STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155697		05/12/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK REHABILITATION AND SKILLED NURSING CENTER	517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: May 6, 7, 8, 11, and 12, 2015. Facility number: 000059 Provider number: 155697 AIM number: 100266560 Census bed type: SNF: 8 SNF/NF: 65 Total: 73 Census payor type: Medicare: 16 Medicaid: 49 Private: 1 Other: 7 Total: 73 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.	F 000		
F 441 SS=E Bldg. 00	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS			

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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	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. (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 perform proper hand hygiene for 5 of 6 residents observed during 3 of 4	F 441	**What corrective action(s)will be accomplished for those residents found to have been affected by thedeficient practice?**	05/26/2015

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	Medication Administration observations. (Residents #38, #71, #73, #21 and #3) Findings include: 1. During a Medication Administration observation on 5/11/15 at 8:56 a.m., LPN (Licensed Practical Nurse) #1 entered Resident #38's room to instill eye drops. LPN #1 washed her hands for 18 seconds, donned gloves and instilled the eye drops. LPN #1 removed her gloves and washed her hands for 12 seconds. During an interview with LPN #1 on 5/11/15 at 9:10 a.m., she indicated hands should be washed for 20 seconds. 2. On 5/11/15 at 9:46 a.m., LPN #2 entered Resident #71's room to obtain a blood sugar check. LPN #2 washed her hands for 10 seconds, donned gloves and obtained Resident #71's blood sugar. LPN #2 removed her gloves and exited the room. On 5/11/15 at 9:52 a.m., LPN #2 entered Resident #71's room to administer an insulin injection. LPN #2 donned gloves, administered the insulin, removed her gloves and exited Resident #71's room. LPN #2 did not wash her hands. 3. On 5/11/15 at 11:23 a.m., LPN #2		·Resident's 38,71,73,21 and 3 were not affected by the alleged deficient practice. LPN's #1,2 and 3 were in-serviced on the Hand Hygiene procedure. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficien tpractice. ·Nursing staff have been in-serviced on hand hygiene on or before 5/26/15 by the Director of Nursing Services/Designee. ·Hand Hygiene Skills Validations completed with nursing staff on or before 5/26/15 by the Director of Nursing Services/Designee. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Nursing staff have been in-serviced on hand hygiene on or before 5/26/15 by the Director of Nursing Services/Designee. ·Hand Hygiene Skills validations completed with nursing staff on or before 5/26/15 by the Director of Nursing Services/Designee. ·Director of Nursing Services/Designee will conduct rounds for licensed staff on each shift to ensure compliance. ·Director of Nursing Services/Designee is responsible to oversee skills validation program which includes Hand	

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	entered Resident #74's room to obtain a blood sugar check. LPN #2 washed her hands for 8 seconds, donned gloves, obtained the blood sugar, removed her gloves and exited the room. On 5/11/15 at 11:32 a.m., LPN #2 entered Resident #74's room to administer an insulin injection. LPN #2 donned gloves, administered the insulin, removed her gloves and exited Resident #74's room. LPN #2 did not wash her hands. During an interview with LPN #2 on 5/11/15 at 3:09 p.m., she indicated hands should be washed before and after obtaining a blood sugar and administering insulin injections. 4. On 5/12/15 at 8:46 a.m., LPN #3, was observed obtaining an oxygen saturation level on the left hand of Resident #21, using her bare hands. LPN #3 then adjusted the resident's oxygen tubing. LPN #3 washed her hands for 5 seconds and exited the room. 5. On 5/12/15 at 8:54 a.m., LPN #3 entered Resident #3's room to administer medications. LPN #3, using her bare hands, pulled the privacy curtain closed, administered Resident #3's medication and pulled the privacy curtain back open.		Hygiene to ensure compliance. How the corrective action(s)will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? ·The Director of Nursing Services/Designee is responsible for the completion of the Hand Hygiene Skills Validation CQI tool on all shifts daily for 1 week, bi-weekly for 2 weeks, 1 time weekly for 2 weeks and then monthly for 6 months, then per the CQI calendar. The results o fthese audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Attachments A May 26, 2015	

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	LPN #3 washed her hands for 5 seconds and exited the room. The Director of Nursing provided a copy of the document titled, "Hand Hygiene", on 5/12/15 at 10:00 a.m. This document included, but was not limited to, the following: "...Procedure Steps: 1. Turn on water...4. Apply soap, rub hand (sic) together, between fingers to create a lather. 5. Lather all surfaces of fingers and hands including wrists. 6. Use friction for at least 20 seconds...." The Director of Nursing provided a copy of the document titled, "Subcutaneous-Injection", on 5/12/15 at 10:00 a.m. This document included, but was not limited to, the following: "Procedure Steps:...2. Perform hand hygiene...18. Remove gloves and perform hand hygiene...." During an interview with the Administrator on 5/12/15 at 12:45 p.m., she indicated the "5 moments of required hand hygiene", included at the bottom of the document titled, "Hand Hygiene", referred to hand washing with soap and water. The bottom section of this document included the following "5 moments of required hand hygiene": Before patient; Before an aseptic task; After body fluid exposure risk; After			

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	patient contact; After contact with patient surroundings. 3.1-18(l)			