

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 09/06/2023
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NAME OF PROVIDER OR SUPPLIER VIVERA SENIOR LIVING OF JEFFERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 HAMBURG PIKE JEFFERSONVILLE, IN 47130
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: September 5 and 6, 2023</p> <p>Facility number: 015121</p> <p>Residential Census: 86</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 7, 2023.</p>	R 0000	Please accept this plan of correction in response to annual survey Sept 6-7th 2023 .	
R 0117 Bldg. 00	<p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency</p> <p>(b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for</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 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>every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure the minimum of one staff member on duty with current CPR and/or First Aid certification 24 hours a day. This deficient practice had the potential to affect all 86 residents currently residing in the facility.</p> <p>Findings include:</p> <p>The facility was unable to provide CPR certification for staff working on the following date and time:</p> <p>-On 8/31/23 from 6:00 p.m. to 6:00 a.m., night shift the following staff were scheduled to work: QMA (Qualified Medication Aide) 12, LPN (Licensed Practical Nurse) 15, and CNA (Certified Nurse Aide) 20.</p> <p>The facility was unable to provide First Aid certifications for the following dates and time:</p> <p>- On 8/29/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff were scheduled to work: LPN 6; LPN 3 (from 6:00 a.m. to 1:30 p.m.); CNA 8 and CNA 7 (from 6:00 a.m. to 6:24 a.m.).</p> <p>- On 8/29/23 from 6:00 p.m. to 6:00 a.m., night shift the following staff was scheduled to work: LPN 9, QMA 12 and CNA 13.</p> <p>- On 8/30/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff was scheduled to work: CNA 8, LPN 14, LPN 15, and CNA 16.</p> <p>- On 8/30/23 from 6:00 p.m. to 6:00 a.m., night shift</p>	R 0117	<p>All residents had the potential to be affected, however, there were no negative outcomes related to the cited deficiency.</p> <p>An audit of staff was completed for CPR/First Aid certification. For staff needing certified a class has been scheduled on Oct 10th 2023.</p> <p>Schedule will be audited daily by Director of Nursing to ensure every shift has a CPR/first aid certified employee on duty. (see audit tool)</p> <p>Process for ensuring CPR/first aid documentation is received upon hire. Admin assistant obtains CPR/first aid documentation for new employees and audits employee files monthly to ensure employee/Director of Nursing are notified of expiration dates to ensure compliance. (see audit tool)</p> <p>To ensure ongoing compliance the audit tools will be completed as scheduled. Any concerns will be addressed immediately. Quality Assurance Committee will review on a monthly basis; this will be ongoing until facility has reached</p>	09/21/2023
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	<p>the following staff was scheduled to work: LPN 10, QMA 12, and CNA 17.</p> <p>- On 8/31/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff was scheduled to work: LPN 18, LPN 14, CNA 7 (6:00 a.m. to 6:35 a.m.), and CNA 19.</p> <p>- On 8/31/23 from 6:00 p.m. to 6:00 a.m., night shift the following staff was scheduled to work: QMA 12, LPN 15, and CNA 20.</p> <p>- On 9/1/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff was scheduled to work: LPN 6, LPN 14, CNA 21, and CNA 19.</p> <p>- On 9/2/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff was scheduled to work: LPN 3, LPN 18, CNA 19, and CNA 22.</p> <p>- On 9/2/23 from 6:00 p.m. to 6:00 a.m., night shift the following staff was scheduled to work: LPN 10, QMA 12, and CNA 17.</p> <p>- On 9/3/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff was scheduled to work: LPN 3, LPN 18, CNA 22, and CNA 19.</p> <p>- On 9/3/23 from 6:00 p.m. to 6:00 a.m., night shift the following staff was scheduled to work: LPN 10, QMA 12, and CNA 17.</p> <p>- On 9/4/23 from 6:00 a.m. to 6:00 p.m., day shift the following staff was scheduled to work: LPN 3, LPN 14, CNA 21, and CNA 23.</p> <p>During an interview on 9/6/23 at 9:58 a.m., the ED indicated the CPR cards were the only certifications she was able to provide. She was not aware the nursing staff needed First Aid</p>		<p>100% compliance for three consecutive months.</p> <p>Date of compliance: 9/11/2023</p>	

