

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2015
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NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122
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F 000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: April 15, 16, 17, 20, and 21, 2015.</p> <p>Facility number: 011509 Provider number: 155770 AIM number: 200909280</p> <p>Census bed type: SNF/NF: 49 Residential: 10 Total: 59</p> <p>Census payor type: Medicare: 2 Medicaid: 24 Other: 23 Total: 49</p> <p>Residential sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	Submission of this plan of correction shall not constitute an admission by the Villas of Guerin Woods to the allegations contained in this survey report. This plan of correction is submitted in accordance with the requirements of the state and federal laws.	

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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F 282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow a physician's order to discontinue an antidepressant for 1 of 6 resident's reviewed for unnecessary medications. (Resident #30)</p> <p>Finding includes:</p> <p>The Clinical Record for Resident #30 was reviewed on 4/16/15 at 10:40 a.m. Diagnosis included, but was not limited to, depression.</p> <p>The February 2015 Medication Administration Record (MAR) indicated Resident #30 was receiving Lexapro (antidepressant) 20 mg (milligrams) daily.</p> <p>The Physician Order, dated 3/14/15, indicated to decrease Lexapro to 10 mg daily for a GDR (Gradual Dose Reduction).</p>	F 282	<p>The Physician and family of Elder # 30 were notified of the error. (See exhibit #1) There were no adverse effects to Elder # 30. 2) No other Elders had the potential to be affected. 3) All Elder orders and MARs were reviewed and there were no deficient practices identified. L.P.N. # 2 was given a teachable moment and has been re-educated on the policy and procedure of taking off an order. (See exhibits # 2A & 2B). All nurses have been re-educated on the policy and procedure of discontinuing a doctor's order. Random audits conducted by the D.O.N. and/or designee of 20% of Elders M.A.R.s will be done weekly X4, monthly X3 and quarterly X3. (See exhibit # 3) Any deficiencies noted will result in re-education at the time of the audit. 4) Administrator will assure audits are complete and the results of the audits will be reviewed by the Q.A.P.I.</p>	05/18/2015

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	<p>The Physician Order, dated 3/24/15, indicated to D/C (discontinue) Lexapro.</p> <p>The March 2015 and April 2015 MAR indicated Resident #30 received the antidepressant, Lexapro 10 mg dose, daily from 3/25/15 through 4/16/15.</p> <p>During an interview with LPN (Licensed Practical Nurse) #2 on 4/16/15 at 11:10 a.m., she indicated she did not know why the medication was given when it was discontinued on 3/24/15.</p> <p>During an interview with the Director of Nursing on 4/17/15 at 1:05 p.m., she indicated she did not have an answer as to what happened.</p> <p>During an interview with LPN #2 on 4/20/15 at 9:10 a.m., she indicated when an order is discontinued, it is highlighted out and D/C is written next to it on the resident's MAR.</p> <p>A copy of the document titled, "Nursing In-Service", was provided by the Director of Nursing (DON) on 4/20/15 at 10:45 a.m. The DON indicated this was the current procedure used for physician's orders. The document included, but was not limited to, the following: "Procedure for receiving physician's orders...6. Order is transcribed onto Medication</p>		<p>committee monthly X4 then quarterly X3 to ensure compliance</p>				

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F 371 SS=E Bldg. 00	<p>Administration Record with great concern for accuracy...7. Nurse to complete detailed Nurses notes stating reason for new or discontinued medications...."</p> <p>3.1-35(g)(2)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review and interview, the facility failed to ensure staff washed or sanitized their hands after touching their face/clothing or other residents and after disposing of soiled silverware/dishes while feeding residents during 2 of 2 meal observations. The facility also failed to ensure food was stored properly in the refrigerators, freezers, and dry storage rooms in 5 of 5 villas and failed to ensure staff was not storing personal, opened drinks in the resident's refrigerator and freezer. This deficient practice had the potential to affect 50 of 50 residents receiving meals from the kitchen.</p>	F 371	<p>1) Elders # 10, #45, #11, #23, #17 and #38 were assessed for any signs or symptoms of infection and there were no adverse effects noted. 2) All Elders have the potential to be effected by this practice. All Elders have been assessed for any signs or symptoms of infection and treated if indicated. 3) All nursing staff have been re-educated on proper hand washing, proper food storage, preparation, serving and feeding of the Elders. Staff have been re-educated on the proper storage, labeling and dating of personal food and drink items. In Villa 2 the bowl of undated jelly was thrown away. In Villa</p>	05/18/2015

