STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155471	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS RETIREMENT CENTER	1901 TAYLOR RD COLUMBUS, IN 47203

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F000000	This visit was for a Recertification and State Licensure Survey. This visit was in conjunction with the Investigation of Complaint IN00165105. Survey Dates: February 11, 12, 13, 16, 17, and 18, 2015. Facility number: 000543 Provider number: 155471 AIM number: NA Survey Team: Rita Bittner, RN, TC (February 11, 12, 13, 17, and 18, 2015) Tammy Forthofer, RN Julie Dover, RN Jenny Sartell, RN (February 11, 12, 13, 17, and 18, 2015) Census bed type: SNF: 8 Residential: 109 NCC: 51 Total: 168 Census payor type: Medicare: 8 Other: 51 Total: 59	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: Residential: 8 NCC: 5 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.5. Quality review completed on February 25, 2015, by Janelyn Kulik, RN.			
F000315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Based on observation and record review, the facility failed to follow policy and procedure on foley catheter care. This had the potential to affect 1 of 1 resident observed for foley catheter care. (Resident #79)	F000315	Plan of Correction for F-315 : Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an	03/20/2015

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	Finding includes: During an observation of foley catheter care on 2/18/15 at 10:42 a.m., the following was observed: Certified Nursing Assistant's (CNA) #5 and 6 entered Resident #79's room and explained the foley catheter care procedure to her. Both CNA's donned gloves without hand washing. CNA #5 filled a wash basin with soap and water and set it on the bedside table. CNA's #5 and 6 pulled Resident #79's sweat pants down below her knees and covered her perineal area with a towel. CNA #5 removed the towel and placed on the bed next to resident. CNA #5 retrieved a wash cloth from the soapy water basin and rinsed the excess from water from it. CNA #5 cleaned the left crease of the perineal area, flipped the wash cloth and cleaned the right crease of the perineal area. CNA #5 wadded the same wash cloth up and cleaned the foley catheter at the insertion site and outward then placed the wash cloth in a bag. CNA #5 picked up the towel used to cover Resident #79's perineal area prior to care and dried the perineal creases and at the foley catheter insertion site, using the same side of the towel, before placing the towel in a plastic bag. Both CNA #5 and 6 pulled up Resident #79's sweat pants and placed		admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. The Mission of Four Seasons Retirement Center is to enhance the quality of life for older adults within a secure environment which supports their needs, values interest and independence while encouraging personal and spiritual development. We do not agree with the state survey findings. Staff accounts differ from the surveyor's statements. Please review attachments which dispute the findings. Regarding the statement that "CNA #5 and#6 donned their gloves without washing their hands", we are submitting a written and signed statement by both CNA # 5 and # 6 *that they both used hand sanitizer gel prior to donning their gloves. (Attachment A) This is acceptable at Four Seasons Retirement Center based on our Hand cleanser (antiseptic) policy (Attachment B) that states: Antiseptic cleanser such as alcohol gel that has been approved by the Infection Control Committee: After using, allow cleanser to dry before proceeding to next resident or task*. This is a	

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	her blanket back on her. CNA #5 emptied the water basin in the bathroom sink and rinsed it out. CNA #5 removed her gloves and donned a new pair of gloves without washing her hands. CNA #5 retrieved a urinal and emptied the urine from the foley catheter bag. She emptied the contents of the urinal into the commode. She rinsed the urinal with water and emptied it in the commode. The document titled Statement of Inservice Training for Employees, dated 9/9/14, for catheter care, was provided by the Staff Development Nurse (LPN #8) on 2/18/15 at 1:47 p.m. It indicated CNA #5 and CNA #6 were not in attendance. LPN #8 indicated it was the most recent inservice on catheter care. The Policy and Procedure titled Catheter Care, dated 1/25/2006, was provided by the Director of Nursing (DON) on 2/18/15 at 11:30 a.m. It included, but was not limited to the following: "...CATHETER CARE...It is the responsibility of the Licensed Nurse and Nursing Assistant to: 1. Maintain catheter patency. 2. Keep area clean and prevent infection...PROCEDURE:...2. Clean area around catheter well with soap and water...5. Rinse and dry area well...." 3.1-41(2)		practice that our staff uses on a regular basis when changing or before applying gloves. Regarding the statement that CNA #5"wadded the same wash cloth up and cleaned the Foley catheter at the insertion site and outward then placed the wash cloth in a bag", see (Attachment A)*where CNA #5 and #6 have provided a hand written and signed statement that describes correctly the procedure used by CNA #5 with the wash cloth and describes how she always used a "clean area of the washcloth."* Regarding the statement that "CNA #5 picked up the towel used to cover Resident # 79's perineal area prior to care,and dried the perineal creases and at the Foley catheter insertion site, using *the same side of the towel', CNA # 5 states (in Attachment A) that she did use the towel that was originally used as a drape on Resident # 79 to'pat dry' the perineal area by using the clean side of the towel.* Regarding the statement that said "CNA #5 emptied the water basin in the bathroom sink and rinsed it out. CNA #5 removed her gloves and donned a new pair of gloves without washing her hands*." CNA #5 said in (Attachment A) that "Writer carried the basin and linen to the residents bathroom. Writer dumped soapy water down the sink and rinsed the basin. While writer was still in the bathroom, writer removed gloves and*	