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R 0273 Bldg. 00	<p>certifications. The DON (Director of Nursing) only had a CPR certification.</p> <p>The current Assisted Living Emergency Care policy included, but was not limited to, " ... Staff will be trained in first aid and CPR for early management of problems ... "</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, record review and interview, the facility failed to ensure the kitchen, dry storage room, walk in refrigerator and freezer and equipment were clean and sanitary during 3 of 3 kitchen observations. This deficient practice had the potential to affect 86 of 86 residents who received meals from the kitchen.</p> <p>Findings include:</p> <p>1. During the initial kitchen tour on 9/5/23 at 9:50 a.m., while accompanied by the Dietary Manager, the following concerns were observed.</p> <ul style="list-style-type: none"> - The grease trap in the flat top griddle was 1/2 full of a black greasy substance. - The floors under the stove, steamer, grill, deep fryer, and flat top griddle were heavily soiled with food particles and brown spots. - The floor between the deep fryer and the flat top griddle had a buildup of thick grease with a heavy accumulation of brown food particles in it. 	R 0273	<p>All residents had the potential to be affected however there were no negative outcomes related to the cited deficiency.</p> <p>Education was provided to culinary staff on cleaning schedules (see attached)</p> <p>Cleaning schedules reviewed and revised. Cleaning schedules will be followed /completed daily by staff (attachment)</p> <p>Culinary Manager will audit cleaning/checklist daily for compliance (see attached audit tool)</p> <p>Executive Director will conduct weekly observations and review cleaning schedules for compliance (attachment)</p> <p>To ensure ongoing compliance the</p>	09/21/2023

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	<ul style="list-style-type: none"> - The deep fryer had a moderate grease build up on the outer edges of the fryer top with a light amount of yellow crumbs inside. Cook 4 indicated that it was last used the evening before 9/4/23 and was last cleaned on 8/25/23 or 8/26/23 when she did it. - The walk in freezer had a carrot and an ice cream lid on the floor under the right side shelving rack. The floor had a light amount of black dried dirt on it. - The walk in refrigerator had a fruit juice (as identified by the Dietary Manager) spill on floor in front of the left shelving rack the size of a cup, and a large white onion under the left shelving rack. The Dietary Manager proceeded to clean up the spill at this time. - In the dry storage room, a plastic spoon was under the left shelf rack, several pieces of paper and rolled up tape were on the floor, and a jar of soup base was under the left shelf in the corner by the wall. - The microwave had numerous yellowish splatters inside it and on the inside of the door. - The dishwasher had white streaks and smears down the entire front of the machine. While observing the wash cycle, occasionally the water would splash out from under the door and streak down the front of the machine. - The floor under the 2 black mats, in front of the dishwasher, was heavily soiled with a black sticky dirt and the mats were sticky on top when walked on. - The range hood above the stove, fryer, steamer 		<p>audit tools will be completed as scheduled. Any concerns will be addressed immediately. Concerns will be addressed through the Quality Assurance Committee on a monthly basis. This will be ongoing until the facility has reached 90% compliance for three consecutive months; then will be reviewed and revised as needed by Quality Assurance committee.</p> <p>Date of compliance: 9/11/23</p>	

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	<p>and flat top griddle had a 6 foot long strip by six inches high area of moderate brown grease on it.</p> <p>-The grill had a heavy build up of a black charred substance on the slats, and the shelf under the grill had a heavy build up of a whitish black substance.</p> <p>- The stove had a heavy build up of brown and orange spills with black and brown food particles around the burners. The stainless steel back splash of the stove had a heavy build up of white and brown spots. Both oven doors had grease smears down the front.</p> <p>- The flat top griddle had a heavy build up black and brown food particles on top. The back splash had a heavy build up of yellow and brown grease and food particles.</p> <p>- The entire wall behind the deep fryer, stove, flat top griddle, the grill, and steamer and wall to the right of the steamer, had a moderate build up of white spots and grease steaks.</p> <p>- The shelf under the steamer had a moderate amount of white and brown spots and food particles.</p> <p>- The floor under the steam table, especially around the wheels, the shelving to the left of the steam table, the hot plate machine, and the stainless steel condiment prep unit, had a heavy soil of brown and orange food particles.</p> <p>- There were scoops inside the flour, sugar and oatmeal bins.</p> <p>2. During an observation of the kitchen on 9/5/23 at 11:42 a.m., the following concerns were</p>			

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	<p>observed:</p> <ul style="list-style-type: none"> - The same identified issues at 9:50 a.m., were again observed. - The stove appeared to have been wiped off, but the orange and black dried food particles around the burner remained. - The hot plate machine had yellow and brown food particles around the outside of the plate holder holes. A thick white substance was observed dripping the left side of the plate warmer machine. - The bottom shelf of the toaster was soiled with dried brown crumbs. - The three shelves of the cart that went to the memory care hall had several whitish-brown spots on it. A 3 compartment stainless steel warmer with food inside each compartment was observed on this cart getting ready to go to the floor. <p>3. During an observation of the kitchen on 9/6/23 at 10:43 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> - The same concerns identified on 9/5/23 at 9:50 a.m. and 11:42 a.m. were observed. - Under the leg of the shelving unit on the left side in the walk-in refrigerator, a tan colored spill was on the floor, which measured 4 inches wide and 8 inches high. Two large red onions were also observed under the right side of the shelving unit. - There was a dried brown liquid under the 2 mats in front of the dishwasher, which continued to be sticky when walked on. 			

