

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 09/19/2023
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NAME OF PROVIDER OR SUPPLIER  VIVERA SENIOR LIVING OF COLUMBUS	STREET ADDRESS, CITY, STATE, ZIP COD 1971 STATE STREET COLUMBUS, IN 47201
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00417016 and IN00415900.</p> <p>Complaint IN00417016 - State deficiencies related to the allegations are cited at R0349.</p> <p>Complaint IN00415900 - State deficiencies related to the allegations are cited at R0269.</p> <p>Survey dates: September 18 and 19, 2023</p> <p>Facility number: 014519</p> <p>Residential Census: 99</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 22, 2023.</p>	R 0000	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
R 0269 Bldg. 00	<p>410 IAC 16.2-5-5.1(b) Food and Nutritional Services - Noncompliance</p> <p>(b) The menu or substitutions, or both, for all meals shall be approved by a registered dietician.</p> <p>Based record review and interview, the facility failed to follow the dietary menu and did not contact the Dietician for a menu change approval. This deficient practice had the potential to affect 99 of 99 residents that resided in the facility.</p> <p>Findings include:</p> <p>During an interview on 9/19/23 at 10:52 a.m., the Dietary Manager indicated he had no formal training as a cook, he had 25 years of asphalt</p>	R 0269	<p>1 Plan of Correction 10/05/23 Facility ID: 014519 SuSurvey Event ID: <b>FEV311 R0269</b></p> <p><b>1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p>	10/06/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristen Chalou	Administrator	10/05/2023

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>experience, broke his neck, and came to work here as a dining room aid. One night, the cook did not show up and he had to cook the dinner meal, and everyone liked it. He then became the cook, and when the previous manager left, he then became the manager. The previous Dietary Manager did not order groceries. He had started in the position of Manager on Friday of last week and today would be the first opportunity to place a grocery order to ensure there was sufficient food items available for next week's menu. He would order groceries on Wednesday for a Friday delivery. The Corporate Dietician would be here Monday, Tuesday, and Wednesday, next week for training. He did not contact the Dietician about the menu changes, he was just trying to use the food items available to feed the residents until next week.</p> <p>The food temperature logs were provided by the Dietary Manager on 9/19/23 at 11:35 a.m. and the dietary menus were provided by the Administrator on 9/19/23 at 1:45 p.m. The dietary menus and the food temperature logs indicated the following:</p> <p>- On 9/19/23 the lunch menu planned was suppose to be supreme pizza casserole and green beans; or beef pot roast and California vegetable blend. The food served was chicken salad, tuna salad, and coleslaw.</p> <p>- On 9/18/23 the lunch menu planned was lemon baked fish, rice pilaf, and green peas &amp; mushrooms; or home style veal and mixed vegetables. The food served was spaghetti meatballs or chef salad, and green beans.</p> <p>- On 9/18/23 the dinner menu planned was Italian sausage with peppers and onions, and potato wedges; or cheese ravioli with sauce and whole baby carrots. The food served was Mexican</p>		<p>a Education will be provided to all applicable staff regarding proper documentation and approval for menu changes and substitutions.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective will be taken</b></p> <p>a All residents had the potential to be affected by the alleged deficient practice. Dietary will be educated on appropriate documentation and approval related to menu substitutions or changes. Dietary Manager or designee will do documentation audit and ensure proper documentation and approval is in place.</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 An audit of all menu changes or substitutions will be conducted by the Dietary Manager or designee. Any staff member out of compliance with facility's policies and protocols relating to documentation of menu changes will receive progressive corrective action. The Dietary Manager, or designee will educate all newly</p>	

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	<p>lasagna, refried beans, and Spanish rice.</p> <p>- On 9/17/23 the lunch menu planned was pork chop supreme, bread stuffing, and carrots; or bacon Swiss burger and French fries. The food served was fish, scalloped potatoes, and Cole slaw.</p> <p>- On 9/17/23 the dinner menu planned was chicken cacciatore, red bliss potatoes, parsley cauliflower; or cottage cheese and fruit plate. The food served was chili.</p> <p>- On 9/16/23 the lunch menu planned was roasted turkey stroganoff and California vegetable blend, or blackened fish and green peas and mushrooms. The food served was ham beans and slaw.</p> <p>- On 9/16/23 the dinner menu planned was meatloaf, mashed potatoes, and corn; or salsa chicken and seasoned black beans. The food served was tater tot bake, Swiss steak, and mashed potatoes.</p> <p>- On 9/15/23 the lunch menu planned was country fried steak, baked potato, and green beans, or honey balsamic chicken carrots. The food served was beans and corn bread.</p> <p>- On 9/15/23 the dinner menu planned was grilled cheese and tomato soup; or beef enchilada and refried beans. The food served was crab cakes, salad, and soup.</p> <p>- On 9/14/23 the lunch menu planned was cheese tortellini with marinara sauce, key west vegetable blend, and tossed salad; or Sailsbury steak and key west vegetable blend. The food served was chicken kabobs and rice.</p>		<p>hired staff on policies and protocols relating to documentation and approval of menu changes during employee job-specific orientation moving forward.</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 Dietary Manager or designee will audit menu change documentation and approval for two (2) months, then every other month for twelve (12) months, and then as needed to ensure that all proper documentation and approval is being completed.</p> <p><b>5 By what date will the systematic changes be completed</b></p> <p>October 6 and ongoing</p>	