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			applied Hand sanitizer. Writer donned new gloves and retrieved urinal from resident's bathroom….." In addition, CNA #5 stated that the state surveyor only went into Resident 79's room as far as the entry way, and stood behind CNA #5 the whole time they were doing the procedure. (Attachment A) CNA# 5 stated that the Observer never moved from entryway of resident's room,making it , in writer's opinion, nearly impossible to see the care writer was demonstrating as writer's back was to the observer. CNA #6 agreed with CNA #5. (Attachment A)After CNA #5 and CNA #6 completed the Foley catheter care, the surveyor asked them questions regarding washing hands, etc. and then told them "Good Job". (Attachment A) **Corrective Action:** All Four Seasons nursing staff are being re-educated on Foley Catheter Care, and Perineal Care by providing one on one education and the presentation of our Foley Catheter Care Policy (Attachment C) and the presentation of our new rewritten Perineal Care Policy. (Attachment D) In addition, our Hand washing policy was updated to read as follows: When to Wash Hands: #13: Sanitizing hand gel may be used in between glove changes when providing individual resident care in place of washing hands. (Attachment E) This same Policy	

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			already stated under Procedure: # 6: A waterless antiseptic hand preparation may be used in between tasks that would normally require handwashing unless the hands are visibly soiled. (Note: Hands should be washed with soap and water at the first opportunity.) **Corrective actions:** (Foley catheter care) will be observed monthly by Nursing Supervisors on all residents with Foley catheters to ensure quality care is being provided. If any deficiencies are noticed during observance, staff member will immediately be re-educated as to what is being done incorrectly. Performances will be reported at our QAPI. (Quality Assurance and Performance) meetings held quarterly x 3 meetings. Final meeting of the year report will be October 2015. Other residents that could be affected by these changes will be identified as any resident with a Foley catheter. The systemic changes will be completed by March 11th, 2015. The majority of our staff have already been re-educated regarding these policies, but a staff meeting will be held on March 11th to re-educate the remaining staff members.	
F000371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or			

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	considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, record review and interview, the facility failed to store food under sanitary conditions related to improper placement of food in the refrigerator. This had the potential to effect 8 residents who received meals prepared in the kitchen. Findings include: During the initial kitchen tour on 02/11/2015 at 10:34 AM, with the Dietary Manager, a cookie sheet was observed in the large walk in refrigerator containing raw fish covered with plastic wrap and resting on a metal wire rack above two, open top, plastic crates full of individual size cartons of milk. During an interview on 02/16/2015 at 10:08 AM, with the Dietary Manager, he indicated meat ready to be prepared were to be stored on the second shelf or on the lower back rack cart, in the large walk in refrigerator. He indicated the facility does not have a separate milk refrigerator and the raw meat should never have been stored over the milk. During an interview on 02/16/2015 2:26 PM, the Dietary Manager indicated he	F000371	Plan of Correction for F-0371. Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. Several corrective actions were taken for residents affected, and residents with the potential to be affected. The fish was covered, labeled, and dated and on a sheet pan. Milk cartons on bottom shelf were sanitized as a precaution. Corrective action: In-service completed on February 16th and 17th with production staff. See Exhibit 1. Measures have been put into place and systemic changes have been made to ensure that the deficient practice does not recur. 1) All raw meats are kept on sheet pan cart in walk-in cooler. 2) Supervisors will go over proper storage of raw and cooked items at production	03/20/2015

