

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2015
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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 20, 21, 22, 23, 26, and 27, 2015</p> <p>Facility number: 003342 Provider number: 155712 AIM number: 200403740</p> <p>Survey team: Julie Dover, RN TC Rita Bittner, RN Tammy Forthofer, RN Carly Hensley, RN</p> <p>Census bed type: SNF: 13 SNF/NF: 44 Residential: 25 Total: 82</p> <p>Census payor type: Medicare: 18 Medicaid: 24 Other: 15 Total: 57</p> <p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F000000	<p>The submission of this plan of correction does not indicate an admission by Covered Bridge Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Covered Bridge Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participations for comprehensive health care facilities (for Title 18/19 programs)To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.We would like to request that the department grant a desk review with our attached plan of correction. Should you require additional documentation to allow this, please contact our office at 812-523-6405, or email the request through the ISDH Gateway</p>	
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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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F000242 SS=D	<p>16.2-3.1.</p> <p>Quality review completed on January 30, 2015, by Janelyn Kulik, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview, and record review, the facility failed to ensure resident individual preferences were followed, related to not giving the resident a choice of the amount of bathing preferred for 2 of 2 residents reviewed for choices of the 4 who met the criteria for choices. (Residents #17 and #58)</p> <p>Findings include:</p> <p>1. During an interview with Resident #58, on 01/22/2015 at 10:04 AM, she indicated she did not get to choose how many times a week she takes a bath or shower. She indicated, " I only get two a week. I would like more."</p>	F000242	<p>F 242 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #58 and # 17 were re-interviewed regarding their personal preference for the number of showers or baths they would like to receive each week. Each resident's Personal Preference Form has been updated, along with the resident profile / assignment sheets, to reflect the current resident's preferences. Resident #17 received a shower on January 27 and Resident # 58 received a shower on January 28, 2015 Resident # 17 received a shower chair in her bathroom per her preference on January 26, 2015. Identification of other residents having the potential</p>	02/26/2015

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	<p>The clinical record was reviewed for Resident #58 on 01/27/2015 at 10:33 AM. The quarterly Minimum Data Set Assessment (MDS), dated 11/05/2014, indicated Resident #58 had a Brief Interview for Mental Status (BIMS) score of 14, signifying the resident was alert and oriented.</p> <p>The Unit Manager was interviewed on 01/26/2015 at 2:22 PM. She indicated each resident had a record of showers given and provided them for the last month. The "Resident Bathing Type Chart" was reviewed for Resident #58. It indicated, from 12/27/2014 thru 01/25/2015, the resident received 4 showers and 26 partial baths.</p> <p>On 01/26/2015 at 4:14 PM, the Unit Coordinator provided a copy of the "Resident Preferences and Activities Profile" record that was completed and signed by staff on 12/01/2014. The record indicated it was " very important " for Resident #58 to choose " between a tub bath, shower, bad bath, or sponge bath ". It further indicated the resident preferred to receive showers.</p> <p>An interview with Resident #58 was conducted on 01/27/2015 at 9:51 AM. She indicated before coming to the</p>		<p>to be affected by the same alleged deficient practice and corrective actions taken: All residents have been re-interviewed by February 10, 2015. These interviews will complete by the Activity Department regarding personal preference for the number of showers or baths they would like to receive each week. Each resident's Personal Preference Form has been updated by Activities or Nursing along with the resident profile / assignment, to include any changes in each resident's preference.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS and or ADHS will re-educate the Nursing staff and Activities Department on the following: 1). Bill of Residents Rights 2). Guidelines for Bathing Preference 3). Personal Preference Form</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The residents preferences for bathing and showering will be reviewed at every resident care conference meeting to ensure the residents choice is being honored. The following audits/observations will be conducted by the DHS, ADHS and or Activity Director: 5 residents will be interviewed 2</p>				

