

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155605	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2012
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NAME OF PROVIDER OR SUPPLIER  GRANDVIEW HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1959 E COLUMBUS ST MARTINSVILLE, IN 46151
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates : May 14, 15, 16, 17, 18, 21, 2012</p> <p>Facility Number: 000400 Provider Number: 155605 AIM Number: 100266880</p> <p>Survey Team: Patti Allen BSW, TC Marcy Smith, RN Leia Alley, RN Dinah Jones, RN (5/14,15,16, 18, &amp; 21, 2012)</p> <p>Census Bed Type: SNF/NF: 54 SNF: 9 Total: 63</p> <p>Census Payor Type: Medicare: 16 Medicaid: 46 Other: 1 Total: 63</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 31,</p>	F0000	<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 as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. We are requesting paper compliance.</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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	2012 by Bev Faulkner, RN			

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F0371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review and interview, the facility failed to ensure food was served to residents in a sanitary manner for 2 of 3 dining observations in a total of 4 dining observations. This directly affected Residents #69, #42, #48, #11 and #43 and had the potential to affect approximately 45 residents served in the 2 facility dining rooms in a total census of 63.</p> <p>Findings include:</p> <p>1. During a dining observation on 5/14/12, the following observations were made:</p> <p>1. At 12:10 p.m. Certified Nursing Assistant (CNA) #1 asked Resident #69 if he wanted his bread buttered. When he indicated he did CNA #1 removed a slice of bread from a bag with her bare hand and held it while she applied butter. When she was finished she walked away and licked her fingers twice and then stood in</p>	F0371	<p>1. Resident #69, #42, #11, and #43 were affected. Staff involved were immediately re-educated on infection control practices including hand washing, serving meals, and feeding of residents. All staff assisting with meal service were observed to sanitize hands before serving each meal tray. 2. All residents have the potential to be affected. 3. Applicable staff will be in-serviced on infection control practices to include, but not limited to: handling of residents food, hand washing/sanitizing and feeding residents, (please see attachment A). As a measure to ensure ongoing compliance following in-servicing, the DON or designee will complete an audit tool, (Please see attachment B) daily on regularly scheduled days for one month, then twice weekly for one month, then monthly to monitor infection control practices. These audits will be completed at different mealtimes. 4. As a means of quality assurance, the DON or designee will review any findings and subsequent corrective action in the quarterly Quality Assurance</p>	05/31/2012	

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	<p>line to receive another tray to pass.</p> <p>2. At 12:14 p.m., CNA #2 held the bread of Resident #11 with her bare hands while buttering it.</p> <p>3. At 12:16 p.m. CNA #1 held the bread of Resident #43 with her bare hands while buttering it.</p> <p>During an interview with the Dietary Manager on 5/16/12 at 2:23 p.m., she indicated the staff should take the bread out of the bread bag with a fork and then use a knife to spread the butter on the bread. "They are not supposed to touch ready to eat food with their bare hands."</p> <p>2. During a dining observation on 5/21/12 12:25 p.m., QMA #3 was feeding Resident #42 and Resident #48. She was not wearing gloves. Using her right hand, she wiped food off of Resident #42's face with a towel, turned to Resident #48 and using her right hand, placed a spoonful of food in the resident's mouth, returned to Resident #42 and with her right hand wiped spilled food off his pants with a towel, fed him two spoonfuls of food, returned to Resident #48 and placed a spoonful of food in her mouth. She was not observed washing her hands while</p>		<p>meeting and the plan of action will be adjusted accordingly.</p> <p>Addendum: Please note amended language below, submitted in an effort to clarify the intent of the original plan of correction:</p> <p>1. The "applicable staff" refers to all staff.2. The audits described will continue to be conducted on a monthly basis during varied mealtimes. Should deficient practice be observed, immediate corrective action will be taken.As a means of quality assurance, the DON or designee will review any findings and subsequent corrective action(s) (in response to the ongoing monthly observations during the quarterly Quality Assurance meeting and the plan of action revised accordingly, if warranted.</p>		

