

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155153	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/28/2014
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NAME OF PROVIDER OR SUPPLIER HEALTHWIN	STREET ADDRESS, CITY, STATE, ZIP CODE 20531 DARDEN RD SOUTH BEND, IN 46637
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint #IN00146483.</p> <p>Complaint #IN00146483 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: April 22, 23, 24, 25, and 28, 2014.</p> <p>Facility Number: 000073 Provider Number: 155153 AIM Number: 100288820</p> <p>Survey Team: Julie Baumgartner RN - TC Shauna Carlson RN Sharon Ewing RN (4/22, 4/23, 4/24, 4/25, 2014) Pamela Williams RN (4/22, 4/23, 4/24, 4/25, 2014)</p> <p>Census Bed Type SNF/NF: 139 Total: 139</p> <p>Census Payor Type Medicare: 34 Medicaid: 83 Other: 22</p>	F000000	<p>This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. The facility was in compliance with all licensure and certification requirements at the time of the survey and disputes that any alleged deficiency or violation existed.</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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F000323 SS=E	<p>Total: 139</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on May 1, 2014, by Brenda Meredith, R.N.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation and interview, the facility failed to ensure the resident environment was free of potential hazards related to chemical and personal care items stored unlocked in 12 of 16 rooms observed.</p> <p>Findings include:</p> <p>On 4-22-14 from 10:10 A.M. to 11:00 A.M., an initial tour of the facility was conducted. The following were observed:</p> <p>"West 1" unit Soiled Utility Room was</p>	F000323	<p>It is the practice at Healthwin to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Healthwin requests a paper review for compliance of F323 from the ISDH and all documents will be submitted for review by 5/28/14. <u>Corrective Action:</u> All chemicals have been secured and shampoo and soaps have been stored in the residents bedside cabinet. All confused and or demented residents will have their bedside cabinet locked with a child proof lock. <u>How</u></p>	05/28/2014

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	<p>observed to be unlocked with 1 bottle of "Provon Tearless Shampoo & Body Wash" in the cupboard.</p> <p>"West 1" unit Kitchen was observed to have a bucket of "sanitizing solution" water in a unlocked cabinet under the sink.</p> <p>"West 1" unit resident Shower Room was observed with 1 bottle of "Provon Tearless Shampoo & Body Wash" and 1 bottle of "Embrace skin caring total body foam cleanser" left out on the counter.</p> <p>"East 1" unit Soiled Utility Room was observed to be unlocked. The housekeeping "chemical cabinet" within the Soiled Utility Room was unlocked and contained 1 bottle of "sorbit sanitary absorbent...caution: harmful if inhaled, causes eye irritation..." and 1 container of "Dispatch disinfectant towels with bleach...causes eye irritation..." One jug of "Neutral disinfectant detergent" was observed in a wall attached metal wire holder next to a floor drain. Another jug of "Neutral disinfectant detergent" was observed sitting in the window sill of the Soiled Utility Room.</p> <p>"East 1" unit Tub Room was observed with 1 bottle of "Provon Tearless Shampoo & Body Wash" sitting on a</p>		<p><u>Others Identified/Corrective Action:</u> All shower rooms, tub rooms, assisted dining rooms and soiled utility rooms have all soaps and cleaning chemicals secured to assure there is no potential hazard for any resident.</p> <p><u>Preventive Measures Put in Place:</u> Disinfecting chemicals have been locked in stainless steel cases to prevent any resident access in the soiled utility rooms. All soaps and shampoos are stored in the resident bedside cabinets. Confused and or demented residents will have their shampoos and soaps locked in the bedside cabinet. All disinfectants are securely locked in the tub rooms and assisted dining rooms. All staff that handle, distribute or use disinfecting chemicals, shampoos and soaps have been in-serviced to assure compliance with safe storage practices. <u>Monitoring and QI:</u> Audits are being completed daily X 2 weeks and then completed weekly X 4 weeks. Audits will be reviewed in QA monthly X 3 months and then quarterly thereafter.</p>				

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	<p>metal grab bar in the shower stall and 1 bottle of "Embrace skin caring total body foam cleanser" on the window sill.</p> <p>"East 1" unit Kitchen was observed to have a bucket of "sanitizing solution" water in an unlocked cabinet under the sink.</p> <p>"East 2" unit Soiled Utility Room was observed to be unlocked. 1 jug of "Neutral disinfectant" detergent was observed in a wall attached metal wire holder next to a floor drain. Another jug of "Neutral disinfectant" detergent was observed sitting in the window sill of the Soiled Utility Room. 8 bottles of "Embrace skin caring total body foam cleanser" and 4 bottles of "Get Clean skin caring perineal and total body foam cleanser...caution: keep out of eyes...." were observed in an unlocked cabinet above the sink in the Soiled Utility Room.</p> <p>"West 2" unit Soiled Utility Room was observed to be unlocked. 1 jug of "Neutral disinfectant" detergent was observed in a wall attached metal wire holder next to a floor drain.</p> <p>"West 2" unit Kitchen was observed to have a bucket of "sanitizing solution" water in an unlocked cabinet under the</p>			

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	<p>sink.</p> <p>"West 2" unit Tub Room was observed with the housekeeping "chemical cabinet" unlocked and containing 1 bottle of "1-A-456-N [manufacture code] detergent/disinfectant...hazard to humans and animals, do not drink...." and 1 gallon bottle of "Hygena Shampoo & Body Wash."</p> <p>On 4-23-14 at 1:42 P.M., "East 2" unit Kitchen was observed to have a bucket of "sanitizing solution" water in an unlocked cabinet under the sink.</p> <p>On 4-24-14 at 11:00 A.M., "East 2" unit Kitchen was observed to have a bucket of "sanitizing solution" water in an unlocked cabinet under the sink.</p> <p>On 4-24-14 at 11:51 A.M., interview with Housekeeper #2 indicated she did not know that Eco (Neutral disinfectant) detergent in soiled utility rooms should be locked.</p> <p>On 4-24-14 at 12:00 P.M., interview with Employee #3 (ADON- Assistant Director of Nursing) indicated sanitizing water used for wiping kitchen tables should be dumped after each meal and only empty buckets should be stored under sinks and all chemical cabinets in soiled utility, shower, and tub rooms should be locked</p>						

