative assistant had been helping out, but she was busy with orientations of new employees so she had not done it yesterday. She further indicated she is waiting to see if the old housekeeper is able to come back, so she had not filled the position.</p>		<p>for follow up daily. Weekly walking rounds will be conducted by Executive Director, housekeeping and maintenance staff with a checklist to ensure all tasks are completed weekly x4 weeks and ongoing. Results of the rounds will be reported monthly times 6 months to the QI committee for review and recommendation. Monitoring will be ongoing.</p>	

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R 0151 Bldg. 00	<p>During a follow up interview with the Administrator on 3/12/19 at 9:22 a.m., she indicated floors are usually vacuumed daily, but were not this week due to housekeeping out on medical leave and no one else being available. She further indicated the facility does not have a cleaning schedule, and maintenance is starting to paint the resident doors, but they are not completed yet.</p> <p>During an interview with Maintenance on 3/12/19 at 10:25 a.m., he indicated he would be going to the 200 unit to fix the flashing light when he was finished with his current duties.</p> <p>The facility lacked a written policy specific to environment or cleaning the facility.</p> <p>410 IAC 16.2-5-1.5(h) Sanitation & Safety Standards -Noncompliance (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations.</p> <p>Based on observation, record review, and interview, the facility failed to ensure all pets were immunized for 2 of 3 pets observed in the facility. Two felines had rabies vaccinations that were outdated.</p> <p>Findings include:</p> <p>During an observation on 3/11/19 at 10:05 a.m., Room 203 was observed to have 2 (two) cats residing in it. The door had a sign on the outside indicating the cats were inside, and to be careful not to let them out of the room when opening the door.</p> <p>During a review of the immunization records for</p>	R 0151	<p>1.Feline 1 and Feline 2 were taken to the veterinarian on 3/14/19 to get current rabies vaccination.</p> <p>2.Current residents have the potential to be impacted by the alleged deficient practice.</p> <p>3.The resident and her daughter were educated by the executive director on 3/12/19 on the requirement for pet vaccination. The Executive Director will maintain a log of pet vaccinations and will remind residents of the due dates to ensure all pets are current with required vaccinations.</p>	04/12/2019

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R 0273 Bldg. 00	<p>the felines, the following was documented:</p> <p>Feline 1's last rabies vaccination was on 8/21/17 Feline 2's last rabies vaccination was on 8/21/17</p> <p>The immunization records indicated a due date of 8/21/18 for the next rabies vaccinations. Felines 1 and 2 lacked documentation of any further rabies vaccinations.</p> <p>During an interview with the Administrator on 3/11/19 at 3:35 p.m., she indicated she had just seen the immunizations were not up to date on the cats when she handed me the copies. She further indicated she had spoke with the resident and her family was going to come and take care taking the cats to get their immunizations up to date, but the cats are contained to the resident room and do not roam the facility.</p> <p>During a follow-up interview with the Administrator on 3/12/19 at 8:05 a.m., she indicated the resident's daughter was picking up the cats today to switch veterinarians and get them up to date on vaccinations. She was unaware they were not up to date.</p> <p>During a review of the current policy, " Pet and Pet Therapy Visits," effective date 9/1/16, provided by the Administrator on 3/11/19 at 9:10 a.m., indicated, " Residents who desire to keep a pet in their apartments may do so provided they abide by the policies of the community in regards to pet ownership... State specific requirements regarding pets must be followed."</p> <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</p>		<p>4. The Executive Director (ED) is responsible for sustained compliance. The ED and/or designee with complete pet vaccination audit for new residents with pets within 3 days of move-in to ensure the pet has had a veterinary examination and required immunizations, x 3 months. Results of the audits will be discussed during monthly QI to determine compliance on 2 residents weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p>				

