

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/03/2013
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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
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F000000	<p>This visit was for the Investigation of Complaint #00140007.</p> <p>Complaint IN00140007 - Substantiated - Federal/state deficiencies related to the allegations are cited at F272, F309 and F441.</p> <p>Survey date: December 2 and 3, 2013</p> <p>Facility Number: 000478 Provider Number: 155494 AIM Number: 100290430</p> <p>Survey Team: Gloria J. Reisert, MSW/TC Caitlin Lewis, RN</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 06 Medicaid: 62 Other: 11 Total: 79</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws.	
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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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	Quality review completed on December 10, 2013 by Cheryl Fielden RN.			

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on record review, observation and interview, the facility failed to ensure Weekly Skin Assessments accurately reflected the resident's current skin status for 1 of 5 residents</p>	F000272	F272- COMPREHENSIVE ASSESSMENTS ** THE WATERS OF SCOTTSBURG RESPECTFULLY REQUESTS PAPER/DESK COMPLIANCE BE GRANTED FOR THIS CITATION	12/25/2013

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	<p>reviewed for Scabies in a sample of 9 residents. (Residents #D and #E)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #E on 12/2/13 at 11:10 a.m., indicated the resident had diagnoses which included, but were not limited to: generalized anxiety, aphasia, cerebral vascular disease, and dementia with behavioral disturbance.</p> <p>Review of a fax dated 10/30/13 to the primary physician indicated: "Rash examined by {name of physician} on L [left] hand/arm. Rx'd [treated] for [sic] Lidex [cream for itching rash]. Rash now spreading over bilat [bilateral legs & [and] post [posterior] neck."</p> <p>A 10/31/13 Weekly Skin Assessment indicated "No skin issues".</p> <p>On 11/20/13, the resident's physician examined the resident and documented "No skin rashes."</p> <p>An 11/20/13 Weekly Skin Assessment completed also on this date indicated "Discoloration/Rash - has rash on extremities." An 11/27/13</p>		<p>It is the policy of this facility to conduct initial and periodic comprehensive, accurate, standardized reproducible assessments of each resident's functional capacity. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident E had a complete and accurate skin assessment. Resident E was treated for Scabies per the Policy and Procedure. Residents active rash has resolved How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents could be affected by the same alleged deficient practice. A complete and accurate head to toe skin assessment was completed on all residents. All residents were treated prophylactically for Scabies per the policy and procedure. All residents will receive a weekly skin assessment ongoing What measures or what systemic changes will be made to ensure that the deficient practice does not reoccur? The nursing staff was re-educated on skin assessments for accuracy and completeness. Education will be provided when identifying inaccurate or inconsistent assessments. The weekly skin assessment was updated to separate discoloration and rash</p>		

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	<p>Weekly Skin Assessment indicated "Marks - scattered rash on extremities."</p> <p>During an interview with the Director of Nursing on 12/2/13 at 3:45 p.m., and again during the final exit meeting on 12/3/13 at 4:25 p.m., she indicated she felt because discoloration and rash were on the same line, the nurses were limited in what they could mark and did not accurately reflect the resident's status making them wrong. She also indicated the staff were wrong in what they marked and that the 11/20/13 and 11/27/13 Weekly Skin Assessments were inaccurate because the physician's documentation of "No skin rashes" on his assessment dated 11/20/13 was the true reflection of the resident's status.</p> <p>During the final exit meeting on 12/3/13 at 4:25 p.m., the Corporate Consultant also indicated the physician's assessment on 11/20/13, was the correct one and not the nurses.</p> <p>This Federal tag is related to Complaint IN00140007.</p> <p>3.1-31(d)(3)</p>		<p>for accuracy. 3Weekly skin assessments will be reviewed by the clinical team in the daily CQI meeting to ensure consistency and accuracy. Clinical team will FU with all abnormal assessments as appropriate4Physicians and Nurse Practitioners will be asked to leave any assessments with our Medical Records Clerk, so any assessments may be reviewed and cross checked with internal assessments to ensure accuracy and consistency. These will be reviewed the following business day. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The skin assessments will be audited daily, as they are due, in the daily Clinical CQI Meeting for accuracy. Clinical team will FU with all abnormal assessments as appropriateMedical Records will track MD/NP visits weekly to assure progress notes are reviewed the following business day.The results will be reviewed at the Monthly CQI Meetings, and with the Medical Director. This will be ongoing with information of tracking being reviewed at the QA meeting for further action, as indicated.</p>		