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	<p>facility she took a shower every day. She further indicated, when she came to the facility, no one ever asked her how often she took a shower at home. She said it made her feel "scummy" to not get showered regularly.</p> <p>2. During an interview, on 01/21/2015 at 0157 PM, Resident #17 indicated she does not get to choose whether she takes a shower, tub, or bed bath. She indicated, "They said they would give me a bath twice a week, but they have not given me a bath twice a week since I have been here." Resident indicated she had been at the facility almost a year and had not had a bath for about three weeks. She further indicated, "The staff don't seem to have the time." She indicated the shower seat was too small, she was afraid she would slip off, and had to hold on to the rail when on the shower seat. She indicated, "They used to have a wooden seat that was longer."</p> <p>The resident's record was reviewed on 01/26/2015 at 2:13 PM. The quarterly MDS assessment, dated 11/04/2014, indicated Resident #17 had a Brief Interview for Mental Status (BIMS) score of 13, signifying the resident was alert and oriented.</p> <p>A record of the "Resident Bathing Type</p>		<p>times per week times 8 weeks, then monthly times 4 months to ensure compliance. Based on interview results the Personal Preference Form and Resident Plan of Care will be updated as indicated. The results of the audits/interviews will be reviewed in the daily Clinical Care meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plan will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved.</p>	

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	<p>Chart" was provided by the Unit Coordinator. The record indicated Resident #17 had not had a shower or bath from 12/27/2014 thru 01/25/2015. The record showed she had a "Partial" bath 28 times during that time period.</p> <p>On 01/26/2015 at 3:40 PM, during an interview with the Social Services Director, she indicated Resident #17 did not "like showers, she likes baths". The Director indicated it was discussed in a care plan meeting but further indicated she could not find any notes on the care plan meeting documents indicating such a conversation took place.</p> <p>The "Resident First Conference Notes" record, dated 08/08/2014, for Resident #17, indicated the "Resident/responsible party" was notified and attended the meeting. The record further indicated, under "Care giver comments", the resident "would like take [sic] a whirlpool bath".</p> <p>The annual "Life Enrichment Assessment" record, dated 01/26/2015, and the "Resident Preferences and Activities Profile" record, dated 02/26/2014, both indicated it was important to Resident #17 to choose "between a tub bath, shower, bed bath, or sponge bath".</p>				

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	<p>Resident #17 was interviewed on 01/27/2015 at 11:37 AM. She indicated not getting bathed regularly made her "feel dirty". She further indicated, prior to her arrival at the facility, she bathed daily in the summer and every other day in the winter.</p> <p>The Director of Health Services (DHS) was interviewed on 01/26/2015 at 2:08 PM. She indicated shower days and times were based on room numbers. However, the resident always had a choice and if they did not like that day or time it could be changed. She was unable to produce any documentation indicating residents had refused any showers or baths.</p> <p>The Activities Director was interviewed on 01/26/2015 at 4:31 PM. She indicated she was the one responsible for interviewing and documenting resident preferences. She indicated the facility does not ask residents how many times a week they prefer to be showered. They only ask if the resident prefers a shower, a tub bath, bed bath, or sponge bath.</p> <p>3.1-3(u)(3)</p>						

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to provide regular showers for 2 of 10 residents reviewed for Activities of Daily Living. (Residents #17 and #58)</p> <p>Findings include:</p> <p>1. During an interview with Resident #58, on 01/22/2015 at 10:04 AM, she indicated she did not get to choose how many times a week she takes a bath or shower. She indicated, "I only get two a week. I would like more."</p>	F000312	<p>F 312 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #58 and # 17 were re-interviewed regarding their personal preference for the number of showers or baths they would like to receive each week. Each resident's Personal Preference Form has been updated, along with the resident profile / assignment, to include any changes in each resident's preference. Identification of other residents having the potential to be affected by the same alleged deficient practice</p>	02/26/2015