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	<p>Findings include:</p> <p>During a lunch time observation on 4/15/15 between 12:15 p.m. and 1:00 p.m., the following was observed:</p> <p>1. At 12:28 p.m., Certified Nursing Assistant (CNA) #1 went from feeding herself and Resident #45, to the freezer/microwave to slightly thaw an ice cream cup for Resident #10. She then resumed feeding Resident #45 and offered her drinks without handwashing. Resident #45 was observed to be coughing, CNA #1 held a napkin over the resident's mouth, wiped it and then continued to eat her own meal and feed the resident.</p> <p>2. At 12:36 p.m., CNA #4 cleared some of the dishes of the residents who had finished eating, deposited the dirty dishes in the dish bin on the kitchen counter, dipped up a dessert, and walked over to Resident #11 and served the dessert. CNA #4 then resumed feeding Resident #23 and herself.</p> <p>3. At 12:40 p.m., CNA #1 retrieved a cup of ice cream from freezer, served it to Resident #17, repositioned the resident, and then resumed eating and feeding Resident #45.</p>		<p>3 the undated open tomato was thrown away; the 4 open undated bags of cheese were thrown away; the open undated shredded cheese was thrown away; the open undated fish was thrown away; the open undated bag of chicken tenders in the freezer was thrown away; the open and undated bag of polish sausages in the freezer was thrown away; the spaghetti noodles with no bag, box or container in dry storage was thrown away; the undated and unsealed chicken nuggets were thrown way; the lettuce and cabbage in the dry storage room refrigerator undated and not bagged were thrown away. In Villa 5 the undated and unsealed cheese was thrown away and the unsealed and undated cauliflower in the freezer was thrown away. In Villa 6 the unlabeled and undated Ale 8 and Cherry Pepsi were thrown away; the uncovered and the undated cup of thickened cranberry juice was thrown away. In Villa 4 the undated and unlabeled Sprite was thrown away; the undated and unsealed bag of cauliflower in the freezer was thrown away; the unsealed and undated bag of chicken strips in the freezer was thrown away; the unsealed and</p>	

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	<p>4. At 12:43 p.m., CNA #4 donned a pair of gloves and assisted Resident #38 in making a sandwich out of the food the resident had on the plate. During an interview with the CNA at this time, she indicated she put gloves on as the resident had food all over her table and self and she didn't want to get her germs in with the resident's. After the interview, the CNA removed her gloves and resumed feeding Resident #23 a few more bites and then cleared the remaining dirty dishes. After clearing the dishes, she dipped up and gave Resident #45 a bowl of peach cobbler.</p> <p>5. At 12:49 p.m. - CNA #1 was observed clearing resident place settings before again offering Resident #45 another bite of food, a drink and then, peach cobbler.</p> <p>During the meal observation, CNA #1 was observed to touch her shirt and leaned on her hand multiple times while feeding Resident #45.</p> <p>No handwashing or hand sanitizer gel was utilized during this lunch time observation by any of the CNAs.</p> <p>During an interview with CNA #1 and CNA #4 at 1:20 p.m., both CNAs indicated they have always eaten at the same time as the residents, feeding those</p>		<p>undated bag of diced ham was thrown away; the unsealed and undated cheese in the refrigerator was thrown away; the expired bread in the dry storage was thrown away; the unsealed vanilla wafers in the dry storage area was thrown away; and, the unsealed and undated chicken in the freezer in the dry storage was thrown away. In Villa 2 the undated and open salad in the refrigerator was thrown away. In Villa 3 the undated and unlabeled Mountain Dew was thrown away. All dry storage pantries, kitchen freezers, kitchen refrigerators, pantry freezers, pantry refrigerators, standalone deep freezer and kitchen cabinets have been cleaned out and all food items are sealed, labeled and dated properly by the C.D.M. and/or designee. Random observation of meals of 5% will be conducted by the D.O.N. and/or designee to assure proper hand washing, proper food preparation and proper serving and feeding of the Elders will be done weekly X4, monthly X3 and quarterly X3. Random audits of 20% of the food storage areas will be conducted by the Certified Dietary Manager and /or designee to assure that food is sealed, labeled and properly</p>	

