

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 09/09/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKDALE WILLOW LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268
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R 0000  Bldg. 00	<p>This survey was for a State Residential Licensure Survey. This visit included the investigation of Complaint IN00206695.</p> <p>Complaint IN00206695-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 7, 8 and 9, 2016</p> <p>Facility number: 010234 Provider number: 010234 AIM number: N/A</p> <p>Census bed type: Residential: 48 Total: 48</p> <p>Sample: 8</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed by 21662 on September 13, 2016.</p>	R 0000	No deficiencies were cited on this complaint.	
R 0116  Bldg. 00	<p>410 IAC 16.2-5-1.4(a) Personnel - Noncompliance (a) Each facility shall have specific</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>procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3.</p> <p>Based on interview and record review, the facility failed to ensure reference and criminal background checks were completed in the prescribed time frame for 2 of 2 new employees being reviewed for new employee records (CNA #1 and CNA #2).</p> <p>Findings include:</p> <p>The employee records were reviewed on 9/9/16 at 12:00 p.m., and the following was found:</p> <ol style="list-style-type: none"> <li>1. CNA #1 was hired on 8/31/16. Her employee record lacked criminal background checks.</li> <li>2. CNA #2 was hired on 8/31/16. Her employee record lacked criminal background and reference checks.</li> </ol> <p>On 9/9/16 at 1:15 p.m., the missing criminal background and reference checks were requested from the Area Manager of Operations. He indicated he would check and see if they were completed.</p>	R 0116	<p>R116 410 IAC 16.2 -5. Personnel Noncompliance</p> <p>All employee background and reference checks will be completed by 9/30/16</p> <p>The Executive Director and/or designee is responsible for sustained compliance. The ED and/or designee will review personnel file for new hires prior to beginning employment, to ensure the background and reference check is complete.</p>	09/30/2016

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R 0244 Bldg. 00	<p>During an interview on 9/9/16 at 4:15 p.m., the Area Manager of Operations indicated no further employee records were located. He indicated the facility's policy for the criminal background and reference checks for new employees were to follow each State's regulations.</p> <p>410 IAC 16.2-5-4(e)(4) Health Services - Noncompliance (4) Preparation of doses for more than one (1) scheduled administration is not permitted.</p> <p>Based on observation, interview and record review, medications were prepared and administered for more than one scheduled administration for 1 of 5 residents being observed for medication administration pass (Resident #103).</p> <p>Finding includes:</p> <p>On 9/7/16 at 3:44 p.m., LPN #3 was observed preparing and administering Resident #103's medications to her, which included Acetaminophen (a non-narcotic pain medication), Metoprolol Tartrate (a medication used to treat high blood pressure) and Systane Balance eye drops (lubricating eye drops used to treat dry eyes).</p>	R 0244	<ol style="list-style-type: none"> <li>LPN #3 was re-trained on proper medication administration procedures, including documentation on the Medication Administration Record, on 09/22/16 by Director of Nursing.</li> <li>Current residents have the potential to be affected by the alleged deficient practice.</li> <li>Current LPNs and QMAs will be in-serviced on proper medication administration procedures, including documentation on the MAR, by 09/30/16 by Director of Nursing.</li> <li>The Care Services Manager (CSM) is responsible for sustained compliance. The CSM will audit MARs for appropriate documentation, monitoring will be ongoing on a regular basis.</li> </ol>	09/22/2016

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	<p>Resident #103's medications were reconciled on 9/9/16 at 10:23 a.m. The resident's Physician Order Recapitulation (Recap) dated September 2016, included, but were not limited to, the following orders:</p> <p>8/17/11--Acetaminophen 500 mg (milligrams) caplet Give two caplets (1000 mg) by mouth three times a day for chronic pain. Do not exceed 3 grams in a 24 hour period. Scheduled for 8 a.m., 12 p.m., and 8 p.m.</p> <p>8/17/11--Metoprolol Tartrate 100 mg tablet Give one tablet two times a day for hypertension. Scheduled for 8 a.m. and 4 p.m.</p> <p>10/20/11--Systane Balance 0.6% eye drop Instill one drop into each eye two times a day for dryness. Scheduled for 8 a.m. and 8 p.m.</p> <p>After the medications were administered, LPN #3 was observed initialing Resident #103's Medication Administration Record dated 9/7/16, which included the Acetaminophen scheduled for 8 p.m., the Metoprolol Tartrate scheduled for 4 p.m. and the Systane eye drops scheduled for 8 p.m.</p> <p>During an interview on 9/9/16 at 12:50</p>			

