

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155503	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2014
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NAME OF PROVIDER OR SUPPLIER EXCEPTIONAL LIVING CENTER OF BRAZIL	STREET ADDRESS, CITY, STATE, ZIP CODE 501 S MURPHY AVE BRAZIL, IN 47834
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: March 6, 7, 10, 11, 12, 2014</p> <p>Facility Number: 000514 Provider Number: 155503 AIM Number: 100266800</p> <p>Survey Team: Mary Weyls RN TC (March 7, 10, 11, 12, 2014) Lora Brettnacher RN (March 6, 7, 11, 12, 2014) Laura Brashear RN Karen Hartman RN</p> <p>Census Bed Type: SNF/NF: 97 Total: 97</p> <p>Census Payor Type: Medicare: 13 Medicaid: 65 Other: 19 Total: 97</p> <p>These deficiencies also reflect 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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F000312 SS=D	<p>03/17/2014 by Brenda Marshall, RN.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review, and interview, the facility failed to ensure residents who were unable to carry out activities of daily living [ADLs] received assistance with removing facial hair for 1 of 5 residents reviewed for activities of daily living (Resident #16).</p> <p>Findings include:</p> <p>During observations on 3/7/2014 at 9:40 A.M., and on 3/11/2014 at 11:25 A.M., Resident #16 was observed to have a multiple facial hairs protruding out of her lower face and chin.</p> <p>Resident #16's clinical record was reviewed on 3/11/2014 at 10:30 A.M. Resident #16 had diagnoses which included but were not limited to, weakness and a history of pneumonia.</p>			F000312	<p>This plan of correction constitutes my written allegation of compliance for the alleged 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 is submitted to meet requirements established by state and federal law.</p> <p>Plan of Compliance is effective. April 3, 2014</p> <p><u>F312 Care for Dependent Residents</u></p> <p>Action for resident identified</p> <p>Upon the identification the facial hair on resident #16 was removed by assigned Certified Nursing Assistant (CNA). The CNA assignment sheet was updated to include the removal of facial hair. The Certified Nursing Assistant (CNA) involved with providing assistance with activity of daily living</p>		04/03/2014

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	<p>A significant change Minimum Data Set Assessment Tool [MDS] dated 2/21/14, indicated Resident #16 required extensive assistance from staff for all ADLs (activities of daily living) including personal hygiene.</p> <p>A care plan dated 12/30/13, indicated Resident #16 required extensive assistance from staff for all ADLs. The care plan indicated a goal that Resident #16 would present a neat, clean, odor free appearance daily. Approaches included shaving her facial hair as needed.</p> <p>During an interview on 3/11/2014 at 1:56 P.M., Certified Nursing Assistant [CNA] #20 indicated she was assigned to care for Resident #16 and Resident #16 had not refused care during the times she had cared for her.</p> <p>During an interview on 3/12/14 at 3:30 P.M., with the Director of Nursing and Administrator present, the Administrator indicated unless a resident did not want facial hair removed she expected her staff to remove facial hair as part of the residents' daily care.</p> <p>3.1-38(a)(3)(D)</p>		<p>(ADL) for resident #16 was educated by the Director of Nursing Services/Designee regarding appropriate assistance with Activities of Daily Living- grooming, personal and oral hygiene including removal of facial hair. (See attachment A, B, C)</p> <p>Identification and action taken for other residEnts with the potential to be affected</p> <p>All residents who are unable to independently carry out Activities of Daily Living have the potential to be affected. Residents who require assistance with performing grooming ADLS were evaluated for the presence of facial hair and none were noted to have facial hair in need of grooming. Nursing staff education was provided by the Director of Nursing Services/ Designee regarding providing assistance with Activities of Daily Living.(See attachment B and M)</p> <p>Measures to ensure compliance</p> <p>The facility Interdisciplinary Team will review with the resident, family member or responsible party the resident's preferences upon admission, at care plan meetings and as needed to ensure that the</p>				

