

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/14/2015
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NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: July 6, 7, 8, 9, 13 & 14, 2015.</p> <p>Facility number: 000548 Provider number: 155472 AIM number: N/A</p> <p>Census bed type: SNF: 12 NCC: 52 Residential: 143 Total: 207</p> <p>Census Payor type: Medicare: 9 Other: 52 Total: 61</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2-3.1.</p>	F 0000	This plan of correction constitutes the written 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 the requirements established by the state and federal law.	
F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</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>Based on observation, interview, and record review, the facility failed to ensure physician's orders were followed for 1 of 1 Resident reviewed for implementation of physician's orders, regarding wound care (Resident #64.)</p> <p>Findings include:</p> <p>On 7/8/15 at 3:08 p.m., RN (Registered Nurse) #1 performed a dressing change on Resident #64's pressure ulcer. RN #1 applied Aquacel and bandages on Resident #64's pressure ulcer. RN #1 was not observed to cleanse the wound with sterile water.</p> <p>On 7/8/15 at 3:24 p.m., RN #1 indicated she should have cleansed the wound with normal saline as ordered by the physician.</p> <p>During an interview on 7/8/15 at 3:35 p.m., the Director of Nursing (DON) indicated RN #1 should have cleansed Resident #64's wound with sterile water, as ordered by the physician.</p> <p>Resident #64's clinical record was reviewed on 7/8/15 at 11:23 a.m. An admission assessment, dated 6/29/15, indicated the resident had a pressure ulcer (wound) on her right heel.</p>	F 0282	<ol style="list-style-type: none"> 1. It is the policy of the facility that all treatments/wound care/dressing changes be performed as prescribed by the physician. The dressing change performed by the RN was the second dressing change performed on the only hospital acquired wound in the facility. The first dressing change performed earlier in the day had not been visualized by the surveyors therefore the facility conducted a second dressing change to be observed by the surveyors. As noted, the dressing change was scheduled for every Wednesday and Saturday. Sterile water was used to clean the wound as ordered during the initial dressing change done just a few hours earlier. 2. The wound was cleansed with sterile water as ordered with the dressing change done earlier that day and therefore the resident was not adversely affected. Resident #64 has a hospital acquired wound, there are no other residents in the facility with a wound. No other residents were affected. 3. To enhance current compliant operations, under the direction of the Director of Nursing, the facility policy regarding following physician orders with treatments/wound care/ and dressing changes was reviewed with all nurses with signature required. 4. As a means of ongoing 	08/10/2015

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F 0441 SS=D Bldg. 00	<p>A physician's order, dated 7/6/15 at 3:15 p.m., indicated change the right heel dressing 2 times weekly on Wednesdays and Saturdays. The order indicated continue with current treatment order (Aquacel [may substitute Hydrofiber] apply to right heel after cleaning with sterile H2O [water] and cover with Allevyn Heel and wrap with Kerlix.)</p> <p>A policy, titled "Nursing Services Policy," identified as current by the Director of Nursing (DON) on 7/8/15 at 3:55 p.m., indicated, "...The administration of drugs and treatments...shall be as ordered by the attending physician...All treatments shall be prescribed by the physician and shall be instituted using proper and safe techniques...."</p> <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>compliance, effective 8/10/15, A quality assurance program will be implemented under the supervision of the Director of Nursing and Quality Assurance RN to monitor physician orders with treatment/dressing changes. The quality assurance RN or her designee will perform the following systemic changes: weekly audits concerning following physician orders with treatment/dressing changes. Any deficiencies will be corrected on the spot and the finding of these weekly quality assurance audits will be documented and submitted on an ongoing basis to the quality assurance team at the quarterly meetings for further review and corrective action.</p>	

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	<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 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 proper infection control procedures and hand hygiene were maintained for 1 of 1 Resident observed for wound care (Resident #64.)</p> <p>Findings include: On 7/8/15 at 3:08 p.m., RN (Registered</p>	F 0441	1. It is the policy of the facility that all Infection control procedures are followed during treatments/wound care/dressing changes using safe and proper procedures. Of note, the wound care that was observed by the surveyors was the second dressing change done on the wound that day. The first dressing change performed just a few hours earlier had not been	08/10/2015