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	<p>who needed assistance. They indicated that they were told that as long as they did not cross contaminate their food with the residents, they could eat and feed a resident at the same time. They indicated they did touch their silverware and the residents at the same time, but nothing had ever been said before about it being a problem.</p> <p>During a breakfast observation on 4/16/15 between 8:10 a.m. and 8:45 a.m., the following was observed:</p> <p>6. At 8:10 a.m., CNA #2 was observed to feed Resident #45 while also eating her own breakfast and rubbing the resident's back in effort to awaken the resident. CNA #2 then donned a hairnet and entered the kitchen to get herself coffee. She exited the kitchen, removed the hairnet and continued feeding Resident #45.</p> <p>7. At 8:15 a.m., CNA #3 was observed feeding Resident #23 while also eating her own breakfast. She wiped her own mouth on a napkin, took a bite of her sausage biscuit and then picked up Resident #23's silverware and resumed feeding the resident. CNA #3 was then observed rubbing her forehead with her bare hands; she then scraped her dirty plate into the dish bin and resumed</p>		<p>dated will be done weekly X4, monthly X3 and quarterly X3. (See exhibit #4A and #4B). 4) Administrator will assure the audits are conducted and the results of the audits will be reviewed by the Q.A.P.I. committee monthly X4, then quarterly X3 to ensure compliance.</p>				

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	<p>feeding Resident #23.</p> <p>No handwashing or hand sanitizer gel was utilized during this breakfast time observation by any of the CNAs.</p> <p>On 4/17/15 at 12:42 p.m., the Social Service Practicum Student provided a copy of the facility's current policy, titled "Hand Hygiene". The policy included, but was not limited to: "Policy: It is the policy of the Villas: 1) that all staff will adhere to hand hygiene practices in accordance with this policy to protect themselves or others,...Standards: 1. Hands will be washed with running water at a temperature of not less than 100 degrees and antimicrobial soap whenever there is visible soiling and,...i. Before and after handling food; ii. Before and after assisting a [sic] Elder with meals...vi. After coughing and sneezing or blowing and wiping nose...."</p> <p>During an interview on 4/20/15 at 9:00 a.m., the Director of Nursing indicated that anytime the CNA moved from task to task, touched another resident other than the one whom they were feeding, or touched their face, they should be washing their hands."</p> <p>During the initial kitchen tour in Villa 1002, with CNA #5, on 4/15/15 at 9:29 a.m., the following was observed:</p>			

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	<p>8. There was an undated bowl of jelly in the refrigerator.</p> <p>During the initial kitchen tour in Villa 1003, with CNA #7, on 4/15/15 at 9:42 a.m. the following was observed:</p> <p>9. There was half of a used tomato in an undated, open zip lock bag in the refrigerator.</p> <p>10. There were four, undated, zip lock bags in the refrigerator containing cheese.</p> <p>11. There was an open, undated, bag of shredded cheese in the refrigerator.</p> <p>12. There was an open, undated, bag of fish portions in the freezer.</p> <p>13. There was an open, undated, bag of chicken tenders in the freezer.</p> <p>14. There was an open, undated, bag of polish sausages in the freezer.</p> <p>15. There was spaghetti noodles, with no bag, box or container, laying directly on the shelf in the dry storage room.</p> <p>16. In the dry storage room freezer, there was a bag of open, unsealed and undated chicken nuggets. The chicken nuggets</p>			