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	<p>The resident's record was reviewed on 01/26/2015 at 7:35 AM. The care plan for Activities of Daily Living (ADLS) stated, "I would like to be showered at least two times a week and bathed on all other days."</p> <p>The quarterly Minimum Data Set Assessment (MDS), dated 11/05/2014, indicated Resident #58 had a Brief Interview for Mental Status (BIMS) score of 14, signifying the resident was alert and oriented. It also indicated the resident needed extensive assistance with personal hygiene, transfers, toileting, dressing, bed transfers, and locomotion.</p> <p>A Care Plan for Activities for Daily Living stated, "I would like to be showered at least two times a week and bathed on all other days."</p> <p>The Unit Manager was interviewed on 01/26/2015 at 2:22 PM. She indicated each resident had a record of showers given and provided them for the last month. The "Resident Bathing Type Chart" was reviewed for Resident #58. It indicated, from 12/27/2014 thru 01/25/2015, the resident received 4 showers and 26 partial baths. She was showered on 12/31/2014, 01/03/2015, 01/07/2015, and 01/21/2015.</p>		<p>and corrective actions taken: All residents will be re-interviewed regarding their personal preference for the number of showers or baths they would like to receive each week. Each resident's Personal Preference Form has been updated, along with the resident profile / assignment, to include any changes in each resident's preference. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Nursing staff on the following: 1). Bill of Residents Rights 2). Guidelines for Bathing Preference 3). Personal Preference Form How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and observations will be conducted by the DHS or designee will randomly review 5 residents 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance. 1). Review the Personal Preference Form to ensure the preference for number of baths / showers per week is complete. 2) Will review ADL for bathing from CareTracker in morning meeting. The residents preferences for bathing and showering will be reviewed at every resident care conference meeting to ensure the residents</p>				

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	<p>On 01/26/2015 at 4:14 PM, the Unit Coordinator provided a copy of the "Resident Preferences and Activities Profile" record that was completed and signed by staff on 12/01/2014. The record indicated it was "very important" for Resident #58 to choose "between a tub bath, shower, bed bath, or sponge bath". It further indicated the resident preferred to receive showers.</p> <p>An interview with Resident #58 was conducted on 01/27/2015 at 9:51 AM. She indicated before coming to the facility she took a shower every day. She further indicated, when she came to the facility, no one ever asked her how often she took a shower at home. She said it made her feel "scummy" to not get showered regularly.</p> <p>2. During an interview, on 01/21/2015 at 1:57 PM, Resident #17 indicated she does not get to choose whether she takes a shower, tub, or bed bath. She indicated, "They said they would give me a bath twice a week, but they have not given me a bath twice a week since I have been here." Resident indicated she had been at the facility almost a year and had not had a bath for about three weeks. She further indicated, "The staff don't seem to have the time." She indicated the shower seat</p>		<p>choice is being honored. The results of the audit / observations will be reviewed in the daily Clinical Care Meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plans will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved.</p>	

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	<p>was too small, she was afraid she would slip off, and had to hold on to the rail when on the shower seat. She indicated, "They used to have a wooden seat that was longer."</p> <p>The resident's record was reviewed on 01/26/215 at 2:13 PM. The quarterly MDS assessment, dated 11/04/2014, indicated Resident #17 had a Brief Interview for Mental Status (BIMS) score of 13, signifying the resident was alert and oriented. It further indicated resident needed extensive assistance with personal hygiene, toileting, dressing, transfers, and bed mobility.</p> <p>The Care Plan for Resident #17 indicated resident was to be showered "at least two times a week and bathed on all other days".</p> <p>A record of the "Resident Bathing Type Chart" indicated Resident #17 had not had a shower or bath from 12/27/2014 thru 01/25/2015. The record showed she had a "Partial" bath 28 times during that time period.</p> <p>The "Resident First Conference Notes" record, dated 08/08/2014, for Resident #17, indicated the "Resident/responsible party" was notified and attended the meeting. The record further indicated, under "Care giver comments", the</p>				