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R 0247 Bldg. 00	<p>p.m., the Director of Nursing indicated the Nursing staff was to prepare and administer one scheduled dose of medication at a time to a resident.</p> <p>A current policy titled "Medication Administration" dated 7/1/14, provided on 9/9/16 at 11:55 a.m., indicated "I. Medications and treatments are administered to residents as determined by review of their medication status, and in accordance with physician order, state laws, and assisted living regulations All medications, including over-the-counter (OTC) medications must have a physician order...III. The six 'rights' of medication and treatments administration are observed-right resident, right medications, right dose, right form and route, right time, right documentation. In addition to these six rights, the resident always has the right to refuse medication...."</p> <p>410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident. Based on observation, interview and record review, the facility failed to ensure medication was administered at the appropriate time for 2 of 5 residents</p>	R 0247	R247 410 IAC 16.25-4 ( e ) ( 7 ) Health Services Deficiency	09/22/2016			

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	<p>observed for medication administration pass (Residents #101 and #103).</p> <p>Findings include:</p> <p>1. On 9/7/16 at 3:35 p.m., LPN #3 was observed preparing and administering Resident #101's medications to her, which included Warfarin (a medication, which thins the blood), Donepezil HCL (Hydrochloride) (a medication used to treat Alzheimer's disease) and Oyster Shell (a Calcium supplement). At this time, LPN #3 indicated the Donepezil HCL did not have a change of direction sticker on it due to it was scheduled to be given at bedtime, but was scheduled to be given at 5 p.m. She indicated she would have to get the medication clarified.</p> <p>Resident #101's medications were reconciled on 9/9/16 at 10:18 a.m. The resident's Physician Order Recapitulation (Recap) dated September 2016, included, but were not limited to, the following orders: 6/11/10--Donepezil HCL 10 mg (milligrams) tablet Give one tablet by mouth at bedtime for dementia. Scheduled for 5 p.m.</p> <p>12/20/12--Os-Cal 500 mg tablet Give one tablet by mouth two times a day for hypocalcemia (low calcium level).</p>		<p>1. LPN #3 was re-trained on proper medication administration procedures, including the correct time and the rule for administering medications one hour before to one hour after the scheduled time, re-trained on 9/09/16 by Director of Nursing.</p> <p>2. Current residents have the potential to be affected by the alleged deficient practice.</p> <p>3. Current LPNs and QMAs will be in-serviced on proper medication administration procedures, including the correct time and the rule for administering medications one hour before to one hour after the scheduled time , by 9/30/16 by Care Service Manager (CSM).</p> <p>4. The Care Services Manager (CSM) or designee is responsible for sustained compliance. The CSM will audit med passes for compliance, Monitoring will be ongoing on a regular basis.</p>	

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	<p>Schedule for 8 a.m. and 5 p.m.</p> <p>8/26/16--Warfarin 5 mg tablet Give one tablet by mouth daily on Sundays, Tuesdays, Wednesdays and Fridays. Scheduled for 5 p.m.</p> <p>After the medications were administered, LPN #3 was observed initialing Resident #101's Medication Administration Record dated 9/7/16, which included the Warfarin for 5 p.m., Donepezil HCL for 5 p.m. and Os-Cal for 5 p.m.</p> <p>2. On 9/7/16 at 3:44 p.m., LPN #3 was observed preparing and administering Resident #103's medications to her, which included Acetaminophen (a non-narcotic pain medication), Metoprolol Tartrate (a medication used to treat high blood pressure) and Systane Balance eye drops (lubricating eye drops used to treat dry eyes).</p> <p>Resident #103's medications were reconciled on 9/9/16 at 10:23 a.m. The resident's Physician Order Recap dated September 2016, included, but were not limited to, the following orders: 8/17/11--Acetaminophen 500 mg caplet Give two caplets (1000 mg) by mouth three times a day for chronic pain. Do not exceed 3 grams in a 24 hour period. Scheduled for 8 a.m., 12 p.m., and 8 p.m.</p>			