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R 0414 Bldg. 00	<p>During an interview with the Dietary Manager on 9/6/23 at 10:50 a.m., she indicated that because the staff had the tendency to throw away the cleaning schedules. The weekends tended to be a problem since she recently lost two staff members who worked the 12 hour shift.</p> <p>The Cleaning Schedule for the Week of 8/28/23 to 9/4/23, indicated the following areas had been signed off as cleaned every day:</p> <p>- Range and catch pan; grill; clean ovens; steam tables; serving areas; toaster; carts; tray cart -wipe and sanitize; the walk-ins to be swept and mopped; condiment cart; dish room; store room - sweep and mop; all counters in Cook's area; wash walls in Cook's area; and the kitchen floors.</p> <p>The Cleaning Schedule for the Week of 9/4/23 to 9/7/23, indicated the following areas had been signed off as cleaned on 9/4/23 and 9/5/23:</p> <p>- Sweep and mop all areas daily; empty and clean the steam table; deep clean griddle; clean stove tops and run burners through the dishwasher; and wipe counters, sinks and all surfaces.</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation and interview, the facility failed to ensure nursing staff follow proper infection control practices for the administration of medication for 4 of 5 resident observed for medication administration. (Residents 9, 10, 11, and 12)</p>	R 0414	<p>No resident experienced any negative outcomes related to the cited deficiency.</p> <p>Nurse who completed med pass with surveyor was educated re:</p>	09/11/2023

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	<p>Findings include:</p> <p>1. During the medication administration observation on 9/5/23 at 9:19 a.m., Resident 9's medications were removed from the medication cart by LPN (Licensed Practical Nurse) 3. She popped the medication from the cards for clonidine 0.1 mg (milligrams), Donepezil 5 mg, famotidine 20 mg, levothyroxine 25 mcg (micrograms), lisinopril 10 mg, Memantine 5 mg, and an Osteo Bi Flex tablet, into her bare hand and placed them into the medication cup. She accidentally spilled the medication cup into the drawer. She picked the tablets up from the cart drawer and with her bare hands placed them into the medication cup. She then administered the medication to the resident.</p> <p>No hand washing or hand sanitizing was observed after administration of Resident 9's medications.</p> <p>2. During the medication administration observation on 9/5/23 at 9:34 a.m., Resident 10's medications were removed from the medication cart by LPN 3. She popped the medications from the cards for carvedilol 12.5 mg, Synthroid 50 mcg, and omeprazole 20 mg, into her bare hand and placed them into the medication cup. She then administered the medication to the resident. The resident spilled half of the tablets on her chest and the LPN picked the medication up with her bare hands and placed them into the cup. The resident then took the medication.</p> <p>No hand washing or hand sanitizing was observed before administration of Resident 10's medications.</p>		<p>correct procedure for medication pass/infection control. Nurse signed in service and written education provided by Director of Nursing. Signed In-service provided to surveyors during survey.</p> <p>Competency check list completed with all staff completing medication pass (see attached) Competency completed upon new hire, and every 6 months to staff providing medication pass.</p> <p>Infection control / Medication pass in-service provided to all staff passing medications. (attachment)</p> <p>Director of Nursing/Asst Director of nursing to complete weekly audits of Medication pass on all shifts to ensure compliance with proper technique. (see attached audit tool)</p> <p>To ensure ongoing compliance, the audit tools will be completed as scheduled. Any concerns will be addressed immediately. Concerns will be addressed through Quality Assurance Committe meetings on a monthly basis. This will be ongoing until the facility has reached 100% compliance for three consecutive months.</p>	

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	<p>3. During the medication administration observation on 9/5/23 at 9:47 a.m., Resident 11's medications were removed from the medication cart by LPN 3. She popped the medications from the cards for amiodarone 200 mg, Bumetanide 0.5 mg, carvedilol 25 mg, and iron 325 mg, into her hand and placed them into the medication cup. She then began popping the remaining 6 medications from the card into the cup. She then administered the medication to the resident.</p> <p>4. During the medication administration observation on 9/5/23 at 9:56 a.m., Resident 12's medications were removed from the medication by LPN 3. She popped the 500 mg Tylenol tablet into her hand and placed it into the medication cup. She administered the medication to the resident.</p> <p>During an interview on 9/5/23 at 10:20 a.m., LPN 3, indicated she should have popped the medications directly into the medication cup and not into her hand.</p> <p>The current Infection Control In-Service, included, but was not limited to, "... Do not touch pills directly..."</p>		<p>Date of compliance: 9/11/23</p>	