

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 05/16/2024
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NAME OF PROVIDER OR SUPPLIER  WORTHINGTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 10799 ALLIANCE DR CAMBY, IN 46113
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00426013.</p> <p>Complaint IN00426013 - State deficiencies related to the allegations are cited at R0064.</p> <p>Survey dates: May 15 and 16, 2024</p> <p>Facility number: 003984</p> <p>Residential Census: 23</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed May 21, 2024.</p>	R 0000		
R 0064  Bldg. 00	<p>410 IAC 16.2-5-1.2(hh) Residents' Rights- Noncompliance (hh) The facility shall exercise reasonable care for the protection of residents' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview an record review, the facility failed to exercise reasonable care for the protection of residents' property from loss and theft for 1 of 5 residents reviewed for resident rights. (Resident B, CNA 2)</p> <p>Finding includes:</p> <p>On 5/16/24 at 9:00 a.m., a facility reportable, incident #135 was reviewed. The report indicated</p>	R 0064	R064 Resident's right non-compliance Noncompliance (hh) The facility shall exercise reasonable care for the protection of resident's property from loss and theft. The administrator or his or her designee is responsible for investigating reports or lost or stolen resident property and that the results of the investigation are	05/17/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sheryl L Morning	RCA ED	06/07/2024

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>on 1/11/24 the Power of Attorney (POA) for Resident B had contacted the facility. The POA indicated a check for \$7626.00 was cashed into CNA 2's bank account. The the check was made out to the facility. The POA asked who CNA 2 was. The Executive Director (ED) confirmed to the POA the employee was a staff member CNA 2.</p> <p>On 5/16/24 at 9:15 a.m., a copy of the facility investigation, dated 1/11/24, was provided by the ED. The investigation indicated the ED asked CNA 2 if she had deposited the check into her personal bank account. The ED indicated CNA 2 stated she had taken the check. CNA 2 indicated the check was lying on the a desk in an envelope that said payment enclosed.</p> <p>On 5/16/24 at 9:15 a.m., the ED provided a copy of the cashed check. The document was written out to the facility in the amount of \$7626.00. The back of the check was signed and dated by CNA 2.</p> <p>On 5/16/24 at 10:00 a.m., The clinical record for Resident B was reviewed. Diagnosis included but was not limited to, dementia.</p> <p>A Mini Mental State Exam, undated, indicated Resident B had a severe cognitive deficit.</p> <p>A progress note, dated 1/11/24, indicated Resident B's POA called and notified the ED that CNA 2, who was employed at the facility as a CNA, had somehow stolen a check that was made out to the facility. The check was to pay for Resident B's residency at the facility. CNA 2 had deposited the check into her own personal bank account. The Executive Director contacted the bank to confirm that a referral was made to the fraud department. An investigation was initiated by the facility and a police report was made.</p>		<p>reported to the resident. This RULE is not met as evidenced by: based on interview and record review, the facility failed to exercise reasonable care for the protection of resident's property from loss and theft for 1 of 5 resident reviewed foe residents rights (Resident B, CNA2)</p> <p><b>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient process?</b></p> <p>a. ED, DHW, family, MD and RCS were all notified immediately of the deficient practice for resident B. Due to resident B's cognition level resident was unaware of the deficiency that had occurred. Corrective action for resident B; ED met with United States Postal Service to start delivering mail in locked box on the wall in the facility and only the ED, BOA, DHW or weekend Health Care Coordinator, weekend LPNs on staff have access to the key. USPS post master came into the facility to retrieve the key and see where the mailbox is located. This occurred on Friday, January 19th 2024.</p> <p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p>				

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	<p>On 5/15/24 at 11:45 a.m., the Executive Director provided a policy titled Mandatory Abuse Reporting, undated, and indicated it was the current policy being used by the facility. A review of the policy indicated, "...4. Exploitation by an act or course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefits, gain or profit for the perpetrator, monetary or personal loss to resident."</p> <p>On 5/16/24 at 9:30 a.m., the Executive Director provided a policy titled Resident Bill Of Rights, dated May, 2022, and indicated it was the current policy being used by the facility. A review of the policy indicated, "...(gg) The facility shall exercise reasonable care for the protection of residents' property from loss and theft..."</p> <p>This citation relates to Complaint IN00426013.</p>		<p>a. All residents who receive mail by the United States Postal Service at the facility have the potential to be affected by the same deficient practice. The corrective action was put in place; United States Postal Service to start delivering mail in locked box on the wall in the facility and only the mail carrier and ED, BOA, DHW or nurses on staff on the weekend have access to the key. USPS post master came into the facility to retrieve the key and see where the mailbox is located. This occurred on Friday, January 19th 2024. To date this process has been adhered to per ED's observation.</p> <p><b>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</b></p> <p>a. All Staff was educated by DHW on LakeHouse policy for Residents Rights and Allegations of Abuse/Neglect, Prevention of Abuse/Neglect Exploitation, Reporting of Abuse/Neglect Policy and Procedure on 1/11/2024.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>a. The key to the mailbox remains in ED office and is given to nurse and placed in med room</p>		

