

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

PRINTED: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155702		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/16/2017	
NAME OF PROVIDER OR SUPPLIER APERION CARE PERU				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 WEST MATADOR ST PERU, IN 46970			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00242344 and IN00242442.</p> <p>Complaint IN00242344 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F325.</p> <p>Complaint IN00242442 - Substantiated. Federal/State deficiencies related to the allegations are cited at F371 and F465.</p> <p>Survey dates: October 13 and 16, 2017</p> <p>Facility number: 003130 Provider number: 155702 AIM number: 200386750</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicare: 6 Medicaid: 57 Other: 2 Total: 65</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000			

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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F 0157 SS=D Bldg. 00	<p>Quality review completed on 10/18/17.</p> <p>483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is</p>						

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	<p>available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>Based on interview and record review, the facility failed to notify the physician and family of significant weight loss and the inability to obtain a urine sample in a timely manner (Resident B).</p> <p>Finding includes:</p> <p>During an interview on 10/13/17 at 1:10 P.M., a family member of Resident B indicated the facility had not notified any family member that the resident was unable to feed herself and therefore was losing a significant amount of weight. She indicated her mother was to have a urinalysis completed before she was hospitalized but she was unsure if it was ever done because the family had not been notified of the results or any</p>			F 0157	<p>Aperion Care, Peru requests paper compliance for this citation.</p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</i></p> <p>Immediate action taken for those identified:</p>		11/10/2017

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	<p>treatment that was put into place.</p> <p>A closed clinical record review was completed on 10/13/17 at 1:40 P.M., and indicated Resident B was admitted to the facility on 8/8/17. Her diagnoses included, but were not limited to nontraumatic subdural hemorrhage, dehydration, diabetes, seizures, and recurrent major depressive disorder.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 8/15/17, indicated Resident B had a BIMS (Brief Interview for Mental Status) of 15, was cognitively intact and required supervision only for eating.</p> <p>A discharge MDS assessment, dated 9/27/17, indicated Resident B required extensive assistance with eating.</p> <p>A care plan, dated 8/10/17, indicated the resident was on a reduced consistent carbohydrate diet. Goals for this problem included, resident will consume 75-100%, have nutrition related lab values within normal limits and have stable weight and intact skin. Interventions for this problem, included, monitor weight and food and fluid intakes, obtain and honor food preferences and monitor lab values and skin assessments.</p>				<p>Resident affected: Resident B</p> <p>Immediate action taken for resident(s) identified: Resident discharged: 09/27/2017</p> <p>All residents who could be affected by this deficit: Audit for the previous six (6) months. All residents identified as having a significant weight loss, physician and family/responsible party were notified if indicated.</p> <p>Measures put into place for the system changes:</p> <p>In-service: Licensed nursing staff re in-serviced on physician and family notifications.</p> <p>Accidents</p> <p>Significant Changes</p> <p>Significant Treatment Altercations</p> <p>Transfers/Discharges</p> <p>How corrective action will be monitored:</p> <p>Audits will be performed by the DON or designee three (3) times per week to monitor for notifications of</p> <p>Accidents</p> <p>Significant Changes</p>		

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	<p>A care plan, dated 8/10/17, indicated the resident had total bladder incontinence. An intervention for this problem included, monitor for signs and symptoms of UTI (urinary tract infection).</p> <p>The following weights were obtained for Resident B:</p> <p>8/8/17 222.6 lbs (pounds) 8/14/17 211.4 lbs 8/21/17 199.4 lbs 8/22/17 199.4 lbs 8/28/17 199.6 lbs 9/1/17 196.2 lbs 9/8/17 187 lbs 9/18/17 184.2 lbs 9/25/17 174.2 lbs</p> <p>A progress note, dated 9/5/17, indicated, "...Physician notified of 3.4# [pound] weight loss noted in one week. Also notified of 26.4# weight loss since 8/8/17. No new orders received...."</p> <p>During an interview on 10/16/17 at 1:55 P.M., the DON (Director of Nursing) indicated the physician or family had not been notified of the resident's weight loss prior to 9/5/17.</p> <p>A progress note, dated 9/22/17, indicated,</p>				<p>Significant Treatment Altercations</p> <p>Transfers/Discharges</p> <p>The results of the these audits will be reviewed in the Quality Assurance meeting monthly for six (6) months or until 100% compliance is achieved for three (3) consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of compliance: 11/10/2017.</p>		