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	<p>Nurse) #1 performed a dressing change on Resident #64's pressure ulcer. Prior to performing the dressing change, RN #1 washed her hands at Resident #64's bathroom sink and turned off the faucet with her bare hand.</p> <p>RN #1, with ungloved hands, cut off Resident #64's old bandage with scissors, then placed the soiled scissors back onto the clean field tray next to the new, clean bandages. RN #1 opened the package/dressing and cut the Aquacel with the same soiled scissors she had used to cut the soiled bandage. RN #1 put on non-sterile gloves, failed to cleanse the wound with the sterile water, and then placed the Aquacel and bandages on Resident #64's pressure ulcer. RN #1 placed the soiled bandages and soiled gloves into a trash bag.</p> <p>RN #1, with ungloved hands, removed the towel from underneath the resident's bandaged foot and took the towel into the bathroom. RN #1 placed the soiled towel onto the bathroom floor, washed her hands, turned off the faucet with her bare hand, picked up the soiled towel, placed the soiled towel in a clear plastic bag and took the trash bag to the soiled utility room.</p> <p>On 7/8/15 at 3:24 p.m., RN #1 indicated</p>		<p>visualized by the surveyors therefore the facility conducted a second dressing change to be observed by the surveyors. Prior to performing the dressing change RN #1 washed her hands for the recommended amount of time and then turned off the water with her lower forearm rather than her hand. The scissors were used to cut of the dressing that was placed just a few hours earlier. The bandage was not soiled and the scissors were never used for any part of the dressing that came in contact with the residents wound or skin. Once RN#1 completed the dressing change she removed everything from the resident's room and again washed her hands in the soiled utility room.</p> <p>2. Resident #64 had a hospital acquired wound. There are no other residents in the facility with a wound. No other residents were affected.</p> <p>3. To enhance current compliant operations and under the direction of the Director of Nursing, the facility infection control procedures for hand washing, treatments/wound care/ dressing changes were reviewed with all nurses with signature required.</p> <p>4. As a means of ongoing compliance, effective 8/10/15, A quality assurance program will be implemented under the supervision of the Director of Nursing and Quality Assurance</p>	

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	<p>she should have used a paper towel to turn off the faucet after washing her hands, worn gloves when she started the dressing change procedure, washed her hands after removing the old bandages, used normal saline to cleanse the wound, should not have placed the soiled towel on the bathroom floor nor touched it with her bare hands, and should have washed her hands after she touched the soiled towel.</p> <p>During an interview on 7/8/15 at 3:35 p.m., the Director of Nursing (DON) indicated RN #1 should have used aseptic technique during a dressing change.</p> <p>A policy titled, "Dressing-Clean," identified as current by the Director of Nursing (DON) on 7/8/15 at 3:55 p.m., indicated, "...Wash hands and put on non-sterile gloves...remove contaminated gloves and place in bag with soiled dressing...Wash hands...Open packages/dressings using aseptic technique...Cleanse wound with prescribed solution, beginning in the center and working outward...sanitize scissors, if used, after each resident treatment with alcohol before returning to pocket or treatment cart...."</p> <p>A policy titled, "Hand Hygiene," identified as current by the DON on</p>		<p>RN to monitor hand washing and treatment/dressing changes procedures. The Quality Assurance RN or the designee will perform the following systemic changes: weekly audits for following hand washing procedures as well as weekly audits of treatment/wound care/ dressing changes. Any deficiencies will be corrected on the spot and the findings of the weekly quality assurance audits will be documented and submitted on an ongoing basis to the quality assurance team at quarterly meetings for further review and corrective action.</p>	

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R 0000 Bldg. 00	<p>7/8/15 at 3:55 p.m., indicated, after hands are washed to, "...Dry hands thoroughly with paper towels then turn off faucet with paper towel...Discard paper towels into trash..."</p> <p>3.1-18(a)</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Residential Census: 143 Sample: 10</p> <p>Hoosier Village was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 0000	This plan of correction constitutes the written 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 the requirements established by the state and federal law.		