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	3.1-31(i)			

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F000309 SS=E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review and interview, the facility failed to assess for causative factors for and provide continued treatment and monitoring of a progressive skin rash for 4 of 5 residents reviewed for Scabies in a sample of 9 residents. (Residents #C, #D, #E and #F)</p> <p>Findings included:</p> <p>1. Review of the clinical record of Resident #C on 12/02/2013 at 11:45 a.m., indicated the resident had the diagnoses of, but was not limited to, Scabies, Diabetes Mellitus type II, chronic heart failure, hypertension, dementia, schizoaffective disorder, flaccid hemiplegia, and osteoarthritis.</p> <p>On the skin assessment dated 7/7/2013, the document indicated the resident had a rash on his upper left side.</p> <p>On the skin assessment dated 7/9/2013, the document indicated the</p>	F000309	<p>F272- COMPREHENSIVE ASSESSMENTS ** THE WATERS OF SCOTTSBURG RESPECTFULLY REQUESTS PAPER/DESK COMPLIANCE BE GRANTED FOR THIS CITATION It is the policy of this facility to conduct initial and periodic comprehensive, accurate, standardized reproducible assessments of each resident's functional capacity. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident E had a complete and accurate skin assessment. Resident E was treated for Scabies per the Policy and Procedure. Residents active rash has resolved How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents could be affected by the same alleged deficient practice. A complete and accurate head to toe skin assessment was completed on all residents. All residents were treated prophylactically for</p>	12/25/2013	

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	<p>resident had a rash on his left hip, left thigh and under his left arm.</p> <p>On the weekly skin sheet dated 7/9/2013, indicated there was a mass of red bumps noted around the resident's left under arm area, left hip and left thigh.</p> <p>The monthly nursing assessment dated 7/15/2013 indicated the resident had a "rash."</p> <p>The weekly skin sheet dated 7/17/2013 indicated the resident had a rash on his left hip and left under arm area.</p> <p>The skin assessment dated 7/23/2013 indicated the resident had a rash on his left under arm and left hip area.</p> <p>The weekly skin sheet dated 7/31/2013 indicated the resident had a rash to his left side and trunk area.</p> <p>An order dated 7/8/2013 indicated Lidex 0.005% (a corticosteriod used to treat itching) was ordered to apply twice a day for 10 days related to a rash.</p> <p>An order dated 7/20/2013 indicated Lidex 0.005% cream to be applied to</p>		<p>Scabies per the policy and procedure. All residents will receive a weekly skin assessment ongoing What measures or what systemic changes will be made to ensure that the deficient practice does not reoccur? The nursing staff was re-educated on skin assessments for accuracy and completeness. Education will be provided when identifying inaccurate or inconsistent assessments. The weekly skin assessment was updated to separate discoloration and rash for accuracy. 3Weekly skin assessments will be reviewed by the clinical team in the daily CQI meeting to ensure consistency and accuracy. Clinical team will FU with all abnormal assessments as appropriate4Physicians and Nurse Practitioners will be asked to leave any assessments with our Medical Records Clerk, so any assessments may be reviewed and cross checked with internal assessments to ensure accuracy and consistency. These will be reviewed the following business day. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The skin assessments will be audited daily, as they are due, in the daily Clinical CQI Meeting for accuracy. Clinical team will FU</p>		

