

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/30/2012
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NAME OF PROVIDER OR SUPPLIER SANCTUARY AT HOLY CROSS--INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00104171 and IN00105085.</p> <p>Complaint IN00104171 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00105085 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 26, 27, 28, 29 & 30, 2012</p> <p>Facility number: 001201 Provider number: 155506 AIM number: 100380860</p> <p>Survey team: Vicki Manuwal, RN-TC Bobbie Costigan, RN Shelly Vice, RN</p> <p>Census bed type: SNF/NF 107 Total 107</p> <p>Census payor type: Medicare 32 Medicaid 56 Other 19</p>	F0000		

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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	<p>Total 107</p> <p>Sample: 22</p> <p>Supplemental sample: 2</p> <p>This deficiency reflects a state finding cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/5/12 by Jennie Bartelt, RN.</p>			

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F0441 SS=E	<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 observation, interview, and record review, the facility failed to ensure</p>	F0441	This Plan of Correction constitutes the written allegation	04/19/2012	

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	<p>the glucometer (device used to check blood sugar) was disinfected after/before resident use for 2 of 4 residents observed during blood sugar monitoring in a sample of 22. (Residents #14 and #18) This deficient practice had the potential to affect 28 of 28 residents who receive blood sugar checks among the 107 residents.</p> <p>Findings include:</p> <p>1. The clinical record for Resident # 14 was reviewed on 3/27/12 at 10:00 A.M. The resident's diagnoses included, but were not limited to: diabetes mellitus, hypertension, and multiple sclerosis.</p> <p>During observation on 3/28/12 at 5:00 P.M., RN # 1 performed an Accu Check (blood sugar check) on Resident # 14. She exited the room and placed the glucometer on top of the medication cart.</p> <p>The observation lacked any type of disinfection of the glucometer machine.</p> <p>2. The clinical record for Resident # 18 was reviewed on 3/27/12 at 3:00 P.M. The resident's diagnoses included, but were not limited to: diabetes mellitus, hypertension, and dementia.</p> <p>During observation on 3/28/12 at 5:10</p>		<p>of compliance for the deficiency cited. However the submission of the Plan Of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. F441 It is the intent of this Facility to maintain an Infection Control Program designed to provide a safe, sanitary and comfortable enviroment and to help prevent the development and transmission of disease and infection. What corrective action will be done by the Facility? Residents # 14 and #18 have been assessed by licensed nurse; no adverse findings. How will the Facility identify other residents having a potential to be affected by the same practice and what corrective action will be taken? An audit of physicians orders was completed to determine residents that require accuchecks and observation of license nurses appropriately clean the glucometer machine after uses per Facility practice. No other residents were affected by this practice. What measures will be put into place to ensure this practice does not recur? The Facility has reviewed the Facility procedure and found it to be sufficient. Licensed nurses re-educated on glucometer cleansing protocol and provided appropriate return demonstration of glucometer cleansing. How will</p>		

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	<p>P.M., RN # 1 gathered the supplies needed for Resident # 18 which included the glucometer machine previously used on Resident # 14. During interview with RN # 1 just prior to performing an Accu Check on Resident # 18, she indicated she typically cleans the machine with an alcohol pad.</p> <p>During interview with RN # 1 on 3/28/12 at 5:20 P.M., she indicated the protocol for sanitizing the glucometer had changed. She further indicated the machine used to be cleaned with alcohol only which is the way she has been doing it.</p> <p>Review of "Report Sheets" received on 3/26/12 from the Administrator, indicated a total of 28 diabetic residents residing in the facility. Nineteen of those residents reside on the East unit and nine residents reside on the West unit.</p> <p>Review of a facility policy titled, "Cleaning Instructions for Glucometers using Super Sani-Cloth", non-dated, received from RN # 2 on 3/28/12 at 5:15 P.M., indicated, "...Individually-wrapped packages of Super Sani-Cloth will be kept in original packing container on each med cart....Clean glucometer by wiping entire surface off with the individual wipe....THE GLUCOMETER IS TO BE</p>		<p>this corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? Director of Nursing/designee will conduct audits of glucometer cleansing by licensed nurses 5 times weekly. Audits will be submitted to Mission Driven Quality Improvement Committee monthly times six. Then, after 3 months of no deficiency with audits, Committee will determine necessity of further monitoring.</p>				

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	CLEANED AFTER EACH RESIDENT USE - NO EXCEPTIONS!..." 3.1-18(b)(2)			