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	<p>were covered in ice.</p> <p>17. In the dry storage room refrigerator, there was a head of lettuce and a head of cabbage, both sitting directly on the shelf, unbagged and not in a container; both of which were partially brown in color.</p> <p>During the initial kitchen tour in Villa 1005, with CNA #1, on 4/15/15 at 9:57 a.m., the following was observed:</p> <p>18. In the refrigerator, there was cheese in an open, undated zip lock bag.</p> <p>19. In the freezer, there was an open, unsealed and undated bag of cauliflower.</p> <p>During the initial kitchen tour in Villa 1006, with CNA #8, on 4/15/15 at 10:07 a.m., the following was observed:</p> <p>20. In the refrigerator, there was an undated and unlabeled, half empty, 20 ounce bottle of Ale 8 and an undated, unlabeled, half empty 20 ounce bottle of Cherry Pepsi.</p> <p>21. In the refrigerator, there was an uncovered, undated cup of thickened cranberry juice.</p> <p>During the initial kitchen tour in Villa 1004, with CNA #9, on 4/15/15 at 10:20</p>			

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	<p>a.m., the following was observed:</p> <p>22. In the refrigerator, there was an undated and unlabeled, half empty, 20 ounce bottle of Sprite.</p> <p>23. In the freezer, there was an opened, unsealed and undated bag of cauliflower.</p> <p>24. In the freezer, there was an opened, unsealed and undated bag of chicken strips.</p> <p>25. In the refrigerator, there was an opened, unsealed and undated bag of diced ham.</p> <p>26. In the refrigerator, there was an open, unsealed and undated bag of cheese. The cheese was hard and discolored around the edges.</p> <p>27. In the dry storage room, there was a bag of expired bread, with the expiration date being 4/13/15.</p> <p>28. In the dry storage room, there was an open and unsealed bag of vanilla wafers on the shelf.</p> <p>29. In the dry storage room freezer, there was a bag of open, unsealed, and undated chicken.</p>			

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	<p>During the initial kitchen tour in Villa 1002, with CNA #10, on 4/15/15 at 10:36 a.m. the following was observed:</p> <p>30. There was a bag of opened and undated salad mix in the refrigerator.</p> <p>During a follow up kitchen visit in Villa 1003, with CNA #7, on 4/16/15 at 10:10 a.m. the following was observed:</p> <p>31. In the resident's freezer there was an undated and unlabeled, half empty, 20 ounce bottle of Mountain Dew.</p> <p>32. In the resident's refrigerator there was an undated and unlabeled, 20 ounce bottle of Mountain Dew.</p> <p>33. During an interview with CNA #7 at the time of the follow up kitchen visit, CNA #7 indicated the Mountain Dew bottles were his.</p> <p>During an interview on 4/17/15 at 1:08 p.m., the Dietary Manager confirmed all the above issues. The Dietary Manager indicated all food opened and kept for later use, should be placed in a zip lock bag, with a label and date on the bag. She indicated that food should never be touching the shelf directly in the dry storage room, the food should be sealed in a container and labeled. She indicated</p>			

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	<p>that employee drinks should only be stored on the bottom shelf of the pantry room refrigerator. She indicated after the employee drinks were opened they should not be put back into the refrigerator. She indicated that all food opened and kept for later use should have an open date and label on the package. She indicated no bags of food should be opened, unsealed, and undated in the freezer or refrigerator. She indicated that food which appears to be freezer burned should be thrown away. She indicated that all drinks for residents which are being stored in the refrigerator, should be covered, labeled, and dated. She indicated that nobody checks for expired bread, because the facility goes through it so fast.</p> <p>The current policy and procedure, dated April of 2008 and titled, "Intake and Storage of Food", was provided by the Administrator on 4/20/2015 at 9:52 a.m. and reviewed at that time. The policy indicated expired foods should be discarded and food such as meat, poultry, and fish, should be stored in an airtight, moisture proof material.</p> <p>The current policy and procedure, dated April of 2008 and titled, "Meal Period Policy", was provided by the Administrator on 4/16/2015 at 12:15 p.m.</p>			