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	<p>the resident's rash twice a day for 10 days. Benedryl 25 mg orally every 6 hours as needed related to itching.</p> <p>A progress note signed by the Nurse Practitioner and the Physician dated 8/9/2013, indicated the staff reported a rash on the resident that was worse recently. This was treated with benedryl (an antihistamine used to treat itching). The resident had macules (raised areas) over chest and arms. The assessment indicated contact dermatitis and the plan listed was benedryl.</p> <p>The weekly skin sheet dated 8/12/2013 indicated the resident had a pin point rash covering his entire body.</p> <p>An order dated 8/13/2013 indicated a tapered dose of Prednisone (a corticosteriod that can be used to treat itching) was ordered related to the resident's rash.</p> <p>The weekly skin sheet dated 8/21/2013 indicated the resident had a rash to the trunk of his body.</p> <p>An order dated 8/23/2013 indicated Lidex 0.5% cream topically to the affected area 4 times a day for 10 days. A dermatology consult was</p>		<p>with all abnormal assessments as appropriate Medical Records will track MD/NP visits weekly to assure progress notes are reviewed the following business day. The results will be reviewed at the Monthly CQI Meetings, and with the Medical Director. This will be ongoing with information of tracking being reviewed at the QA meeting for further action, as indicated.</p>		

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	<p>ordered related to the resident's persistent rash.</p> <p>A progress note signed by the Nurse Practitioner dated 8/23/2013 indicated the resident was "still (with) rash over back (and) behind arms." The resident was continuously itching and "treated 3 times for scabies." The resident had his room checked for bed bugs. There were also macules on the resident's body with surrounding red areas. Some areas appeared to be healing.</p> <p>The weekly skin sheet dated 8/26/2013 indicated the resident had a rash to his arms, legs and trunk of his body.</p> <p>The weekly skin sheet dated 9/2/2013 indicated the resident had a rash to his arms, legs, chest and back.</p> <p>The weekly skin sheet dated 9/9/2013 indicated the resident had a rash to his entire body. The rash was noted as "unmeasureable."</p> <p>The weekly skin sheet dated 9/16/2013 indicated the resident had an immeasurable rash to his entire body.</p> <p>The weekly skin sheet dated</p>						

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	<p>9/23/2013 indicated the resident had a red rash covering his entire body.</p> <p>A consult progress note dated 9/26/2013 and signed by a dermatologist indicated Resident #C presented from the facility with a pruritic rash. "This has been ongoing for the past few months... They have not tried treating this."</p> <p>A dermatology order also dated 9/26/2013, indicated to give the resident Ivermectrin (an antiparasitic used to treat scabies) 5 3 mg tablets orally on day 1 and then repeat 7 days later. Permethrin (a pyrethroid used to treat scabies) 5% cream was ordered to apply from neck down and leave on for 8 to 12 hours then wash off and repeat in 7 days. Triamcinolone (a corticosteriod used to treat itching) 0.1% cream was ordered as needed for itching.</p> <p>A weekly skin sheet dated 9/30/2013 indicated the resident had a red rash that was "still apparent." The rash appeared to be improving and was less irritating.</p> <p>A weekly skin sheet dated 10/7/2013 indicated the resident had a rash to his lower and upper extremities, abdomen, back and chest. A</p>				

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	<p>treatment was continued to the areas. The areas appeared to be improving.</p> <p>The weekly skin sheet dated dated 10/14/2013 indicated the resident had a rash to his upper and lower extremities, trunk, back and abdomen. The areas were continuing to improve.</p> <p>The weekly skin sheet dated 10/21/2013 indicated there was a "fading" rash on the residents upper and lower extremities and trunk area.</p> <p>A weekly skin sheet dated 11/4/2013 indicated a rash on the resident's trunk and extremities. The rash appeared to be improving.</p> <p>The weekly skin sheet dated 11/11/2013 indicated the resident had a rash to his upper extremities and that it was continuing to improve. There were several scabbed areas noted to both upper extremities from the resident scratching. The areas were improving.</p> <p>The weekly skin sheet dated 11/18/2013 indicated the resident had excoriation to his left hip.</p> <p>The weekly skin sheet dated 11/25/2013 indicated the resident had</p>				

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	<p>areas that were healing and that there were no new skin issues noted.</p> <p>The care plan dated 8/14/2013 and revised on 11/11/2013 indicated the focus of the resident to be altered skin integrity related to rash. The goal listed included the rash would be resolved by the next review. The interventions included, but were not limited to, observe and report any changes to the Physician, observe for signs and symptoms of discomfort and use treatments and medications as needed.</p> <p>Documentation was lacking in which the physician had been kept up to date on the status of the resident's rash after each weekly assessment to determine what course of action needed to be taken.</p> <p>2. Review of the clinical record of Resident #F on 12/2/2013 at 10:35 a.m., indicated the resident had the diagnoses of, but was not limited to, dementia, chronic heart failure, diabetes mellitus, anemia, hemiplegia, anxiety disorder, depressive disorder and gout.</p> <p>On 12/2/2013 at 10:05 a.m., Resident</p>						