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	<p>8/17/11--Metoprolol Tartrate 100 mg tablet Give one tablet two times a day for hypertention. Scheduled for 8 a.m. and 4 p.m.</p> <p>10/20/11--Systane Balance 0.6% eye drop Instill one drop into each eye two times a day for dryness. Scheduled for 8 a.m. and 8 p.m.</p> <p>After the medications were administered, LPN #3 was observed initialing Resident #103's Medication Administration Record dated 9/7/16, which included the Acetaminophen scheduled for 8 p.m., the Metoprolol Tartrate scheduled for 4 p.m. and the Systane eye drops scheduled for 8 p.m.</p> <p>During an interview on 9/9/16 at 11:55 a.m., the Director of Nursing indicated the Nursing staff had one hour before and after the scheduled medication pass time to administer the medication.</p> <p>A current policy titled "Medication Administration" dated 7/1/14, provided on 9/9/16 at 11:55 a.m., indicated "I. Medications and treatments are administered to residents as determined by review of their medication status, and in accordance with physician order, state laws, and assisted living regulations All</p>			



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R 0272 Bldg. 00	<p>medications, including over-the-counter (OTC) medications must have a physician order...III. The six 'rights' of medication and treatments administration are observed-right resident, right medications, right dose, right form and route, right time, right documentation. In addition to these six rights, the resident always has the right to refuse medication...."</p> <p>A current policy titled "Medication Documentation" dated 7/1/14, provided on 9/9/16 at 11:55 a.m., indicated "...IV. If a medication is not taken within the allowed time frame, typically one hour before to one hour after the specified time, staff will initial the appropriate square, circle their initials, and document the refusal on the back of the MAR [Medication Administration Record]...."</p> <p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency (e) All food shall be served at a safe and appropriate temperature.</p> <p>Based on observation, interview and record review, the facility failed to ensure the food was served at the correct temperature. This deficient practice had the potential to affect 26 of 48 residents receiving food from the kitchen.</p>	R 0272	<p>R272 – 410 IAC 16.2-5-5 (e) Food and Nutritional Services – Deficiency</p> <p>1. Cook #4 received disciplinary action and was re-trained on the proper procedure of obtaining food temperatures to ensure food is at a safe and appropriate temperature,</p>	09/28/2016

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	<p>Finding includes:</p> <p>On 9/8/16 at 12:26 p.m., an observation of the lunch service was completed.</p> <p>1. Cook #4 took the temperature of the Red Potatoes at that time, which was 125 F (Fahrenheit). The temperature of the Squash Medley was 125 F. The Dining Service Coordinator indicated at that time the potatoes and Squash Medley were not up to temperature and had to be brought up to temperature prior to being served.</p> <p>On 9/8/16 at 12:38 p.m., while the Dining Service Coordinator was bringing the Squash Medley up to temperature on a burner, Cook #4 placed Red Potatoes on two residents' plates prior to them being brought up to the appropriate temperature.</p> <p>On 9/8/16 at 12:43 p.m., the Cook #4 indicated to one of the CNA's the plates were ready to be served. At that time, the Dining Service Coordinator was informed there were two plates on the serving cart with Red Potatoes on them, which were not up to the temperature. At that time, he indicated to Cook #4 the Red Potatoes could not be served because they were not at the appropriate temperature.</p>		<p>prior to serving food, on 09/23/16 by Dining Service Coordinator.</p> <p>2. Current residents have the potential to be affected by the alleged deficient practice.</p> <p>3. Dietary staff will be re-trained on the proper procedure of obtaining food temperatures to ensure food is at a safe and appropriate temperature prior to serving food, by 09/28/16 by the Chef.</p> <p>4. The Chef is responsible for sustained compliance. The ED and/or designee will audit food temperature prior to food being served weekly at various meals. Monitoring will be ongoing by dietary staff.</p>	

