

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155223	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2013
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NAME OF PROVIDER OR SUPPLIER WATERS OF COVINGTON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 E LIBERTY ST COVINGTON, IN 47932
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F000000	<p>This visit was for the Investigation of Complaint IN00132152.</p> <p>Complaint IN00132152 Substantiated, federal/state deficiencies related to the allegations are cited at F441.</p> <p>Survey date: August 13 & 14, 2013</p> <p>Facility number: 000128 Provider number: 155223 AIM number: 100289650</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 93 Total: 93</p> <p>Census payor type: Medicare: 11 Medicaid: 71 Other: 11 Total: 93</p> <p>Sample: 8</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on</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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	08/21/2013 by Brenda Nunan, RN.			

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F000441 SS=E	<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 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</p>	F000441	We are requesting a Desk Review for the Plan of Correction.	08/30/2013			

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	<p>implement hand washing according to their policy and procedures for clean dressing change for 3 of 5 sampled residents observed for dressing change treatments in a sample of 8 (Residents E, F, and G).</p> <p>Findings include:</p> <p>1. Resident F was observed, on 08/13/13 at 1:35 p.m., for a dressing change and treatment to Resident F's mid spine. LPN #1 was observed to wash her hands, donned first pair of gloves, removed the soiled dressing, removed her soiled gloves, donned second pair of gloves, cleansed the wound area with wound cleanser, removed her soiled gloves, donned third pair of gloves, and applied the hydrogel and dressings of optifoam, border gauze, and antimicrobial gauze to the wound area.</p> <p>LPN #1 failed to wash her hands after removing the soiled dressing per facility policy and procedures.</p> <p>2. Resident E was observed, on 08/14/13 at 10:45 a.m., during a wound treatment and dressing change to the top of Resident E's right foot. LPN #1 washed her hands, donned the first pair of gloves, removed the old dressing from</p>		<p>Preparation and/or execution of the plan of correction in general, or this corrective action in particular does not constitute and admission agreement by the facility of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. F441 How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident G had no negative outcome. All residents with clean dressing changes were reviewed with no negative outcomes identified. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents with clean dressing changes reviewed. Re-in-serviced training was provided to staff nurses to ensure policy and procedure regarding clean dressing change and to ensure that the prevention of the spread of infection practices are in place. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: DON or designee to observe a treatment 5 times a week for 1 week, then 3 times a week for 1 week, then 2 times a week for 1 week, then random weekly. How the facility will monitor its corrective actions</p>				

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	<p>Resident E's right foot, removed soiled gloves, donned a second pair of gloves, cleansed the area with normal saline and gauze, removed her soiled gloves, donned a third pair of gloves, applied tegaderm (wound cover) to the wound area, cut out the center of the border foam and applied it the the wound area.</p> <p>LPN #1 failed to wash her hands after removing the soiled dressing per facility policy and procedures.</p> <p>3. Resident G was observed, on 08/14/13 at 4:05 p.m., during treatment to Resident G's buttocks. RN #2 was observed to wash her hands, donned first pair of gloves, removed old dressings, cleansed the wound areas on each buttocks with wound cleanser and gauzes, removed soiled gloves, washed hands, donned second pair of gloves, applied skin prep around the wound areas, applied calmoseptine with 2 sterile cotton tipped applicators, applied the optifoam dressings, and removed soiled gloves.</p> <p>RN #2 failed to wash her hands after removing the soiled dressing per facility policy and procedures.</p> <p>On 08/14/13 at 2:00 p.m., The</p>		<p>to ensure that the deficient practice is being corrected and will not recur: Results of observations are to be reviewed/addressed at the daily CQI meeting. The results will be presented in the monthly QA meeting for review. The QA will make recommendations as necessary. Date completed: August 30, 2013</p>		

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	<p>Director of Nursing (DON) was questioned about the facility policy regarding hand washing after removing soiled dressing and soiled gloves. The DON indicated the policy indicated staff should have washed hands after removing a soiled dressing.</p> <p>Review of the facility's policy and procedures entitled, Clean Dressing Change, dated 01/2007, indicated, "...PURPOSE ... To prevent infection and spread of infection... Procedure 1. Wash hands. 2. Place plastic bag near foot of bed to receive soiled dressing. 3. Create clean field. 4. Open dressing pack. 5. Put on first pair of disposable gloves. 6. Remove soiled dressing and discard in plastic bag. 7. Dispose of gloves in plastic bag. 8. Wash hands...."</p> <p>3.1-18(l)</p>			