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	<p>resident "would like take [sic] a whirlpool bath".</p> <p>The annual "Life Enrichment Assessment" record, dated 01/26/2015, and the "Resident Preferences and Activities Profile" record, dated 02/26/2014, both indicated it was important to Resident #17 to choose "between a tub bath, shower, bed bath, or sponge bath".</p> <p>On 01/26/2015 at 3:40 PM, during an interview with the Social Services Director, she indicated Resident #17 did not "like showers, she likes baths". The Director indicated it was discussed in a care plan meeting but further indicated she could not find any notes on the care plan meeting documents indicating such a conversation took place.</p> <p>Resident #17 was interviewed on 01/27/2015 at 11:37 AM. She indicated not getting bathed regularly made her "feel dirty". She further indicated, prior to her arrival at the facility, she bathed daily in the summer and every other day in the winter.</p> <p>The Director of Health Services (DHS) was interviewed on 01/26/2015 at 2:08 PM. She indicated shower days and times were based on room numbers. However,</p>			

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	<p>the resident always had a choice and if they did not like that day or time it could be changed. She was unable to produce any documentation indicating residents had refused any showers or baths.</p> <p>The Activities Director was interviewed on 01/26/2015 at 4:31 PM. She indicated she was the one responsible for interviewing and documenting resident preferences. She indicated the facility does not ask residents how many times a week they prefer to be showered. They only ask if the resident prefers a shower, a tub bath, bed bath, or sponge bath.</p> <p>The staff communication book for the 100 hall was reviewed on 01/26/2015 at 2:19 PM. The records indicated Residents #58 and #17 were to be showered on Wednesdays and Saturdays during day shift.</p> <p>CRCA (Certified Resident Care Assistant) #5 was interviewed on 01/27/2015 at 9:57 AM. She indicated a partial bath consisted of using a basin and wash cloths to "get the hot spots". She indicated the hot spots included the peri area, under arms, skin folds, and face.</p> <p>3.1-38(a)(2)(A)</p>			

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review, interview and observation, the facility failed to follow infection control policy and proper hand washing technique related to pressure ulcer treatments for 1 or 2 residents observed for pressure ulcer wound care. (Resident # 110)</p> <p>Finding includes:</p> <p>On 1/26/15 at 7:45 AM, RN # 3 was observed providing wound care for resident #110's pressure ulcer. RN # 3 washed her hands for 9 seconds, turned off the water with her bare hands, and</p>	F000314	<p>F 314 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: RN #3 was re-educated by DHS on the Guidelines for Handwashing with emphasis placed on wound care. Resident #110 was re assessed on February 10, 2015 by the ADHS and no signs or symptoms of infection were identified.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents receiving wound treatments have the potential to</p>	02/26/2015			

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	<p>then used a paper towel to dry her hands. She placed on gloves and rolled the resident to her right side. RN # 3 assessed the coccyx and surrounding skin area by touching the skin and wound with her gloved hand. The wound was open and the bed of the wound was red with dark pink edges. Without changing gloves, RN # 3 reached into the left pocket of her lab coat and pulled out the tube of calazime cream and a gauze pad. RN # 3 used the gauze pad to wipe the wound area and then she measured the wound. The pressure ulcer measured 3.4 centimeters by 2 centimeters and 0.1 centimeters deep. Without changing her gloves or washing her hands, RN # 3 applied calazime to her fingertips and applied the cream on the resident's coccyx wound area. After removing her gloves, RN # 3 washed her hands for 6 seconds turned off the water with her bare hands prior to drying her hands with a paper towel.</p> <p>On 1/27/15 at 9:53 AM, during an interview with RN # 3, she indicated, "During wound care hands should be washed first, then put on gloves, and soiled dressings are removed. Then gloves are removed and hands should be washed again. Gloves should be replaced prior to finishing the treatment. After replacing the dressing, gloves are</p>		<p>be affected. All residents receiving wound treatments were reassessed by the Licensed Nurse and no signs or symptoms of infection were identified.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS and or ADHS will re-educate the Licensed Nurses on the policy and procedure for Infection Control and Guidelines for Hand Washing with emphasis being placed on wound care. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The DHS and or ADHS will conduct quarterly unannounced observations for a minimum of 5 nursing staff members while providing resident care to observe for proper procedure following Standard Precautions, which will include hand washing, linene transportation changing of gloves and proper cleaning of equipment. Re-education and additional observations will be conducted if any areas of concerns are identified. The following audits and /or observations will be conducted by the DHS and or ADHS on a minimum of 3 residents who receive wound care, 2 x per week times 8 weeks, then 1x per week times 4 weeks, then monthly x 3 months to ensure compliance. Nursing Staff will be</p>				