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	<p>2. On 9/8/16 at 12:35 p.m., a white oval shaped meat with green pieces of garnish was observed in a metal pan on the third floor steam table. At that time Cook #4 indicated the meat was chicken breasts and was given as an alternative. Cook #4 indicated he did not take the temperature of the chicken breasts when they came out of the oven prior to placing them in the hot box (the heated transport oven, which the food was transported in to the units) or prior to serving the chicken breasts in the main dining room on the first floor.</p> <p>At that time, Cook #4 was requested to perform a temperature check on the chicken breasts, which was 120 degrees Fahrenheit. Cook #4 indicated at that time, the chicken breasts were not at the correct temperature to be served and they should have been temped prior to being served in the main dining room on the first floor.</p> <p>A current policy titled "Safe Food Handling" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "...II. Proper cooking temperatures will be followed to prevent food-borne disease...XIII. Food must be served at appropriate temperatures and a temperature log will</p>			

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R 0273 Bldg. 00	<p>be kept."</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. Based on observation, interview and record review, the facility failed to ensure food in the kitchen was dated and packages were closed when opened, foods had expiration dates, commercial cooking appliances were free from debris, and failed to ensure proper handwashing and glove use for kitchen staff during meal preparation and service. This deficient practice had the potential to affect 48 of 48 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>The Kitchen tour was completed on 9/7/16 at 8:43 a.m., with the Dining Service Coordinator (DSC) in attendance.</p> <p>1. In the Dry Storage area the following</p>	R 0273	<p>R273 – 410 IAC 16.2-5-5 (f) Food and Nutrition Services – Deficiency</p> <p>1. The identified items in the dry storage area were discarded immediately on 9/7/16. The identified items in the reach in refrigerator were discarded immediately on 9/7/16. The top double convection oven was cleaned on 9. The double oven was cleaned on 09/09/16. The burners on the stove were cleaned on 09/08/16. Cook #4 was re-trained on handwashing procedures before and after glove use, and after touching objects, and on glove use and the proper way to handle food items, as well as the policy on Safe Food Handling, on 9/8/16 by Dining Service Coordinator.</p> <p>2. Current residents have the</p>	09/30/2016

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	<p>was observed:</p> <ol style="list-style-type: none"> <li>a. A package with one hamburger bun was not closed tightly.</li> <li>b. A package with two hamburger buns was not closed tightly.</li> <li>c. A package with two foot long submarine rolls had a twist tie around the top of the package with a hole in the bag.</li> <li>d. A package with 11 hot dog buns was not dated when it was opened.</li> <li>e. A package with three hamburger buns was not dated when it was opened.</li> <li>f. A package with four hamburger buns was not dated when it was opened.</li> </ol> <p>2. In the reach in refrigerator the following was observed:</p> <ol style="list-style-type: none"> <li>a. Five pound container Cottage Cheese 1% Lowfat--2.5 pounds left with no open date or expiration date.</li> <li>b. Lettuce and tomatoes in a rectangular metal pan with no prepared date.</li> <li>c. 56 ounce container Whipped Soft Margarine--48 ounces left with no open or expiration date.</li> <li>d. One pound sliced ham in a rectangular plastic container with no prepared date. At that time, the DSC indicated the ham was sliced yesterday and he marked 9/6/16 on the plastic wrap on the top of the container and placed the ham back into the refrigerator.</li> </ol>		<p>potential to be affected by the alleged deficient practice.</p> <ol style="list-style-type: none"> <li>3. The Chef and dietary staff will be in-serviced by 9/30/16 by the ED on routine cleaning procedures, appropriate food storage requirements, handwashing, and Safe Food Handling.</li> <li>4. The Chef is responsible for sustained compliance. The ED and/or designee will check the kitchen cleanliness, staff food handling, handwashing techniques and the dry storage and reach in refrigerator to ensure items are properly stored and labeled, weekly during rounds. Monitoring will be ongoing.</li> </ol>	

