

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155162	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2014
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NAME OF PROVIDER OR SUPPLIER AUTUMN RIDGE REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 WASHINGTON AVE WABASH, IN 46992
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F000000	<p>This visit was for the Investigation of Complaint IN00161544.</p> <p>Complaint IN00161544 - Substantiated. Federal/State deficiencies related to the allegations are cited at F312, F315 and F441.</p> <p>Survey dates: December 29 and 30, 2014</p> <p>Facility number: 000081 Provider number: 155162 AIM number: 100289570</p> <p>Survey Team: Shelley Reed, RN TC</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 10 Medicaid: 44 Other: 9 Total: 63</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a post survey review on or after January 21, 2015. We respectfully request a desk review in lieu of a post survey revisit.</p>	

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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F000312 SS=D	<p>Quality review completed by Debora Barth, RN.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review and interview, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received those services in regards to a shower/complete bed bath for 2 of 4 residents reviewed for assistance with activities of daily living in a sample of 4. (Residents C and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident (C) was reviewed on 12/29/14 at 2:25 p.m. Diagnoses for the resident included, but were not limited to, hypoxemia, hypertension, urinary retention, hemiplegia and renal failure.</p> <p>Review of a current health care plan problem/need indicated the resident had a</p>	F000312	<p>It is the policy of the facility to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> - Resident D was given shower immediately - Resident D was immediately added to shower schedule based on his normal routine/preference - Resident D care plan and profile was immediately updated to reflect his normal routine/preference - Resident C no longer resides in this facility 	01/21/2015

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	<p>self-care deficit related to recent cardio vascular accident with hemiplegia, dysphagia, impaired mobility and impaired cognition. Interventions for this problem included, but were not limited to, "provide shower two times per week on Tuesday and Saturday."</p> <p>Review of the shower schedule provided by the Director of Nursing on 12/30/14 at 4:20 p.m., indicated Resident (C) was to receive showers on Monday, Thursday and Saturday. During the month of December, Resident (C) received a shower on 12/4, 12/8, 12/11 and 12/13/14. Resident (C) was discharged on 12/17/14.</p> <p>2. The clinical record for Resident (D) was reviewed on 12/29/14 at 3:00 p.m. Diagnoses for the resident included, but were not limited to, congestive heart failure, urinary obstruction, urinary catheter, renal disease, anxiety and psychosis.</p> <p>Review of a current health care plan problem/need indicated the resident had a self-care deficit related to impaired mobility and impaired cognition. Interventions for this problem included, but were not limited to, "provide shower two times per week."</p>		<p>Howother residents having the potential to be affected by the same deficientpractice will be identified and what corrective action(s) will be taken;</p> <ul style="list-style-type: none"> ·All residents had the potential to have been affected by thealleged deficient practice. - Health care plans of all dependentresidents were audited by DNS/designee to ensure shower schedule accuratelyreflects resident normal routine/preference <p>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur;</p> <ul style="list-style-type: none"> ·Allresidents will be provided complete bed bath/shower as per their preferenceupon admission. ·Interdisciplinaryteam will be in serviced on admission complete bed bath/shower tracking system.Education will be complete on or by January 21, 2015. Education will beprovided by the Director of Nursing/Designee. ·AdmissionIDT will update shower schedule and health care plan to include all newadmissions based on his/her normal routine/preference. ·Health care plans and shower 				

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F000315 SS=D	<p>The most recent Admission Minimum Data Set (MDS) assessment, dated 12/23/14, indicated Resident (D) was severely cognitively impaired.</p> <p>Review of the scheduled bath book indicated Resident (D) was not listed on the schedule and no shower sheets were found for Resident (D).</p> <p>During an interview on 12/30/14 at 3:20 p.m., the Director of Nursing indicated no shower sheets were found and she was unsure why the resident was not listed on the shower schedule. Resident (D) had been in the facility for more than 12 days.</p> <p>This Federal tag relates to Complaint IN00161544.</p> <p>3.1-38(a)(2)(A)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a</p>		<p>schedule will be reviewed upon admission and quarterly thereafter to ensure residents who are dependent on staff for grooming and personal hygiene receive those services.</p> <ul style="list-style-type: none"> Director of Nursing/Designee will conduct rounds daily to ensure residents receive showers as per schedule <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <ul style="list-style-type: none"> A CQI monitoring tool called IDT Admission Complete Bed Bath/Shower CQI will be utilized with all new admission/Readmissions. A CQI monitoring tool called ADL Care for Dependent Residents CQI will be utilized every week x 4 and Monthly x 6. Data will be collected by DNS/designee and submitted to the CQI Committee. If the threshold of 95% is not met, an action plan will be developed. Non-Compliance with facility procedure may result in disciplinary action up to and including termination 		