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	<p>- On 9/14/23 the dinner menu planned was baked glazed ham, American fried potatoes, and green peas, or cheese pizza and tossed salad. The food served was fritters and vegetables.</p> <p>- On 9/13/23 the lunch menu planned was pot roast, garlic mashed potatoes, and carrots, or blackened chicken and California vegetable blend. The food served was Philly steak.</p> <p>- On 9/13/23 the dinner menu planned was tuna noodle casserole and sauteed summer squash, or roasted pork tenderloin and green beans. The food served was salmon, fried green tomato, and cucumber salad.</p> <p>- On 9/12/23 the lunch menu planned was mustard BBQ pork chop, baked beans, and southwest slaw, or fish sandwich and French fries. The food served was chicken wings and fries.</p> <p>- On 9/12/23 the dinner menu planned was chicken Alfredo, buttered noodles, and Italian mixed vegetables, or cranberry glazed pork and brussels sprouts. The food served was pasta bake, MIT sandwich, soup, and veggies.</p> <p>- On 9/11/23 the lunch menu planned was chili mac, tossed salad, and cornbread, or Tahitian chicken and sugar snap peas. The food served was chili, brats, and taco meat.</p> <p>- On 9/11/23 the dinner menu planned was Italian meatball sub with sauce, and tossed salad, or Cobb salad and fresh baked bread. The food served was crab salad and tuna salad.</p> <p>- On 9/10/23 the lunch menu planned was baked chicken, onion roasted potatoes, and brussel sprouts, or BBQ pork sandwich and southwest</p>			

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	<p>slaw. The food served was subs.</p> <p>- On 9/9/23 the lunch menu planned was BBQ pork chop, baked beans, and corn on the cob, or chicken cordon bleu and red bliss potatoes. The food served was sloppy Joe, potatoes, and rice.</p> <p>- On 9/9/23 the dinner menu planned was sweet and sour meatballs, white rice, and oriental vegetable blend, or herb garlic cod and green peas and mushrooms. The food served was chicken noodles, fish, mashed potatoes, and veggies.</p> <p>- On 9/8/23 the lunch menu planned was chicken salad sandwich, carrot &amp; celery sticks, and cucumber slices, or chef salad. The food served was fish nuggets, grilled chicken, green beans, and mac and cheese.</p> <p>- On 9/8/23 the dinner menu planned was cheese ravioli with marinara, and Italian green beans, or baked ham with raisin sauce and baked sweet potato half. The food served was steak, ravioli, veggie soup, mashed potatoes, and veggie blend.</p> <p>- On 9/7/23 the lunch menu planned was fried fish, French fries, and mandarin Cole slaw, or pork chop supreme and green beans. The food served was BBQ ribs, polish sausage, red potatoes, and corn on the cob.</p> <p>- On 9/7/23 the dinner menu planned was kielbasa, onion roasted potatoes, and sauteed peppers &amp; onions, or cornflake chicken breast and brussel sprouts. The food served was taco salad, chicken, hot dogs, and black beans.</p> <p>- On 9/6/23 the lunch menu planned was beef pot roast, baked potato, and Key West vegetable blend, or always available menu. The food served</p>			

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R 0349  Bldg. 00	<p>was fried chicken, hashbrowns, and carrots.</p> <p>- On 9/6/23 the dinner menu planned was chicken enchiladas, Spanish rice, refried beans, and tomato wedges, or turkey and Swiss sandwich and minestrone soup. The food served was soup and meatballs.</p> <p>This State tag relates to Complaint IN00415900.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record the facility failed to document a resident to resident altercation to maintain clinical records on each resident for 2 of 3 residents reviewed for Clinical Records. (Residents B and C)</p> <p>Findings include:</p> <p>An Incident report dated 8/14/23 at 8:12 p.m., indicated there was a resident to resident altercation. The report indicated Resident B was yelling at residents in a common area. Resident C asked him to stop. Resident B aggressively approached Resident C and was yelling at him and heat butted him. Resident C retaliated by pushing Resident B and he fell to the ground.</p> <p>During an interview on 9/19/23 at 9:51 a.m., the</p>	R 0349	<p>Plan of Correction 10/05/23 Facility ID: 014519 Survey Event ID: <b>FEV311</b> R349</p> <p><b>1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b></p> <p>a. Education will be provided to all applicable staff regarding proper documentation in medical records regarding altercations</p> <p><b>How the facility will identify</b></p>	10/06/2023

