

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SELLERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint #IN00142554.</p> <p>Complaint #IN00142554 -Substantiated. Federal deficiencies related to the allegation are cited at F9999.</p> <p>Survey dates: January 27, 28, 29, 30, 31, and February 3, 4, 6, 7, 2014.</p> <p>Facility number: 010613. Provider number: 155659. AIM number: 200221040.</p> <p>Survey team: Joan Laux, RN/TC Caitlin Lewis, RN</p> <p>Census bed type: SNF: 19 SNF/NF: 68 Total: 87</p> <p>Census payor type: Medicare: 36 Medicaid: 34 Other: 17 Total: 87</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We requests that our plan of correction, monitoring tools and review of systemic changes we have made be considered for a paper compliance desk review.</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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F000371 SS=D	<p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review was completed on Febraury 11, 2013 by Cheryl Fielden RN.</p> <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, interview and record review the facility failed to sanitize cooking equipment and properly wash hands while preparing pureed food. This affected 1 of 1 residents receiving pureed foods. (Resident #91)</p> <p>Findings include:</p>	F000371	It is the policy of this facility to procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare, distribute and serve food under sanitary conditions. All employees have been in-serviced and tested on proper hand hygiene. (Attachment A & B) All employees have been in-serviced on Food Chopper Cleaning	02/24/2014

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	<p>During a kitchen observation on 02/05/2014 at 11:45 a.m., Cook #1 washed her hands, for 20 seconds, and then began to prepare ingredients for pureed meat. The ingredients were put into a clear cylinder. She donned a single glove while having to adjust the clear cylinder into the food processor. She reached into the full food processor with her gloved hand to adjust the equipment. She then removed her glove and there was no hand washing noted afterwards. She then pureed the meat. After this process, she used a silicone spatula to scrape the pureed meat from the clear processor cylinder into a pan. She then placed the pan into a food warmer. She took the spatula and clear food processor cylinder over to the three compartment sink and rinsed both kitchen tools under the faucet water. Afterwards the cook placed both items on the food preparation table she was using for the previous puree. The clear cylinder was noted to have water dripping down the sides of it during use. She placed the container into the food processor while still wet. There was no hand washing noted between the two different purees. She then continued to prepare the</p>		<p>Procedure (Attachment C). A second food processor has been purchased to assist in the preparation of pureed items. An audit will be completed and tracked daily by the Nutrition Manager to ensure proper Sanitation and Infection Control Procedures are being followed. (Attachment D) The results will be reviewed and analyzed during the monthly performance improvement meeting for three months; after three months of 100% compliance is achieved the PI committee will determine the frequency of further monitoring. A subsequent plan of action will be developed and implemented if indicated. The Nutritional Service Manager is responsible to ensure compliance with this standard.</p>	

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	<p>ingredients for a vegetable to puree. She pureed the vegetable using both the same food processor and silicone spatula that was used for the meat puree. A single glove was donned when she had to adjust the food processor by reaching into the center of the full clear cylinder. There was no hand washing after the glove was removed. She continued to puree the vegetable. The vegetable was then scraped out of the clear cylinder into a pan. The pan was placed into a food warmer.</p> <p>During an interview on 02/05/2014 at 11:50 a.m., Cook #1 indicated she always purees foods one after another, just as she did during the observation. There is only one resident on a pureed diet at this time.</p> <p>A policy titled, "Food Safety" dated 8/10/2012 indicated, "Food and foodservice supplies are procured, handled, prepared, stored, distributed, served and disposed in a manner to minimize the risk of and/or prevent contamination and food borne illness." A policy titled, "Hand Hygiene/Handwashing " dated 8/31/3011 indicated, "Hand</p>			

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F009999	<p>hygiene is to be performed: ... After removal of medical/surgical or utility gloves; After handling soiled equipment or utensils; Before donning gloves for working with food. "A policy titled, "Sanitation and Infection Control " with the subject of "Hand Hygiene" dated 11/2009 indicated, "In the Food & Nutrition Services Department: All employees associated with the handling of food shall wash hands. Hands are washed with soap and water at the following times: ... Before putting on gloves; After removing gloves; Before handling food or clean utensils/dishes/equipment; After any other activity that may contaminate the hands." 3.1-21(i)(3)</p> <p>3.1-28 STAFF TREATMENT OF RESIDENTS</p>	F009999	It is the policy of this facility that results of all investigations be reported to the administrator or the administrator's designated representative and to other	02/07/2014