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	<p>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.</p> <p>Based on interview and record review, the facility failed to provide proper catheter care for 1 of 3 residents reviewed (Resident B). This deficient practice resulted in multiple oral and intravenous antibiotics used for the resident. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident (B) was reviewed on 12/29/14 at 12:50 p.m. Diagnoses for the resident included, but were not limited to, urinary retention, dementia, dysphagia, macular degeneration, dementia and hypertension.</p> <p>During review of the current physician orders, Resident (B) had an order for a Foley catheter for post void residual and urinary retention.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/14/14, indicated the resident was severely cognitively impaired.</p>	F000315	<p>Based on the comprehensive care assessment, it is the policy of this facility to 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.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> - Resident B is receiving catheter care as per policy · All residents who require assistance with catheter care are receiving proper catheter care. <p>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;</p> <ul style="list-style-type: none"> · All residents who require assistance with catheter care have the potential to be affected 	01/21/2015

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	<p>Review of a current care plan, dated 12/5/12, indicated the resident had a problem with an indwelling catheter related to urine retention and neurogenic bladder. Approaches to this problem included, but were not limited to, "provide catheter care every shift."</p> <p>Review of the current Medication Administration Record (MAR), indicated the following antibiotics were given to treat urinary tract infections for Resident (B):</p> <p>5/17/14- cefepime (an antibiotic used to treat bacterial infections) 2 grams daily intravenously for 10 days.</p> <p>6/20/14- ampicillin (an antibiotic used to treat bacterial infections) 500 mg three times daily for 7 days.</p> <p>8/4/14- ampicillin (an antibiotic used to treat bacterial infections) 500 mg three times daily for 7 days.</p> <p>9/17/14- Levaquin (an antibiotic used to treat bacterial infections) 250 mg daily for 10 days.</p> <p>11/17/14- Omnicef (an antibiotic used to treat bacterial infections) 300 mg twice daily for 7 days.</p>		<p>by the alleged deficient practice</p> <ul style="list-style-type: none"> ·CatheterCare skills validation for all direct care nursing staff completed by Clinical Education Coordinator/Designee on or by January 21, 2015 ·All nursing staff will be in serviced on infection control and prevention by Clinical Education Coordinator/Designee. Education will be complete on or by January 21, 2015. <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> - All residents who require assistance with catheter care will be provided appropriate catheter care. ·All direct care nursing staff will be educated by Clinical Education Coordinator/Designee on proper catheter care on or by January 21, 2015 ·Director of Nursing/Designee will conduct rounds daily to ensure proper catheter care is provided <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <ul style="list-style-type: none"> ·A CQI monitoring skills validation tool called Urinary Catheter Care will be utilized every week x 4 and Monthly x 6. 		

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	<p>During observation on 12/30/14 at 9:17 a.m., CNA #1 and CNA #3 were preparing to provide catheter care to Resident (B).</p> <p>At 9:17 a.m., CNA #3 washed her hands for 15 seconds and applied gloves.</p> <p>At 9:19 a.m., CNA #1 washed her hands for 15 seconds and applied gloves.</p> <p>Resident (B) was moved from chair to the bed by a Hoyer lift by CNA #1 and CNA #3. At 9:28 a.m., CNA #1 wet several washcloths in the sink and applied soap. Resident (B) was rolled onto his left side to remove stool prior to catheter care. CNA #3 assisted to hold the resident on his side during care. CNA #1 made several passes with washcloths over the rectal area to remove stool. Resident (B) was then placed onto his back. CNA #1 then removed gloves and applied anti-bacterial gel to hands and put on a new pair of gloves.</p> <p>CNA #1 washed the catheter tubing in an up and down motion several times before replacing the wash cloth. The wash cloth was replaced and the catheter tubing was dried. She proceeded to measure the urine and dispose of it into the toilet. She then washed her hands and placed new gloves on.</p>		<ul style="list-style-type: none"> ·Data will be collected by DNS/Designee and submitted to the CQI Committee. If the threshold of 95% is not met, an action plan will be developed. ·Non-Compliance with facility procedure may result in disciplinary action up to and including termination. 				