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	<p>removed and hands are washed again. If placing a cream on the resident, hands should be washed between removal of soiled dressing and treatment". RN # 3 indicated "hands should be washed for the length of the Happy Birthday song, or 45 to 60 seconds. When using scissors, they must be clean prior to leaving the resident's room".</p> <p>An interview with the ADON (Assistant Director of Nursing) on 1/27/15 at 9:39 AM indicated, "Proper hand washing technique is for hands to be washed for the length of the Happy Birthday song X 2 or 2 minutes. Then a paper towel is used to turn off the faucet and thrown away, another paper towel is used to dry hands and then thrown away, and another paper towel is used to open the door". The ADON indicated, "Proper method for wound treatment was to look at the Treatment Administration Record (TAR) and retrieve supplies, then wash hands and apply gloves. After that, initiate the treatment, remove the soiled dressing, and clean the area. Then wash hands again, apply new gloves, and complete the treatment".</p> <p>On 1/27/15 at 9:44 AM, during an interview the Director of Nursing (DON) indicated, "Proper hand washing was to washing hands for 1 to 1.5 minutes or</p>		<p>observed by the DHS and or ADHS while conducting wound care during to ensure that the Guidelines for Handwashing and Infection Control Policy are being followed for wound care. The results of these audits and observations will be reviewed in the daily Clinical Care Meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plans will be developed for any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved.</p>				

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	<p>singing their ABC's". The DON indicated, "Proper method for wound treatment was to wash hands and then place on gloves. After that change the soiled dressing and remove gloves then wash hands before replacing gloves to complete dressing change".</p> <p>The clinical record of Resident #110 was reviewed and diagnoses for the resident included, but were not limited to, adenocarcinoma of the pancreas, chronic anemia, and osteoporosis.</p> <p>The resident's care plan for Skin included, but not limited to, air mattress to bed, encourage resident to grasp the rails and displace her own weight as desired. Staff was to assist as needed to ensure proper turning and repositioning. Resident is extensive assist of 2 with transfers.</p> <p>The resident's care plan for Bowel and Bladder dated 12/16/2014 indicated the resident was incontinent of bladder occasionally with potential of further incontinence. The resident's treatment goal was to maintain no skin issues and no further infections.</p> <p>Physician Orders dated 1/12/2015 indicated Resident #110's treatment for her coccyx area was to apply calazime to</p>			

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	<p>the open area on the coccyx every shift till healed.</p> <p>On 1/23/2015 at 12:00 PM, during an interview with the DON, she indicated Resident #110 was assessed weekly and measurements were performed by RN # 3. The DON indicated Resident #110 had rapidly declined and had bounced back with Megace. The DON indicated the resident was continuing to improve.</p> <p>"Guidelines for Handwashing" was provided by the Assistant Director of Nursing (ADON) on 1/26/15 at 10:34 AM and indicated hand washing was the single most important factor in preventing transmission of infections. Guidelines for Handwashing included, but were not limited to, "...#3 c. Before and after having direct physical contact with residents. #3 d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc... #8 Wash well for 20 seconds (ABC or Happy Birthday song.), using a rotary motion and friction... #10 Dry hands with paper towels. #11 Turn off faucet with a dry paper towel to avoid recontamination of hands from the faucet..."</p>			