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	<p>(e) The results of all investigations must be reported to the administrator or the administrator's designated representative and to other officials in accordance with state law (including to the department) within (5) working days of the incident, and if the alleged violation is verified, appropriate action must be taken.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report to The Indiana State Department of Health an incident concerning Resident #1 possibly having guns brought onto the facility grounds by Certified Nursing Assistant #1. These guns were possibly in the trunk of CNA #1's car. This deficient practice had the possibility of affecting all residents residing in the facility at the time of the incident.</p> <p>Findings include:</p> <p>During an interview on 2/6/14 at 3:15 p.m., the DON (Director of Nursing) indicated that she was made aware on 12/26/13 that</p>		<p>officials in accordance with state law (including to the department) within (5) working days of the incident, and if the alleged violation is verified, appropriate action be taken. The incident has been reported to the Indiana State Department of Health. Resident #1 no long residents at this center. Nursing Assistant #1 is no longer employed at this center. The Executive Director will request the assistance of the Director of Nursing, SDC or their designees to assist with investigations of alleged violations. Together with the information they gather and any other information gained during the investigation a determination will be made as to the validity of the alleged violations and implementation of policies and procedures to include; protection of residents(s) involved in allegation; Suspension of staff as indicated, reporting of allegation to state in accordance with federal and state requirements; completion of investigation and follow-up actions. An investigation worksheet will be initiated at the time of the alleged violations to monitor of compliance. Recommendations will be reviewed monthly for the next three months, then quarterly at meeting with subsequent plan of correction developed and implemented as necessary. The Executive Director or designee will be responsible to ensure this</p>		

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	<p>Resident #1 residing in the facility on this date may have guns on his person or in his room. The DON further indicated that: "The state [Indiana State Department of Health] had not been notified of this incident because it was a situation we took care of. The police came and found nothing. The facility felt that due to the resident not having guns, that this was just hearsay, they did not need to call the state. We [facility] have a binder of what is to be reported...nothing fell under the guidelines from the state."</p> <p>During an interview with the DON and the Administrator on 2/7/14 at 9:45 a.m., they indicated that: "This incident was reported by a visitor. We [facility] searched the room, we put a nurse outside his room, and we looked in Resident #1's room and found nothing. Then we called the police and they came and found nothing. It was just hearsay at this point. The room was searched. Nothing was found, so there was nothing to report to ISDH [Indiana State Department of Health]. We had no reason to report anything to ISDH because after us and the police searched his room and talked to the resident, no guns were found. If nothing is found, then there is</p>		standard has been met.				

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	<p>nothing to report. We wouldn't report."</p> <p>On 2/3/14 at 8:52 a.m., a Weapons Policy and Procedure was reviewed. This policy indicated that: "The facility is committed to creating and maintaining a safe environment for our employees, patients, residents, and visitors that is free from violence and threats of violence...no employee, visitor...client, customer or other person may bring, carry or possess a firearm or other deadly weapon in the facility or buildings in which the facility conducts business...the company reserves the right to conduct a search or inspection in order to ensure compliance with this policy."</p> <p>On 2/3/14 at 10:13 a.m., a Reportable Incident Report (formerly referred to as the ISDH Reportable Unusual Occurrence Policy) was reviewed. This policy was provided by the ISDH to this facility and the DON indicated at this time that this was the policy they referred to when deciding to report an incident. This policy indicated that: "Facilities are required by law to report incidents within 24 hours of occurrence to the Long Term Care Division...the facility must ensure that all alleged</p>			

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	<p>violations involving mistreatment, neglect...are reported immediately...to officials in accordance with State law though established procedures (including to the State Survey and Certified Agency).</p> <p>This tag relates to complaint IN00142544.</p> <p>3.1-28 (e)</p>			