

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 05/27/2022
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NAME OF PROVIDER OR SUPPLIER  GLASSWATER CREEK OF WHITESTOWN	STREET ADDRESS, CITY, STATE, ZIP COD 5829 NEW HOPE BOULEVARD WHITESTOWN, IN 46075
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R 0000  Bldg. 00	<p>This visit was for an Initial State Residential Licensure Survey.</p> <p>Survey dates: May 26 and 27, 2022.</p> <p>Facility number: 015004</p> <p>Residential Census: 9</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 6, 2022.</p>	R 0000	<p>This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request consideration for paper compliance.</p>	
R 0273  Bldg. 00	<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 scoops were not in large bulk storage bins or the ice machine; meats were stored and thawed out properly; hairnets and masks were worn; the proper temperatures of the walk-in refrigerator and freezer were monitored and/or maintained; food was covered, labeled and dated; and a box of large canned goods was not stored on the floor for 1 of 2 observations of the kitchen. The facility failed to ensure the Community Activity room refrigerator had complete and up to date temperature logs and failed to ensure staff did not store personal items in the Activity room refrigerator for 2 of 2 observations of the Activity room. These deficiencies had the potential to effect 9 of 9</p>	R 0273	<p>It is the intent of Glasswater Creek to ensure all food preparation and serving areas are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. The alleged deficiency had the potential to affect all residents. The alleged deficiency was corrected upon identification. All scoops were removed and properly stored, meats were verified to be stored correctly, hairnets and masks were immediately supplied, the freezer temperature was immediately</p>	07/13/2022

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>residents residing in the building.</p> <p>Findings include:</p> <p>1. On 5/26/22 at 9:27 a.m., a tour of the kitchen with the Director of Dining Services (DDS) was completed the following was observed:</p> <p>At 9:33 a.m., scoops were observed in the large bins of powdered sugar, brown sugar, granulated sugar, oats, and flour. The DDS indicated the scoops should not have been in the food bins.</p> <p>At 9:36 a.m., frozen meats were observed in the kitchen sinks. One sink had a 15 pound frozen turkey, there was no water running over it. The other sink had a very large piece of raw beef with water running over part of the beef. The beef was sitting in about 2 inches of water. The DDS was observed to turn the faucet on to put running water over the frozen turkey.</p> <p>At 9:42 a.m., the DDS indicated the walk-in refrigerator had no thermometer. He retrieved one and placed it in there. An open to the air, unlabeled and undated cheesecake was observed. It was sliced into four pieces, was still in the pie pan. A sheet pan of almond crumble was observed uncovered, unlabeled, and undated. The DDS indicated it was made yesterday. The DDS indicated the cheesecake, and the almond crumble should have both been covered, labeled, and dated.</p> <p>At 9:45 a.m., the walk-in freezer temperature was observed at be 20 degrees Fahrenheit (F).</p> <p>A box of corn on the cob was observed to be open, the plastic was open, leaving the corn on the cob open to the freezer air. Another box of cut</p>		<p>addressed by technicians, and all items were verified as covered, labeled, and dated appropriately. As a preventive measure, the Culinary Director, or his designee, will provide re-education to all culinary staff members on the topics of sanitation and safe food handling by 7/13/22. Additionally, the Culinary Director, or his designee, will audit the kitchen weekly for 4 weeks, monthly for 3 months, and as needed thereafter utilizing the Survey POC Audit Tool (Attachment #1). Findings will be reported to the QAPI Committee.</p>	