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F000441 SS=E	<p>3.1-40(a)(2)</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.</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices were followed related to hand washing, equipment cleaning, and transporting linens in a manner to prevent the spread of infection for 5 random observations. (Resident # 55, # 110, # 118, 200 hall linen cart, and the soiled linen room)</p> <p>Findings include:</p> <p>1. On 1/26/15 at 7:45 AM, RN # 3 was observed providing wound care for resident #110's pressure ulcer. RN # 3 washed her hands for 9 seconds, turned off the water with her bare hands, and then used a paper towel to dry her hands. She placed on gloves and rolled the resident to her right side. RN # 3 assessed the coccyx and surrounding skin area by touching the skin and wound with her gloved hand. Without changing gloves, RN # 3 reached into her left pocket of her lab coat and pulled out the tube of calazime cream and gauze pad. RN # 3 used the gauze pad to wipe the wound area and then she measured the</p>	F000441	<p>F 441 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: RN# 3 was re-educated by DHS on the Guidelines for Handwashing with emphasis placed on wound care. Resident #110 was re-assessed on February 10th, 2015 by the ADHS and no signs or symptoms of infection were identified. Resident #55 was reassessed on February 10th, 2015 by the ADHS and no signs or symptoms of infection were identified. Resident # 118 was assessed by the ADHS on February 10th, 2015 and no signs or symptoms of infection were identified.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by the same alleged deficient practice. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS and or ADHS will re-educate all staff in all departments on following the policy and procedure for Guidelines for Handwashing,</p>	02/26/2015

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	<p>wound. Without changing her gloves or washing her hands, RN # 3 applied calazime to her finger tips and placed the cream on the resident's coccyx wound area. RN # 3 washed her hands for 6 seconds and turned off the water with her bare hands prior drying her hands with a paper towel.</p> <p>On 1/27/15 at 9:53 AM, during an interview with RN # 3, she indicated, "I should have removed my gloves and washed my hands before applying the treatment. During wound care hands should be washed first, then put on gloves, and soiled dressings are removed. Then gloves are removed and hands should be washed again. Gloves should be replaced prior to finishing the treatment. After replacing the dressing, gloves are removed and hands are washed again. If placing a cream on the resident, hands should be washed between removal of soiled dressing and treatment". RN # 3 indicated "hands should be washed for the length of the Happy Birthday song, or 45 to 60 seconds.</p> <p>An interview with the ADON (Assistant Director of Nursing) on 1/27/15 at 9:39 AM indicated, "Proper hand washing technique was for hands to be washed for the length of the Happy Birthday song X</p>		<p>Equipment Cleaning, and Transporting of Linens. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The DHS and or ADHS will conduct quarterly unannounced observations for a minimum of 5 nursing staff memebers while providing resident care to observe for proper procedure following Standard Precautions, which will include, hand washing, linen transportation, changing of gloves and proper cleaning of equipment. Re-education and additional observations will be conducted if any areas of concern are identified. The following audits and /or observations will be conducted for 5 staff members in Nursing department and Environmental Services, on various shifts by the DHS and or ADHS 3 times per week times for 4 weeks, then 2 x a week for 4 weeks, then monthly times for 6 months to ensure ongoing compliance. These audits will be conducted to ensure the Policy and Procedure on Guideline for Handwashing, Equipment Cleaning, and Transporting of Linens are being followed. The results of these audits and observations will be reviewed in the daily Clinical Care Meeting as well as being presented to the monthly Quality Assessment and Assurance Committee for review. Action plans will be developed for</p>				