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	<p>maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared and served in a safe and sanitary environment for 2 of 2 kitchen observations and 1 of 2 dining observations. (Kitchen, Dining Room, Activity Room refrigerator)</p> <p>Findings include:</p> <p>On 3/11/19 between 8:20 a.m. and 8:53 a.m., the following were observed in the kitchen:</p> <ol style="list-style-type: none"> 1. HHA (Home Health Aide) 1 was observed in the kitchen with sprigs of hair hanging out of the back of her hair net. 2. The Dietary Manager was observed with hair hanging out of the back of her hairnet. 3. The thermometer was missing from a free-standing refrigerator. 4. A free-standing refrigerator had a container of Thousand Island dressing with no open date. 5. The walk-in refrigerator floor had dirt and debris on it and the floor was discolored. 6. The walk-in refrigerator had a container of barbecue with no label or date and a bowl of salad with no label or date. 7. The walk-in freezer had dirt, debris, and ice buildup on the floor. 8. The walk-in freezer had a partially covered tray 	R 0273	<p>1.A thermometer has been placed in the refrigerator. The walk-in floor has been cleaned. All undated food has been removed from all refrigerators and from the freezer. The walk in freezer has been cleaned. The floors in the kitchen and in the dry storage have been swept and mopped. The Styrofoam cups have been stored appropriately. All undated food and products have been removed from dry storage and discarded. The container of eggs was removed from the shelf above the stove. The kitchen walls have been patched and painted. The backsplash over the stove has been cleaned. The coffee area has been cleaned. The skillets have been replaced. All broken items have been removed from the hand sink in the dish room. The wall vents have been cleaned. The potholders have been replaced. All the kitchen carts have been cleaned. The baking pans have been replaced. The top of the dishwasher has been cleaned. The refrigerator in the activity room has been cleaned out and all undated/labeled items were discarded.</p> <p>2.Current residents had the potential to be impacted by the alleged deficient practice.</p>	04/12/2019

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	<p>of chocolate pudding with no label or date on them.</p> <p>9. The floor outside of the walk-in refrigerator and freezer had dirt and debris on them.</p> <p>10. The dry storage area had dirt and debris on the floor.</p> <p>11. The dry storage area had a package of Styrofoam cups on the floor.</p> <p>12. A plastic container of rice, sugar, and macaroni was observed on the shelf, undated and unlabeled. The same was observed on 3/12/19 at 7:20 a.m.</p> <p>13. A bin of flour was observed with no label or date on it. The same was observed on 3/12/19 at 7:20 a.m..</p> <p>14. The floor of a free-standing refrigerator, with drinks in it, was soiled with white splatters and debris.</p> <p>15. A container of eggs were observed on a ledge above the stove.</p> <p>16. The walls were soiled and gouged throughout the kitchen area.</p> <p>17. The back-splash on the stove was soiled with a brownish-black greasy material.</p> <p>18. Coffee from the coffee brewer was spilled and had run under the clean coffee cups.</p> <p>19. The skillet had a brown substance on the bottoms of them</p>		<p>3. Current Dietary staff has been in serviced on the community policy for sanitation, cleaning in the kitchen and proper storage of food dietary manager on 4/1/19. The Maintenance Technician and the Dietary staff have been in serviced in the proper checking of the dish machine test strips daily by the dietary manager on 4/1/19. Current staff have been in serviced on proper hand hygiene in the dining room and in proper use of hairnets when in the kitchen by the RN Care services manager in training session on 3/20, 3/21, 3/22 and 3/29/19. The Dietary Manager will utilize a checklist for cleaning, temperature recording, and food storage areas daily. Failure to complete required tasks by kitchen staff will result in disciplinary action.</p> <p>4. The Dietary Manager is responsible for sustained compliance. The Executive Director and /or designee will observe conditions in the kitchen 5 x /week for 4 weeks, then 3 x /week for 4 weeks and then weekly for 4 weeks, and will utilize a checklist to ensure continued compliance with sanitation, food storage, cleanliness and food preparation policies. The Executive Director or Care Services manager will observe hand hygiene and dining delivery in the dining room five times per week times two weeks and weekly</p>	

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	<p>On 3/11/19 at 8:55 a.m., the Dietary Manager indicated the free-standing refrigerator was lacking a thermometer. The Dietary Manager indicated she had only worked at the facility for 3 (three) weeks and the facility was in the process of hiring new staff and she was aware the staff would need to be trained and the kitchen needed at least 2 (two) persons during the meal service at all times, one to cook and one to plate the food. She indicated she had been cooking since she started employment with the facility and had been unable to train the staff</p> <p>On 3/11/19 from 12:03 p.m. to 12:55 p.m., the following was observed:</p> <p>20. QMA 1 was observed to enter the dining area, touching her cap. She obtained a cup of coffee for Resident 36 and removed 2 (two) glasses from in front of the resident, placing the glasses on the countertop in the dining room. No hand hygiene was performed.</p> <p>21. HHA 1 was observed to obtain a glass of ice tea for Resident 37, rubbed the resident's shoulder, and obtained drinks for Resident 10 and Resident 5. No hand hygiene was performed.</p> <p>22. Agency RN 1 was observed to serve Resident 19 her lunch, carrying the plate with her thumb inside of the plate of food.</p> <p>23. Agency RN 1 was observed to rub Resident 16's shoulder, moved her hair behind her right ear, removed the resident's plate of food, placing it onto the serving tray. No hand hygiene was performed.</p> <p>24. Agency RN 1 was observed to touch Resident 16's wheelchair, touch the front of her apron, and</p>		<p>thereafter. Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p>	