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	<p>corn was open and the plastic was open, leaving the cut corn open to the freezer air. Two and a half plastic bags of hamburger buns were observed in the freezer with no date. A very large piece of raw beef, with no date, was on a shelf over boxes of prepared breaded chicken and an open box of prepared fried chicken.</p> <p>The DDS indicated the plastic bags should have been closed and the boxes closed for the corn on the cob and cut corn. The hamburger buns should have been dated. All the food should have been covered, labeled, and dated. The raw meat should not have been on the shelf over prepared foods.</p> <p>At 9:49 a.m., the ice machine was observed with scoop inside. The DDS indicated the ice scoop hook was inside the ice machine and the scoop kept falling in the ice. In the dry storage area, a box of large canned goods were observed on the floor. The box had been torn open and a large can had been removed. The DDS indicated he should have dated the can and put them on the shelf.</p> <p>On 5/27/22 at 9:35 a.m., a second tour and observation of the kitchen with the DDS was completed, the following was observed.</p> <p>At 9:35 a.m., the DDS was observed with his mask down on his chin, with his nose and mouth exposed, while making cucumber dill salad.</p> <p>At 9:51 a.m., the DDS indicated the freezer was 18 degrees F.</p> <p>At 9:58 a.m., the ice scoop was observed in ice. The DDS indicated the scoop just kept falling in the ice. He was observed to get a plastic container, he ind it was for holding the ice scoop but it won't stay on the ice machine. He put the ice</p>			

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	<p>scoop in the plastic container and left it on the counter.</p> <p>At 10:05 a.m., the DDS indicated he talked with the maintenance man (MM) about the freezer. The DDS indicated he decided since the walk-in freezer was below 32 F., he considered the food was frozen.</p> <p>At 10:08 a.m., the DDS provided a copy of the Record of Refrigeration Temperatures, dated May 2022. A review of the document indicated the walk-in freezer temperatures was above zero degrees on the following dates: 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/22, 5/23, 5/25, and 5/25/22.</p> <p>On 5/26/22 at 12:15 p.m., Certified Nursing Aide (CNA) 7 was observed in the kitchen with only a hairnet on the top of her head. The remaining hair down her back was uncovered.</p> <p>On 5/27/22 at 10:50 a.m., the Director of Clinical Services (DCS) indicated the CNA should have had her hair covered while in the kitchen.</p> <p>On 5/27/22 at 10:57 a.m., the Administration (ADM) 5 indicated the walk-in freezer temperature should have at zero or below.</p> <p>On 5/27/22 at 11:19 a.m., the Maintenance man (MM) indicated he turned the walk-in freezer temperature down, and the temperature had already dropped to 10 degrees and was still dropping. He indicated he would continue to monitor it.</p> <p>On 5/27/22 at 11:51 a.m., the DCS indicated the labeling and dating should have been correct in the kitchen. The kitchen services followed the Indiana State Board of Health's (ISDH) Retail</p>			

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	<p>Food Establishment Sanitation Requirements.</p> <p>On 5/27/22 at 11:54 a.m., the ADM 5 indicated the ice was disposed of from the ice machine because it was contaminated by the ice scoop handle.</p> <p>On 5/26/22 ay 12:00 p.m., ADM 5 provided several facility policies:</p> <p>A policy titled, "Food Safety," with no date, was provided. It indicated, "...To provide food that is free from contamination this risking the health and well being of the residents and staff ...."</p> <p>A policy titled, "Storage of Refrigerated and Dry Foods," with no date, was provided. It indicated, "...Food being returned to storage after cooking or preparation must be covered ...Raw meat is never to be stored above cooked foods, fruits, or vegetables ...All containers must be labeled with the contents and date food items was placed in storage ...."</p> <p>A policy titled, "Thawing Food," with no date, was provided. It indicated, "...Meats to be thawed must be placed on the lowest shelf in the refrigerator to prevent contamination of other foods with meat juices ...Food being thawed by running water must be completely submerged in running water ...."</p> <p>A policy titled, "Cooling Foods," with no date, was provided. It indicated, "...Food should be covered to protect from contamination ...."</p> <p>On 5/27/22 at 1:10 p.m., ADM 5 provided additional facility policies:</p> <p>A policy titled, "Routine PPE [personal protective equipment] Guidelines," with no date, was</p>			

