

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/22/2012
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
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F0000	<p>This visit was for the Investigation of Complaint IN00103882.</p> <p>Complaint IN00103882 substantiated, federal/state deficiencies related to the allegations are cited at F441 and F504.</p> <p>Survey date: February 22, 2012</p> <p>Facility number: 000200 Provider number: 155303 AIM number: 100367980</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 60 Total: 60</p> <p>Census payor type: Medicare: 6 Medicaid: 41 Other: 13 Total: 60</p> <p>Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/23/12</p>	F0000		
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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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	Cathy Emswiller RN			

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F0441 SS=D	<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 have</p>	F0441	Submission of this plan of correction shall not constitute or	03/02/2012	

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	<p>staff implement hand washing hygiene practices that were consistent with acceptable standards of practice, to reduce the spread of infections and prevent cross-contamination for 2 of 4 residents observed for infection control practices during care in a sample of 7. [Resident #D & #G]</p> <p>Findings include:</p> <p>Resident #D was observed on 02/22/12 at 3:27 p.m. during peri-care which was provided by CNA #1 and CNA #2. Both aides were observed to wash their hands prior to performing the peri-care and donned gloves. After the peri-care was performed, both CNAs removed their soiled gloves and CNA #1 washed her hands. CNA #2 indicated she would wash her hands after placing the bags of soiled disposable brief and wipes in the barrel. CNA #2 left the resident's room without washing her hands, having touched the door knob upon exit and continued up the hall and having touched another resident, Resident #G, in an attempt to assist the resident to sit back down in her wheel chair. CNA #2 placed the soiled bags in the barrel and finally washed her hands after doing so.</p> <p>Interview with the Staff Development/QA/Infection Control nurse</p>		<p>be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center. RE: F441 INFECTION CONTROL I. <i>As stated in the rule 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..</i> Per the 2567 the facility failed to have staff implement hand washing hygiene practices that were consistent with acceptable standards of practice for 2 of 4 residents observed for infection control practices during care in a sample of 7. No resident was affected by the deficient observation. The Certified Nurse Aide involved in the observation was re-educated by the staff development nurse on 2/24/2012, which included a return demonstration. The Director of Nurses on 2/24/2012 counseled the same Certified Nurse Aide on following procedures. II. All residents have the potential to be affected by such deficient practice. The procedure for hand washing hygiene was in serviced to all nursing staff, with return demonstration. An in-service on</p>				

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	<p>on 02/22/12 at 3:51 p.m. about CNA #2 not washing her hands before leaving the resident's room and touching another resident on the way to dispose of the soiled bags, the Staff Development nurse indicated that would be a good teaching example on why you wash your hands before leaving the resident's room.</p> <p>Review of the facility's Perineal Care policy, dated 11/09, which was provided on 02/22/12 at 5:03 p.m., indicated after providing perineum care, "... Remove and discard gloves and wash hands...."</p> <p>This federal tag relates to Complaint IN00103882.</p> <p>3.1-18(l)</p>		<p>Peri-Care Infection Control Validation, with return demonstration was completed to all nursing staff to ensure compliance for infection control procedures. III. In an effort to ensure compliance for infection control, Each CNA will be observed by their charge nurse for compliance of hand washing with pericare one time a week for 2 weeks and one time a month for 2 months. The DNS or designee will review the compliance check to assure that the observations are being completed accordingly. All newly hired nurseing staff will be trained and observed to assure that they are following the proper procedure. IV. As a means for quality assurance, DNS, or designee will monitor for compliance in infection control, (proper hand washing and Peri-Care procedures) with weekly audits x 2 wks and monthly audits x 2 months. Should concerns be noted corrective action and re-education will be implemented as appropriate. The outcome of the audits will be presented monthly to the Quality Assurance Committee for review and recommendations. QA committee will review and make recommendations if audits are not 100% compliant. Completion Date: March 2, 2012</p>		

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F0502 SS=D	<p>483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to obtain a stool specimen in a timely manner for 1 of 3 residents reviewed for timeliness of labs in a sample of 7. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B's closed clinical record was reviewed on 02/22/12 at 11 a.m. and indicated the resident had diagnoses which included, but were not limited to, congestive heart failure, shortness of breath, chronic obstructive pulmonary disease, bronchitis, hypoxia, and coronary artery disease.</p> <p>Nurse's notes dated 01/11/12 at 12 a.m. indicated the resident had a medium loose stool.</p> <p>Nurse's notes dated 01/11/12 at 5:30 a.m. indicated the resident had loose stools times 3 this shift.</p> <p>Nurse's notes dated 01/11/12 at 10:10 a.m. indicated the loose stools was reported to the physician.</p>			F0502	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center. RE: F502 I. As stated in the rule the facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. Per the 2567 the facility failed to obtain a stool specimen in a timely manner for 1 of 3 residents reviewed for timeliness of labs in a sample of 7. The Director of Nursing Services on 2/22/12 immediately reviewed the Good Samaritan policy on Laboratory Services. II. An audit was conducted by a designated RN to ensure all current staff collected lab orders were being done in a timely manner, results were reported to the Director of Nursing Services. No residents were found to have been affected by the deficient practice. The Director of Nursing prepared specific directions to the nurses</p>		03/02/2012

