

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155473	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2015
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NAME OF PROVIDER OR SUPPLIER CHALET VILLAGE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 PARKWAY ST BERNE, IN 46711
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F000000	<p>This visit was for the Investigation of Complaint IN00163102.</p> <p>Complaint IN00163102 Substantiated. Federal/ state deficiencies related to the allegations are cited at F 441 and F 514.</p> <p>Survey dates: January 26, and 27, 2015</p> <p>Facility number:000546 Provider number: 155473 AIM number: 100267370</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 28 Total: 28</p> <p>Census payor type: Medicare: 3 Medicaid: 20 Other: 5 Total: 28</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with</p>	F000000	<p>Submission of this plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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F000441 SS=D	<p>410 IAC 16.2-3.1.</p> <p>Quality review completed on January 28, 2015 by Randy Fry RN.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by</p>			

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	<p>accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure adequate infection control technique during dressing changes for 2 of 3 residents reviewed with dressing changes in a sample of 3 (Resident #U, and Resident #V)</p> <p>Findings include:</p> <p>1. Resident #U's record was reviewed 1-26-2015 at 1:18 PM. Resident #U's diagnoses included, but were not limited to, diabetes, high blood pressure and depression.</p> <p>During an observation of Resident #U's dressing change, on 1-26-2015 at 1:29 PM, after removing the coccyx and rectal dressing, LPN #2 washed her hands, regloved, then washed both areas with soap and water using the same washcloth without changing gloves or hand washing in between each area. LPN #2 then proceeded to wash her hands, reglove, and treat each wound separately.</p> <p>2. Resident #V's record was reviewed 1-27-2015 at 10:03 AM. Resident #V's</p>	F000441	<p>1. Resident U and Resident V were assessed with no signs and symptoms of infection. LPN # 2 and RN #3 were re-educated on proper policy and procedure for dressing change technique. 2. All residents with wounds requiring a dressing change were assessed for signs and symptoms of infection with no findings. All licensed nurses were re-educated on proper dressing change technique, including but not limited to return demonstration. 3. To ensure ongoing compliance of proper technique with dressing change, all licensed nurses were re-educated on dressing change technique with return demonstration. The DON and/or designee will monitor 2 dressing changes 5 x/week x 1 month, 1 dressing change 3 x/week x 1 month then weekly thereafter to assure proper dressing change technique. Should concerns be noted, corrective action shall be taken. 4. As a means of quality assurance, the DON and/or designee will report the findings of the above monitoring and any corrective actions to the QA committee meeting monthly x 3 months then quarterly thereafter and revisions made to the plan, if warranted. 5. 2-16-15</p>	02/16/2015

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	<p>diagnoses included, but were not limited to, diabetes, high blood pressure, and Parkinson's disease.</p> <p>During an observation of Resident #V's dressing change on 1-27-2015 at 10:03 AM, after removing the right foot dressings, RN #3 washed her hands, regloved, then washed the medial and heel areas on Resident #V's right foot with the same saline soaked 4x4 without washing her hands, or changing her gloves. RN #3 then proceeded to wash her hands, reglove, and treat each wound separately.</p> <p>A current policy dated 10-2014 titled Dressing- Clean technique provided by the Corporate Nurse Consultant on 1-27-15 at 11:25 AM indicated to: "...2. Remove soiled dressing and discard into designated waste receptacle. 3. Remove gloves, wash hands, and put on a clean pair of gloves. 4. Cleanse wound with solution as specified by the physician. 5. Apply dressing as specified by the physician." There was no indication each wound should be cleansed separately.</p> <p>In an interview on 1-27-2015 at 11:26 AM, the Nurse Consultant indicated each wound should have been cleansed separately.</p>			

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F000514 SS=D	<p>This Federal tag relates to Complaint IN00163102.</p> <p>3.1-18(b)(1)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to accurately document refusal of treatments for 1 of 3 residents reviewed with refusals in a sample of 3. (Resident #U)</p> <p>Findings include:</p> <p>Resident #U's record was reviewed 1-26-2015 at 1:18 PM. Resident #U's diagnoses included, but were not limited</p>	F000514	<p>1. Resident U was not affected. The licensed nurses on duty on the dates of January 19 and 23, 2015 were re-educated on the proper procedure for documenting refusals of care.</p> <p>2. A chart review was conducted for all residents with wounds requiring a dressing change to assure proper documentation of refusals, with no irregularities noted. All Licensed nursing staff were re-educated on the proper procedure for documenting</p>	02/16/2015

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	<p>to, diabetes, high blood pressure and depression.</p> <p>A review of Resident #U's Treatment Administration Record (TAR) dated 1-2015 indicated treatments for Resident #U's coccyx, and rectal area were circled for both times of treatments (6-2 and 2-10) on the days of 1-19, 1-21, and 1-23-2015. There was no indication on the back of the TAR why the treatments had been circled.</p> <p>A review of Nurse's Notes indicated the following: notes dated 1-19-2015, and 1-23-2015 had no mention of why the treatments had not been given. A Nurse's Note dated 1-21-2015 at 2:30 PM indicated Resident #U had refused all treatments, but did not indicated if the refusal was for the 6-2 time frame or the 2-10 time frame.</p> <p>In an interview on 1-26-2015 at 1:49 PM, RN #1 indicated if treatments were circled, they were not done, however, the reason for the treatment not being completed should be on the back of the TAR, in the Nurse's notes, or on a behavior form, if the resident refused.</p> <p>A review of Resident #U's behavior forms indicated Resident #U had refused treatments on 1-19, 1-14, and 1-15, 2015.</p>		<p>refusals of care. 3. As a means to ensure compliance with proper documentation of refusals of care, all licensed nursing staff were re-educated on the proper procedure for documenting refusals of care. The DON and/or her designee will monitor the documentation of residents with wounds requiring dressing changes 5 x/week x 1 month, 3 x/week x 1 month, then monthly thereafter, to assure proper documentation of refusal of care. Should concerns be noted, corrective action shall be taken.</p> <p>4. As a means of quality assurance, the DON and/or her designee will report the findings of the above reviews and any corrective actions taken to the QA committee monthly x 3 months then quarterly thereafter, and revisions made to the plan if warranted. 5. 2-16-15</p>				

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	<p>There were no other behavior forms relating to refusal of treatments available for review.</p> <p>This Federal tag relates to Complaint IN00163102.</p> <p>3.1 -50(a)(2)</p>				