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	<p>cut up Resident 22's food for her.</p> <p>On 3/12/19 between 7:25 a.m. and 8:40 a.m., the following was observed in the kitchen:</p> <p>25. The sink across from the dishwasher was observed to have a broken vase and a wire toothbrush in it with several glasses.</p> <p>26. The wall vents were dirty and dusty.</p> <p>27. The walls behind the 3-compartment sink were dirty and gouged.</p> <p>28. The dry storage area had a box with a clothes dryer in it and a package of Styrofoam plates were observed open on a shelf.</p> <p>29. The walk-in refrigerator had dirt and debris on the floor, ice buildup on the door and on a shelf, and an onion was observed in the box with the bananas.</p> <p>30. A tray with bowls of peaches, partially uncovered, were in the walk-in refrigerator.</p> <p>31. A bag of grapes were open on a shelf in the walk-in refrigerator.</p> <p>32. A bin with cooked small white potatoes were observed in a bin with no label or date on them.</p> <p>33. The walk-in freezer had a package of pizza crust open with no label or date on them.</p> <p>34. The coffee pot had dried coffee under it.</p> <p>35. Pot holders were black and stained.</p>			

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	<p>36. A white cart with a bin of crackers on it had dirt, debris, and splatters.</p> <p>37. The grease traps between the stove cooktop and oven had aluminum foil in them which were covered with a dried brown substance. The Dietary Manager indicated the grease traps had not been cleaned for a long time.</p> <p>38. During the breakfast meal, the Dietary Manager was observed to be cracking eggs with her bare hands, placing the opened egg shells onto the egg carton, frying the eggs, sunny-side up, and serving the eggs with the rest of the meal, hand hygiene was not observed after handling raw eggs which included bacon, oatmeal, danishes, toast, and cereal.</p> <p>39. The baking pans were observed with a brown substance on the bottom of them.</p> <p>40. The sink in the dishwashing room had a broken vase, a wire toothbrush, and several glasses in it.</p> <p>41. On 3/12/19 at 9:15 a.m., the dishwasher had crumbs on the top of it and the rinse solution was registering 0 ppm (parts per milliliter).</p> <p>On 3/12/19 at 9:19 a.m., the Dietary Manager indicated she would notify the Maintenance person to check the dishwasher. She further indicated the CNAs normally ran the dishwasher and she did not use the dishwasher and would wash the dishes in the 3 compartment sink.</p> <p>On 3/12/19 at 9:23 a.m., CNA 1 indicated the CNAs or HHA usually ran the dishwasher. She indicated she would run a test strip and notify the Chef 1 of the results. She indicated she would</p>			

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	<p>document them on the temperature log form.</p> <p>On 3/12/19 at 9:30 a.m., the Administrator indicated the chemical dishwasher was checked monthly and the dishwasher had been checked on 2/8/19. She indicated she had contacted a cleaning company to deep clean the kitchen and a company to repaint the kitchen, as she was aware the kitchen had not been deep-cleaned for a long time.</p> <p>On 3/12/19 at 9:42 a.m., the Dietary Manager provided the "Daily Cleaning Schedule and Morning Walk-thru" for the month of March, 2019. It indicated the weekly cleaning for the inside of the freezer, refrigerators, drawers, cabinets, ovens, outside vent, hood, and screens above the stove, and the thermometers calibrated had not been done for the month. It indicated the hand washing sink, which should be cleaned every other day or as needed, had not been cleaned. The daily cleaning had been completed on March 1, 5, 8, and 9th only.</p> <p>On 3/12/19 at 9:42 a.m., the "Kitchen Appliance Temperature Log," undated and obtained from the Dietary Manager, indicated the following: "Dishwasher Wash Temp": March 1: 122 March 2: 126 March 3: 120 March 4: 120 March 5: 120</p> <p>"Dishwasher Rinse Temp": March 1: 125 March 2: 127 March 3: 122 March 4: 124 March 5: 121</p> <p>"Dishwasher pH (litmus)": March 1: 100</p>			