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	had spoken with the assistant manager concerning raw fish placed on the second shelf over the milk cartons. The assistant manager confirmed the fish was raw Tilapia, to be served that day at the noon meal. Record review on 2/16/2015 at 2:43 PM, of the "Chef's Lunch Special", indicated the special for Wednesday, 02/11/2015, served from 11:15 AM to 1:00 PM was Tilapia with herbs. A policy on "Production, Purchasing, Storage", was received from the Dietary Manager on 02/16/2015 at 2:43 PM and was dated revised January 2012 and identified as current. The policy indicated under Refrigerated Storage, "Separate cooked and raw foods. Store ready-to-eat and cooked food above raw food". 3.1-21(i)(3)		meeting daily. See Exhibit 2. Corrective action(s) will be monitored to ensure the deficient practice will not recur, and quality assurance program will be put into place. Supervisors will monitor proper storage throughout the day. Cooks will be held accountable daily. Food Storage audits will be reviewed at quarterly quality assurance meetings. Date these changes have been completed is February 17, 2015.	
F000441 SS=D	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			

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	and infection. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation, interview and record review, the facility failed to use proper hand hygiene and disinfecting of a work area after care. This had the potential to affect 1 of 1 resident observed for infection control. (Resident #79)	F000441	**Plan of Correction for F-441** - Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that	03/20/2015

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	Finding includes: During an observation of foley catheter care on 2/18/15 at 10:42 a.m., the following was observed: Certified Nursing Assistant's (CNA) #5 and 6 entered Resident #79's room and explained the foley catheter care procedure to her. Both CNA's donned gloves without hand washing. CNA #5 filled a wash basin with soap and water and set it on the residents' bedside table. CNA's #5 and 6 pulled Resident #79's sweat pants down below her knees and covered her perineal area with a towel. CNA #5 removed the towel and placed on the bed next to resident. CNA #5 retrieved a wash cloth from the soapy water basin and rinsed the excess from water from it. CNA #5 cleaned the left and right creases of the perineal area. Using the same wash cloth, CNA #5 cleaned the foley catheter at the insertion site and outward then placed the wash cloth in a bag. CNA #5 picked up the towel, dried the perineal creases and at the foley catheter insertion site before placing the towel in a plastic bag. Both CNA #5 and 6 pulled up Resident #79's sweat pants and placed her blanket back on her. CNA #5 emptied the water basin in the bathroom sink and rinsed it out. CNA #5 removed her gloves and donned		the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. We dispute the state surveyors findings regarding the hand washings observed. Staff accounts in regards to handwashing on the date in question differ from the surveyor's statements. Regarding the statement: CNA #5 removed her gloves and washed her hands for 20 seconds: CNA #6 washed her hands for 18 seconds. Neither CNA #5 nor CNA #6 disinfected the bedside table. Per (Attachment A) CNA #5, states that she washed her hands for 20 seconds. CNA #6 when interviewed by the DON, stated that she always counts to 20 twice when washing her hands, and that assures herself that she has washed them in the appropriate time. She stated that she counted to 40 on the day she was observed. CNA #5 stated that she removed the wash basin from the bedside table but did not wipe it off. Regarding the “In Service Training for Employees” document dated for 11/19/2014, that was provided to the surveyor during the survey: Out of these two nursing assistants, only CNA #5 attended due to CNA # 6	