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	<p>"...New order for UA [urinalysis] put in EMR [electronic medical record]...."</p> <p>A progress note, dated 9/22/17, indicated, "...End of writers [sic] shift, UA still needs to be collected...."</p> <p>A progress note, dated 9/24/17, indicated, "...Attempted x 2 to collect UA, unsuccessful...."</p> <p>A progress note, dated 9/26/17, indicated, "...obtained UA... per In&Out [sic] cath [catheter]...."</p> <p>During an interview on 10/16/17 at 1:55 P.M., the DON indicated the physician and family had not been notified prior to 9/26/17 that staff was unable to obtain a urine sample. She indicated she would have expected staff to notify the physician in a more timely manner.</p> <p>On 10/16/17 at 4:37 P.M., the DON provided the policy titled "PHYSICIAN/FAMILY/RESPONSIBLE PARTY NOTIFICATION," dated 10/2015, and indicated the policy was the one currently used by the facility. The policy indicated "...Purpose: To ensure medical care problems are communicated to the attending physician and family/responsible party in a timely, efficient, and effective manner..."</p>						

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F 0325 SS=G Bldg. 00	<p>Guidelines: The facility will inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is...</p> <p>(B) A significant change in the resident's physical, mental or psychosocial status...</p> <p>(C) A need to alter treatment significantly...."</p> <p>This Federal tag relates to complaint IN00242344.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.25(g)(1)(3) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE (g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p>						

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	<p>(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.</p> <p>Based on interview and record review, the facility failed to identify, assess and implement effective interventions in a timely manner to prevent severe weight loss in a resident, which resulted in abnormal lab values and hospitalization. (Resident B).</p> <p>Finding includes:</p> <p>During an interview on 10/13/17 at 1:10 P.M., a family member of Resident B indicated the facility had not notified any family member that the resident was unable to feed herself and therefore was losing a significant amount of weight.</p> <p>A closed clinical record review was completed on 10/13/17 at 1:40 P.M., and indicated Resident B was admitted to the facility on 8/8/17. Her diagnoses included, but were not limited to nontraumatic subdural hemorrhage, dehydration, diabetes, seizures, and recurrent major depressive disorder.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 8/15/17, indicated Resident B had a BIMS (Brief Interview for Mental Status) of 15, cognitively intact and required supervision only for</p>			F 0325	<p>F325</p> <p>Aperion Care, Peru requests paper compliance for this citation.</p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</i></p> <p>Resident affected: Resident B</p> <p>Immediate action taken for resident(s) identified: Resident discharged: 09/27/2017</p> <p>All residents who could be affected by this deficit: Audit for the previous 30 days. All residents identified as having a significant weight loss were assessed for altered skin integrity and corrective action taken.</p> <p>Measures put into place for the system changes:</p> <p>In-service: Nursing staff re in serviced on Pressure Ulcer and Skin</p>		11/10/2017