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	<p>March 2: 100 March 3: 100 March 4: 100 March 5: 100</p> <p>"Quaternary Oasis 146": March 1: 200 March 2: 200 March 3: 200 March 4: 200 March 5: 200</p> <p>No further temperatures were listed for the month of March. The February, 2019, "Kitchen Appliance Temperature Log" had dates filled in for February 1,14,15,18, 22, 23, and 26, 2019.</p> <p>On 3/12/19 at 10:33 a.m., the Maintenance person indicated the dishwasher had been checked approximately 2 (two) weeks ago. He obtained a test strip which also indicated 0 ppm of chemical solution in the dishwasher.</p> <p>On 3/12/19 at 1:40 p.m., the [Name of Dishwasher Maintenance Company] person indicated the facility did not have the correct dishwasher strips to check the dishwasher with. He indicated the strips that were used earlier this morning were only for the 3-compartment sink solution. He indicated the strips the facility had used was for the "Quat" (a type of sanitizing solution) and would not register on the test strips the facility had been using. He further indicated the reading should be between 50-200 ppm and he would obtain a poster for the facility to place next to the dishwasher and he would leave a container of the correct test strips at the facility.</p> <p>On 3/12/19 at 2:05 p.m., the Administrator indicated she had met with a cleaning company to have the kitchen deep cleaned.</p>			

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	<p>42. During an observation on 3/11/19 at 9:15 a.m. of the activity room refrigerator, the following was observed:</p> <p>A small Dairy Queen blizzard, half full, was open to air with a spoon still in it, unlabeled and undated, in the freezer.</p> <p>A box of mini tacos was open to air, unlabeled and undated, in the freezer.</p> <p>A bottle of chocolate sauce was open, unlabeled and undated, in the refrigerator.</p> <p>A bottle of caramel sauce was open, unlabeled and undated, in the refrigerator.</p> <p>A spray can of whipped topping was open, unlabeled and undated, in the refrigerator.</p> <p>The current facility policy, dated 4/17/17, and obtained from the Administrator on 3/12/19 at 10:28 a.m., indicated non-leftover items could be stored for 7 days and prepared foods would be stored in an appropriate container with an airtight lid or cellophane, and labeled with the type of food and date. The policy indicated if prepared food was to be frozen, the product should be in cellophane or placed in an airtight container and labeled and dated before freezing.</p> <p>The current facility policy, undated and obtained from the Administrator on 3/12/19 at 10:28 a.m., indicated the if the dish machine was a low temperature machine the sanitizer concentration minimum should be checked daily or per state regulation and recorded daily. If a glass or dish breaks, the broken glass should be wrapped in a newspaper, placed the newspaper in a box and</p>			

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R 0414 Bldg. 00	<p>discarded in the trash immediately, preferably in the outside dumpster. The policy indicated surfaces which came into contact with food should be washed, rinsed, and sanitized each time the surfaces were used, each time another type of food was being worked with and as often as possible, but minimally every four hours if being constantly used.</p> <p>The current facility policy, " Infection Control and DNH Dress Code," effective date 4/17/17, provided by the Administrator on 3/2/19 at 10:28 a.m., indicated, " Hair restraints will be worn in the food preparation areas at all times...Note, these restraints must cover all hair; there may not be any hair on the outside of the restraint...Hairnets...not to be worn in the dining room while serving meals."</p> <p>The current facility policy, " Handwashing," effective date 9/1/16, provided by the Administrator on 3/12/19 a 10:28 a.m., indicated, " Staff should wash their hands in the following situations, ...preparing, serving, or eating food...resident care."</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Based on observation, interview, and record review, the facility failed to ensure hand hygiene was performed during medication administration for 4 of 7 residents observed and 1 of 1 resident observed for care. (Resident 35, Resident 6, Resident 30, Resident 31, Resident 34)</p>	R 0414	1.Residents 35, 6, 30, 31 and 34 were assessed by a licensed nurse and found to have no signs or symptoms of infection as a result of the alleged deficient practice. Agency RN 1, CNA 1, HHA 1, and QMA 1 were educated on hand hygiene policy by the	04/12/2019