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	<p>2 or 2 minutes. Then a paper towel is used to turn off the faucet and thrown away, another paper towel is used to dry hands and then thrown away, and another paper towel is used to open the door".</p> <p>2. On 01/26/2015 at 8:50 AM, RN # 3 was observed providing wound care for Resident #55. RN # 3 placed the required supplies into her left pocket of her lab coat prior to walking into the resident's room. RN # 3 washed her hands for 10 second. RN # 3 placed on gloves and removed the resident's soiled dressing from the bridge of her nose and laid it on the resident's blanketed lap. Without changing gloves, RN # 3 reached into her left pocket of her lab coat and removed the supplies laying them on the resident's blanketed lap. RN # 3 soaked a 2 X 2 gauze pad with normal saline and cleansed the wound area. The soiled gauze pad had small areas of red covering the center. RN # 3 laid the soiled gauze on the resident's blanketed lap. Without removing or changing gloves, RN # 3 reached into her right jacket pocket of her lab coat and pulled out a new opsite dressing and a pair of scissors. She used the scissors to cut a small piece of opsite then placed the scissor and unused portion of the opsite dressing on the resident's blanketed lap. Without washing hands or changing</p>		any identified areas of non compliance. The action plans will be ongoing until substantial compliance is achieved.		

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	<p>gloves RN # 3 placed a new dressing on Resident # 55's nose. RN # 3 removed her gloves and pressed down the edges of the opsite dressing. RN # 3 picked up the scissor from the resident's lap without cleaning them and placed them back into her right pocket of her lab coat. RN # 3 used her bare hands and picked up the soiled gauze and dressing and placed those in the resident's garbage can. RN # 3 washed her hands for 7 seconds and turned off the water with her bare hands before drying her hands with a paper towel.</p> <p>On 1/27/15 at 9:56 AM, during an interview with RN # 3, she indicated, "Hands should be washed for the length of the Happy Birthday song, or 45 to 60 seconds". She indicated, "When using scissors, they must be clean prior to leaving the resident's room".</p> <p>On 1/27/15 at 9:44 AM, during an interview the Director of Nursing (DON) indicated, "Proper hand washing was to washing hands for 1 to 1.5 minutes or singing their ABC's". The DON indicated, "Proper method for wound treatment was to wash hands and then place on gloves. After that change the soiled dressing and remove gloves then wash hands before replacing gloves to complete dressing change".</p>			

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	<p>3. On 01/20/2015 at 12:43 PM, House Keeper (HSKP) #1 walked out of the soiled linen room carrying soiled linens (blanket or bed Pad) up against her clothing. She then walked across the hall lobby area and entered the janitor closet. After entering the janitor closet HSKP #1 placed the bedding into a large clear plastic bag and tied the bag shut. She then walked down the 300 hall towards the laundry room and disposed of the bag.</p> <p>4. On 01/23/2015 at 10:41 AM, Certified Resident Care Associate (CRCA) # 2 was observed caring a gown, towels and wash cloth up against her shirt while walking down the 300 hall. She entered Resident # 118's room with the linens. CRCA # 2 indicated the linens were for Resident # 118's use after washing up.</p> <p>On 1/27/15 at 9:49 AM, during an interview the DON indicated, "When staff are carrying linens down the hallway they are to be carried in a bag or the linens are not to touch their body if linens are not in a bag. Soiled linens are always to be bagged in the patient room before being carried into the hallway".</p> <p>5. On 1/26/15 at 10:20 AM, the 200 hall</p>			

