

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/27/2014
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NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E HANNA AVE INDIANAPOLIS, IN 46237
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F000000	<p>This visit was for the Investigation of Complaint IN00153533.</p> <p>Complaint IN00153533 - Substantiated. Federal/state deficiencies related to the allegations are cited at F284 and F441.</p> <p>Survey dates: August 26 & 27, 2014</p> <p>Facility number: 000103 Provider number: 155196 AIM number: 100290000</p> <p>Survey team: Cheryl Mabry, RN-TC</p> <p>Census bed type: SNF/NF: 70 Residential: 69 Total: 139</p> <p>Census payor type: Medicare: 25 Medicaid: 32 Other: 82 Total: 139</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F000000		

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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F000284 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on September 02, 2014; by Kimberly Perigo, RN.</p> <p>483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.</p> <p>Based on interview and record review, the facility failed to ensure that upon an anticipated discharge a resident and family member had a post discharge plan of care for Clostridium difficile to assist the resident in adjusting to his living environment once home for 1 of 3 residents reviewed for post discharge plan of care. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 8/26/2014 at 11:30 a.m. Diagnoses included, but were not limited to: Clostridium difficile (C. diff) diabetes type 2, acute respiratory failure, viral infection, urinary tract infection and chronic obstruction airway.</p>	F000284	<p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice. · Resident A was educated on 6/6/14 regarding hand washing and contact precautions related to Clostridium difficile · Resident A and resident's brother were re-educated on hand washing and sanitizer use on 6/13/14 · Resident A did have a discharge care plan in place as of 4/24/14 to DC home with home health services · Resident A did have an order to DC home on 6/21/14 with Nursing home health services in place · Resident A did have Home Discharge Instructions provided to him and signed by him on 6/21/14. II. The facility will identify other</p>	09/19/2014

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	<p>The Current MDS (Minimum Data Set) assessment dated 6/21/14, indicated Resident #A had a BIMS (Brief Interview Mental Status) of 15. When 8-15 indicated cognitively intact and interviewable.</p> <p>Physician orders dated 6/6/2014; indicated Flagyl (medication to treat D. diff infection) with last dose to be given on the evening of 6/20/2014.</p> <p>Review of "Discharge & Transfer-Home Discharge Instruction" dated 6/21/2014, indicated "... DESCRIPTION, RESIDENT TO D/C [discharge] home per his choice on 6/21 [6/21/2014], ..." There were no instructions on prevention and care post C. diff on the discharge instructions.</p> <p>Physician's general order dated 6/18/2014, indicated "Order Description: May discharge home with home Nursing, PT [physical therapy], OT [occupational therapy], ST [speech therapy] services...."</p> <p>On 8/27/2014 a 11:04 a.m., interview with LPN #1 indicated when asked if she discharged Resident #A, "Yes, Correct." When asked was Resident #A clear of C. diff LPN #1 indicated, "I think he was clear of C. diff on discharge." When</p>		<p>residents that may potentially be affected by the deficient practice. Any resident potentially discharging could be affected by this deficient practice. · Residents with Clostridium difficile infections that plan to discharge home have the potential to be affected. III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur. · Resident's with a known discharge date will be offered a discharge care plan meeting to summarize their stay and review any education related to disease processes/care at home or services to be provided at home. · Discharge education will be completed prior to or upon discharge by the appropriate discipline, including but not limited to any new diagnosis obtained during stay. · Home Discharge Instructions Observation will be complete upon discharge, including any education material provided, and be signed by the resident. · A copy of the Home Discharge Instructions Observation and any education material provided will be sent with resident. · Interdisciplinary Team and will be re-educated on the discharge planning process to include documentation of education provided to the resident and resident's family/responsible party prior to or upon discharge. ·</p>				

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	<p>asked how did you confirm Resident #A was clear of C. diff. LPN #1 indicated, "If no loose stools for 72 hours they are clear." When asked what discharge instructions specific to C. diff were given to Resident #A and family, LPN#1 indicated, "I told resident and his brother on discharge that he [indicating resident] just finished antibiotics and to look for signs and symptoms of diarrhea and contact primary physician."</p> <p>On 8/26/2014 at 1:44 p.m., the Director of Nursing provided "Discharging the Resident" policy dated October 2010, and indicated that was the policy currently used by the facility. The policy indicated, "The purpose of this procedure is to provide guidelines for the discharge process. ...5. If the resident is being discharged home, ensure that resident and/or responsible party receive teaching and discharge instructions...Documentation: The following information should be recorded in the resident's medical record: 1. The date and time the discharge was made. 2. The name and title of the individual(s) who assisted in the discharge. 3. If the resident refused the discharge, the reason(s) why and the intervention taken. 4. The signature and title of the person recording the data." The DON indicated the only documentation the nurses are</p>		<p>Licensed nurses will be re-educated on process for diagnosis specific education prior to/upon discharge. IV The facility will monitor the corrective action by implementing the following measures. · An audit tool will be utilized by Social Services daily Monday through Friday of all pending discharges to review completion of</p> <ul style="list-style-type: none"> o Care Conference Summary Observation for the discharge o Home Discharge Instructions Observation o Any other education materials provided to the resident prior to or upon discharge <p>· Any non-compliance identified will have re-education and/or disciplinary action presented up to termination. · Results of this audit will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>V. Plan of Correction completion date. · 9/19/2014</p>	