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	a new pair of gloves without washing her hands. CNA #5 retrieved a urinal and emptied the urine from the foley catheter bag. She emptied the contents of the urinal into the commode. She rinsed the urinal with water and emptied it in the commode. CNA #5 removed her gloves and washed her hands for 20 seconds. CNA #6 washed her hands for 18 seconds. Neither CNA #5 or #6 disinfected the bedside table. During an interview with CNA #5 on 2/18/15 at 10:49 a.m., she indicated hands were to be washed before and after care for 30 seconds. She also indicated gloves should be changed at least 2 or 3 times during care. During an interview with CNA #6, she indicated hands should be washed for at least 30 seconds. The document titled Statement of Inservice Training for Employees, dated 11/19/14, for hand washing and infection control, was provided by the Staff Development Nurse (LPN #8) on 2/18/15 at 1:47 p.m. It indicated CNA #5 attended both inservices. CNA #6 was not in attendance. LPN #8 indicated it was the most recent inservices on hand washing and infection control.		being in school at the time. On Sept. 9th 2014, a Nursing Staff Skills Fair was held which covered various policies and procedures for which all nursing staff filled out Post - Tests for each procedure. Included in this check off were Infection Control and Handwashing. Both CNA #5 and # 6 attended. (Attachment F). **Corrective Action:** On Sept 9th, 2014, A Handwashing check off was observed by Nursing Supervisors while using a black light to see how thorough all nursing hands were washed. At the same time, all staff was timed as to how long they washed their hands. On March 11th 2015 this will be repeated. Results will be reported at future QAPI quarterly meetings. After March 11th,staff members will randomly be watched for Infection Control Issues and Handwashing thoroughness. Infections are reported by our MDS coordinator to the DON at least monthly. We will continue to monitor our percentages closely to see if our Infection Control issues have improved. For 2014, our monthly percentage of UTI's in our Healthcare averaged only 1.43 %. Out of this percentage, only two had Foley catheters. We will continue to monitor any infections and report to our Quarterly QAPI meetings for discussions until October 2015. The Foley catheter care was observed with two of our CNA's that primarily work on	

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	The Policy and Procedure titled Hand washing, dated 2/11/2004 was provided by the DON on 2/17/15 at 10:49 a.m. It included, but was not limited to, the following: "HANDWASHING. PURPOSE: The purpose of this procedure is to provide guidelines to employees for proper and appropriate hand washing techniques that will aid in the prevention of the transmission of infections...WHEN TO WASH HANDS: Appropriate 20 second hand washing must be performed under the following conditions:...5. After prolonged contact with a resident. 6. After handling used...linen...9. After removing gloves...." The Policy and Procedure titled Infection Control Statement, dated 1/10/2014, was provided by the DON on 2/17/15 at 10:49 a.m. It included, but was not limited to, the following: "...The following infection control measures should be exercised whenever using any of the policies or procedures in this manual, as they apply: ...2. Wash your hands before and after all procedures...12. Clean and disinfect any table, work area...." 3.1-18(l)		West Hall, our Medicare Hall. In the year of 2014, we had zero (0) UTI's with residents that had Foley catheters while a resident here on our Medicare Hall.	

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F009999	3.1-18 Infection Control (l) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, interview and record review, the facility failed to use appropriate hand hygiene during perineal care. This had the potential to affect 1 of 2 resident's observed for perineal care. (Resident #36) Finding includes: During an observation on 2/17/15 at 10:30 a.m., CNA #1 and CNA #2 provided perineal care to Resident #36. CNA #1 washed her hands for 19 seconds and CNA #2 washed her hands for 22 seconds. CNA #1 obtained wet wipes while CNA #2 obtained a clean brief. CNA #2 pulled the blanket back, detached the brief and pushed the front of the brief down between Resident #36's thighs. CNA #1 removed a wet wipe from the container and wiped straight down the middle of resident's perineal area one time. CNA #2 rolled resident to the left and CNA #1 removed another	F009999	**Plan of Correction for F9999:** Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction constitutes the written compliance for the deficiencies cited. However, submission of this Plan of Correction shall not constitute an admission, or an agreement that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law. Four Seasons requests that compliance with Federal and State rules be determined through paper review. **Corrective Action:** A new policy for Perineal Care has been written (See attachment G) and by March 11th, 2015 all staff will have been educated on it. New copies have been placed in the Policy and Procedures books on both the Healthcare and Residential sides of the facility. On March 11th, a repeat of our check-off for Hand washing Skills will be repeated for all nursing staff. All staff will be observed with a black light while washing their hands. At the same time, all staff will be timed while washing their hands. In a handwritten statement (see attachment H) that is signed by both CNA #1 and # 2, they wrote that they washed their hands for	03/20/2015