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	<p>eating.</p> <p>A discharge MDS assessment, dated 9/27/17, indicated Resident B required extensive assistance with eating.</p> <p>A care plan, dated 8/10/17, indicated the resident was on a reduced consistent carbohydrate diet. Goals for this problem included, resident will consume 75-100%, have nutrition related lab values within normal limits and have stable weight and intact skin. Interventions for this problem, included, monitor weight and food and fluid intakes, obtain and honor food preferences and monitor lab values and skin assessments.</p> <p>A care plan, dated 9/8/17, indicated the resident had the potential to develop pressure ulcers. The goal for this problem was to have intact skin, free from redness, blisters or discoloration. Interventions included, educate the resident, family and caretakers on the importance of good nutrition, follow facility policies/protocols for the prevention/treatment of skin breakdown and obtain and monitor lab/diagnostic work as ordered. Report results to the physician and follow up as indicated.</p> <p>The following weights were obtained for</p>				<p>Condition Policy, Nutritional Intervention Procedure and Nutritional Monitoring.</p> <p>How corrective action will be monitored:</p> <p>The DON or designee will audit three (3) resident with significant weight loss per week for altered skin integrity and complete corrective action.</p> <p>The results of the these audits will be reviewed in the Quality Assurance meeting monthly for six (6) months or until 100% compliance is achieved for three (3) consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of compliance: 11/10/2017.</p>		

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	<p>Resident B:</p> <p>8/8/17 222.6 lbs (pounds)</p> <p>8/14/17 211.4 lbs</p> <p>8/21/17 199.4 lbs</p> <p>8/22/17 199.4 lbs</p> <p>8/28/17 199.6 lbs</p> <p>9/1/17 196.2 lbs</p> <p>9/8/17 187 lbs</p> <p>9/18/17 184.2 lbs</p> <p>9/25/17 174.2 lbs</p> <p>An admission wound report, dated 8/8/17, indicated, "...Wound #1... LOCATION... coccyx... Type of wound... Pressure injury...."</p> <p>A "Comprehensive Clinical Review Meeting Note," dated 8/15/17, indicated, "...REASON FOR REVIEW... New Admission... Chronic wound... No current order for [dietary] supplements...."</p> <p>A "Comprehensive Clinical Review Meeting Note," dated 8/25/17, did not address nutritional concerns.</p> <p>A "Comprehensive Clinical Review Meeting Note," dated 8/29/17, did not address nutritional concerns.</p> <p>A "Comprehensive Clinical Review Meeting Note," dated 9/5/17, indicated,</p>						

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	<p>"...REASON FOR REVIEW...</p> <p>Significant Weight Loss... Chronic Wound... Comments: 09/01/2017 3.4# weight loss noted since admission on 08/08/2017... No current order for supplements... Average Meal Consumption... 26-50%... Comments: 3.4 # weight loss noted. Physician notified. Gradual weight loss desirable. Current BMI [Body Mass Index] 33.7...."</p> <p>A progress note, dated 9/5/17, indicated, "...Physician notified of 3.4# [pound] weight loss noted in one week. Also notified of 26.4# weight loss since 8/8/17. No new orders received...."</p> <p>A laboratory report, dated 9/7/17, indicated the resident's prealbumin (a protein that is made in the liver and released in the blood) level was 13 (low), with a reference range of 14-37 mg/dL (milligrams per deciliter).</p> <p>A "Comprehensive Clinical Review Meeting Note," dated 9/12/17, indicated, "...Significant weight loss... 9.2 # weight loss noted. Physician notified... No current order for supplements... Average Meal Consumption... 26-50%... Comments... BMI 32.1. No N.O. [new orders] Received. Continue to monitor...."</p>						

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	<p>A "Nutrition Assessment," dated 9/14/17, indicated, "...RD [Registered Dietician] Progress Note... Unplanned weight decrease 11.9% x 1 month rt [related to] UTI. UTI stat [a urinary tract health supplement] ordered 8/23/17. Reviewed at interdisciplinary meeting 9/12/17. MD aware of weight decrease. Labs ordered 9/7/17 -weekly wts ordered...."</p> <p>A "Comprehensive Clinical Review Meeting Note," dated 9/19/17, indicated, "...Significant weight loss... 2.8# weight loss noted. Physician notified. N.o. [new order] health shakes tid [three times daily]... List any recent pertinent Labs: noted low prealbumin with other slight irregularities... No changes to current plan of care...."</p> <p>A progress note, dated 9/27/17, indicated, "...Family in visiting with [Name of Resident]. Spoke with them about their concerns with her recent labs and weight loss... Spoke with physician. N.O. received for... Remeron [an antidepressant medication] 7.5 mg daily for increased appetite... Discussed new orders with the family... They felt [Name of Resident] may have other underlying conditions and wanted her evaluated at the ER [emergency room]. Physician agreed to disregard recent orders and send... to... ER for a work up...."</p>						