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	<p>CNA #3 removed gloves and placed them into her pocket. She then picked up the dirty linen bag and trash bag and handed it to CNA #1. CNA #3 used anti-bacterial gel after she left the resident's room. CNA #1 took the linen and trash into the dirty utility room.</p> <p>Review of a current facility policy, dated 1/2010, and titled "Indwelling Urinary Catheter Care, Emptying Drainage Bag & Catheter Removal" was provided by the Director of Nursing (DON) on 12/30/14 at 1:45 p.m., and indicated the following:</p> <p>"Indwelling Urinary Catheter Care:</p> <ol style="list-style-type: none"> 1. Verify resident... 7. Using the dominant hand retrieve a wet soaped washcloth, cleanse the catheter in circular motion for about 10 cm (4 inches). Start cleansing where the catheter enters the meatus and down towards the drainage tube. 8. Change area on the washcloth or retrieve a new washcloth for consecutive passes along the catheter tubing. Do not rewipe the catheter... 12. Dispose of soiled linen in plastic bag. 13. Remove gloves 14. Wash hands 15. Dispose of soiled linen properly 16. Wash hands 			

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	<p>A current facility policy, dated 2/2010, and titled "Hand Hygiene" was provided by the Director of Nursing on 12/30/14 at 1:45 p.m., and indicated the following:</p> <p>"1. Turn on water... 6. Use friction for at least 20 seconds... Note: 5 Moment of required hand hygiene: *Before patient *Before an aseptic task *After body fluid exposure risk *After patient contact *After contact with patient surroundings</p> <p>During an interview on 12/30/14 at 9:40 a.m., CNA #1 indicated the policy for hand washing was 15 seconds. She indicated she was supposed to wash the catheter with one swipe and then change the washcloth section.</p> <p>The most recent hand washing in-service, dated 12/16/14, included CNA #1 and CNA #3 signatures indicating they attended the program.</p> <p>During an interview on 12/30/14 at 5:00 p.m., the DON indicated staff were to wash their hands for at least 20 seconds.</p> <p>This Federal tag relates to Complaint IN00161544.</p>			

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F000441 SS=F	<p>3.1-41(a)(2)</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 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</p>			

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	<p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to track and trend potential infections in regard to maintaining a complete and accurate infection control book. This failure had the potential to affect 63 of 63 residents who resided in the facility. The facility also failed to ensure personal care was performed in a manner in which to prevent the spread of infection for 2 of 2 residents with 4 of 4 Certified Nursing Assistants (CNA) observed for personal care during 2 of 2 direct care observations. (Residents B and E) (CNA #'s 1, 2, 3, and 4).</p> <p>Findings include:</p> <p>1. On 12/30/14 at 10:00 a.m., the Infection Control Book was requested from the Director of Nursing (DON) for review along with additional items.</p> <p>During an observation on 12/30/14 at 11:20 a.m., the DON was updating the Infection Control Book in her office. She indicated she was working on the November monthly totals. She indicated the information was in the book but she had not totaled the end of the month. She indicated she also had December to</p>	F000441	<p>It is the policy of this facility to ensure 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>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> · Resident E and Resident B are receiving proper personal care in a manner in which to prevent the spread of infection. · C.N.A.# 1, 2, 3, 4 provided skills validation by Clinical Education Coordinator/Designee to ensure appropriate hand washing, pericare, gloves and catheter care. · Infection Control Book monthly totals immediately audited for accuracy and documented by DNS. <p>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;</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice. · All nursing staff will be in serviced on infection control and prevention by Clinical Education Coordinator/Designee. 	01/21/2015			

