

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WEDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129
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F000000	<p>This visit was for the investigation of Complaint #IN00144189.</p> <p>Complaint #IN00144189-Substantiated. Federal deficiency related to allegation are cited. (Federal tag #441).</p> <p>Survey dates: February 20 & 21, 2014.</p> <p>Facility number: 000166 Provider number: 155265 AIM: 100267080</p> <p>Survey team: Joan Laux, RN-TC</p> <p>Census bed type: SNF: 8 SNF/NF: 95 Total: 104</p> <p>Census payor type: Medicare: 14 Medicaid: 64 Other: 26 Total: 104</p> <p>Sample: 5</p>	F000000	<p>Please accept this plan of correction as the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or 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. Please note this facility respectfully requests paper compliance review for this survey.</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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	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on Febraury 25, 2013 by Cheryl Fielden RN.</p>			

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F000441 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</p>	F000441	Please note this facility respectfully requests a paper	03/06/2014	

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	<p>perform proper hand washing before and after entering an isolation precaution room and before and after changing a wound dressing. The deficient practice affected 1 of 2 residents observed during wound dressing changes. (Resident #C).</p> <p>Findings include:</p> <p>A review of the clinical record of Resident #C on 2/20/14 at 11:45 a.m., indicated diagnosis of, but not limited to: depression, psychosis, diabetes type 2, malnutrition, hypertension, failure to thrive, and vancomycin resistant enterococcus (a bacteria that is resistant to the antibiotic vancomycin) in the urine.</p> <p>On 2/20/14 at 1:00 p.m., LPN #1 entered Resident C's room with a gown and gloves on. This resident was in isolation precautions due to VRE (vancomycin resistant enterococcus) in the urine. LPN #1 walked over to resident #C without first washing her hands or changing her gloves. LPN #1 rolled the resident onto her left side and removed the dressing from her coccyx. She then opened a 2 x 2 gauze pad and poured Dakin's solution (a solution used to prevent and treat skin and tissue infections)</p>		<p>compliance review for this survey. A wound assessment was completed on resident C on 2/24/2014 by the DNS to ensure that wound was free of signs and symptoms of infection. No signs/symptoms noted. All resident under the care of LPN # 1 have the potential to be affected. Facility Infection Control Surveillance indicates no other residents have been affected. Re-Education has been provided to LPN #1 on 2/21/2014 which included isolation precautions, hand hygiene, and procedure for dressing changes. In-service education will be provided for all licensed staff on handwashing, isolation procedures, and dressing changes by 3/06/14. Competency evaluations to be conducted on all nurses for following for following procedures; 1) handwashing, 2) dressing changes, 3) isolation precaution. This will be completed by 3/06/14. Random audits will be done and will include off shifts and weekends, daily, until 30 consecutive days of 100% compliance is achieved. Random audits will then be conducted on a quarterly basis as a part of the facility performance improvement plan to ensure compliance is maintained.</p>				

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	<p>onto the 2 x 2. LPN #1 then cleansed the wound with the saturated gauze pad. Using the same gloves, and again not washing her hands, LPN #1 applied border foam dressing onto the wound on Resident #C's coccyx. LPN #1 then repositioned the resident, bagged the soiled materials, and removed her gloves and gown. She then placed them into the bag and tied it shut. She then walked out of the room without washing her hands.</p> <p>On 2/21/14 at 8:37 a.m., during an interview with LPN #2, she indicated that "for infections and pressure ulcer dressing changes you gather your supplies, go into the room and wash your hands and put on gloves. You then take off the old dressing, take off your gloves and wash your hands again. Then you put on new gloves and cleanse the wound site. You then wash your hands again and put on new gloves. Then you do the dressing change per orders. When done, you wash your hands again. If you were in an isolation room, you would gown up and put a mask on if needed and use a biohazard bag if necessary. You would still be washing your hands alot."</p>			

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	<p>On 2/21/14 at 9:32 a.m., during an interview with LPN #3, she indicated that "you would get a sterile area set up to do wound care, and then you would wash your hands and glove up. Then you would remove the dressing and wash your hands and put on new gloves. Then you would take off the gloves wash your hands and put on new gloves and cleanse the wound area. You would then take off your gloves and wash your hands and put new gloves on and apply the dressing. Then you would bag everything up and take off your gloves and wash your hands again."</p> <p>On 2/21/14 at 11:00 a.m., a review of the Policy and Procedure "Hand Hygiene/Handwashing" indicated: "Hand hygiene is to be performed: after touching contaminated items, if moving from a contaminated body site to a clean body site during patient care, after handling soiled equipment, after removal of medical/surgical gloves, intermittently after gloves are removed...when indicated to avoid transfer of microorganisms to other patients or environments, and before touching bare parts of the body other than clean hands and clean, exposed portions of the arms...gloves are not a substitute for</p>			

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	<p>hand hygiene." "Other Aspects of Hand Hygiene"- "change gloves during patient care if moving from a contaminated body site to a clean body site."</p> <p>On 2/21/14 at 11:10 a.m., a review of the Policy "Infection Control Work Practices" indicated: "Work practice controls include, at a minimum: hand washing practices, proper employee hygienic behaviors, employees wash their hands with soap and water immediately or as soon as feasible after: removal of gloves or other personal protective equipment."</p> <p>On 2/21/14 at 11:20 a.m., a review of the Policy and Procedure "Infection Prevention and Control Program" indicated: "Implementing policies and procedures to prevent the spread of infections that include promoting consistent adherence to Standard Precautions and other infection control practices such as transmission-based precautions and proper hand washing."</p> <p>On 2/21/14 at 11:30 a.m., a review of the Policy and Procedure "Standard Precautions" indicated: "Standard Precautions are used to represent the minimum infection prevention measure applied to all</p>			

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	<p>patients, regardless of suspected or confirmed infection status of the patient. Facility has a hand washing procedure including the use of soap and water."</p> <p>3.1-18(l)</p>			