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	<p>A "[Name of Hospital] History and Physical," dated 9/28/17, indicated, "...Physical Examination... Skin... She has on her sacrum a stage 3 ulcer that measures 4 cm x 2 cm... Assessment and Plan... Decubitus ulcer. We will check prealbumin...."</p> <p>A laboratory report, dated 9/29/17, indicated the resident's prealbumin level was 13.4 (low) with a reference range of 18.0 - 35.7 mg/dL.</p> <p>A "[Name of Hospital] Discharge Summary," dated 10/2/17, indicated, "...was noted at the time of admission to have a 4 x 2 cm stage III sacral decubitus ulcer... has received albumin infusions and protein supplements with her meals... appetite has been intermittent... PLAN... encourage p.o. [by mouth] intake including protein supplementation...."</p> <p>During an interview on 10/16/17 at 1:55 P.M., the DON (Director of Nursing) indicated the physician and family had not been notified of the resident's weight loss prior to 9/5/17. The nurse practitioner started UTI stat on 8/23/17 because the resident had recurring UTIs that were affecting her appetite. No other nutritional interventions had been put into place prior to 9/19/17 because the</p>						

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	<p>physician considered her weight loss to be desirable. The physician started supplemental health shakes on 9/19/17 because he wanted to slow down and keep consistent the amount of weight the resident lost. The prealbumin level obtained on 9/7/17 was low and could have been indicative of poor nutrition. There were no nutritional interventions in place to address the pressure area.</p> <p>On 10/16/17 at 4:37 P.M., the DON provided the policy titled "NUTRITIONAL INTERVENTION PROCEDURE," dated 8/2016, and indicated the policy was the one currently used by the facility. The policy indicated "...Purpose: To establish guidelines for the Charge Nurse and the R.D. when the nutritional intervention is required. To assure the nutritional needs of the residents are met... Policy: It is the policy of the Nursing Department to routinely evaluate resident food and beverage consumption, and to notify the resident or their legal representative, dietary supervisor, dietitian, and physician of resident nutritional problems... Standards... 2. Residents are considered to be at nutritional risk if they have any of the following conditions: a. Food consumption of less than fifty (50%) b. Significant or severe weight loss by time interval:</p>						

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	<p>Interval... 1 week... Significant Loss 1 - 2.5%... Severe Loss >1 - 2.5%..</p> <p>1 month... Significant Loss 5%... Severe Loss >5%...</p> <p>d. Development of skin breakdown including pressure sores... f. Abnormal lab values... 3. Problems and changes in the resident's nutritional status requiring nursing intervention include the following... b. Poor appetite or loss of appetite for three consecutive days... g. Inability to feed self or need for assistance... m. Unanticipated weight loss or gain... 4. The Registered Dietician will complete a comprehensive nutritional assessment within 14 days of admission... 5. The Registered Dietician and physician will be notified when nutritional problems are observed and validated... 6. Specialized rehabilitative services and the Dietician may be contacted to assist staff in developing appropriate interventions, as determined by the assessment findings. 7...</p> <p>Residents with a weight variance of more than 2 1/2% in one week, 5% in a month or 10% in six months will be reweighed within 72 hours... 10. The Consulting or Registered Dietician is responsible for: a. Recommending nutritional interventions to meet the resident's identified needs (nutrient, caloric and fluid). b. Meeting with the D.O.N. at the time of each visit to discuss residents at significant</p>						