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	<p>complete.</p> <p>During an interview on 12/30/14 at 12:00 p.m., the DON was queried as to how she tracked infections if the book was not complete and she indicated, since the building was small; she knew what resident had what infections.</p> <p>During review of the Infection Control Book at 12:01 p.m., the written log indicated 6 residents were treated during the month of August for a urinary tract infection. On the facility layout key, only 4 residents were noted as having a urinary tract infection. One resident had 2 separate infections.</p> <p>The November written log indicated 6 residents were treated for a urinary tract infection. The facility layout key indicated only 5 were treated.</p> <p>The December written log indicated 5 residents were treated for a urinary tract infection. The facility layout key indicated only 4 residents were treated.</p> <p>During an interview on 12/30/14 at 1:00 p.m., the DON indicated she missed 3 residents during the month of August, 1 missing in the month of November and 1 missing during the month of December.</p>		<p>Education will be complete on or by January 21, 2015.</p> <ul style="list-style-type: none"> ·Allnursing staff will be provided skills validation by Clinical EducationCoordinator/Designee to ensure appropriate hand washing, pericare, gloves andcatheter care. Education will be complete on or by January 21, 2015. ·InfectionControl Book was reviewed by Executive Director for accuracy and completion. <p>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur;</p> <ul style="list-style-type: none"> - Alldirect care nursing staff will be educated by Clinical Education Coordinator/Designee on proper personalcare. Education will be complete on orby January 21, 2015. ·Infection Control Nurse will receive one-on-one training by theInfection Control Consultant/Designee on the facility ASC Infection ControlSurveillance Routine Procedure. Education will be complete on or byJanuary 21, 2015. ·Director of Nursing/Designee will conduct rounds daily to ensureproperhand washing, pericare, gloves and catheter care. ·Director of Nursing/Designee will review Infection Control 		

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	<p>2. The clinical record for Resident (E) was reviewed on 12/30/14 at 7:55 a.m. Diagnoses for the resident included, but were not limited to, dementia, pain, neuropathy and schizophrenia.</p> <p>During observation of routine perineal care on 12/29/14 at 1:20 p.m., Resident (D) was assisted to his right side by CNA #2 and CNA #4. CNA #4 wiped stool from Resident (E)'s buttocks with several pre-wet wipes with a gloved hand. She changed gloves after care but did not wash her hands.</p> <p>Resident (E) was rolled onto his left side for continued care from CNA #2.</p> <p>Following perineal care, CNA #4 was observed to wash her hands for 7 seconds. CNA #2 was observed to wash her hands for 11 seconds after care.</p> <p>3. The clinical record for Resident (B) was reviewed on 12/29/14 at 12:50 p.m. Diagnoses for the resident included, but were not limited to, urinary retention, dementia, dysphagia, macular degeneration, dementia and hypertension.</p> <p>During review of the current physician orders, Resident (B) had an order for a Foley catheter for post void residual and urinary retention.</p>		<p>Bookweekly to ensure all infections are tracked and trend and data is accurate.</p> <p>Howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place;and</p> <ul style="list-style-type: none"> · A CQI monitoring tool called Personal Care CQI will beutilized every week x 4 and Monthly x 6. · A CQI monitoring tool called Infection Control Review CQI will beutilized every week x 4 and Monthly x 6. · Data will be collected by DNS/Designee and submitted tothe CQI Committee. If the threshold of 95% is not met, an action plan willbe developed. · Non-Compliance with facility procedure may result in disciplinaryaction up to and including termination. 				