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	<p>e. Three pound container Sour Cream in a plastic square container with no prepare date. At that time, the DSC indicated he did not know when the Sour Cream was placed in the container in the refrigerator. He placed the container back in the refrigerator. The DSC indicated when asked about the Sour Cream being placed back in the refrigerator, he did not intend to place it back into the refrigerator.</p> <p>f. One gallon Creamy Caesar dressing--2 cups left with no expiration date or open date with a delivery date 6/22/16. The DSC indicated the dressing should be in the refrigerator for one month.</p> <p>g. 17 ounce bottle Sriracha Hot Chili Sauce--four ounces left with no open date.</p> <p>At that time, the DSC indicated the items without an open date should have had an open date. He indicated if he had noticed the foods had not had an expiration date he would have disposed of them. He indicated the bun packages should have been closed tightly.</p> <p>3. The top double convection oven had burnt black debris on the bottom and sides. The metal pan on the bottom of the oven had burnt black debris on it. The DSC indicated the oven was cleaned monthly and it was due to be cleaned now. He indicated the bottom convection</p>			

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	<p>oven did not work most of the time.</p> <p>4. The double oven had burnt black debris on the right sided oven on the bottom of the oven. The DSC indicated the ovens get cleaned every couple of months.</p> <p>5. The burners on the stove had burnt on black debris. The DSC indicated the burners were taken off the stove and cleaned once a week.</p> <p>6. The three trays under the burners on the stove had food debris and burnt brown debris on the Aluminum foil. The DSC indicated the foil was changed once a week by the evening shift on Wednesdays. He indicated they were probably cleaned last Wednesday.</p> <p>On 9/8/16 at 11:30 a.m., Cook #4 performed temperature checks on these foods: Stir Fry Chicken--187 F (Fahrenheit) Brown Rice--180 F Green Beans--179 F Polish Sausage--177 F Red Potatoes--191 F Squash Medley--188 F</p> <p>On 9/8/16 at 11:40 a.m., prior to starting to puree food Cook #4 donned clean gloves without washing his hands. While</p>			

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	<p>pureeing Squash Medley, Cook #4 dropped a measuring cup on the floor, then picked the cup off the floor by the handle of the cup and handed it to the DSC. He went over to the clean dishes and got a new measuring cup. While pureeing the foods Cook #4 would place the food he pureed into the hot box (an oven used to transport food to another area in the facility), then continue to puree the other food without changing his gloves and washing his hands after touching the handle of the hot box oven. He pureed the Squash Medley, Polish Sausage and Sauerkraut together and Green Beans.</p> <p>On 9/8/16 at 11:46 a.m., Cook #4 donned clean gloves without washing his hands, then performed temperature checks on these foods prior to serving on the first floor in the main dining room: Stir Fry Chicken--160 F Brown Rice--145 F Green Beans--139 F Polish Sausage--148 F Red Potatoes--142 F Squash Medley--140 F</p> <p>On 9/8/16 at 11:50 a.m., Cook #4 began serving the meals for the residents in the main dining room.</p> <p>On 9/8/16 at 11:55 a.m., Cook #4 placed</p>			



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	<p>a skillet on top of a burner, then turned the burner on. He left the steam table station and got into the refrigerator to get butter and cheese out and opened a loaf of bread. He got two pieces of bread out of the package and buttered the bread while holding the bread in his hand, then placed the bread in the skillet with a slice of cheese and another slice of bread on top of the cheese without changing his gloves. At that time, he grabbed Chinese noodles out of the metal pan and placed them on a plate with the same gloves on. He removed the grilled cheese sandwich from the pan with a spatula, cut it in half, then picked it up with his gloved hands and placed it on a plate.</p> <p>On 9/8/16 at 12:03 p.m., Cook #4 went to get a knife and fork from the other side of the kitchenette to cut up the polish sausage without changing his gloves after leaving the steam table station.</p> <p>On 9/8/16 at 12:05 p.m., Cook #4 went to the cabinet and got a saucer with changing his gloves, then used his fingers to scrape Sauerkraut off each side of the tongs. Cook #4 picked up a cooked grilled cheese sandwich with his hands off the counter where it was cut at and placed it on a plate with the same gloves he had been wearing. He was picking up pieces of bread from a metal pan and the</p>			