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	wet wipe and cleaned in between the resident's buttocks one time, front to back. CNA #1 removed the brief, which was observed to be wet, and placed it in a plastic bag. CNA #1 placed the clean brief on Resident #36. CNA #1 and CNA #2 did not change gloves or wash their hands. CNA #1 pulled down Resident #36's shirt and both CNA #1 and #2 pulled the blanket up on resident. CNA #1 placed resident's call light within reach and pulled back the privacy curtain. CNA #1 removed her gloves and washed her hands for 6 seconds. CNA #2 removed her gloves and washed her hands for 12 seconds. During an interview with CNA #1 on 2/18/15 at 11:00 a.m., she indicated hand washing should be done for 20 seconds before and after care. During an interview with CNA #2 on 2/18/15 at 11:10 a.m., she indicated hands should be washed for 20 seconds. The document titled Statement of Inservice Training for Employees, dated 11/19/14, for hand washing, was provided by LPN #8 on 2/18/15 at 1:47 p.m. It indicated CNA #1 and CNA #2 attended the inservice. The Policy and Procedure titled Hand		approximately 20 seconds. They also agreed that CNA # 1 washed the labia on both sides and down the center. Both CNA #1 and CNA #2 attend the Skills Fair in September and were checked off for Handwashing and Infection Control. (See Attachment I) According to the surveyor, a policy dated February 2004 with no title was related to Hand washing when in fact, the title-less policy was a policy on Perineal Care that simply stated Responsibility:Nursing. It was on our Four Seasons policy letter head, and was found in our Policy book, but did not have the bold title of Perineal Care. (See Attachment J) We will be observing CNA's providing perineal care at random times and re-educating as needed. We will be auditing our infection control monthly reports and providing the audit results at our QAPI meetings which meet quarterly.	

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	washing, dated 2/11/2004, was provided by the DON on 2/17/15 at 10:49 a.m. It included, but was not limited to, the following: "HANDWASHING. PURPOSE: The purpose of this procedure is to provide guidelines to employees for proper and appropriate hand washing techniques that will aid in the prevention of the transmission of infections...WHEN TO WASH HANDS: Appropriate 20 second hand washing must be performed under the following conditions:...5. After prolonged contact with a resident. 6. After handling used...linen...9. After removing gloves...." 3.1-41 Urinary Incontinence (2) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Based on observation, interview and record review, the facility failed to provide appropriate perineal care for 1 of 2 residents observed for incontinent care. (Resident #36) Finding includes: During an observation on 2/17/15 at			

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	10:30 a.m., CNA #1 and CNA #2 provided perineal care to Resident #36. CNA #1 washed her hands for 19 seconds and CNA #2 washed her hands for 22 seconds. CNA #1 obtained wet wipes while CNA #2 obtained a clean brief. CNA #2 pulled the blanket back, detached the brief and pushed the front of the brief down between Resident #36's thighs. CNA #1 removed a wet wipe from the container and wiped straight down the middle of resident's perineal area one time. CNA #2 rolled resident to the left and CNA #1 removed another wet wipe and cleaned in between the resident's buttocks one time, front to back. CNA #1 removed the brief, which was observed to be wet, and placed it in a plastic bag. CNA #1 placed the clean brief on Resident #36. CNA #1 and CNA #2 did not change gloves or wash their hands. CNA #1 pulled down Resident #36's shirt and both CNA #1 and #2 pulled the blanket up on resident. CNA #1 placed resident's call light within reach and pulled back the privacy curtain. CNA #1 removed her gloves and washed her hands for 6 seconds. CNA #2 removed her gloves and washed her hands for 12 seconds. On 2/18/15 at 1:45 p.m., the Staff Development Nurse (LPN #8) indicated one wipe of the perineal area was not			

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	sufficient. She indicated when new CNA's were hired, they get a checklist. She indicated while CNA's were in orientation, the CNA's who trains them sign off on those checklists. On 2/18/15 at 1:55 p.m., LPN #8 provided a blank copy of the document titled Certified Nurse Aide Orientation Check List. It included, but was not limited to the following: "...3. PERSONAL CARE...d. peri-care. e. catheter care. f. incontinent care....". LPN #8 indicated this was the check list used by new CNA's. LPN #8 could not provide a step by step instruction on educating staff on perineal care. On 2/18/15 at 2:20 p.m., the Director of Nursing provided the document, with no title, dated February 2014. She indicated it was the policy and procedure on perineal care. It included, but was not limited to the following: "...Purpose of Procedure: To prevent infection and skin breakdown. To cleanse the perineal area to keep free from odor. Procedure: 1. Explain the procedure...5. For female residents: expose the perineal area and separate the labia, cleanse from inner labia to outer labia...using a different section of the washcloth each swipe you make...8. Remove gloves and wash hands."			

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R000000	Four Seasons Retirement Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Survey. Quality review completed on February 25, 2015, by Janelyn Kulik, RN.	R000000		