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	<p>#F was observed to have dark scabs the size equivalent to an eraser of a pencil covering his upper extremities. Greater than 10 scabs were noted on each arm. These same sized and colored scabs were also noted on each of the resident's legs. Dry skin patches were noted over both of the resident's legs also. The right foot had two large open areas. One area was on the front of the resident's shin. This place was open to air and there was no type of dressing noted. The area was bright red. The other area was between the resident's toes on the right foot. This area was a red and purple color and was actively bleeding. There was a large amount of dried blood on the resident's floor and on the sheets of the bed that the resident was laying on.</p> <p>On 12/2/2013 at 10:10 a.m., during an interview, Resident #F indicated his scabs were from where he had scratched himself. The resident indicated he had the scabs for a long time and that they looked better than they had before the observation.</p> <p>The weekly skin sheet dated 7/15/2013 indicated the resident had multiple abrasions noted on his bilateral lower extremities.</p>						

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	<p>The weekly skin sheet dated 8/26/2013 indicated the resident had multiple superficial abrasions over his bilateral lower extremities.</p> <p>The September 2013 treatment record indicated the residents had Benedryl cream ordered to apply topically to the resident's rash three times a day and as needed for 7 days.</p> <p>The wound assessment dated 10/22/2013 indicated the resident had "2 self inflicted abrasions" on the his abdomen. The abrasions measured to be 3.1 c.m. [centimeter] by 1 c.m. and 2 c.m. by 1 c.m. and were "red/beefy."</p> <p>The wound assessment dated 10/29/2013 indicated the resident had two self inflicted abrasions noted on his abdomen. The abrasions measured to be 2 c.m. by 1 c.m. and 2.8 c.m. by 1 c.m.</p> <p>The skin assessment dated 11/19/2013 indicated the resident had a rash to his torso and bilateral upper extremities.</p> <p>The wound assessment dated 11/19/2013 indicated the resident had scratches on his right leg.</p>			

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	<p>The weekly skin sheet dated 11/19/2013 indicated the resident had a "discoloration/rash" to his skin.</p> <p>On 11/19/2013 an order was written that indicated Permethrin cream 5% was to be applied head to toe, leave on over night, then shower off. This was ordered to be repeated in 7 days if the rash was not cleared. Documentation was lacking in regards to the resident being treated again after 7 days.</p> <p>A Physician progress note signed by the Nurse Practioner dated 11/20/2013 indicated there was a concern with "scabies" and wounds. The resident had lesions bilaterally on their upper extremities. The assessment indicated " scabies" with the plan listed as "Permethrin."</p> <p>The wound assessment dated 11/26/2013 indicated the resident had scratches to his right, lower leg.</p> <p>The care plan dated 8/7/2013 indicated the focus was the resident's skin integrity being impaired related to medications, diagnosis and decreased mobility. The goal for this care plan was that the resident would not scratch his open areas.</p>			

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	<p>Interventions listed included, but were not limited to, check for signs and symptoms of increased irritation to his sites and for increase in size of the area.</p> <p>3. Review of the clinical record for Resident #D on 12/2/13 at 12:45 p.m., indicated the resident had diagnoses which included, but was not limited to: dementia with behavior disturbance, coronary artery disease, and renal insufficiency.</p> <p>On 10/30/13, a fax was sent to the physician which indicated "Rash noted from R [right] nipple down to R pelvic bone (15 in [inches]) in length, on right side of abdomen, but is not on R flank. C/O [complains of] itching. Suggestive of Scabies. No new meds, had flu vaccine 10/23/13." The physician responded that he would see the resident on next visit.</p> <p>On 11/1/13, the Nurse Practitioner saw the resident and indicated "pt [patient]/staff reports itching rash along right side. Suspicious for Scabies. Assessment: Contact Dermatitis, Scabies, Pruritis. Plan : Elimate treatment."</p> <p>A physician's order written by the</p>						