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F000441 SS=D	<p>responsible for charting at discharge was indicated in the section labeled documentation and there was no other policy and procedure for documentation except for the professional standards of practice. When asked if she had a copy of the professional standard of practice, the DON indicated, "No."</p> <p>3.1-36(a)(3)</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</p>			

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	<p>must isolate the resident.</p> <p>(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.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on interview and record review, the facility failed to ensure infection control practices were followed as indicated by facility policy related to isolation of a resident with a diagnosis of Clostridium difficile for 1 of 3 residents reviewed for infection control. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 8/26/2014 at 11:30 a.m. Diagnoses included, but were not limited to: Clostridium difficile (C. diff), diabetes type 2, acute respiratory failure, viral infection, urinary tract infection and chronic obstruction airway.</p> <p>The Current MDS (Minimum Data Set) assessment dated 6/21/2014, indicated Resident #A had a BIMS (Brief Interview</p>	F000441	<p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident A was discharged 6/21/14 per resident A and his brother's request with Home Health Nursing Services.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p>	09/19/2014

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	<p>Mental Status) of 15. When 8-15 indicated cognitively intact and interviewable.</p> <p>Physician orders dated 6/6/2014; indicated Flagyl (medication to treat D. diff infection) with last dose to be given on the evening of 6/20/2014.</p> <p>Physician's general order dated 6/6/2014, indicated "...Order Description: Contact isolation for C-Diff [Clostridium difficile]+ stool...DC Created Date: 6/13/14...."</p> <p>Nursing progress note dated 6/12/2014, indicated "Res [resident] has had 3 loose stools this shift. Res upset with staff because he has to remain on contact precautions. This writer explained to res the reason and res stated 'I don't care I want out of here.. ...6/13/14 Res and res brother have been educated on the importance of handwashing and hand sanitizer use... 'It is not fair I'm on isolation.' ...Res taken off isolation at this time....[24 hours]"</p> <p>On 8/26/2014 at 12:12 p.m., the Director of Nursing provided the "Clostridium Difficile" policy with revised date April 2010, and indicated that was the policy currently used by the facility. The policy indicated, "...Preventative measures will</p>		<ul style="list-style-type: none"> · Residents being treated for Clostridium difficile have the potential to be affected. <p>III The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <ul style="list-style-type: none"> · Residents will be in Contact Isolation per the Infection control policy · Nurse Managers and licensed staff will be re-educated on the Infection Control policy including isolation initiation and removal procedures for Clostridium difficile. <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <ul style="list-style-type: none"> · An audit tool will be utilized by the DON or designee 	

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	<p>be taken to prevent the occurrence of Clostridium difficile infections among residents and precautions will be taken while caring for residents with Clostridium difficile...3. ...Residents who are asymptomatic [diarrhea free] for 48 hours can be removed from precautions...."</p> <p>On 8/26/2014 at 12:23 p.m., interview with Resident #A's brother indicated, Resident #A was sent home on 6/21/14, without being tested to ensure he no longer was infectious with C. diff. It was also indicated that no discharge instructions were given concerning care at home. "He [indicating Resident #A] was admitted around 7/16/14 [acute care hospital], and they did test [indicating hospital staff] and said he wasn't clear of C. diff. They [hospital staff] told me to get checked and I had it [C. diff]. The facility policy said stay isolated for 14 days and they took him off in 8 days. I asked the day shift nurse why was he off [indicating isolation]. She [indicating the day shift nurse] said my brother wanted to be off isolation."</p> <p>On 8/27/2014 at 10:42 a.m., interview with the Director of Nursing (DON) indicated when asked if Resident #A was discharged with C. diff, "No, his antibiotic was completed and he was</p>		<p>to review the residents with Clostridium difficile for initiation and completion of isolation per the Infection Control Policy.</p> <ul style="list-style-type: none"> · The audit tool will be completed weekly x 4 weeks, monthly x 2 months, quarterly x 12 months · Any non-compliance identified will have re-education and/or disciplinary action presented up to termination. · Results of this audit will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. <p>V. Plan of Correction completion date.</p> <ul style="list-style-type: none"> · 9/19/2014 	

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	<p>asymptomatic. The nurse should be continually educating on handwashing. I informed the resident once he is asymptomatic I will get him off isolation as long as he has no loose stools and still on antibiotics. When asked how long are residents kept in isolation? "Per physician's order after 72 hours asymptomatic." When asked if stool culture done after being 72 hours without loose stool. The DON indicated, "No."</p> <p>On 8/27/2014 at 10:53 a.m., the Staff Development Coordinator (SDC) indicated when asked how does she track to prevent the spread of infections, "We have a program and I pull all my reports daily. I get information in our clinical meetings and we discuss antibiotic use in the facility. I have a color coded map to show which areas have a trend. Then I look to see if it is a housekeeping issue and if so we do deep cleaning. I also train everyone once they are employed and we go over hand washing and infection control." When asked what is the process for residents identified with C. diff, "We isolate resident and educated the resident and family. The resident must have 3 formed or solid stools before they can come off of isolation and we recheck stool for C. diff."</p> <p>3.1-18(j)</p>			

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