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			<p>each resident will receive the level of assistance needed with Activities of Daily Living. The information for the staff regarding the level of assistance needed will be documented on Resident's MDS, Care Plan and C.N.A. Assignment sheet. Changes will be made to the Resident MDS, Care Plan and C.N.A. Assignment Sheets as needed to ensure resident's level of Activity of Daily Living needs is communicated. (See attachment D,E and F)</p> <p>Monitoring and Quality Assurance to promote performance IMPROVEMENT.</p> <p>The Director of Nursing or designee will monitor through observation, resident inquiry and reviewing CNA assignment sheet to ensure resident assistance with ADLs is being provided as indicated. This monitor will be completed 3 times per week. (See attachment). Monitoring will continue for a minimum of monthly for 1 year, and will be included in the corporate calendar review process with the annual review each quarter. This is to assure that residents continue to receive the required level of assistance for Activities of Daily Living. The monitoring results will be presented to the Administrator and Quality Assurance Committee for review and further recommendations.</p> <p>Monitoring will be reported through facility Quality Assurance Committee</p>	

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			<p>monthly with review reporting details of opportunities along with action plan development. Quality Assurance summary as well as quarterly statistics and action plan progress will be submitted for Regional/Corporate review. (See attachment G)</p> <p>Date of compliance: April 3, 2014</p>	

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F000441 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</p>	F000441	<u>F441 Infection Control, Prevent</u>	04/03/2014			

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	<p>to ensure staff implemented appropriate hand hygiene practice between resident contact and/or after touching contaminated objects for 3 of 3 random observations of infection control.</p> <p>Findings include:</p> <p>1. During a dining observation on 3/6/2014 at 12:29 P.M., Certified Nursing Assistant [CNA] #2 was observed to reposition a resident and remove the resident's hand from her plate of food. Without sanitizing or washing her hands CNA #2 was observed to assist another resident by picking up a fork and placing it into the resident's hand. With one hand CNA #2 helped the resident maneuver the fork to her mouth and with her other hand she rubbed the resident's arm and held her hand. Without sanitizing or washing her hands CNA #2 proceeded to assist another resident by picking up her cup and placing the cup into the resident's hand. CNA #2 was not observed sanitizing or washing her hands between resident to resident contacts during this dining observation.</p> <p>2. During an observation on 3/6/2014 at 1:36 P.M., CNA #1 was</p>		<p><u>Spread</u></p> <p>Action for resident identified</p> <p>Specific resident not identified. Specific CNA's were not identified.</p> <p>A. All Nursing staff were re-educated by the Director of Nursing Services/Designee regarding appropriate policy and procedure of "Proper Hand Washing". Monitoring of "Proper Hand Washing" for infection control compliance was implemented by the Director of Nursing Services/Designee to ensure compliance. (see attachment H and M)</p> <p>B. Licensed Nurse #3 that performed "Clean Dressing Technique" for resident was re-educated by Director of Nursing Services/Designee regarding appropriate policy and procedure of "Clean Dressing Technique" Monitoring of "Clean Dressing Technique" for infection control compliance was implemented by the Director of Nursing Services/Designee to ensure compliance. (see attachment I adn J)</p> <p>Identification and action taken for other residEnts with the potential to be affected</p>				