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	<p>provided. It indicated, " ...If working in dietary, face mask should be used while preparing, serving food and within 6 feet of others ...."</p> <p>A policy titled, "Ice Machine," with no date, was provided. It indicated, " ...Store ice scoop free from ice in sanitary enclosed container ...."</p> <p>A policy titled, "Employee Hygiene," with no date, was provided. It indicated, " ...Exposed hair must be covered with hairnet ...."</p> <p>2. On 5/26/22 at 10:22 a.m., the Community Activity Room Refrigerator was observed. A "Temperature Log" for the month of April was taped to the door. Only the 11th and 12th had been filled in. Inside the refrigerator, a personal staff lunch box was stored. A large paper bag with boxed leftovers was also observed with no identifying labels or dates.</p> <p>On 5/27/22 at 10:00 a.m., the Community Activity Room Refrigerator was observed a second time. The personal items and unlabeled food remained inside the fridge, and the temperature log had not been updated.</p> <p>During an interview on 5/27/22 at 10:08 a.m., the Director of Dining Services indicated staff personal food items should be stored in the employee break room and any left-over should have an identifying label to indicate if it was a staff or residents food, and dates of when to eat or discard by. The temperature logs were maintained by both the Activity staff and kitchen staff, and the refrigerator should have current up to date temperature logs.</p> <p>On 5/27/22 at 11:51 a.m., the DCS indicated the kitchen services followed the Indiana State Board of Health's (ISDH) Retail Food Establishment</p>			

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R 0295  Bldg. 00	<p>Sanitation Requirements.</p> <p>410 IAC 16.2-5-6(a) Pharmaceutical Services - Noncompliance (a) Residents who self-medicate may keep and use prescription and nonprescription medications in their unit as long as they keep them secured from other residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications, including narcotics were locked and double locked respectively for a resident with a self-administration assessment, and a resident with a medication in his room with no self-administration assessment for 2 of 6 residents reviewed for medications (Resident 5 and 10).</p> <p>Findings include:</p> <p>On 5/26/22 at 10:38 a.m., Resident 10's kitchen medication storage cabinet was observed unlocked with the key in the lock. Several medications and a narcotic, hydrocodone 5/325 mg (a controlled substance pain reliever), were observed. She indicated she did not lock her apartment when she left.</p> <p>On 5/27/22 at 10:26 a.m., a nasal spray bottle of fluticasone (relieves allergy symptoms) was observed in Resident 5's room.</p> <p>On 5/27/22 at 10:26 a.m., the Director of Clinical Services (DCS) indicated Resident 10 should have locked up her medications and double locked her narcotic pain reliever. Resident 5 did not have a self-administration medication assessment and should not have had medication in his room.</p> <p>A current policy titled, "Self-Administration of Medications," was provided by the Director of</p>	R 0295	<p>It is the intent of Glasswater Creek to ensure that all residents who self-medicate may keep and use prescription and non-prescription medications in their unit so long as they keep them secured from other residents. All residents that self-administer medications have the potential to be affected by this alleged noncompliance. Nursing has assessed the identified residents; a medication self-administration evaluation and re-education has been completed with these residents for securing medication appropriately in their locked cabinets located in their apartments.</p> <p>All residents that have been identified as being able to self-administer medications will have daily monitoring to ensure medications are stored and secured appropriately. The Director of Nursing/designee will audit all residents to ensure that a self-administration evaluation had been completed and that monitoring for securing medications is place on the eMAR at least daily. Any identified concerns will be corrected and</p>	07/13/2022