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R 0155 Bldg. 00	<p>410 IAC 16.2-5-1.5(l) Sanitation and Safety Standards - Deficiency (l) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dumpster container lids were closed when not in use for 2 of 2 observations.</p> <p>Findings include:</p> <p>1. On 5/15/24 at 9:30 a.m., during the initial kitchen tour with the Assistant Chef, the following was observed:</p> <p>-The dumpster container unit, was approximately 20 feet from the kitchen's rear exit door and was located in an enclosed area.</p> <p>- The large dumpster container was designed to have four separate top lids.</p> <p>- The lower right lid was observed to be absent from the container.</p>	R 0155	<p>for the weekend.</p> <p>b. ED will monitor lock box weekly to ensure the lock box lock is in working order and locked.</p> <p><b>5. By what date the systemic changes will be completed.</b></p> <p>a. 1/19/2024</p> <p>R155 – Sanitation and Safety Standards- Deficiency (1) The facility shall have an effective garbage and waste disposal program in accordance with 410 IAC 7-24. Provision shall be made for the safe and sanitary disposal waste, including dressings, needles, syringes, and similar items. (2) This RULE is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the dumpster container lids were closed when not in use for 2 of 2 observations.</p> <p><b>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient process?</b></p>	08/10/2024

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	<p>- The top right and top left lids were observed to not be closed.</p> <p>- Multiple filled trash bags were observed inside the dumpster container.</p> <p>- No staff were visible in the area.</p> <p>During an interview at that time, the Assistant Chef indicated the lids were to be kept closed. The lower right lid had been broken and missing "for a while." The Assistant Chef indicated the facility had "issues" with raccoons being around the dumpster area.</p> <p>2. During an observation of the dumpster area with the Administrator, on 5/16/24 at 10:00 a.m., the same dumpster was observed. The lower right dumpster lid was observed to be absent from the container. No staff were visible in the area. During an interview at that time, the Administrator indicated the lid had been missing for "awhile."</p> <p>On 5/15/24 at 1:30 p.m., the Administrator provided a document titled "Dumpster provided by [provider] scheduled repair." A review of the document indicated on 4/23/24 the facility contacted the dumpster container provider "concerning the repair to the dumpster lid." During an interview at that time, the Administrator indicated the dumpster container lids were to be kept closed when not in use. The facility did not have a dumpster container policy.</p> <p>The facility failed to follow-up with the provider until 5/15/24 to get the repair scheduled.</p> <p>On 5/15/24 at 2:15 p.m., a review of the Retail Food Establishment Sanitation Requirements - Title 410 IAC 7-24, effective November 13, 2004, indicated,</p>		<p>a. No residents or staff were identified as having been affected.</p> <p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>a. Current residents will have no potential to be affected by the same deficient process.</p> <p><b>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</b></p> <p>a. Dumpster was replaced on 5/22/2024 by Waste Management. Community staff and those staff directly responsible to ensure the dumpster lids are closed will be re- educated by ED by 6/21/2024.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</b></p> <p>a. Maintenance Technician or designee will check dumpster 5x a week for 4 weeks; then weekly for 4 weeks, to ensure that the following standard is met:</p> <p style="padding-left: 40px;">i. The lids on the dumpster are closed</p> <p>1. ED or designee will review with Maintenance Technician weekly to review and discuss compliance.</p>	

