

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2014
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NAME OF PROVIDER OR SUPPLIER GREEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3118 GREEN VALLEY RD NEW ALBANY, IN 47150
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F000000	<p>This visit was for the Investigation of Complaint IN00145485.</p> <p>Complaint IN00145485-Substantiated. Federal/State deficiencies related to the allegation are cited at F441.</p> <p>Survey Dates March 13 &14, 2014</p> <p>Survey Team Gwen Pumphrey, RN-TC</p> <p>Facility Number: 000028 Provider Number: 155070 AIM Number: 100275370</p> <p>Census Bed Type SNF: 95 Total: 95</p> <p>Census Bed Type Medicare: 13 Medicaid:75 Other: 7 Total: 95</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410IAC16.2</p>	F000000	<p>Please accept the following plan of correction for the complaint survey completed on March 14, 2014.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community.</p> <p>We respectfully request consideration for a desk review and paper compliance.</p>	
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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 by Cheryl Fielden RN, on March 19, 2014.			

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F000441 SS=D	<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 interview and record review, the facility failed to properly</p>	F000441	1. The facility properly monitored the prescribed antibiotics of	03/18/2014			

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	<p>monitor a residents prescribed antibiotic's through the outcome surveillance process of the infection control program. This deficient practice affected 1 of 3 residents reviewed for infection control. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 3/13/14 at 4:35 p.m. She had diagnoses including but not limited to pneumonia, urinary tract infection, lung disease, reflux, and seizures.</p> <p>On 2/23/14 she was transferred from the facility to the emergency room for shortness of breath and was admitted into the hospital.</p> <p>According to the discharge summary from the hospital dated 3/1/14, Resident #A had a diagnosis of pneumonia. She was discharged home with an antibiotic medication. This medication was Levaquin 250 milligram by mouth for four days.</p> <p>Review of the nurses notes and medication administration record [MAR] for 3/3, 3/4, 3/5, 3/6, and 3/7/2014 indicated the resident received the antibiotic as prescribed</p>		<p>(resident A) through the surveillance process of the infection control program, as well as through daily nursing documentation, the daily change of condition meeting, and through the facility performance improvement program, no harm was incurred by (resident A) by the alleged deficient practice.</p> <p>The facility maintains 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. 2. All current residents have the ability to be affected by the alleged deficient practice. An audit was completed on March 14, 2014 by Nursing Administration to ensure that all infections were documented on the infection control log according to the facility infection control program. 3. On March 17, 2014, the Assistant Director of Nursing and Staff Development Coordinator were educated by the Director of Nursing on adding resident infections to the infection control log within 24 hours of being identified. 4. D.O.N. or designee will audit the infection control log three (3) times a week for four (4) weeks and continue weekly for no less than two (2) additional months to ensure that resident infections are documented on the infection control log within 24 hours of being identified. The results of</p>	

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	<p>while in the facility.</p> <p>The infection control log was reviewed on 3/14/14 at 4:51p.m. The log lacked documentation of any monitoring of Resident #A's pneumonia, including the treatments and the follow up as to whether the symptoms had resolved.</p> <p>In an interview on 3/14/14 the Director of Nursing indicated, "[Resident #A] went out [to the hospital]with pneumonia. She had chronic lung disease and smokes at every smoke break. She was readmitted on 3/1/14 with an antibiotic for four days."</p> <p>In an interview, 3/14/14 Resident #A indicated she did have pneumonia. She was unable to recall her medications. She stated she felt that her symptoms had resolved. A copy of the policy titled, "Infection Control" was provided by the Administrator on 3/13/13 at 9:52a.m. The policy indicated, ..."provides an active and comprehensive infection control program through surveillance, prevention, and control of infections acquired or brought into the facility between residents.... This federal tag is related to Complaint IN00145485.</p>		<p>these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated. Informal Dispute Resolution Response to Regulation Cited F 441 483.65 Infection Control We are disputing the citation tag F 441 which stated; "Based on interview and record review, the facility failed to properly monitor a resident's prescribed antibiotics through the outcome surveillance process of the infection control program." We are specifically disputing that Resident A's prescribed antibiotic's were not properly monitored through the surveillance process of the infection control program. The attached exhibits will detail information that was shared at the time of survey but was not included in the determination of deficient practice. The facility monitored the resident's prescribed antibiotics daily from the date of readmission on 3/1/14. There is no survey requirement or guidance to surveyors that indicates a specific timeframe in which a resident infection must be documented on the facility infection control tool within the Infection Control program. The regulation states,</p>		

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	3.1-18 (b)(1)(A)		"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) <u>Investigates, controls, and prevents infections in the facility;</u> (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) <u>Maintains a record of incidents and corrective actions related to infections.</u> The citation in the 2567 states, "Based on interview and record review, the facility <u>failed to properly monitor a resident's prescribed antibiotic's through the outcome surveillance process of the infection control program.</u> " In paragraph (6) on page (3) of the CMS-2567 it states that "The infection control log was reviewed on 3/14/14 at 4:51pm. The log lacked documentation of any monitoring of Resident #A's pneumonia, including the treatments and the follow up as to whether the symptoms had resolved." In paragraph (2) on page (4) it states that "A copy of the policy titled, "Infection Control" was provided by the Administrator on 3/13/14 at 9:52a.m. The policy indicated, "...provides an active and comprehensive infection		

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			control program through surveillance, prevention, and control of infections acquired or brought into the facility between residents..." The facility's Calendar of Requirements for the Infection Control Program (Exhibit A), which provides facility guidance of required infection control processes and their frequency. The facility policy does not require that the infection be documented on infection control log within a specific timeframe, however, it states that the facility will have "daily to weekly" "monitoring and surveillance of infections," which is accomplished in the facility's morning 'Change of Condition' meeting and through daily charting in nurse's notes each shift. Additionally, in review of the State Operations Manual – Guidance to Surveyors PP-773, it states, "Facilities may use various approaches to gathering, documenting, and listing surveillance data... It is important that the infection prevention and control program define how often and by what means surveillance data will be collected, regardless of whether the facility creates its own forms, purchases preprinted forms, or uses automated systems." On page PP-774, the Guidance to Surveyors further states, "Monitoring of the implementation of the program, its effectiveness, the condition of any resident with an infection, and		

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			<p>the resolution of the infection and/or outbreak is considered an integral part of nursing home infection surveillance." These activities are accomplished through our Change of Condition process and our facility Infection Control Program. In closing, the facility followed CMS regulations for F 441 and provided proper surveillance and monitoring of the resident's prescribed antibiotics according to the CMS Guidelines, Guidance to Surveyors, and the facility Infection Control Policy and Procedures. This was accomplished by continuous monitoring of the resident's status while receiving antibiotic therapy. On March 1, 2014, the resident returned to the facility and was added to the Change of Condition process (Exhibit B), which monitors all current infections daily until resolved. Confirmation of the monitoring of the resident's antibiotics was also included in the nurse's notes daily for each shift per facility policy. At no time did the resident require isolation per our infection control program and the resident did not require additional antibiotic therapy once the infection resolved. The Infection Control tool is reviewed monthly and aggregation and analysis of Infection Control data and activities is presented to the facility Performance Improvement Committee. Thank you for your consideration of this review.</p>	