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F 0371 SS=F Bldg. 00	<p>nutritional risk or other pertinent issues...</p> <p>11. Teaching, diet instruction and resident compliance shall be documented in the resident's medical record and in the plan of care. Licensed nurses and the Dietician shall meet with the resident and explain the importance of eating the prescribed diet and encouraging the resident...."</p> <p>This Federal tag relates to complaint IN00242344.</p> <p>3.1-46(a)(1)</p> <p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility 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</p>						

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	<p>procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>Based on observation and interview, the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions. This deficient practice had the potential to impact all residents who were served food from the facility's kitchen.</p> <p>Finding includes:</p> <p>During the kitchen tour, on 10/13/17 at 8:55 A.M., with the dietary manager, the following was observed:</p> <p>There was an unlabeled metal container covered by aluminum foil, there was no label or date. The DM indicated it was butter and would need to be thrown out since it was unlabeled.</p> <p>There was a one gallon plastic container of buttermilk ranch dressing. The lid was crooked, not secured tightly, and there was ranch dressing around the outer edge of the container, dripping down the side.</p>	F 0371	<p>F 371</p> <p>Aperion Care, Peru requests paper compliance for this citation.</p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</i></p> <p>Immediate action taken:</p> <p>Immediate action taken, dietary services completed a full detailed kitchen cleaning on 10/13/2017</p> <p>Indiana Pest Control was contacted an arrived on-site 10/13/2017 and</p>		11/10/2017		

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	<p>The DM indicated it was not stored properly and should be thrown out.</p> <p>There were two plastic drawer units with four drawers each that had serving utensils in them. There were food particles and debris present in all of the drawers. There was a pencil eraser size white substance adhered to a serving spoon. There was a dime size red substance adhered to a pizza cutter. The DM indicated the serving spoon, pizza cutter and drawers needed to be cleaned.</p> <p>There was an oily substance present to the bottom shelf of the food prep table that had food particles in it. The DM indicated the food prep table was to be thoroughly cleaned weekly and as needed. She indicated the area was dirty.</p> <p>There were several gnats present by the dishwasher machine and garbage disposal area. The dietary manager indicated she believed the pest control company had addressed the issue.</p> <p>There was a juice machine sitting on a metal shelf that had water and a rust-colored substance coming from the machine and pooling on the shelf. The filter and vent of the machine had an accumulation of gray and black dust and debris. The dietary manager indicated</p>			<p>treated kitchen areas identified with gnats. All utensils and storage containers with chips and cracks were discarded.</p> <p>Measures put in place/systems changed:</p> <p>Food storage and labeling policy implemented. Dietary staff in serviced on food storage, dating and labeling.</p> <p>How will the corrective action be monitored:</p> <p>Dietary Manager will complete daily kitchen rounds 4 days a week, observing and checking all dates and labeling of all foods stored. In addition, Dietary Manager will check and inspect utensils 4 days for any chips and cracks and utensils will be discarded as identified.</p> <p>The results of the these audits will be reviewed in the Quality Assurance meeting monthly for six</p>			

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	<p>she did not know when or how the machine was to be cleaned.</p> <p>There were two metal skilletts with a black substance and several scratches on the inside. The dietary manager indicated they were not used often but should be taken out of the kitchen.</p> <p>In the walk-in freezer there was a box of tater tots, pizza crusts, Italian sausage, chicken strips and chocolate chip cookies that were open and undated.</p> <p>On a rolling rack, there was a tray with covered bowls of cereal that were not labeled.</p> <p>In the dry storage area, there was a rack of bread that contained the following: an opened bag containing 3 slices of bread with a "good through" date of 9/20/17, a bag of hamburger buns with a "good through" date of 10/12/17 that was torn open with buns exposed and four packages of twelve count buns with a "good through" date of 10/12/17. There was a rolling rack with trays of corn muffins that were covered by a clear plastic bag, but they were unlabeled.</p> <p>During an interview, on 10/13/17 at 10:13 AM, the Maintenance Supervisor indicated the pest control company comes</p>				<p>(6) months or until 100% compliance is achieved for three (3) consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of compliance: 11/10/2017.</p>		