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	<p>Nurse Practitioner on 11/1/13 indicated: "Elimite creme topically - apply head to toes, leave on 8 hours, or overnight, then shower off and cleanse sheets and environment as directed. May repeat in 7 days if not cleared."</p> <p>An 11/6/13 Weekly Skin Report indicated: "Discoloration/Rash - right/left side, back."</p> <p>An 11/7/13 Skin Assessment indicated: "Head to Toe Assessment: Left side - Rash - armpit to hip; Right side - Rash - armpit to hip; Back - Rash - 37 cm [centimeters] in length and 22 cm in width."</p> <p>An 11/14/13 Weekly Skin Sheet indicated: "Discoloration/Rash - rash right/left side and back from armpit to groin."</p> <p>An 11/27/13 Weekly Skin Sheet indicated: "Discoloration/Rash - reddened rash in the groin."</p> <p>During an observation of the resident's skin/abdomen on 12/3/13 with CNA [certified nursing assistant] #1 and LPN #1 at 11:45 a.m., the LPN indicated that the resident actually did have a current rash noted to left side of the abdomen and side</p>			

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	<p>that was reddened. The resident also indicated that the rash itched.</p> <p>Review of the November 2013 Treatment Administration Record [TAR] failed to locate documentation of the Elimate treatment having been repeated per the physician's order on 11/1/13.</p> <p>When queried as to why the Elimate treatment had not been repeated per the physician's order on 12/3/13 at 3:00 p.m., the Director of Nursing indicated that the resident did not currently have a rash as it cleared after the first treatment, so it was not necessary.</p> <p>At 3:15 p.m., the Director of Nursing and the Corporate RN reviewed the clinical records for Resident #D and indicated that the resident continued have a rash after the initial treatment and could not account as to why the Elimate treatment had not been repeated. She also indicated the physician had not been notified of the rash continuing.</p> <p>Documentation was lacking of the resident having been assessed for causative factors for the rash even after initial treatment of Elimate.</p>				

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	<p>4. Review of the clinical record for Resident #E on 12/2/13 at 11:10 a.m., indicated the resident had diagnoses which included, but were not limited to: generalized anxiety, aphasia, cerebral vascular disease, and dementia with behavioral disturbance.</p> <p>On 10/17/13, a Weekly Skin Assessment was completed which indicated: "Discoloration/Rash - Small red circular areas over abdomen." Documentation was lacking of an assessment being completed to determine causative factors.</p> <p>On 10/23/13, a Weekly Skin Assessment was completed which indicated: "Discoloration/Rash - small red circular areas trunk and limbs."</p> <p>Review of a physician's note also dated for 10/23/13, indicated the resident had a nodular, non-pruritic rash on hand, arm, and abdomen, and ordered Lidex lotion [lotion to help with itching rash] 0.005% BID [twice daily] for 2 weeks.</p> <p>On 10/30/13, a fax was sent to the physician which indicated: "Rash examined by {name of physician} on L [left] hand/arm. Rx'd [treated] for [sic]</p>			

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	<p>Lidex [cream for itching rash]. Rash now spreading over bilat [bilateral legs & [and] post [posterior] neck."</p> <p>A new physician's telephone order was received on 11/1/13 which indicated: "1. Cont [continue] use Lidex. 2. Derm [dermatology] eval [evaluation]. 3. Blood work."</p> <p>Documentation was lacking of the Dermatology consult having been made until 12/2/13 when it was brought to the Director of Nursing's attention at 12:30 p.m.</p> <p>On 12/3/13 at 3:45 p.m., the Director of Nursing indicated she made the appointment on this date and that it was scheduled for 2/3/14 at 10:30 a.m. She was unable to account as to why the appointment had not been scheduled earlier as the order had been noted as needing to be scheduled.</p> <p>When queried as to why the appointment had been scheduled so far in advance, the Director of Nursing indicated that the Dermatologist only came to the local office a few times a month, so it usually took that long to get an appointment. She also indicated that they would have had to transport the resident far away to</p>			