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	<p>feeding these residents. In an interview with QMA #3 at this time she indicated she did not use hand sanitizer or wash her hands in between touching and feeding the 2 residents.</p> <p>During an interview with the Administrator on 5/21/12 at 12:30 p.m., who was also observing QMA #3 feeding Residents #42 and #48, she indicated she had already corrected QMA #3 regarding using hand sanitizer while feeding 2 residents at the same time.</p> <p>During an interview with the Dietary Manager on 5/16/12 at 2:23 p.m., she indicated at the lunch meal approximately 30 residents ate in the big dining room each day and approximately 15 residents ate in the activity room assisted dining area. These rooms were connected to each other and the same servers delivered trays to both dining rooms.</p> <p>Review of a facility policy, dated 11/12/2008, received from the Administrator on 5/17/12 at 10:04 a.m., titled "Glove Use &amp; Meal Service," indicated "Policy: In an effort to protect food products from contamination, all products should be served using utensils...4. Employees</p>				

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	<p>may not touch ready-to-eat foods with bare hands. Gloves must be worn...Hands should be washed thoroughly between tasks..."</p> <p>3.1-21(i)(3)</p>			

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F0441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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>	F0441	1. Resident rooms #8 and #10 were affected. Staff involved were	05/31/2012	

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	<p>ensure staff handled clean linen and washed their hands to prevent cross contamination during 3 of 3 random observations.</p> <p>Findings Include:</p> <p>1. On 5/21/12 at 9:15 a.m., Certified Nursing Assistant [CNA] #3 was observed carrying clean linens on her left arm against her body in the East Hall. The CNA carried the linens into resident room #10 and then exited without the linens.</p> <p>2. On 5/21/12 at 10:10 a.m., CNA #4 was observed carrying clean linens on his left arm against his body in the East Hall. The CNA was observed making a bed in room #8 with the linens he carried against his body.</p> <p>3. On 5/21/12 at 10:25 a.m., CNA #5 was observed assisting a resident to ambulate with a walker when she took a tissue from her left scrub top pocket, wiped her nose with the tissue, replaced the tissue into her pocket, wiped her nose with the back of her bare left hand then touched the resident's walker without washing her hands or using hand sanitizer.</p> <p>In an interview on 5/21/12 at 2:30 p.m., the Assistant Director of Nursing</p>		<p>immediately re-educated on infections control practices including hand washing and handling of linen.2. All residents have the potential to be affected. 3. Applicable staff will be in-serviced on infection control practices to include, but not limited to: handling of linen and hand sanitizing/washing, (please see attachment A). As a measure to ensure ongoing compliance following in-servicing, the DON or designee will complete an audit tool, (Please see attachment B) daily on regularly scheduled days for one month, then twice weekly for one month, then monthly to monitor infection control practices. These audits will be completed at random times to include all three shifts.4. As a means of quality assurance, the DON or designee will review any findings and subsequent corrective action in the quarterly Quality Assurance meeting and the plan of action will be adjusted accordingly.</p> <p>Addendum: Please note amended language below, submitted in an effort to clarify the intent of the original plan of correction:</p> <p>1. The "applicable staff" refers to all staff. 2. As noted on the POC, observations/audits of the infection control practices will continue to be conducted on a monthly basis ongoing.</p>		

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	<p>(ADON) indicated all staff were required to attend annual mandatory inservices on Infection Control Policy and Procedures. The ADON indicated hand washing and safe handling of linens were reviewed as part of the annual inservices.</p> <p>The facility policy titled, "General Instructions For Resident Care", provided by the Executive Director on 5/16/12 at 9:13 a.m., indicated in paragraph number 1, "All residents will be cared for in conformance with CDC Guidelines." Paragraph number 5 indicated, "If hand washing equipment is not available, use of alcohol based gel or foam is acceptable. However, hands must be washed if soiling is present, before putting on gloves, after removing gloves, after performing peri-care, after coughing/sneezing and/or blowing your nose."</p> <p>3.1-19(g)(2) 3.1-18(l)</p>		<p><i>As a means of quality assurance, the DON or designee will review any findings and subsequent corrective action(s) (in response to the ongoing monthly observations during the quarterly Quality Assurance meeting and the plan of action revised accordingly, if warranted.</i></p>		