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R 0273 Bldg. 00	<p>"...receptacles and waste handling units for refuse, recyclables and returnables shall be kept covered with tight-fitting lids or doors if kept outside..."</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 ensure foods were stored in a sanitary manner for 3 of 3 kitchen observations. Foods were not labeled, not dated, and did not have a tightly fitting lid, refrigerator internal temperatures were not at or below 41 degrees Fahrenheit (F)</p> <p>Findings include:</p> <p>1. On 5/15/24 at 9:05 a.m., during the initial kitchen tour, inside kitchen Refrigerator 1, the following was observed:</p> <p>- One lightly covered pie pan was observed. The pie pan was one fourth full of an unknown substance. The pie pan lacked a label to indicate what the substance was, when it was placed into the refrigerator, or its expiration date.</p> <p>- One large-sized white partially closed box was observed. Written on the top of the box was "banana." Inside the box was a cream color substance with a white topping. The pan was one fourth full of the substance. The box lacked a date for when it was placed into the refrigerator or its expiration date.</p>	R 0273	<p><b>5. By what date the systemic changes will be completed.</b></p> <p>a. 8/10/2024</p> <p>R273 Food and nutritional services deficiency (F) All food preparation and serving area (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards including 410 IAC 7-24 This RULE is not met as evidenced by: based on observation, interview and record review, the facility failed to ensure foods were stored in sanitary manner for 3 of 3 kitchen observation. Foods were not labeled, not dated, and did not have tightly fitting lid, refrigerator internal temperatures were not at or below 41 degrees Fahrenheit.</p> <p><b>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient process?</b></p> <p>a. No current resident was affected by the deficient process.</p> <p><b>2. How the facility will identify other residents having</b></p>	08/10/2024
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	<p>- One medium-sized closed box was observed. Written on the top of the box was "coconut." Inside the box was a cream color substance with a white topping. The pan was one fourth full of the substance. The box lacked a date for when it was placed into the refrigerator or its expiration date.</p> <p>- One medium-sized closed box was observed. Written on the top of the box was "blackberry." Inside the box was a watery dark purple substance. The pan was one third full of the substance. The box lacked a date for when it was placed into the refrigerator or its expiration date.</p> <p>On the refrigerator doors, the following signs were posted:</p> <p>- "Food Dating Guidelines...all food...must be dated...all opened food...must have an opened date and expiration date...prepared food items must be labeled with common name, prepared date, and expiration date..."</p> <p>- "Food Storage Guidelines...prepared foods must be stored in an appropriate container with an air-tight lid or cellophane and labeled with the type of food, date and use by date..."</p> <p>2. On 5/15/24 at 9:20 a.m., during a follow-up kitchen tour with the Assistant Chef, the following was observed:</p> <p>- The same food items were observed in Refrigerator 1 and the same signs were posted on the doors.</p> <p>During an interview at that time, the Assistant Chef indicated she was unsure when the food items were placed into the refrigerator. The food</p>		<p><b>the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>a. All Current residents have the potential to be affected by the deficient practice. Chef and assistant chef will be educated on current policies and guidelines for food storage, refrigerator storage chart, dry storage quick reference guide, refrigerated storage quick reference guide.</p> <p><b>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</b></p> <p>a. ED to in-service chef and assistant chef on the Procedures for Food Storage Guidelines, Refrigerator Storage Chart, Dry Storage Quick Reference Guide, Refrigerated Storage Quick Reference Guide by 6/7/2024.</p> <p>b. ED to in-service all staff on the Procedures Food Storage Guidelines, Refrigerator Storage Chart, Dry Storage Quick Reference Guide, Refrigerated Storage Quick Reference Guide by 6/21/2024.</p> <p>c. Refrigerator 3 has "out of order sign" that's visible, refrigerator 3 is unplugged and locked. ED to Inservice all staff on the process of handling equipment malfunction and proper out of service by 6/14/2024.</p> <p>d. Replace updated copy of</p>	

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	<p>containers were to have a tightly covered lid; the food was to be labeled with the name of the product; the date listed for when it was placed into the refrigerator; and its expiration date.</p> <p>The following was observed inside Refrigerator 3:</p> <ul style="list-style-type: none"> <li>- One large box with 20 individually wrapped one-pound blocks of margarine. Preprinted on the box indicated "...store in a cool dry location...refrigerate for best quality..."</li> <li>- One eleven-pound box of yellow peppers.</li> <li>- One eleven-pound box of red peppers.</li> <li>- One medium-sized watermelon</li> <li>- The thermometer inside the refrigerator indicated the internal temperature was 60 degrees F. The food items were not cold to touch.</li> <li>- No "out of service" sign was posted on or near the refrigerator unit..</li> </ul> <p>During an interview at that time, the Assistant Chef indicated Refrigerator 3 had not been holding the correct internal temperature "for awhile." No food items were to be placed in the refrigerator unit. The Assistant Chef indicated she was unaware of the food items had been placed in the refrigerator unit or how long they had been there.</p> <p>The dry storage room, located near the kitchen's rear door, was observed. Inside the room, next to the door and sitting on the floor, was a clear medium-sized container. The uncovered container was one fourth full of a yellow crushed substance. The container lacked a tight fitted lid; label that</p>		<p>the Updated Food Storage and Food Dating Guidelines located on refrigerator doors in colored paper to enhance visibility and memorization.</p> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>a. ED will implement a daily check off for the chef, assistant chef or designee staff to complete and turn into ED daily. ED or designee will review daily check off and spot checking kitchen for compliance x2 week for 4 weeks and then weekly for 4 weeks.</p> <p><b>5. By what date the systemic changes will be completed.</b></p> <p>a. 8/10/2024</p>	