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	<p>Nurse's notes dated 01/11/12 at 12 p.m. indicated a new order to obtain stool specimen due to loose stools.</p> <p>Nurse's notes dated 01/11/12 at 1:10 p.m. indicated loose stools times 1 this shift.</p> <p>Nurse's notes dated 01/11/12 at 9:30 p.m. indicated loose stools times 1, unable to obtain specimen, and would inform next shift.</p> <p>Nurse's notes dated 01/12/12 at 3 a.m. indicated no loose stools thus far this shift.</p> <p>Nurse's notes dated 01/12/12 at 10 a.m. indicated the resident denied loose stools.</p> <p>Nurse's notes dated 01/13/11 at 1 a.m. indicated, "... Unable to obtain stool specimen yet to check for C-diff [Clostridium Difficile]...."</p> <p>Nurse's notes dated 01/13/12 at 2 p.m. indicated, "Res not had BM [bowel movement] this shift unable to obtain stool sample.</p> <p>Nurse's notes dated 01/14/12 and 01/15/12 lacked documentation of any loose stools or attempts to obtain stool specimen.</p>		<p>as follows: All staff collected lab orders will be written on the 24 hr sheet, nursing must continue to move the order to the next day if specimen is not obtained. Nursing will immediately monitor resident for specimen and communicate to the physician every 24 hrs specimen is not obtained. When specimen is obtained the collection nurse will initial and circle on the 24 hr. sheet. Nursing must chart each shift that the specimen is not obtained and why. An in-service was conducted on Policy and Procedure for timely collection of specimens to all nurses. III. In an effort to ensure compliance for timely lab services, DNS or designee will check 24 hr. sheet daily for new staff collected lab orders and collection completion. All newly hired nurses will be trained and observed to assure that they are following the proper procedure. IV. As a means for quality assurance, DNS, or designee will continue to monitor daily for compliance of timely lab services. A record of all labs and the timeliness of the collections completion will be presented at the monthly QA meeting. Should concerns be noted corrective action and re-education will be implemented as appropriate. The QA Committee will review and make recommendations if audits are not 100% compliant. Completion Date: March 2, 2012</p>	

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	<p>Nurse's notes dated 01/16/12 at 3:20 a.m. indicated the resident complained of nausea.</p> <p>Nurse's notes dated 01/16/12 at 2 p.m. indicated the resident complained of having an upset stomach, dry heaving and recent onset of nausea with small amount vomiting undigested food and clear fluids. Notes indicated, "Res [Resident] having loose liquid stools x [times] 2 today c [with] very foul odor. Obtained stool sample"</p> <p>Nurse's notes dated 01/16/12 at 9:30 p.m. indicated the resident complained of nausea and loose stools. The resident was able to void a small amount of urine. The notes indicated the resident was weak, refused evening meal and took just sips of water.</p> <p>Nurse's notes dated 01/17/12 at 12 midnight (a.m.) indicated a new order for Flagyl 500 mg 3 times a day for possible C-diff.</p> <p>Nurse's notes dated 01/17/12 at 9:20 a.m. indicated the resident continued to have nausea and vomiting and dry heaving. Notes indicated the physician was notified.</p>			

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	<p>Nurse's notes dated 01/17/12 at 12 noon indicated loose stools, nausea/vomiting, dry heaving continued. Notes indicated the resident vomited up small amount of greenish colored emesis. The resident was not eating meals, only sips of water only. The resident started to complain of sharp abdominal pain. Phenergan was given earlier without much relief. Resident and family wanting to be transferred to the hospital. The notes indicated orders were obtained to send the resident to the hospital.</p> <p>Nurse's notes dated 01/17/12 at 8:45 p.m. indicated the resident was admitted to the hospital intensive care unit with diagnoses of severe dehydration, hyperkalemia, hyponatremia, acute renal failure, and C-diff.</p> <p>Review of Resident #B's Incontinence Report dated 01/18/12 indicated the resident had 3 bowel movements on 01/11/12, 1 on 01/12/12, 01/13/12, 01/15/12, 4 on 01/16/12 and 0 on 01/14/12. This gives us a total of 10 bowel movements during her stay. The order for the specimen was not ordered until after the first 3 bowel movements on 01/11/12, which still left the facility opportunities to collect the specimen.</p> <p>Interview with the Administrator and</p>			

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	<p>Director of Nursing [DON] on 02/22/12 at 4:30 p.m. indicated RN #3 indicated during interview, the specimen was not obtained due to the resident missing the hat which was used to collect the specimen.</p> <p>Review of the facility's policy on Laboratory Services dated 1/09, which was provided on 02/22/12 at 4:50 p.m., indicated, "... Clinical laboratory services will be provided or obtained to meet resident needs. The center assumes the responsibility for the quality, standards and timeliness of these services...."</p> <p>This federal tag relates to Complaint IN00103882.</p> <p>3.1-49(a)</p>				