

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/23/2014
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635
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F000000	<p>This survey was for the Investigation of Complaint IN00144547, Complaint IN00145051, Complaint IN00146130, and Complaint IN00146658.</p> <p>Complaint IN00144547 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441 and F465.</p> <p>Complaint IN00145051 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00146130 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00146658 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 21-23, 2014</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 98 Total: 98</p> <p>Census payor type: Medicare: 19 Medicaid: 69 Other: 10 Total: 98</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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F000441 SS=D	<p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on April 24, 2014, by Brenda Meredith, R.N. 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</p>			

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	<p>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 interviews and record review, the facility failed to ensure shower chairs were appropriately cleaned and sanitized between residents by one of eight direct care staff. (Staff #21)</p> <p>Finding includes:</p> <p>During the survey, confidential interviews were done with residents, families, and staff from all 3 shifts. A concern was expressed, by 7 of the 29 interviewed, in regards to shower chairs being soiled and not cleaned between residents.</p> <p>Confidential interviews of 8 direct care staff (Staff #11, #12, #13, #18, #20 and #22) indicated cleaning solution was to be sprayed on shower chairs and left 10 minutes before rinsing between resident showers. One direct care staff (Staff #21) indicated the solution was to sprayed on the shower chairs and left for 5 minutes then rinsed off between resident showers.</p> <p>The Administrator was interviewed on 04/23/14 at 10:00 a.m. and indicated the facility does not have a written Policy & Procedure in regards to cleaning of shower chairs. The Administrator indicated the staff refer to the directions printed on the solution bottle and provided a copy of the "Product Specification Document," which indicated:</p>	F000441	<p>F441Infection Control</p> <p>1. How corrective action will be accomplishedfor those affected? Staffhas been in-serviced related to proper procedure for cleaning and sanitizingresident equipment. New employees aretrained during orientation on proper procedures for cleaning and sanitizingresident equipment. Current employees receive annual in-servicing on infectioncontrol.</p> <p>2. How corrective action will be accomplishedfor those residents having the potential to be affected? Allresidents have the potential to be affected. Staff has been in-serviced relatedto proper procedure for cleaning and sanitizing resident equipment. New employees are trained during orientationon proper procedures for cleaning and sanitizing resident equipment. Currentemployees receive annual in-servicing on infection control.</p> <p>3.What measures will be put into place/systemic changes made to ensure correction Licensedstaff has been in-serviced related to proper procedure for cleaning residentcare equipment.</p> <p>4. How facility plans to monitor</p>	05/05/2014	

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F000465 SS=F	<p>"Disinfectant Cleaner 2.0...PRODUCT DESCRIPTION Use Disinfectant Cleaner 2.0 in:...Nursing Homes,...Shower and Bath Areas,...on washable hard, nonporous surfaces of:...chairs...showers, shower stalls....</p> <p>USE...GENERAL USE DIRECTIONS APPLICATION: For disinfection remove heavy soil deposits from surface. Then, thoroughly we surface with solution...Spray 6-8 inches from the surface, rub with a brush, cloth or sponge....Let solution remain on the surface for a minimum of 10 minutes. Rinse or wipe dry with a clean cloth or sponge or allow to air dry...."</p> <p>This Federal tag relates to Complaint IN00144547.</p> <p>3.1-18(a) 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observations, record review and interviews, the facility failed to maintain water temperature's at a comfortable level of warmth. This finding had the potential to effect 99 of 99 residents residing in the facility.</p> <p>Finding includes:</p> <p>During the survey, confidential interviews were done with residents, families, and staff from all 3 shifts. A concern was expressed, by 16 of the 29 interviewed, in regards to cold</p>	F000465	<p>itsperformance to make sure that solutions are sustained? Theangel care checklist includes rounds for shower areas and resident equipment.Checklists will be completed 3 x weekly to ensure resident equipment is cleanand in good repair. ED or designee will review results in Quality AssuranceMeeting monthly x 6 months. 5. Systemic changes will be completed by May 5,2014</p> <p>F-465 Safe Functional/Sanitary/Comfortable Environment 1. How corrective action will be accomplishedfor those affected? Waterheater main valve temperature adjusted to increase water temperature toacceptable levels between 100-120 degrees Fahrenheit. 2.2. How corrective action will beaccomplished for those residents having the potential to be affected? Allresidents have the potential to</p>	05/05/2014

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	<p>water temperature's being cold in resident bathrooms and the shower rooms on both units. The facility contains 2 units, North and South, separated by the lobby, dining room, activity room, and offices. Each unit consists of 3 "wings," (hallways), and the middle hallway on both units has 2 shower rooms.</p> <p>On 04/23/14, the Administrator provided the facility's water temperature logs for 02/2014 thru 04/14/2014. The records indicated temperature readings by wings & did not designate which resident rooms were tested. The recorded temperatures varied between 100* (* degrees) - 109*.</p> <p>On 04/23/14, between 9:20 a.m. and 9:50 a.m., accompanied by the Maintenance Supervisor, water temperatures check were done in 1 of 2 shower rooms on each unit and 10 of 61 resident room bathrooms, and indicated:</p> <p>South Unit Rooms (Rm): Rm 101: 98.4* Rm 107: 95.5* Rm 118: 94.3* Rm 130: 93* Rm 134: 98.8* Shower Rm #2: 98.8*</p> <p>North Unit Rooms: Rm 200: 96.4* Rm 205: 92.3* Rm 216: 89.4* Rm 228: 94.6* Rm 230: 96.4* Shower RM #4: 92*</p> <p>An interview with the Maintenance Supervisor, during the water checks, indicated water temperatures were to be</p>		<p>be affected. Water heater main valvetemperature adjusted to increase water temperature to acceptable levels between 100-120 degrees Fahrenheit.</p> <p>3. What measures will be put into place/systemic changes made to ensure correction? Plant Operations Director or designee will check and record water temperatures in 15 resident care areas each week x 3 months, then will follow preventative maintenance schedule for water temperatures thereafter.</p> <p>4. How facility plans to monitor its performance to make sure that solutions are sustained? Plant operations Director or designee will submit checklist of water temperatures weekly x 3 months to ensure compliance. ED or designee will review results in Quality Assurance Meeting monthly x 6 months</p> <p>5. Systemic changes will be completed by May 2, 2014.</p>	

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	<p>maintained between 100* and 110*.</p> <p>The Administrator indicated the facility utilized IAC (Indiana Administrative Code) guideline, 410 IAC 16.2-3.1-19: "...(r) The hot water temperature for all bathing and hand washing facilities shall be controlled by automatic control valves. The water temperature at the point of use must be maintained between: (1) one hundred (100) degrees Fahrenheit; and (2) one hundred twenty (120) degrees Fahrenheit...."</p> <p>This Federal tag relates to Complaint IN00144547.</p> <p>3.1-19(r)</p>			