

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

PRINTED: 09/18/2017
FORM APPROVED
OMB NO. 0938-0391

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 08/31/2017	
NAME OF PROVIDER OR SUPPLIER HEARTH AT JUDAY CREEK LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 6330 N FIR RD GRANGER, IN 46530			
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 28, 29 and 30, 2017</p> <p>Facility number: 012229</p> <p>Residential Census: 131</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on September 1, 2017.</p>		R 0000				
R 0120 Bldg. 00	<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,</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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows:</p> <p>(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.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents 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:</p> <p>(A) The time, date, and location.</p> <p>(B) The name of the instructor.</p> <p>(C) The title of the instructor.</p> <p>(D) The names of the participants.</p> <p>(E) The program content of inservice.</p> <p>The employee will acknowledge attendance by written signature.</p> <p>Based on record review and interview, the facility failed to ensure facility staff received annual resident rights and dementia training on 4 of 10 employee files reviewed. (Cook #2, Receptionist #2, Maintenance Worker #1 and Activity Assistant #4)</p> <p>Findings include:</p>	R 0120	<p>(1)Activity Assistant, Cook, Maintenance employee, and receptionist are now compliant as of 8/29/2107.(2) Business Office Manager completed an auditof all personal in-services. (3) Care Connect/Dementia Training will beincluded in Mandatory In-Services one</p>		09/29/2017		

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	<p>1. The record review for cook #2 was reviewed, on 8/29/17 at 11:00 A.M., and indicated she was hired 2/15/10 and had not completed her annual dementia training training in over one year.</p> <p>2. The record review for receptionist #2 was reviewed, on 8/29/17 at 11:05 A.M., and indicated she was hired 6/15/16 and had not completed her annual dementia training in over one year.</p> <p>3. The record review for maintenance worker #1 was reviewed, on 8/29/17 at 11:10 A.M., and indicated he was hired 7/7/11 and had not completed his annual dementia training in over one year.</p> <p>4. The record review for activity assistant #4 was reviewed, on 8/29/17 at 11:15 A.M., and indicated she was hired 4/1/15 and had not completed his annual dementia training in over one year.</p> <p>During an interview, on 8/29/17 at 11:20 A.M., the Administrator indicated she was not aware that unlicensed staff had to complete 3 hour dementia training.</p> <p>On 8/30/17 at 11:07 A.M., the Administrator provided the Ongoing Staff Training/In-servicing, dated 9/27/11, and indicated this was the policy</p>		timeper month.Monthly sign in sheets will be signed by allemployees in attendance. An audit will be madeand monitored at quarterly QA meeting to ensureall staff have completed state required education.(4) All changes will be made and in complianceby September 29, 2017				

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R 0273 Bldg. 00	<p>currently be used by the facility. The policy indicated it followed the state guidelines.</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 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 store and serve food under sanitary conditions, regarding open dates, expiration dates, expired foods, in 2 of 3 kitchens, and handwashing in 1 of 3 dining rooms. This deficient practice had the potential to affect all residents residing in the facility.</p> <p>Findings include:</p> <p>On 8/28/17 from 11:35 A.M. to 11:50 A.M., a kitchen tour was conducted with the Dietary Manager (DM), where the following was observed:</p> <p>The walk-in cooler contained 1-750 ml (milliliter) of opened Franzia White Wine, 1-750 ml of opened Franzia Red Wine, 1-1 gallon opened container of Bacon Salad Dressing, 1-32 oz (ounce) opened container of Horseradish, all items were not labeled with opened dates, nor expiration dates. There was a box</p>		R 0273	<p>(1) Outdated Milk and eggs were immediately removed and discarded</p> <p>(2) All products were examined and if open date was missing or expired, the product was discarded.</p> <p>(3) Monitoring the expiration and open dates daily has been added to the task sheet of the assistant food service director or designee. Food Service Director will inservice entire food service staff on this procedure. The inservice is scheduled for 9/29/17.</p> <p>(4) The Food Service Director will monitor the task sheets daily for two weeks, and continue to monitor weekly for an additional 4 weeks. Then will continue random audits to insure compliance. Audits will be reviewed at quarterly QA meeting and recommendations will be made as to need of on going audits.</p> <p>All changes will be made and in compliance by September 29, 2017</p>		09/29/2017	

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	<p>that contained 6 dozen eggs with the expiration date of 8/12/17.</p> <p>On 8/28/17 at 11:52 A.M., the kitchen refrigerator in the Keepsake Unit was observed to have an opened gallon of milk with an expiration date of 8/2/17.</p> <p>During a dining observation on 8/28/17 from 12:00 P.M. to 12:32 P.M., in the Residential Dining Room, the following was observed:</p> <p>At 12:03 P.M., Server #1, washed her hands for 10 second, at 12:15 P.M., she washed her hands for 6 seconds, and at 12:20 P.M., she washed her hands for 10 seconds.</p> <p>At 12:09 P.M., Server #2, washed her hands for 7 seconds, and at 12:22 P.M., she washed her hands for 7 seconds.</p> <p>During an interview, on 8/28/17 at 2:24 P.M., the Executive Director (ED) indicated that all opened foods should be labeled with opened dates, all foods should be labeled with expiration dates, and any expired food should be discarded by the expiration date.</p> <p>During an interview, on 8/29/17, at 11:14 A.M., the Executive Director indicated handwashing should be at least 30 second from start to finish, and less than that was</p>						

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	<p>not effective handwashing.</p> <p>On 8/29/17 at 12:20 P.M., the facility policy entitled, "Hand Washing", provided by the ED, was reviewed. The policy indicated, "...Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails. Continue rubbing your hands for a minimum of 40 to 60 seconds...."</p> <p>On 8/29/17 at 12:25 P.M., the facility policy entitled, "Food Receiving and Storage Policy," provided by the ED, indicate, "...Milk products shall be 40 degrees F or below and the product should be used prior to the expiration date...."</p>						