

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 07/15/2015
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NAME OF PROVIDER OR SUPPLIER WINDSOR RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 WATERS EDGE PKWY JEFFERSONVILLE, IN 47130
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00176603.</p> <p>Complaint IN00176603 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: July 15, 2015</p> <p>Facility number: 004001 Provider number: 004001 AIM number: N/A</p> <p>Residential census: 38 Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0091 Bldg. 00	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to</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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	<p>residents upon request.</p> <p>Based on interview and record review, the facility failed to follow current policy and procedure for the supplying of Personal Protective Equipment (PPE) to staff providing care for residents with infectious diseases.</p> <p>Findings include:</p> <p>During an interview on 07/15/15 at 3:45 p.m., CNA # 1 indicated a resident returned from a local hospital with a diagnosis of Clostridium Difficile (C-diff). She also indicated Personal Protective Equipment (disposable gowns) was not supplied to the facility nursing staff for contact isolation. She indicated she felt unprotected when leaning over the resident and her clothing touched the resident. She also indicated she would like to have disposable gowns and booties to prevent contamination to other residents or herself, but when she asked for the gowns, she was told the facility did not have them. Upon asking the Administrator for the disposable gowns for use with the resident with C-diff, the Administrator indicated to the CNA, she would have to "lick the resident's bedding to get C-diff".</p> <p>On 07/15/15 at 4:00 p.m., the Director of Nursing (DON) indicated the facility</p>	R 0091	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>I. There are no residents in the facility currently who require isolation precautions.</p> <p>II. As all staff and residents have the potential to be affected should a resident require isolation precautions, the following corrective actions have been taken.</p> <p>III. Appropriate personal protective equipment has been secured and remains available to staff should isolation precautions be warranted. As a means to ensure ongoing compliance, facility staff has received education as to infection control practices (ie standard precautions) and adherence to necessary isolation practices, including appropriate use of PPE. Administrative staff shall be responsible to ensure an adequate supply of personal protective equipment (PPE) remains on site and available to staff members and visitors, as warranted. The Director of</p>	08/01/2015			

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	<p>encouraged good hand washing technique, but disposable gowns are not supplied during resident care for residents in contact isolation. The DON indicated, "We (the staff) have been told by the Administrator the gowns would not be supplied". The DON also indicated she did not remember a time when gowns were supplied, and she felt gowns should be available for staff.</p> <p>During an interview with the Administrator on 07/15/15 at 4:05 p.m., she indicated she could order supplies if she thought the resident's linen or clothing would prove heavily contaminated or soiled. She further indicated the stool would have to spray on the staff to cause the need to provide the disposable gowns. When asked about the possible contact to the staff's arms when removing soiled linen, she indicated, "then the need for gowns might prove necessary, but the linen would have to be heavily contaminated". She also indicated the staff are encouraged to wash their hands after care. She then indicated she would be glad to order the gowns for staff, but no one has come to her about ordering the gowns.</p> <p>On 07/15/15 at 3:50 p.m., the review of the current, facility policy for METHICILLIN RESISTANT</p>		<p>Clinical Services shall be responsible to observe any resident with newly initiated isolation orders and/or identified infectious process, to verify necessary PPE is available and to reinforce staff access and use of said PPE, as well as adequate supply. IV</p> <p>As a means of quality assurance, the DCS shall be responsible to review the infection control log daily on scheduled days of work ongoing and confirm any necessary precautions have been implemented, and necessary PPE remains available to staff/visitors. Should concern be noted, the same shall be reported to the administrator for immediate corrective action.</p>	

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	<p>STAPHYLOCOCCUS AUREUS (MRSA) indicated, but was not limited to, "Preventive Measures: ...4. Gloves should be worn for any contact with wound, sore, invasive site, or mucous membrane of a resident. 5. Gloves should be worn when contact is anticipated with any blood/body fluids (weeping lesions, sputum, urine, feces, etc.). 6. Gowns may be worn if extensive soiling is likely."</p> <p>The current, facility policy for Clostridium Difficile (C. diff.) was reviewed at the same time and indicated, but was not limited to, the following: "Contact Transmission-Based Precautions: Place these patients in private rooms. If private rooms are not available, these patients can be place in rooms (cohorted)with other patients with C. difficile-associated disease. Use gloves when entering patients' rooms and during patient care. Use gowns if soiling is likely. Dedicate equipment whenever possible. CONTINUE THESE PRECAUTIONS UNTIL DIARRHEA CEASES."</p> <p>5.1-12(a)</p>			