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	<p>indicated the name of the substance; when it was opened; and the expiration date.</p> <p>During an interview at that time, the Assistant Chef indicated the substance was "corn crack." A staff member had placed the container in the dry storage area and used it to feed the outside ducks. The container should not have been placed in the dry storage area. All containers were to be labeled, dated, and stored off the floor.</p> <p>3. On 5/15/24 at 12:40 p.m., a follow-up kitchen observation was conducted. The following was observed inside Refrigerator 3:</p> <ul style="list-style-type: none"> <li>- The same amount of margarine and pepper boxes were stored in the unit.</li> <li>- The thermometer inside the refrigerator indicated the internal temperature was 57 degrees F. The food items were not cold to touch.</li> <li>- No "out of order" sign was visible on or near the refrigerator unit.</li> </ul> <p>During an interview at that same time, the Dietary Manager indicated no food items should have been placed in the non-functioning refrigerator unit and the items should be discarded. The refrigerator unit had not worked properly "for several weeks." The internal refrigerator temperature was to be at or below 41 degrees F.</p> <p>On 5/15/24 at 1:45 p.m., the Dietary Manager provided a copy of the Food Safety Temperatures document, dated October 2015, and indicated it was the current guideline in use by the facility. A review of the document indicated, "...Temperature danger zone...cold foods: store at 41* [degrees] F or below..."</p>			

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	<p>During an interview on 5/16/24 at 10:25 a.m., the Maintenance Director indicated Refrigerator 3 needed to be replaced as it has had multiple repairs and still did not consistently work properly. It had not worked since the end of April. The Maintenance Director indicated the facility lacked a policy for ensuring equipment was maintained and kept in a good working condition.</p> <p>On 5/16/24 at 10:45 a.m., the Administrator provided a copy of the April and May 2024 Kitchen Appliance Temperature Logs. A review of the log indicated Refrigerator 3 lacked recorded temperatures for April 1, 2, 23, and from April 30 through May 16, 2024.</p> <p>During an interview at that time, the Administrator indicated the kitchen staff had not recorded the internal temperatures for Refrigerator 3 because it was not functioning properly and was not being used. The refrigerator "only periodically" held temperatures at or below 41 degrees F and so no food items were to be kept inside Refrigerator 3. The Administrator indicated the facility had received their weekly food supply delivery on 5/10/24. Not all the delivered food items fit into a working refrigerator unit and so the overflow food items (margarine, peppers, and watermelon) were placed in Refrigerator 3.</p> <p>The facility lacked a policy for ensuring kitchen equipment was maintained in good repair and conditions met the State requirements.</p> <p>On 5/15/24 at 12:50 p.m., the Business Office Manager (BOM) provided an undated copy of the Food Storage Guidelines policy and indicated it was the current policy in use by the facility. A</p>			

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	<p>review of the policy indicated, " ...prepared foods must be stored in an appropriate container with an air-tight lid or cellophane and labeled with the type of food, date and use by date ...refrigerator temperatures were to be kept at 41* [degrees] F or lower..."</p> <p>On 5/15/24 at 1:05 p.m., the BOM provided an undated copy of the Food Dating Guidelines policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...all food...must be dated...all opened food...must have an opened date and expiration date...prepared food items must be labeled with common name, prepared date, and expiration date..."</p> <p>On 5/15/24 at 3:30 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated "...refrigerated, ready-to-eat, potentially hazardous food prepared and held in a retail food establishment for more than twenty-four (24) hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...food shall be protected from contamination by storing the food as follows:...packages, covered containers, or wrappings...wrap food tightly to prevent cross contamination...equipment shall be maintained in a state of repair and condition that meets the requirements...maintain food at a temperature of forty-one (41) degrees Fahrenheit or less..."</p>			