

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155756	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2015
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NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804
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F000000	<p>This visit was for the Investigation of Complaint IN00163850.</p> <p>Complaint IN00163850 – Substantiated. Federal/State deficiency related to the allegations is cited at F 441.</p> <p>Survey Dates: February 9 & 10, 2015</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 35 SNF/NF: 104 Total: 139</p> <p>Census payor type: Medicare: 34 Medicaid: 69 Other: 36 Total: 139</p> <p>Sample: 6</p> <p>This deficiency reflects state findings cited in accordance with</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. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after March 12, 2015.</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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F000441 SS=D	<p>410 IAC 16.2-3.1.</p> <p>Quality review completed on February 11, 2015 by Randy Fry RN.</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</p>			

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	<p>lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(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, record review, and interview, the facility failed to ensure staff provided a clean barrier during dressing changes for 2 residents (B and C) in a sample of 3 residents observed for dressing changes with 2 nurses, LPN #1 and RN #2.</p> <p>Findings include:</p> <p>1. An observation on 2/9/15 at 3:38 p.m. indicated Resident B was laying in her bed on top of her bedspread. LPN #1 donned her gloves, removed the old dressings on the resident's left leg and disposed of them in a trash bag. LPN #1 then removed her gloves, washed her hands and regloved. The nurse washed the resident's lower left leg and knee with soap and water, and then applied medihoney and xeroform to the open areas. Observation of the</p>	F000441	<p>F 441 Infection Control, It is the practice of this facility to ensure that infections are prevented from spreading through infection control practices.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>-The residents, B and C, were assessed by licensed staff to determine if any infection had occurred with none found.</p> <p>-The residents are being monitored on an on-going basis to ensure no infection has started as a result of the dressing changes. Dressing changes now include using a clean barrier.</p>	03/12/2015

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	<p>resident's left knee indicated a blood clot had formed and when the nurse applied the medihoney to the knee area it ran down the side of her knee. The nurse took tissues and wiped the area and placed them by the resident's knee and bedspread. The nurse then applied a dry gauze to the resident's open area on her knee and then rewrapped the resident's leg with gauze.</p> <p>On 2/9/15 at 9:30 a.m. review of the clinical record for resident (B) indicated she was admitted to the facility on 11/26/14 with Diagnoses including but not limited to Cellulitis of the left leg and Abscess of the Left Knee, Lymphedema and Diabetes.</p> <p>Review of physician orders for resident (B) indicated an order dated 2/5/15 to wash the left knee wound with soap and water, apply medihoney, xeroform and dry gauze once daily every other day.</p> <p>On 2/10/15 at 1:00 p.m. review of the current facility policy "Dressing Change (Incision or Wound)" with a review date of 9/2012 and provided by the DoN (Director of Nursing) indicated staff were to set up a</p>		<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>- All residents with any type of dressing change have the potential to be affected by the alleged deficient practice.</p> <p>-DNS/Designee will review residents whom have dressing changes on an on-going basis to ensure clean barriers are being used.</p> <p>-The facility will inservice all licensed staff on utilizing a clean barrier during dressing changes and all licensed staff will pass a skills validation for dressing changes.</p> <p>What measures will be put into</p>	

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	<p>clean or sterile field to ensure easy access to supplies during procedures, but did not indicate to provide a clean field for the area which was receiving a dressing change.</p> <p>LPN #1 was queried on 2/10/15 at 1:35 p.m. as to why she had not placed a clean barrier between the residents leg and the resident's bedspread. LPN #1 indicated the facility policy did not indicate a barrier was needed.</p> <p>2. On 2/9/15 at 10:00 a.m. review of the clinical record for resident (C) indicated he was admitted to the facility on 1/13/15 with diagnoses including but not limited to Paralysis Agitans, Urinary Retention, and recently had a New Suprapubic Catheter placed.</p> <p>Review of a physicians order for resident (C) dated 2/1/15 indicated the resident was to receive Suprapubic catheter care every shift..</p> <p>An observation on 2/10/15 at 11:15 a.m. indicated RN #2 prepared to provide catheter care for the resident. RN #2 placed her supplies on the resident's bed side</p>		<p>place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>-The DNS or Designee will ensure all licensed staff will receive the inservice on dressing changes and all newly hired licensed staff will receive the inservice for dressing changes including establishing a clean barrier.</p> <p>-The Clinical Education Coordinator will inservice the licensed nursing staff on or before 3/12/2015 on the dressing changes and utilizing a clean barrier.</p> <p>-The DNS/Designee will conduct rounds daily to ensure clean barriers are being used during dressing changes.</p> <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:</p>		

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	<p>table which also had personal items of the resident. RN #2 washed her hands, donned gloves and opened the container of sterile water, opened the packages of q-tips, and gauze placing them on the bed side table. The nurse then removed the resident's old dressing and placed it in a trash bag. RN #2 then removed her gloves, washed her hands and donned a pair of sterile gloves. She then cleansed the area with the saline solution with q-tips, and placed a new gauze dressing around the area.</p> <p>On 2/10/15 at 1:15 p.m. review of the current facility policy for "Suprapubic Catheter Care" with a review date of 12/2012 and provided by the DoN did not indicate to provide a clean barrier for supplies and/or to clean the area being used.</p> <p>An interview with RN #2 on 2/10/15 at 1:30 p.m. indicated she does not normally put a clean barrier down for her to place her supplies on while doing catheter care.</p> <p>3.1-18(b)(1)</p>		<p>-A CQI monitoring tool, Dressing Changes, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT.</p> <p>-Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p> <p>-Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p> <p>Completion date: March 12, 2015.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2015

FORM APPROVED

OMB NO. 0938-0391

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