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	<p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/14/14, indicated the resident was severely cognitively impaired.</p> <p>Review of a current care plan, dated 12/5/12, indicated the resident had a problem with an indwelling catheter related to urine retention and neurogenic bladder. Approaches to this problem included, but were not limited to, "provide catheter care every shift."</p> <p>Review of the current Medication Administration Record (MAR) indicated the following antibiotics were given to treat urinary tract infections for Resident (B):</p> <p>5/17/14- cefepime (an antibiotic used to treat bacterial infections) 2 grams daily intravenously for 10 days.</p> <p>6/20/14- ampicillin (an antibiotic used to treat bacterial infections) 500 mg three times daily for 7 days.</p> <p>8/4/14- ampicillin (an antibiotic used to treat bacterial infections) 500 mg three times daily for 7 days.</p> <p>9/17/14- Levaquin (an antibiotic used to treat bacterial infections) 250 mg daily</p>			

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	<p>for 10 days.</p> <p>11/17/14- Omnicef (an antibiotic used to treat bacterial infections) 300 mg twice daily for 7 days.</p> <p>During observation on 12/30/14 at 9:17 a.m., CNA #1 and CNA #3 were preparing to provide catheter care to Resident (B).</p> <p>At 9:17 a.m., CNA #3 washed her hands for 15 seconds and applied gloves.</p> <p>At 9:19 a.m., CNA #1 washed her hands for 15 seconds and applied gloves.</p> <p>Resident (B) was moved from chair to the bed by a Hoyer lift by CNA #1 and CNA #3. At 9:28 a.m., CNA #1 wet several washcloths in the sink and applied soap. Resident (B) was rolled onto his left side to remove stool from his rectal area prior to catheter care. CNA #3 assisted to hold resident on his side during care. CNA #1 made several passes with washcloths to remove stool. Resident (B) was then placed onto his back. CNA #1 then removed gloves and applied anti-bacterial gel to hands and put on a new pair of gloves.</p> <p>CNA #1 washed the catheter tubing in an up and down motion several times before</p>			

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	<p>replacing the wash cloth. The wash cloth was replaced and the catheter tubing was dried. She proceeded to measure the urine and dispose of it into the toilet. She then washed her hands and placed new gloves on.</p> <p>CNA #3 removed gloves and placed them into her pocket. She then picked up the dirty linen bag and trash bag and handed to CNA #1. CNA #3 used anti-bacterial gel after she left the resident's room. CNA #1 took the linen and trash into the dirty utility room.</p> <p>Review of a current facility policy, dated 1/2010, and titled "Indwelling Urinary Catheter Care, Emptying Drainage Bag & Catheter Removal" was provided by the Director of Nursing (DON) on 12/30/14 at 1:45 p.m., and indicated the following:</p> <p>"Indwelling Urinary Catheter Care:</p> <ol style="list-style-type: none"> 1. Verify resident... 7. Using the dominant hand retrieve a wet soaped washcloth, cleanse the catheter in circular motion for about 10 cm (4 inches). Start cleansing where the catheter enters the meatus and down towards the drainage tube. 8. Change area on the washcloth or retrieve a new washcloth for consecutive passes along the catheter tubing. Do not rewipe the catheter... 			

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	<p>12. Dispose of soiled linen in plastic bag.</p> <p>13. Remove gloves</p> <p>14. Wash hands</p> <p>15. Dispose of soiled linen properly</p> <p>16. Wash hands</p> <p>A current facility policy, dated 2/2010, and titled "Hand Hygiene" was provided by the Director of Nursing on 12/30/14 at 1:45 p.m., and indicated the following:</p> <p>"1. Turn on water...</p> <p>6. Use friction for at least 20 seconds...</p> <p>Note: 5 Moment of required hand hygiene:</p> <ul style="list-style-type: none"> *Before patient *Before an aseptic task *After body fluid exposure risk *After patient contact *After contact with patient surroundings <p>During an interview on 12/30/14 at 9:40 a.m., CNA #1 indicated the policy for hand washing was 15 seconds. She indicated she was supposed to wash the catheter with one swipe and then change the washcloth section.</p> <p>The most recent hand washing in-service, dated 12/16/14, indicated CNA #1 and CNA #3 had signed indicating they attended the program.</p>						

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	<p>During an interview on 12/30/13 at 5:00 p.m., the DON indicated staff were to wash their hands for at least 20 seconds.</p> <p>This Federal tag relates to Complaint IN00161544.</p> <p>3.1-18(b)(1)(A)</p>						