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	<p>Administrator indicated there was a video of the resident to resident altercation. Both residents (Residents B and C) were interviewed by the Director of Nursing (DON) and the Administrator. The root cause was that Resident C plays his music really loud. She had instructed staff to monitor the two residents, and not "camp out" on the third and fourth floors during the evening hours. She had instructed Resident B to notify staff if anything else happened.</p> <p>During an interview and record review on 9/19/23 at 10:07 a.m. Qualified Medication Aide (QMA) 5 indicated all behaviors are charted in the medical record. Resident C's EMAR was reviewed with the QMA. His medical record had no documentation for the 8/14/23 incident and there was no behavior monitoring charted. There was a Progress Note dated 8/5/23 at 12:53 p.m. and the next Progress Note was on 9/12/23 at 4:46 p.m. Resident B's medical record was reviewed with the QMA. The last progress note was dated 6/1/23 at 4:41 p.m. There was no documentation of the incident on 8/14/23 and there was no behavior monitoring documented. The Administrator had talked with staff about what to do during a resident to resident altercation but, no formal inservice was given. "Monitoring occurs just as staff are walking by", if the residents seem aggressive then staff were to remind them to stay separated, and if they seemed "ok and were getting along", then just to monitor them.</p> <p>During an interview on 9/19/23 at 11:35 a.m., Certified Nursing Aide (CNA) 2 indicated, if a resident had any observed unusual behaviors, she was to notify the nurse and document it in the resident's medical record. She was to make sure Resident B and C were not sitting together at meals. If they were observed in the same area, she</p>		<p><b>other residents having the potential to be affected by the same deficient practice and what corrective will be taken</b></p> <p>a All residents had the potential to be affected by the alleged deficient practice. Nursing staff will be educated on appropriate documentation related to altercations. DON or designee will do documentation audit of all residents involved in altercations or related events and ensure proper documentation is in place.</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 An audit of all altercations or relatable events will be conducted by the DON or designee. Any clinical staff member out of compliance with facility's policies and protocols relating to proper documentation will receive progressive corrective action. The Director of Nursing, or designee will educate all newly hired clinical staff on policies and protocols relating to recording proper documentation during employee job-specific orientation moving forward.</p> <p><b>4 How the corrective action(s) will be monitored to</b></p>				

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	<p>was to remind them to separate. Staff were not doing "checks" on them, but were to just notice as they went about their day. Resident B was usually in a common area. Resident C was usually with his girlfriend in her apartment, or he would be outside.</p> <p>During an interview on 9/19/23 at 1:18 p.m., QMA 3 indicated the staff were not instructed to monitor or keep Residents B and C separated. The residents do not normally hang out together. During meals, Resident C and his girlfriend would get their food to go and eat it in her apartment. Resident B normally only eats breakfast and dinner in the dining room. She indicated staff were to document behaviors in the EMAR.</p> <p>During an interview on 9/19/23 at 1:20 p.m., Licensed Practical Nurse (LPN) 4 indicated, behaviors were to be documented in the medical record. Staff were not instructed to monitor Residents B and C or to keep them separated. The residents did not hang out together. Resident B usually only eats breakfast and dinner in the dining room and Resident C usually eats meals in his girlfriend's apartment.</p> <p>During an interview on 9/19/23 at 2:43 p.m., the Administrator indicated law enforcement was not contacted.</p> <p>The current facility policy titled, "Resident's Personal Rights Policy and Procedure", with a revised date of 4/2016, was provided by the Administrator on 9/19/23 at 10:30 a.m. The policy indicated, " ...Residents shall be afforded all rights guaranteed under the Constitutions of the United States ...1. Be free from mental, emotional, social and physical abuse ...10. Control his or her time, space, and lifestyle to the extent the health,</p>		<p><b>ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:</b></p> <p>a The Director of Nursing or designee will audit each instance as it occurs for for two (2) months, then every other month for twelve (12) months, and then as needed to ensure that all proper documentation is being properly reflected in the clinical record. Results to be reviewed at monthly QI meetings and make further recommendations based off audit results</p> <p><b>5 By what date will the systematic changes be completed</b></p> <p>October 6 and ongoing</p>	

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

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	<p>safety, and well-being of others are not disturbed ...14. Be treated at times with courtesy, respect, and full recognition of personal dignity ..."</p> <p>This State tag relates to Complaint IN00417016.</p>				