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	<p>at all times.</p> <p>On 4-24-14 at 12:10 P.M., interview with CNA #4 indicated residents personal shampoo and body wash should be stored in residents bedside table and not left in shower rooms and that sanitizing buckets should be dumped after wiping down tables in kitchen and not stored under sink.</p> <p>On 4-24-14 at 12:15 P.M., interview with LPN #5 indicated dietary is supposed to bring buckets of sanitizing water, used for cleaning of kitchen tables, before meals and then take them away after meals.</p> <p>On 4-24-14 at 12:25 P.M., interview with the Employee #3 (ADON) indicated that the Neutral disinfectant detergent in the soiled utility rooms should be locked at all times.</p> <p>On 4-24-14 at 3:50 P.M., interview with Employee #6 (Chief Clinical Officer) indicated they have no policy regarding storage of residents personal shampoo & body wash but items should be kept in the bottom drawer of the residents bedside table. Review of the "Utility Room - Soiled" policy, received from Employee #6 at this time, dated 11-5-10, indicated "...4. Chemicals and test</p>						

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	<p>reagents used by nursing personnel shall be stored in a locked cabinet or the rooms shall be kept locked...." Review of the "Spraybottle use- labeling" policy, received from Employee #6 at this time, dated 10-29-10, indicated "...5. Hazardous chemicals shall be maintained in a locked area such as a janitors closet or the soiled utility room..."</p> <p>On 4-25-14 at 10:49 A.M., the "East 1" unit Soiled Utility Room was observed with 1 bottle of "Provon Tearless Shampoo & Body Wash" in an unlocked cabinet above the sink.</p> <p>On 4-28-14 at 1:23 P.M., the "East 1" unit Soiled Utility Room was observed with 1 bottle of "Provon Tearless Shampoo & Body Wash" in an unlocked cabinet above the sink.</p> <p>On 4-28-14 at 1:52 P.M., the "East 2" unit Soiled Utility Room was observed with 13 bottles of "Embrace skin caring total body foam cleanser" and 11 bottles of "Provon Tearless Shampoo & Body Wash" in an unlocked cabinet above the sink.</p> <p>3.1-45(a)(1)</p>			

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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. Based on observation, interview and record review, the facility failed to follow</p>	F000441	It is the practice of Healthwin to establish and maintain an	05/28/2014

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	<p>policy and procedure related to keeping catheter drainage bags and catheter tubing off the ground. This deficiency affected 2 of 3 residents reviewed for catheters. (Resident #81 and Resident #114)</p> <p>Findings include:</p> <p>1.) On 4-22-14 at 11:18 A.M., Resident #81 was observed being assisted out of the Main Dining Room by a facility employee. She was observed to have catheter tubing that was dragging on the floor.</p> <p>On 4-24-14 at 4:00 P.M., Resident #81 was observed in her room sitting in her wheelchair. Her catheter tubing was observed to be resting on the floor beneath her wheelchair.</p> <p>2.) On 4-23-14 at 9:09 A.M., Resident #114 was observed lying in his bed and covered with a blanket. Resident #114's urinary catheter draining bag was observed on the ground next to his bed.</p> <p>On 4-25-14 between 2:00 P.M. and 3:00 P.M., interview with the DON (Director of Nursing) indicated it was her expectation that catheter tubing be kept off the floor.</p>		<p>Infection Control Program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease and infection. Healthwin requests a paper review for compliance of F441 from the ISDH and all documents will be submitted for review by 5/28/14.</p> <p><u>Corrective Action:</u> Resident # 81 and Resident # 114's catheter tubing and drainage bags are maintained away from the floor.</p> <p><u>How Others</u></p> <p><u>Identified/Corrective Action:</u> All residents with catheters in both the bed (low bed) or in the wheelchair have their catheter tubing and drainage bags secured to not reach the floor.</p> <p><u>Preventive Measures Put in Place:</u> Policy and Procedure for "Catheter Tubing in Wheelchair/UD Bag in Low Bed" reviewed with all nursing personnel. Demonstration and return demonstration given to nursing personnel on how to affix the catheter tubing when in the wheelchair and how to properly contain the urinary drainage bag from touching the floor when lowering the low bed to the floor.</p> <p><u>Monitoring and QI:</u> Audits are being completed daily X 2 weeks and then completed weekly X 4 weeks. Audits will be reviewed in QA monthly X 3 months and then quarterly thereafter.</p>				

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	<p>On 4-28-14 at 2:15 P.M., interview with the DON indicated it was her expectation that catheter urinary drainage bags be hooked to the residents bed and up off the floor, or if the resident is in a "low bed" that the urinary drainage bag be placed in a clean basin on the floor.</p> <p>On 4-28-14 at 2:27 P.M., review of the "Catheter Tubing in Wheelchair/UD [Urinary drainage] Bag in Low Bed" policy, initiated 4-28-14, and received from the DON at this time, indicated "...Catheter tubing and urinary drainage bags should be maintained in a clean and sanitary fashion to prevent opportunities of infection...Policy: Catheter tubing shall not touch the floor at any time when the resident is in his wheelchair. Urinary drainage bags shall remain off the floor even when the resident is in a low bed...."</p> <p>3.1-18(b)(2)</p>				