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	<p>another Dermatologist if they didn't use the local one. When queried if the facility had contacted any other Dermatologists or spoke to the families about the long wait for an appointment, she indicated that she had not. She also indicated that since the resident's rash had now healed, she would probably go ahead and cancel the appointment she just made as it was not really needed now.</p> <p>Review of the 11/1/13 physician's progress note, the Nurse Practitioner indicated "Rashes - no better. Assessment: Contact Dermatitis/Scabies. Plan - Consider Elimite [for treatment of Scabies] treatment if Lidex doesn't help."</p> <p>The 11/6/13 Weekly Skin Assessment indicated: "Discoloration/Rash - bilateral hand/arms, bilateral upper legs."</p> <p>The 11/11/13 Weekly Skin Assessment indicated: "Discoloration/Rash - has rash on his extremities."</p> <p>Review of the 11/20/13 and 11/27/13 Weekly Skin Assessments indicated the resident still had a rash on his extremities/body. During an interview with the Director of Nursing on</p>			

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	<p>12/2/13 at 3:45 p.m., she indicated these 2 assessments were inaccurate as the MD also visited on 11/20/13 and didn't see any rash.</p> <p>Review of the November 2013 MAR [Medication Administration Record] indicated an automatic stop date for the Lidex cream was 11/14/13.</p> <p>When queried during an interview with the Director of Nursing and Corporate RN on 12/3/13 at 10:00 a.m. as to why the Elimite treatment had not been implemented since the Nurse Practitioner had made a recommendation on 11/1/13 to try it if the Lidex cream did not help, they indicated that it was not a physician's order. The Director of Nursing indicated that she doesn't bother to look at the physician's progress notes and even if it was written there, no specific order was written. When queried as to if nursing had notified the physician/Nurse Practitioner to ask if they could try the Elimite cream since the resident still had a rash after 11/14/13, she indicated no one contacted the physician.</p> <p>During the interview, the Director also indicated that although the Nurse Practitioner wrote the word "Scabies" under "Assessment", it should not</p>			

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	<p>have been because no skin scraping had been done to give the definitive diagnosis of Scabies. She indicated that unless a skin scraping was done, she would not accept the diagnosis of Scabies.</p> <p>Review of the resident's Care Plans indicated: "Altered skin integrity r/t [related to] rash to stomach and left leg." "Goal: Rash will resolve TNR [through next review]." "Approaches: Observe and reports any changes to MD. Observe for signs and symptoms of discomfort. Treatment/medications as needed."</p> <p>Observation of the resident's skin on his abdomen on 12/3/13 at 11:40 a.m. with CNA #1 and LPN #1, the LPN indicated the resident did have a rash not long ago as there were marks where the rash was, but appeared smooth to the touch now.</p> <p>This Federal tag is related to Complaint IN00140007</p> <p>3.1-37(a)</p>				

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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 record review and interview, the facility failed to place a</p>	F000441	F-441 – INFECTION CONTROL, PREVENT SPREAD, LINENS **	12/25/2013			

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	<p>resident on Contact Isolation precautions and treat the entire resident population per physician's order after the resident was diagnosed as having Scabies. This deficient practice affected 1 of 5 residents reviewed for Scabies in a sample of 9 residents and had the potential to affect 79 residents currently residing in the facility. (Resident #C)</p> <p>Finding included:</p> <p>Review of the clinical record of Resident #C on 12/02/2013 at 11:45 a.m., indicated the resident had the diagnosis of, but not limited to, Scabies, Diabetes Mellitus type II, chronic heart failure, hypertension, dementia, schizo affective disorder, flaccid hemiplegia, and osteoarthritis.</p> <p>A consult progress note dated 9/26/2013 and signed by a dermatologist, indicated Resident #C presented from the facility with a pruritic rash. "This has been ongoing for the past few months... They have not tried treating this." The assessment and plan indicated the resident was diagnosed with scabies. The orders received included the following: Ivermectrin [a medication to treat scabies] 5 3 mg tablets orally</p>		<p>THE WATERS OF SCOTTSBURG RESPECTFULLY REQUESTS PAPER/DESK COMPLIANCE BE GRANTED FOR THIS CITATION It is the policy of this facility to 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. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident C was noted to have a rash, thus he was provided contact isolation precautions. Resident C was treated for rash following the policy and procedure for infections/scabies. Resident C's active rash has resolved and he is no longer on contact isolation. How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents could be affected by the same alleged deficient practice. A 100% skin assessment was completed on all residents. All residents with an active rash were placed on contact isolation and the Scabies and infection control policy was followed. All residents were treated prophylactically for scabies to include the 7 day FU treatment What measures or what systemic changes will be made to ensure that the deficient</p>		