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	<p>to the facility on a monthly basis but had not addressed the gnat concern because the technician had not observed any gnats.</p> <p>On 10/16/17 at 11:05 A.M., the dietary manager provided the policy titled "Food Labeling & Dating Policy," undated, and indicated the policy was the one currently used by the facility. The policy indicated, "...Any food product: Removed from its original container Has the seal broken That has been processed or prepared in any way MUST have a label that contains the following: Item name Date & Time (that the food was labeled) Use BY Date Initials of the person labeling the item Securely cover food item Use the same label at all times and in all areas...."</p> <p>On 10/16/17 at 11:05 A.M., the dietary manager provided the policy titled "Storage of Food and Supplies," undated, and indicated the policy was the one currently used by the facility. The policy indicated, "...POLICY: Food and supply storage areas shall be maintained in a clean, safe, and sanitary manner. PROCEDURE: 1. Food services will</p>						

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F 0465 SS=E Bldg. 00	<p>maintain clean food storage areas... 4. Prepared foods stored in the refrigerator until service will be covered, labeled, and dated with an expiration date... 6. All foods will be covered, labeled, and dated...."</p> <p>This Federal tag relates to complaint IN00242442.</p> <p>3.1-21(i)(3)</p> <p>483.90(i)(5) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON (i) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>Based on observation and interview, the facility failed to ensure a vent cover in the dining room was kept clean and ceiling tiles on the locked dementia unit were free from stains. This had the potential to affect all residents who use the dining room and who reside on the dementia unit.</p>		F 0465	<p>F 465</p> <p>Aperion Care, Peru requests paper compliance for this citation.</p> <p><i>Preparation and/or execution of this plan of correction does not</i></p>		11/10/2017	

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	<p>Finding includes:</p> <p>During an environmental tour on 10/13/17 at 9:41 A.M., with the Maintenance Supervisor, the following were observed:</p> <p>a. A vent in the dining room was covered in a black substance with black streaks running down the wall. The surrounding ceiling tiles and tile brackets had several, scattered black spots on them.</p> <p>b. On the locked dementia unit, there were several dark brown stained ceiling tiles in the common area.</p> <p>During an interview on 10/13/17 at 10:00 A.M., the Maintenance Supervisor indicated a mold killing primer for the air vent in the dining room had been ordered but had not been received yet and the ceiling tiles in the locked dementia unit should be replaced.</p> <p>A policy was requested but was not received as of exit on 10/17/17.</p> <p>This Federal tag relates to complaint IN00242442.</p> <p>3.1-19(f)</p>				<p><i>constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</i></p> <p>Immediate action taken:</p> <p>Immediate action taken, the primer arrived, the wall and vent in the dining room was treated with the primer, and walls repainted. All ceiling tiles with stains were replaced.</p> <p>Rounds and inspection made for all other vents located through-out the campus, those identified were treated with the primer and repainted.</p> <p>Rounds and inspections made through-out the campus, all ceiling titles identified with stains were replaced with new ceiling tiles.</p> <p>Measures put in place/systems changed:</p> <p>Rounds and inspection made for all other vents located through-out the</p>		

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FORM APPROVED
OMB NO. 0938-0391

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					<p>campus, those identified will be treated with the primer and repainted.</p> <p>Rounds and inspections made through-out the campus, all ceiling titles identified with stains will be replaced with new ceiling tiles.</p> <p>How will the corrective action be monitored:</p> <p>Maintenance Director and Environmental Services Supervisor will complete rounds weekly observing all vents that are stained, as identified the vents will be treated with stain resistant paint and repainted</p> <p>Maintenance Director and Environmental Services Supervisor will complete rounds weekly observing any ceiling tiles that are stained, all stained ceiling tiles will be replaced with new ceiling tiles as they are identified.</p> <p>The results of the these audits will be reviewed in the Quality Assurance meeting monthly for six (6) months or until 100% compliance</p>		

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					<p>is achieved for three (3) consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of compliance: 11/10/2017.</p>		