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	<p>Findings include:</p> <p>1. On 3/11/19 at 8:57 a.m., Agency RN 1 was observed to administer Timolol Maleate 0.5% ophthalmic drops (used in the treatment of glaucoma) to Resident 35. Agency RN 1 was observed to remove her keys from her pocket, open the medication cart, and obtain the eye drops, placing the box in her uniform pocket. Agency RN 1 was observed to go up and down the hall in search for gloves. Agency RN 1 reopened the medication cart and looked into 2 (two) drawers for the gloves, She closed the drawers and locked the cart. After obtaining a box of gloves, Agency RN 1 indicated she was unable to locate the eye drops in her pocket. She went to the medication cart and obtain the eye drops from the top of the cart. Agency RN 1 was observed to enter the activity room, where the resident was seated, perform hand hygiene, turning the water off with her bare hands. She dried her hands and applied gloves. She obtained a tissue and gave the tissue to the resident. RN 1 removed the drops from the box, removed one of the lids to the drops, and attempted to administer the eye drop into the resident's right eye. Agency RN 1 discovered the eye drops had 2 (two) lids on it, removed the second lid, and administered the drops. Agency RN 1 placed the lids on the bottle, placed the bottle into the box and exited the room. Agency RN 1 did not perform hand hygiene after administering the eye drops.</p> <p>2. On 3/12/19 at 1:11 p.m., CNA 1 and HHA 1 were observed to assist Resident 6 to the bathroom. Both performed hand hygiene and applied gloves. CNA 1 and HHA 1 bodily lifted Resident 6 out of the wheelchair. CNA 1 was observed to obtain clean wipes and performed pericare to the resident, dropping one of the wipes into the floor</p>		<p>care services manager in trainings on 3/20, 3/21, 3/22 and 3/29/19.</p> <p>2.Current resident have the potential to be impacted by the alleged deficient practice.</p> <p>3.Current community staff has been in serviced on the community policy on hand hygiene by the care services manager in trainings on 3/20, 3/21, 3/22 and 3/29/19. Current Resident Care Partners (CNA's and HHA's) have been in serviced on cleaning after providing peri care by the care services manager 4/1, 4/2 and 4/3/19. All agency staff will be required to have hand hygiene training prior to coming on shift in the community by the Care Services Manager or designee. Soap and paper towels have been placed in every resident apartment to ensure availability to staff 3/13/19.</p> <p>4.The Care Services Manager (CSM) is responsible for sustained compliance. The Executive Director or designee will audit hand hygiene during medication administration 5 x/week for 4 weeks, then 3x/week for 4 weeks, then weekly for 4 weeks. Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.</p>	

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	<p>next to the commode. After performing pericare, the resident was assisted onto the commode. CNA 1 removed the resident's wet brief. CNA 1 obtained a clean brief and applied the brief onto the resident, going over the resident's shoes. CNA 1's phone fell out of her uniform pocket onto the floor while applying the clean brief. CNA 1 and HHA 1 assisted the resident from the commode into the wheelchair, pulling the resident's brief and pants up and shirt down. CNA 1 and HHA 1 removed their gloves and performed hand hygiene. HHA 1 removed the trash bag from the trashcan, exited the bathroom, and returned placing a clean plastic bag into the trashcan. CNA 1 was observed to pick her phone up off the floor and transport the resident out of the bathroom. CNA 1 and HHA 1 were observed to bodily lift the resident from the wheelchair into the recliner in his room with no gloves. CNA 1 and HHA 1 exited the resident's room. The wipe on the bathroom floor remained next to the commode.</p> <p>On 3/12/19 at 1:29 p.m., CNA 1 indicated hands should be washed prior to resident care and upon removing gloves. She indicated gloves should be removed and hand washed when touching any of her body parts or inanimate objects.</p> <p>3. During an observation on 3/11/19 at 11:10 a.m., QMA 1 was observed to administer medications to Resident 30. QMA 1 performed hand hygiene, fumbled in her pockets for her key to the medication cart, and then left the medication room to obtain keys from another employee. QMA 1 observed a visitor in the lobby, assisted them into the facility, and returned to the medication room. She then opened the medication cart, obtained the medications, locked the medication cart, and left the room to administer medications to Resident 30. No hand hygiene was observed prior to</p>			

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	<p>administering medications to Resident 30.</p> <p>4. During an observation on 3/11/19 at 2:00 p.m., Agency RN 1 was observed to administer medications to Resident 31. Agency RN 1 performed hand hygiene, obtained the medication from the medication cart, and poured a glass of water. She locked the medication cart and rolled it out of the medication room. She held the glass of water by the rim, and entered the room to administer medications to Resident 31. No hand hygiene was observed prior to administering the medication to Resident 31.</p> <p>5. During an observation on 3/11/19 at 2:13 p.m., Agency RN 1 was observed to administer medications to Resident 34. Agency RN 1 entered Resident 34's room, obtained a cup from the counter, filled it with water, and administered the medications to Resident 34. She then assessed Resident 34's bilateral lower extremities with her bare hands for edema. Agency RN 1 left the room without performing hand hygiene.</p> <p>During an interview with Agency RN 1 on 3/11/19 at 2:15 p.m., she indicated she does not perform hand hygiene in resident rooms because she, "does not like to use their things." She further indicated she did not like to use the soap items the resident's purchased themselves.</p> <p>During a review of the current policy, "Handwashing," effective date 9/1/16, provided by the Administrator on 3/12/19 at 10:28 a.m., it indicated, " Staff should wash their hands in the following situations,...administering medications, resident care."</p>			