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F 428 SS=D Bldg. 00	<p>and reviewed at that time. The policy indicated, food is to be labeled with the staff names and dated when kept in the resident's refrigerator and staff should not return any portion of food or drink to the refrigerator that has been opened.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on record review and interview, the facility failed to ensure Consultant Pharmacy recommendations were acted upon by the physician in a timely manner and gave "Patient-specific information" for refusing to reduce a resident's antipsychotic medication. This deficient practice affected 2 of 5 residents reviewed for Pharmacy recommendations. (Residents #45 and #9)</p> <p>Findings include:</p>	F 428	<p>1) The Physician has re-reviewed the pharmacy recommendation for Elder #45 and has determined after medication review and Elder assessment provided by nursing staff another GDR has been attempted. (See exhibit #5)The Physician has re-reviewed the pharmacy recommendations for Elder #9 and has determined medication benefits out weight the risks. Physician has documented the rational for continued use. (See exhibit #6) 2) Two other Elders had the potential to be affected by this</p>	05/18/2015			

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	<p>1. Review of the clinical record for Resident #45 on 4/17/15 at 10:06 a.m., indicated the resident had diagnoses which included, but were not limited to, dementia, anxiety and depression.</p> <p>On 1/20/15, the Consultant Pharmacist made the following entry; "Comment: (name of resident) has dementia and receives an antipsychotic, Quetiapine 25 mg (milligrams) Q (every) AM (morning) and 50 mg Q HS (night). Recommendation: Please consider reducing the dose of Quetiapine to 25 mg BID (twice daily) with the eventual goal of discontinuation, while concurrently monitoring for re-emergence of target and/or withdrawal symptoms."</p> <p>The physician responded to the recommendation on 3/3/15 (6 weeks after the initial recommendation was made) and indicated, "I decline the recommendation(s) above and do not wish to implement any changes due to the reasons below. Rationale: (section was blank)". No rationale was given as to why the physician did not feel the medication should be reduced.</p> <p>During an interview with the DON (Director of Nursing) on 4/17/15 at 10:40 a.m., she indicated, "Turn around is</p>		<p>practice and neither were affected by the practice. 3) Separate folders for Parkview Psychiatric Group and primary care physicians will be used in each Villa for the pharmacy recommendations. Parkview Psychiatric Group and /or the primary care doctor will be notified by phone by the staff nurse within one week from receiving the pharmacy recommendations to follow up on any stated recommendations. The D.O.N. and/or designee will sign off on 100% of pharmacy recommendations to assure Physician follow up to include rational will be done monthly X4 then quarterly X3 to ensure compliance. 4) Administrator will assure the Pharmacy recommendations have been signed and the results of the audits will be reviewed by the Q.A.P.I. committee monthly X4 then quarterly X3 to ensure compliance.</p>	

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	<p>usually short as both the MD (physician) and his NP (Nurse Practitioner) alternate visits every week. The recommendations are put into their folders for them to address when they come in. We had an issue recently where we think our psychiatric group had picked up the folder with a lot of the recommendations for the physicians to address and it took us awhile to track all of them down."</p> <p>2. Review of the clinical record for Resident #9 on 4/17/15 at 8:29 a.m. indicated the resident had diagnoses which included, but were not limited to: dementia with associated psychotic/agitated features; depression, anxiety, history of chronic UTI (urinary tract infections) and diabetes.</p> <p>On 1/20/15, the Consultant Pharmacist made the following recommendation: "REPEATED RECOMMENDATION from 11/10/14: Please respond promptly to assure facility compliance with federal regulations. (Name of Resident) has received nitrofurantoin (microdantin) (an antibiotic) 100 mg QD (every day) for greater than 90 days. Nitrofurantoin is considered a high risk medication. Her creatinine clearance is estimated at 29 ml/min (millimeters/minute) Recommendation: Please consider discontinuing nitrofurantoin."</p>			