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	<p>red potatoes from the metal pan with the same gloved hand he has been using since he started meal service.</p> <p>On 9/8/16 at 12:07 p.m., Cook #4 went to the cabinet and opened it with his gloved hands and got a bag of chips, then reached into the bag of chips and placed some chips on a plate, then went to get a metal cup from the cabinet with his gloves on. He continued to get chips from he bag, bread from the pan, noodles and potatoes from the pan with the same gloved hand he had opened the cabinet door with.</p> <p>On 9/8/16 at 12:14 p.m., Cook # 4 left the serving area with his gloves on to talk to a resident about her food. When he returned, he removed his gloves and donned new gloves, but did not wash his hands. He opened the refrigerator door, then continued serving food with the same gloves on, then grabbed chips from the bag with the same gloved hand.</p> <p>On 9/8/16 at 12:26 p.m., Cook #4 donned clean gloves without washing his hands, then performed temperature checks on these foods prior to serving on the third floor: Stir Fry Chicken--145 F Brown Rice--140 F Green Beans--139 F</p>			

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	<p>Polish Sausage--160 F Red Potatoes--125 F Squash Medley--125 F At that time, the DSC indicated the Squash Medley and the Red Potatoes were not at the correct temperature and needed to be brought up to temperature prior to being served.</p> <p>On 9/8/16 at 12:30 p.m., Cook #4 took a white cloth out of the sink and wiped a serving cart off with the same gloved hands he used for serving food.</p> <p>On 9/8/16 at 12:37 p.m., Cook #4 was taking buns for the polish sausage and potato chips out of the package with his gloved hands.</p> <p>On 9/8/16 at 12:50 p.m., Cook #4 moved a trash can out of the way with his gloved hands, so he could reach a part of a machine to chop polish sausage. After touching the trash can, he picked up a polish sausage and cut it up and placed it in the chopper. At that time, Cook #4 was stopped and informed he had touched the trash can, then picked up a Polish Sausage with the same gloved hands he touched the trash can with and he had not changed his gloves or washed his hands. At that time, the Dining Service Coordinator indicated to Cook #4 to remove his gloves, wash his hands,</p>			

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	<p>then don clean gloves. Cook #4 ran his hands under the water without using soap, dried his hands and donned clean gloves.</p> <p>A current policy titled "Safe Food Handling" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "I. All foods will be handled using safe-handling practices, using appropriate methods when cleaning counters, food contact surfaces and utensils...III. dietary staff must have good personal hygiene and will adhere to appropriate work habits, which maintain a sanitary environment. IV. Good handwashing techniques will be used, using only the handwashing sinks...VI. During food preparation, food items that will not be cooked before being served to a resident should be handled with utensils or gloved hands...VIII. During meal service, ALL food items must be handled with utensils or gloved hands...."</p> <p>A current policy titled "Serving The Meal" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "...II. Directly prior to the scheduled mealtime, team members that will be assisting with meal service should wash their hands. Hands must be washed prior to handling ANY dishes or utensils...."</p>			

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	<p>A current policy titled "Storage of Products" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "...III. Items should be dated before being stored and should be placed behind similar items already on the shelf to ensure that older items are used first. IV. Once opened, items should be dated and sealed."</p> <p>A current policy titled "Leftovers and Prepared Food" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "I. All prepared foods in an appropriate container, cover with an airtight lid or cellophane and label the container with the type of food and the date...."</p> <p>A current policy titled "Equipment Maintenance and Safety" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "...IV. Equipment which comes in contact with food must be washed and sanitized on a regular basis...."</p> <p>A current policy titled "Kitchen Sanitation and Safety" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "...VI. A schedule for routine and deep cleaning should be maintained</p>			

