

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/27/2012
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NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 215 DAVIS RD OSSIAN, IN 46777
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F0000	<p>This visit was for a Recertification and State Licensure Survey</p> <p>Survey dates: April 23, 24, 25, 26, and 27 2012</p> <p>Facility number: 000228 Provider number: 155335 AIM number: 100266650</p> <p>Survey team : Linn Mackey, RN TC Shelly Reed, RN Julie Call, RN Virginia Terveer, RN (4/25, 26, and 27) Sue Brooker, RD (4/24, 25, 26, and 27)</p> <p>Census Bed Type: SNF/NF: 77 Total: 77</p> <p>Census payor type: Medicare: 8 Medicaid: 37 Other: 32 Total: 77</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</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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	Quality review completed on May 3, 2012 by Bev Faulkner, RN				

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F0431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure the tubes and bottles of topical medications were properly</p>	F0431	This Plan of Correction is prepared and executed because the provision of State and Federal law require it and not because Ossian Health and Rehabilitation Center agrees with	05/25/2012

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	<p>labeled with resident names for 16 out of 57 bottles reviewed stored in 1 of 1 medication room.</p> <p>Findings include:</p> <p>1. On 4/27/12 at 12:30 p.m., while observing medication storage, tubes and bottles of medicated ointments, creams and lotions were found without labels to identify which resident the medication belonged. There were three bins containing tubes and bottles of medicated ointments, creams and lotions stored in metal cabinets.</p> <p>The treatment bin for the North Hall contained the following tubes of ointments and creams without resident specific label: Xenaderm, Biafine [topical treatments used for skin wound and ulcers], Calmoseptine Ointment [moisture barrier for skin protection], Antibiotic Ointment [topical antibiotic], and Analgesic Cream Rub [topical pain medication].</p> <p>The treatment bin for the West Hall contained the following ointments and lotions without resident specific labels: Eucerin Lotion [moisturizing lotion for skin], two tubes of Bacitracin Ointment [topical antibiotic], Analgesic Cream Rub [topical pain</p>		<p>the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor are they of such character so as to limit our capability to render adequate care.</p> <ol style="list-style-type: none"> All tubes and bottles that were not labeled properly were discarded. All residents have the potential to be affected by the alleged deficiency. Nursing staff will be in serviced on the proper labeling of tubes and bottles of topical medications. D.O.N./licensed designee will audit the medication carts and medication room 2x/week for 3 weeks to ensure proper labeling of all drugs and biologicals and then 1x/week for 3 weeks. Audits will continue 2x/month for two months and then 1x/month for two months. The audits will be reviewed and monitored thru Q.A. quarterly until 100% compliance is achieved. To be completed by May 25, 2012. 		

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	<p>medication], Sensi-Care Protective Ointment [moisture barrier for skin]. One ointment was exposed without a cap on the tube.</p> <p>The treatment bin for South Hall contained the following ointments and creams without resident specific labels: Two tubes of Analgesic Cream Rub [topical pain medication], DermaPhor Ointment, Lamtisptic Ointment and Calmasyn Moisture Barrier [protective barrier for dry skin].</p> <p>Interview on 4/27/12 at 12:55 p.m., with LPN #7 indicated she was unaware of proper storage procedure for the tubes and bottles used for treatments. She indicated the representative from the contracted pharmacy was there on Monday 4/23/12 to review medications.</p> <p>The current facility policy " Storage and Expiration Dating of Medications, Biological, Syringes and Needles," with a revision date 08/09/11, was received from the ADON and reviewed on 4/27/12 at 2:25 p.m. The document indicated "... Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels...."</p>				

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	3.1-25(j) 3.1-25(k)(1) 3.1-25(l)(1)			
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F0441 SS=F	<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 and record</p>	F0441	This Plan of Correction is prepared and executed because the provision	05/25/2012	

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	<p>review, the facility failed to ensure infection control policies were practiced related to handwashing during 1 of 6 staff observations of care and during 1 of 1 observations of the dining room potentially affecting 19 of 19 residents served.</p> <p>Findings include:</p> <p>1. Resident # 29 record was reviewed on 4/25/12 at 2:00 p.m.</p> <p>Resident # 29's current diagnoses included, but were not limited to diabetes type 2, muscle weakness, dysphasia, osteomyelitis, dementia, delusional disorder, retention of urine, depressive disorder, hypertrophy prostrate with urinary obstruction, hypertension, and Parkinson's disease.</p> <p>During an observation of a transfer and the handling of a catheter bag on 4/26/12 at 9:00 a.m., CNA # 2 was observed to assist with the transfer of Resident #29. CNA # 2 was observed to handle the catheter bag without the use of gloves. CNA #2 was observed not to washed her hands afterwards and then to touch the roommate of Resident # 29.</p>		<p>of State and Federal law require it and not because Ossian Health and Rehabilitation Center agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor are they of such character so as to limit our capability to render adequate care.</p> <ol style="list-style-type: none"> 1. Corrective action cannot be taken due to the alleged deficiency occurred in the past. 2. All residents have the potential to be affected by the alleged deficiency. 3. Nursing staff will be in serviced on the proper handling of Foley Catheter bags, hand washing and proper Infection Control practices. Housekeeping/Environmental staff will be in serviced on the proper cleaning of dining room tables in between meals. 4. D.O.N/Housekeeping Supervisor/designee will monitor for proper infection control practices 2x/week for three weeks then 1x/week for three weeks. Audits will continue 2x/month for two months then 1x/month for two months. The audits will be reviewed and monitored thru Q.A. quarterly until 100% compliance is achieved. 5. To be completed by May 25, 2012. 		

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	<p>Review of current facility policy titled, "Hand Washing," provided by the Assistant Director of Nursing on 4/26/12 at 4:00 p.m., indicated that hands should be washed before and after each resident contact and after handling any contaminated items</p> <p>2. During an observation on 4/23/12 at 12:00 p.m., in between the 2 dining times, the dishes and table clothes were removed. The tables were not observed to be cleaned or wipe down between uses of the tables. A clean table cloth was then applied and the next 19 residents were brought in to the dining room.</p> <p>Review of a current facility policy titled, "Bussing and Cleaning of Dishes" provided by the Assistant Director of Nursing, indicated the following: "Housekeeping personnel will clean the tables using the proper sanitizing techniques."</p> <p>3.1-18(l)</p>			

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