STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155843	A. BUILDING 00 B. WING	03/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS OF RICHMOND, THE	400 INDUSTRIES ROAD RICHMOND, IN 47374

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. This visit also included the Investigation of Complaint IN00223778. Complaint IN00223778 - Substantiated. Federal/State deficiency related to the allegations are cited at F-334. Survey dates: March 21, 22, 23, 24, & 27, 2017. Facility number: 013635 Provider number: 155843 AIM number: N/A Census Bed Type: SNF: 49 Total: 49 Census Payor Type: Medicare: 43 Other: 6 Total: 49 These deficiencies reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 28,	F 0000	I respectfully request a desk review of the following plan of correction to the survey conducted at The Springs of Richmond on March 21, 2017. Submission of this plan of correction is not an admission of deficiency, but instead constitutes correction to alleged deficiencies. This plan of correction is submitted to meet the requirements established by state and federal law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	2017			
F 0334 SS=D Bldg. 00	483.80(d)(1)(2) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS (d) Influenza and pneumococcal immunizations (1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the			

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	resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. (2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has			

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	already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. Based on interview and record review the facility failed to implement the infection control program by not following up with the physician and resident in regards to the resident receiving the pneumococcal vaccination for 1 of 5 residents reviewed for influenza and pneumonia immunizations (Resident A). Finding include: Review of the record of Resident A on 3/23/17 at 11:50 a.m., indicated the resident's diagnoses included, but were not limited to, osteoporosis, fibromyalgia and hypertension. The pneumococcal immunization	F 0334	The resident affected by the alleged deficient practice no longer resides in the facility. The DHS or designee will perform a chart audit on all residents who currently reside in the facility to ensure that pneumococcal vaccination consents indicate refusal of vaccination, consent for vaccination or follow up with physician and resident/resident representative regarding education on pneumococcal vaccination. For any resident where refusal or consent is not indicated, the DHS or designee will follow up with the physician and resident/resident respresentative to educate and gain either consent or refusal.	04/26/2017

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	education and informed consent for Resident A, dated 1/23/17, indicated the resident wanted to check with the physician before receiving the vaccination. The form was signed by the resident and the facilities Customer Care Specialist. Interview with Resident A on 3/23/17 at 6:18 p.m., indicated she did not feel the facility educated her on the importance of the influenza and pneumonia vaccinations. The resident was not followed up with regarding the pneumonia vaccination or if the physician wanted her to receive it. Interview with the Customer Care Specialist on 3/27/17 at 11:50 a.m., Resident A wanted to check with the physician before receiving the pneumococcal vaccination. The Customer Care Specialist did not contact the physician in regards to the resident receiving the vaccination. The Customer Care Specialist did report it to the resident's nurse, but was unable to remember who the nurse was. The Customer Care Specialist indicated she was not a part of the infection control team at the facility. Interview with the Clinical Support on 3/27/17 at 10:45 a.m., indicated Resident		Pneumococcal consent forms for all residents will be reviewed during admission chart audits in the Clinical Care Meeting for consent, refusal or need for follow up with physiciam and resident/resident representative. When need for follow up is identified, the DHS or designee will meet with the resident/resident representative and notify the physician regarding any questions, concerns or education requests. The DHS or designee will audit admission charts, specifically pneumococcal consent forms, for each admission for two weeks; then for four admissions for four weeks; and spot audit for six months or as necessary. Pneumococcal consents will remain part of each resident's admission chart audit in Clinical Care Meeting.	

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	A received the pneumococcal vaccination on 2/28/17 after discharging from the facility. Clinical Support was unable to provide documentation that the facility had followed up with the physician or the resident in regards to receiving the pneumococcal vaccination. The influenza and pneumococcal immunization policy provided by the Executive Director on 3/21/17 at 11:06 a.m., indicated the purpose of the policy was to "establish an immunization program that facilitates providing education to residents and responsible parties allowing them to make an informed decision regarding immunization and to follow through per their decision to receive or not to receive immunization unless medically contraindicated." This Federal tag related to Complaint IN00223778. 3.1-13(a)			
F 0371 SS=F Bldg. 00	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved			