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	<p>linen cart was observed against the wall beside room 208. The hallway linen cart was left uncovered from the top shelf to the bottom shelf. There were several towels and sheets resting on the shelves. At 10:59 AM, the hallway cart was observed being pushed down the hallway with the front cover open and placed in the clean linen closet.</p> <p>On 1/27/15 at 9:47 AM, during an interview the DON indicated, "When linen carts are sitting in the hallway during use they are to be covered at all times and when not in use they are moved to the clean utility room".</p> <p>Review of the current "Guidelines Standard Precautions" provided by the Assistant Director of Nursing (ADON) on 1/26/15 at 10:34 AM indicated ..." #1 Standard precautions include but are not limited to hand hygiene, equipment or items in the resident environment likely to have been contaminated with infectious fluids or other potentially infectious matter must be handled in a manner so as to prevent transmission of infectious agents.. #2 ...Standard precautions are also intended to protect residents by ensuring that healthcare personnel do not carry infectious agents to residents on their hands or via equipment used during resident care."</p>			

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F009999	<p>"Guidelines for Handwashing" was provided by the Assistant Director of Nursing (ADON) on 1/26/15 at 10:34 AM and indicated hand washing is the single most important factor in preventing transmission of infections. Guidelines for Handwashing included, but were not limited to, "...#3 c. Before and after having direct physical contact with residents. #3 d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc... #8 Wash well for 20 seconds (ABC or Happy Birthday song.), using a rotary motion and friction... #10 Dry hands with paper towels. #11 Turn off faucet with a dry paper towel to avoid recontamination of hands from the faucet..."</p> <p>3.1-18(l) 3.1-19(g)(1)</p> <p>3.1-14 PERSONNEL</p>	F009999	999	02/26/2015	

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	<p>(u) In addition to the required in-service hours in subsection (l), staff who have regular contact with residents shall have minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit.....</p> <p>Based on interview and record review the facility failed to ensure employees had proper dementia training within six months of employment. This effected one of ten employee files reviewed. (LPN #4)</p> <p>Finding includes:</p> <p>On 01/27/2015 at 10:56 AM, the Business Office Manager indicated the Assistant Director of Health services (ADHS) was responsible for the dementia training.</p> <p>During an interview with the ADHS, on 01/27/2015 at 10:58 AM, she indicated that during general orientation three hours of dementia training were completed with the "Hand in Hand" program. After general orientation, the new employees are given login information and are advised to have three more hours of dementia training completed within the next 30 days. She</p>		<p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: LPN #4 has repeated her full 6 hours of Dementia Training to be current.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: The records of employee's who have regular contact with residents have been reviewed to verify that all have received the required dementia training within the required time frame.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: ADHS was re-educated by the DHS on the follow-up monitoring for required dementia training. This was conducted on 1/27/15. All new employees will receive the full 6 hours of dementia training during their orientation process.</p>				

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R000000	<p>further indicated a report is available online for her to check the progress of each employee's education. She indicated, "This follow up isn't always done."</p> <p>Employment records were reviewed on 01/23/2015 at 2:30 PM. Licensed Practical Nurse (LPN) #4 was hired on 01/10/2014. LPN #4 completed three hours of dementia training on 01/10/2014 and the additional three dementia training hours on 11/18/2014 which was outside of the six month requirement.</p> <p>Record review of the staffing as worked schedule dated 01/ 11/2015 thru 01/24/2015 indicated LPN #4 worked on the Memory Care Unit on Sunday, 01/11/2015, from 4:30 PM to 10:00 PM.</p> <p>3.1-14(u)</p> <p>Covered Bridge Heath Campus was found to be in compliance with 410 IAC</p>	R000000	<p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: DHS will audit the dementia training with employees monthly x 6 months. Results will be reported to The Quality Assurance Committee for review and to monitor for ongoing compliance.</p> <p>In addition, compliance will be monitored during the Peer Review process and action plans will be developed for any area of non compliance and will be ongoing until substantial compliance is achieved.</p> <p>The submission of this plan of correction does not indicate an admission by Covered Bridge</p>		

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	16.2-5 in regard to the State Residential Survey.		Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Covered Bridge Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participations for comprehensive health care facilities (for Title 18/19 programs)To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.We would like to request that the department grant a desk review with our attached plan of correction. Should you require additional documentation to allow this, please contact our office at 812-523-6405, or email the request through the ISDH Gateway		