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	<p>On 2/3/15, the physician responded back that he declined the recommendation above and did not want to implement any changes due to: Benefits greater than risks, will monitor." No explanation of what the benefits were was given.</p> <p>On 4/17/15 at 12:45 p.m., the Assistant Director of Nursing presented a copy of the facility's current policy titled, "Medication Regimen Review". The policy included, but was not limited to: Procedure:...6. Facility should ensure that the Facility Physicians/Prescribers are provided with copies of the MRRs (Medication Regimen Reviews). 7. Facility should encourage the Physician/Prescriber or other Responsible Parties receiving MRR and the Director of Nursing to act upon the recommendations contained in the MRR. For those issues that require Physician/Prescriber Intervention, Facility should encourage Physician/Prescriber to either (a) accept and act upon the recommendations contained in the MRR, or (b) reject all or some of the recommendations contained in the MRR and provide an explanation as to why the recommendation was rejected...9. Facility should maintain copies of the MRRs on file in the facility, either as part of the resident's permanent</p>			

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F 441 SS=D Bldg. 00	<p>medical record or in a special file..."</p> <p>During the final exit meeting with the Department Heads on 4/21/15 at 10:15 a.m., the Administrator indicated she had spoken to the Consultant Pharmacist about the timeframe for responding to the pharmacy recommendations. In the conversation with the Consultant Pharmacist, she indicated the Consultant Pharmacist responded that there was no specific timeframe as to when the recommendations had to be implemented as they were just suggestions of what should be done. She further indicated that it was up to the primary physician as to when he/she wanted to implement them based on their perspective of how the resident was doing.</p> <p>3.1-25(h) 3.1-25(i)</p> <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</p>			

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	<p>Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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, record review and interview, the facility failed to follow the policy and procedure for hand washing and glove use during 1 of 1 observations of incontinence care. (Resident # 28)</p> <p>Findings include:</p> <p>On 04/20/15 at 9:37 a.m., CNA # 6 and CNA # 5 entered Resident # 28's room to provide incontinence care. CNA # 6</p>	F 441	<p>Elder # 28 was checked for signs and symptoms of infection and had no adverse effects from the practice. 2) No other Elders had the potential to be affected. 3) C.N.A. #5 and # 6 were given a teachable moment and were re-educated on proper procedures for infection control before and after personal care. (See exhibit #7A, #7B, #8A & #8B). All nursing staff have been re-educated on the proper infection control during personal care.</p>	05/18/2015

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	<p>donned gloves, without washing her hands, and placed the wet wipes near the resident. CNA # 5 left the room to retrieve the hoier lift. Upon entering the room CNA # 5 donned gloves, without washing her hands. Both CNAs unfastened the resident's brief and rolled the resident onto his right side and cleaned the stool off of the anal area using front to back motion, folding the wipe with each pass. The resident was rolled onto his back and CNA # 5 sprayed peri wash onto another wipe. Using back and forth motions with the wipe, she cleaned the groin area and the creases to each side of the penis. She then sprayed another wipe and began cleaning the penis, from tip downward, folding the wipe with each pass. The hoier sling was placed under the resident and attached to the lift. He was then moved over to the toilet. The bed linens were stripped and the soiled linens were placed into the soiled linen basket by CNA # 6 . She was wearing the same gloves used during incontinence care. The resident was showered, dried and returned by hoier lift back into bed. CNA # 5 obtained wipes, wiped the anal area to clean the stool from the anal area using the same pair of gloves used for the initial incontinence care and the shower. The CNAs applied a clean brief, and applied the deodorant and clothes. The</p>		<p>Random audits of 5% of the staff will be conducted by the D.O.N. and /or designee to ensure proper infection control practices are being carried out during Elder personal A.D.L. care weekly X4, monthly X3 and quarterly X3 to ensure compliance. (See Exhibit #9) 4) The Administrator will assure audits will be done and results of the audits will be reviewed by the Q.A.P.I. committee monthly X4 then quarterly X3 to ensure compliance.</p>	