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	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 gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (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.			
	Based on observation, interview, and record review, the facility failed to ensure dietary staff covered their hair while in the dietary department for 3 of 3 observations. This had the potential to affect all 49 residents who resided in the facility and consumed food prepared by the dietary department. Findings included:	F 0371	The Director of Dining Services will hold a formal in-service with all dining services staff to review Trilogy Health Service's Hair Restraint Policy. Additionally, all new dining services staff will be educated on the Hair Restraint Policy upon starting employment. To ensure we are utilizing proper hair restraints to policy, we have established a checks & balances verification system. The Director of Dining Services and/or Designee will verify & document that all dining services staff and	04/26/2017

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	During the initial tour of the dietary department, on 3/21/17 at 9:27 a.m., the Director of Food Services (DFS) was observed to have hair out of the hair net, over her ears, the lower back of her head, and her bangs. The Food Services Cook (FSC) #2 had loose hair on the lower back of her head that was not covered with a hair net. Both were observed walking around, in, and out of the kitchen. On 3/24/17 at 11:50 a.m., while preparing for the noon meal, the DFS' hair was observed not fully covered; her bangs, sides over her ears, and back lower part of her hair was loose from the hair net. She was observed walking near food as it was prepared. FSC #2 had the hair on the back of her head out of the hair net as she walked in and out of the kitchen from the dining room to bring in food orders. The Food Services Assistance (FSA) #3 did not have his hair fully covered by the hair net with the lower back one third of his hair unrestrained by the hair net and was observed getting dishes off a covered rack of clean dishes and handing plates of food to a staff serving the dining room. On 3/24/2017 at 2:15 p.m., the DFS' bangs, hair over her ears, and the lower back of her head was observed out of the		facility staff are correctly wearing proper hair restraints while in a food production or food service area. The Director of Dining Services and/or Designee will verify & document that all employees are wearing a proper hair restraint two (2) times per day for five (5) days a week for five (5) weeks; two (2) times per day for four (4) days a week for four (4) weeks; two (2) times per day for three (3) days a week for three (3) weeks; and at random for six months. All systemic changes will be implemented by April 26, 2017.	

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	hair net, the FSC #2, and FSA #3 did not have their hair covered on the back of their head with the lower one third of their hair out of the hair net. All three were observed walking around in the kitchen doing different tasks. A policy for "Hair Restraint" was provided by the Director of Food Services on 3/24/17 at 2:40 p.m. The policy included, but was not limited to: "Hair Restraint: All Dining Service employees will be required to wear hair restraints as required by the 2009 Federal food Code; Hair Restraints...(A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles...Food Service employees will wear hair restraints while in all food preparation areas...Procedure...Tray-line, dishwashing, cooking, and walk-in cooler areas are restricted to personnel with hair restraints...." 3.1-21(i)(3)			

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F 0372 SS=D Bldg. 00	483.60(i)(4) DISPOSE GARBAGE & REFUSE PROPERLY (i)(4)- Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to maintain a clean and sanitary area around the dumpster for 1 of 1 observation. Findings include: On 3/24/17, at 2:31 p.m., with the Director of Food Services, the following was observed around an enclosed dumpster area: pieces of newspapers scattered in several places, used plastic gloves, a clear plastic bag torn open with the contents of used styrofoam cups, plastic forks, and small plastic food containers lying behind the dumpster. The lids on top of the dumpster were observed closed. The Director of Food Services indicated the Maintenance man is responsible to keep the area clean.	F 0372	The Director of Dining Services will hold a formal in-service with all dining services staff to review Trilogy Health Service's policy on Refuse. Additionally, all new dining services staff will be educated on the Refuse Policy upon starting employmeny. To ensure the facility maintains the area of refuse per policy, we have established a verification system. The Director of Dining Service or Designee will verify and document that the dumpster area is free of debris and refuse at the base of the dumpster. The Director of Dining Services or Designee will monitor two (2) times per day for five (5) days per week for five (5) weeks; then two (2) times per day for four (4) days per week for four (4) weeks; and two (2) times per day for three (3) days for three (3) weeks. The area will then be monitored at random for six months. All systemic changes will be implemented by April 26, 2017.	04/26/2017

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	3.1-21(i)(5)			