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	<p>and followed...."</p> <p>A current policy titled "Handwashing" dated 7/1/14, provided by the Area Manager of Operations on 9/8/16 at 4:00 p.m., indicated "I. Good hand washing and wearing gloves are the best barriers to prevent the spread of germs from one resident to another, and to protect staff from germs. II. Staff should always thoroughly wash their hands in the following situations:... Before handling items in the food preparation and handling area...IV. General procedure for proper hand washing:... Completely wet your hands. Apply soap (liquid soap preferred). Work up a good lather. Spread it over the entire area of you hands and wrists. Get soap under your nails and between your fingers. Use 'friction' as you work the soap onto you hands. Clean for at least 20 seconds (using 'friction') and rub vigorously. Rub one hand against the other hand. Rub between your fingers by interlacing them. Rub up and down to reach all skin surfaces on your hands and in-between your fingers. Rub the tips of our fingers against the palms to clean with friction around the nail beds...."</p>			

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R 0297 Bldg. 00	<p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on interview and record review, the facility failed to ensure that a medication was available from the Pharmacy for 1 of 5 residents whose medications were reviewed for availability from the Pharmacy (Resident #101).</p> <p>Finding includes:</p> <p>1. The record for Resident #101 was reviewed on 9/9/16 at 10:18 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, dementia, insomnia and depression.</p> <p>a. A MAR (Medication Administration Record) dated August 2016, included, but was not limited to, the following orders:</p>	R 0297	<p>R297 410 IAC 16.2-5-6 (C) (1) Pharmaceutical Services Noncompliance</p> <p>1. Resident #101's Donepezil HCL was ordered and arrived in the community on 9/1/16.</p> <p>2. Current residents have the potential to be affected by the alleged deficient practice.</p> <p>3. The nursing staff will be in-serviced by the CSM on the proper procedure for ordering medications timely to ensure availability for medication administration, by 9/30/16.</p> <p>4. The CSM is responsible for sustained compliance. The CSM will review the MAR weekly to ensure medications are being administered as ordered, and to ensure timely</p>	09/30/2016

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	<p>6/11/10--Donepezil HCL (Hydrochloride) (a medication used to treat dementia) 10 mg (milligrams) tablet Give one tablet by mouth daily at bedtime for dementia. Scheduled for 5 p.m.</p> <p>The MAR dated August 2016, indicated from 8/27/16 to 8/30/16 at 5 p.m., all the nurses initials were circled on the 5 p.m., boxes for the Donepezil HCL order for a total of four doses not being administered.</p> <p>The back of the MAR dated August 2016, indicated the following regarding the Donepezil HCL: 8/27/16 at 5 p.m.--Unavailable from the pharmacy. NP (Nurse Practitioner) /Pharmacy notified. 8/28/16 at 5 p.m.--Unavailable from the pharmacy. 8/30/16 at 5 p.m.--Unavailable from the pharmacy. NP/Pharmacy notified. Need new script.</p> <p>A current policy titled "Medication Administration" dated 7/1/14, provided by the Director of Nursing (DON) on 9/9/16 at 11:55 a.m., indicated "I. Medications and treatments are administered to residents as determined by review of their medication status, and in accordance with physician order, state</p>		ordering of medications. Monitoring will be ongoing.	



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	<p>laws, and assisted living regulations. All medications, including over-the-counter (OTC) medications must have a physician order...IV. If a resident has physician orders for a medication , it is our responsibility to administer the medication. However, if a delay is anticipated, an order should be obtained to indicate that medication should be given when available...."</p> <p>A current policy titled "Medication Documentation" dated 7/1/14, provided by the DON on 9/9/16 at 11:55 a.m., indicated "...VIII. If the community manages a resident's medications, med should be re-ordered in a timely manner. It is not appropriate to document 'meds not available'."</p>				