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	<p>resident was placed into the wheelchair using the hooyer lift. The CNAs removed their gloves and transported the resident out to the dining room in his wheelchair without washing their hands. CNA # 5 entered the kitchen area, applied her hair net and apron. She then washed her hands for 22 seconds using proper hand washing technique. CNA # 6 drank from her personal cup of water and entered the restroom. CNA # 5 then proceeded to feed a health shake to the resident for breakfast.</p> <p>During an interview with CNA # 5 at 10:16 a.m., she indicated during incontinence care to check the front and back of the elder's brief. CNA #5 indicated when providing care to the male, make sure the peri care was done correctly; cleaning from the penis to the back, pull the foreskin back over, then wipe from front to back, wiping each side, then wipe the fold. For a woman, a new wipe was to be used for the clitoral area. The resident is then rolled to do the backside, wiping front to back, avoiding touching the front area with the cloth. The CNA indicated she should check for pressure areas and examine the stool for color and consistency. If something was noticed, she indicated she would tell the nurse. After a thorough check of the resident, the brief is replaced, and the</p>			

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	<p>resident is checked and changed every 2 hours. CNA #5 indicated handwashing should last 30 to 60 seconds, washing the nails, then the thumb, wash from the hands up the wrist. She indicated she would use lukewarm water, holding the hands in a downward position to rinse them. In drying, blot from the wrist to the finger tips with paper towels, discard the paper towels and get new paper towels to turn off the water. CNA #5 indicated gloves should be changed when soiled or ripped and stated the gloves are soiled if BM (bowel movement) gets on the gloves, after toileting or if an accident occurs during toileting.</p> <p>On 04/20/15 at 10:52 a.m., LPN # 1 indicated Resident #28 was prone to UTIs (urinary tract infections). She indicated that staff education on wiping and pericare have been initiated on the resident's care plan and the resident was also on behavior monitoring for mood changes, as the resident is also prone to mood changes during a UTI. The LPN indicated the facility has urinalysis testing on site to check a resident's urine for possible UTI. LPN #1 indicated Resident #28 had been checked pretty frequently. The LPN indicated with any signs of an infection, staff would call the MD (Medical Doctor) or NP (Nurse Practitioner) and test through the medlab</p>			

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	<p>company for urinalysis and the MD usually would start the resident on an antibiotic.</p> <p>On 04/17/15 at 12:42 p.m., the Social Services Practicum Student provided a copy of the facility's current Hand Hygiene Policy. The policy included, but was not limited to, "1: that all staff will adhere to hand hygiene practices in accordance with this policy to protect themselves or others, and 2) to keep visitors informed of the need to wash their hands before leaving the room of an Elder with MDRO (Multi-Drug Resistant Organism)." The Standards of the policy also included: "1. Hands will be washed with running water at a temperature of not less than 100 degrees and antimicrobial soap whenever there is visible soiling and, (these materials include but are not limited to feces, blood or other body fluids): i. Before and after handling food, ii. Before and after assisting an Elder with meals, iii. Before and after assisting an Elder with toileting, iv. After contact with an Elder with infectious diarrhea, v. After performing your personal hygiene, and vi. After coughing and sneezing or blowing and wiping nose."</p> <p>On 04/21/15 at 8:25 a.m., the DON (Director of Nursing) indicated staff</p>			

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R 000 Bldg. 00	<p>should wash their hands upon entering the room, when gathering supplies, and when removing gloves. Alcohol gel is available when hand washing can't be done. She also indicated staff should wash their hands when they enter the room for incontinence care. She indicated wipes are used to clean residents in the facility and staff should change gloves when they are dirty, so they are not getting stool on the the resident. She also indicated gloves should be changed when staff applies the clean brief. The DON indicated Hand Washing In-Services are held monthly or if indicated, one on one training can be utilized with staff members.</p> <p>3.1-18(l)</p> <p>The Villas of Guerin Woods was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 000	<p>Submission of this plan of correction shall not constitute an admission by the Villas of Guerin Woods to the allegations contained in this survey report. This plan of correction is submitted in accordance with the requirements of the state and federal laws.</p>	