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	Clinical Services (DCS), on 5/27/22 at 11:45 a.m. A review of the policy indicated, "...a resident who desires to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility and there is a prescriber's order to self-administer...as assessment is conducted by the interdisciplinary team ...."		documented at the time it is discovered. The Director of Clinical Services has reviewed and reeducated the nursing leadership on Glasswater Creek of Whitestown self-administration of medication protocols and procedures including use of the designated assessment form, process for determining when a review is necessary and means of monitoring for needed changes. Nurse leaders will also review with the resident during their regularly scheduled ISP reviews. The Director of Nursing will in-service all staff that have the authorization to handle medication will be reeducated on Glasswater Creek of Whitestown self-administration of medication protocols and procedures including use of the designated assessment form, process for determining when a review is necessary and means of monitoring for needed changes no later 7/13/2022. The Director of Nursing/designee will audit resident records for compliance with the self-administration guidelines as follows: 3 times weekly for one month; 2 times weekly for two months and monthly thereafter as needed utilizing the Survey POC Clinical Audit Tool (Attachment #2). Any deficiencies found in the audits will be corrected at the time discovered and retraining provided,	

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R 0297 Bldg. 00	<p>410 IAC 16.2-5-6(c)(1) Pharmaceutical Services - Noncompliance</p> <p>(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. Based on observation, interview, and record review, the facility failed to ensure medication was provided for a resident in a sanitary way for 1 of 5 residents reviewed for medication administration (Resident 5).</p> <p>Findings include:</p> <p>On 5/26/22 at 2:05 p.m., Licensed Practical Nurse (LPN) 3 provided a physician's ordered supplement, Fish oil 1000 mg, for Resident 5. He dropped the medication and LPN 3 picked it up off the unvacuumed carpet with her bare hand and asked him if he wanted to take it. She gave it to him, and he swallowed it.</p> <p>On 5/27/22 at 10:46 a.m., the Director of Clinical Services (DCS) indicated the nurse should have put on gloves to pick up the pill, thrown it away, and retrieved a new pill for the resident.</p> <p>A current policy titled, "Medication Administration - General Guidelines," was provided by the Director of Clinical Services (DCS) on 5/27/22 at 11:45 a.m. A review of the policy indicated, "...medications are administered as prescribed in accordance with good nursing principles and practices...The person</p>	R 0297	<p>as appropriate. Findings will be reported to the QAPI Committee.</p> <p>It is the intent of Glasswater Creek to ensure that 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. This deficiency had the potential to affect all residents who self-medicate. Upon the discovery of this allegation of deficiency, Glasswater Creek of Whitestown immediately began an investigation. Upon investigation it was discovered that all Nursing staff that handle medications should be re-educated on proper medication administration, medication policy and procedures, including proper medication administration including administering medication in accordance with good nursing principles and practices.</p>	07/13/2022

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	administering medications adhere to good hand hygiene...prior to handling any medication ...."		To ensure deficiency does not reoccur, going forth, all Nursing staff that handle medication will have education to include that proper medication administration, medication policy and procedures, including proper medication administration including administering medication in accordance with good nursing principles and practices. Glasswater Creek of Whitestown will provide education to all Licensed nurses and Qualified Medication Aides no later than 7/13/2022 in the form of Verbal and written in-servicing. Glasswater Creek of Whitestown has in-servicing scheduled to be conducted by Synchrony Pharmacy and will include pharmacy's Guidelines on medication administration. All Nursing staff that have the responsibility of administering medication will be required to attend in-servicing for reeducation. The Director of Clinical Services has reviewed and re-educated the nursing leadership on the Community's Infection control policy and procedures and Medication policy and procedures. Glasswater Creek of Whitestown has Synchrony Pharmacy scheduled for in-servicing for re-education of all staff that are qualified to administer medication to be completed no later than		

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

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			7/13/2022. The Director of Nursing/designee will ensure and monitor all Nursing staff in the form of medication administration competency audits and medication administration guidelines as follows: 3 times weekly for one month; 2 times weekly for two months and monthly thereafter as needed utilizing the Survey POC Clinical Audit Tool (Attachment #2). Any deficiencies found in the audits will be corrected at the time discovered and retraining provided, as appropriate. Findings will be reported to the QAPI Committee.		