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	<p>on day 1 and then repeat 7 days later. Permethrin 5% cream [a medication to treat scabies] was ordered to be applied from neck down and leave on for 8 to 12 hours, then wash off and repeat in 7 days. Triamcinolone 0.1% cream was ordered as needed for itching.</p> <p>The dermatologist's assessment also indicated, "Discussed with the patient and patient's caretaker that all residents will need to be treated for scabies."</p> <p>On 12/2/13 at 11:08 a.m., the Administrator presented a copy of the facility's current policy titled "Communicable Disease Reporting". Review of this policy at this time included, but was not limited to: "...Procedure:...3. Implement procedures for Precautions..."</p> <p>The Administrator also presented Attachment A "Contact Precautions:...Infections or Conditions Requiring Contact Precautions:...Scabies..."</p> <p>During an interview with RN #1 on 12/2/13 at 2:30 p.m., she indicated she was unaware of anyone being put into Contact Isolation since she</p>		<p>practice does not reoccur? The nursing staff received education on Infection Control, and Contact Isolation. Education was provided specifically regarding Scabies, including but not limited to:How to identify, treat and prevent the spread of the rash.All residents progress notes indicating a visit to a Dermatologist will be reviewed timely to assure any further suggestions to the caregivers are received and reviewed.All weekly skin assessments will be reviewed, when completed in the daily CQI meeting for identification of potential skin concerns requiring contact precautions.Any resident with diagnosis of scabies will be immediately placed on contact precautions. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Residents identified with scabies will be placed on contact precautions. They will be monitored in the daily CQI meeting until it is resolved.Medical Records to track all residents outside appointments with Dermatologists for documentation from the visit and present this to the CQI team for review in a timely mannerWeekly skin and resident assessments, as they are due, will be reviewed daily in morning clinical meeting.Any abnormal results will be tracked utilizing the</p>	

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	<p>started working at the facility and that had been awhile.</p> <p>During an interview with the Director of Nursing on 12/2/13 at 3:45 p.m., she indicated the facility did not have a specific policy to address Scabies and followed the Contact Isolation and Communicable Disease policy.</p> <p>During an interview with the Director of Nursing on 12/3/13 at 3:00 p.m., she indicated that rashes were not considered to be an infection, therefore was not part of their infection control tracking process. She also indicated that the facility did not currently have any rashes, therefore no tracking was necessary.</p> <p>The Director of Nursing also indicated that only one person was diagnosed with Scabies and unless she had a definitive diagnosis of Scabies based on a skin scraping, she didn't need to track anything.</p> <p>During the final exit meeting on 12/3/13 at 4:25 p.m. with the Administrator, Director and Assistant Director of Nursing, RN Consultant, and Corporate Director, the Director of Nursing indicated that because she never saw the dermatologist's 9/26/13 progress note in which she</p>		<p>infection control policy and on the infection control log until there is a resolution. Any abnormal or inconsistent results will be immediately clarified by the Clinical Team visually. All results will be monitored and reviewed at the Monthly CQI Meetings, and with the Medical Director. This will be ongoing with information of tracking reviewed at QA meeting for further action, as indicated.</p>		

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	<p>recommended the entire resident population be treated after Resident #C was diagnosed with Scabies, no one had been treated. She indicated she could not account for why nursing had not made her aware of the orders when the resident returned from the physician's office.</p> <p>The Director of Nursing also indicated that Resident #C was not put into Contact Isolation after being diagnosed with Scabies on 9/26/13.</p> <p>This Fedeval tag is related to Complaint IN00140007</p> <p>3.1-18(j) 3.1-18 (b)(1)(A)</p>				