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	<p>observed lifting the lid on a bedside commode. Without washing or sanitizing her hands she took the resident's water picture and indicated she would fill it with ice and return it to her.</p> <p>3. During an observation on 3/13/14 at 10:11 A.M., Licensed Practical Nurse [LPN] #3 was observed cleansing a wound on a resident. With gloved hands she cleansed the wound and discarded the contaminated gauze into a plastic bag. Without changing her gloves she picked up a plastic bag, removed the medication from the bag, removed the lid from the medication, applied the medication to the wound, and then covered the wound with a clean dressing. At this time she removed her gloves and without sanitizing or washing her hands she removed the tape from the clear dressing that now covered the wound, took her pen out of her pocket, wrote the date and her initials on the tape, put the dated tape on the dressing, touched the clean dressing, picked up the medication, put the lid back on the medication, and placed it back into the plastic bag. She then removed the plastic bag which contained the soiled gauze and used supplies, tied</p>		<p>Current residents were reviewed with no findings noted.</p> <p>A. All residents have the potential to be affected by the alleged deficiency. All Nursing staff will be observed by the Director of Nursing Services/Designee for following the facility policy and procedure regarding "Proper Hand Washing". (See attachment H and M)</p> <p>B. All residents receiving "Clean Dressing Technique" have the potential to be affected by the alleged deficiency. All Licensed Nurses will be observed by the Director of Nursing Services/Designee for following facility policy and procedure regarding "Clean Dressing Technique". (See attachment I and N)</p> <p>Measures to ensure compliance</p> <p>A. All nursing staff will be re-educated by the Director of Nursing Services/Designee with policy and procedure review for "Proper Hand Washing " (see attachment H and M)</p> <p>B. All Licensed Nursing Staff will be re-educated by the Director of Nursing Services/Designee with policy and procedure review regarding the facility "Clean Dressing</p>		

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	<p>the bag and placed the back into the resident's bedside trash can. Without washing or sanitizing her hands she used her hands to push back the bedside curtain.</p> <p>During an interview on 3/12/14 at 11:15 A.M., the infection control nurse indicated staff was expected to wash and/or sanitize their hands between resident to resident contacts. She indicated the proper procedure for hand hygiene during wound care included removing gloves after cleansing a wound, washing and/or sanitizing your hands, and applying clean gloves prior to placing the clean dressing back on the wound. She indicated staff was to put clean gloves on prior to touching the clean dressing when labeling the dressing. She indicated all trash from dressing changes were to be put in the soiled utility receptacles and not left in resident rooms.</p> <p>A policy dated 1/22/12, titled "Handwashing and use of Gloves" identified as a current by the Director of Nursing on 3/12/14 at 9:14 A.M., indicated, "...Purpose: Prevent spread of infection and contagious disease. Promote practices supporting hand hygiene</p>		<p>Technique". (see attachment I and N)</p> <p>Monitoring and Quality Assurance to promote performance IMPROVEMENT.</p> <p>The monitoring and Quality Assurance to promote performance improvement will be utilized for both A and B.</p> <p>The Director of Nursing or designee will monitor through observation. This monitoring will be completed 3 times per week. (See attachment K and L) Monitoring will continue for a minimum of monthly for 1 year, and will be included in the corporate calendar review process with the annual review each quarter. The monitoring results will be presented to the Administrator and the Quality Assurance Committee for further review and recommendations. Monitoring will be reported through facility Quality Assurance Committee monthly with review reporting details of opportunities along with action plan development. Quality Assurance summary as well as quarterly statistics and action plan progress will be submitted for Regional/Corporate review. (See attachment K and L)</p>		

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	<p>as the single most important measure of preventing the spread of infection.... Hand hygiene will be performed before and after resident care is rendered and after handling contaminated articles. This includes the following...before and after touching wounds...after contact with surfaces or items which are contaminated.... Gloves are worn in the following situations...handling items or surfaces which have been soiled with blood or body fluid... hand hygiene is performed after removing gloves..."</p> <p>An undated policy titled "Procedure for Clean Dressing Technique" identified as a current by the Director of Nursing on 3/12/2014 at 11:07 A.M., indicated, "...gather and set up supplies in the resident area: Establish clean field. Open supplies onto clean field, including several clean gloves. Pour solutions into clean container; prepare ointments, medications...wash hands.... Apply clean gloves. Remove old dressing and discard in the appropriate disposal bag. Remove gloves. Wash hands (alcohol-based hand rub may be used at this point). Apply clean gloves. Cleanse wound ...remove gloves. Wash hands...apply clean gloves. Apply</p>		Date of compliance: April 3, 2014	

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	any medication ordered and dress wound. Discard soiled materials in plastic bag. Do not discard in resident's room; remove to appropriate receptacle in utility room...." 3.1-18(l)			