

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155783	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2014
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NAME OF PROVIDER OR SUPPLIER GREENLEAF HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 E BEARDSLEY ELKHART, IN 46514
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F000000	<p>This visit was for an Investigation of Complaints IN00149779 and IN00150131.</p> <p>Complaint IN00149779 - Substantiated. Federal/state deficiencies related to the allegation are cited at F441.</p> <p>Complaint IN00150131 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: June 13, 2014</p> <p>Facility number: 002661 Provider number: 155783 AIM number: 201056540</p> <p>Survey team: Shelly Miller- Vice, RN</p> <p>Census bed type: SNF: 50 SNF/NF: 9 Residential: 48 Total: 107</p> <p>Census by payor source: Medicare: 28 Medicaid: 9 Other: 70 Total: 107</p>	F000000	Please accept the enclosed information as Greenleaf Health Campus plan of correction for the complaint survey conducted on 6/13/14. Please contact me if there are any questions. Thank you for your time. Judy Plantinga Administrator Greenleaf Health Campus.	

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>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 18, 2014, by Brenda Meredith, R.N.</p> <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</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 observations, interviews and record reviews, the facility failed to post a sign on the door of an isolation room informing visitors to check in with nursing before entering the room. This affected 1 of 2 isolation rooms. (Resident D).</p> <p>Finding includes:</p> <p>On 6/13/2014 at 10:00 a.m., a tour of the 100 hall was conducted with the 100/200 hall Unit Manager. There were no signs on the doors of the 100 hall indicating a resident in isolation precautions.</p> <p>On 6/13/2014 at 10:05 a.m., an interview was conducted with the Unit Manager of the 100/200 hall. The Unit Manager indicated no residents on the 100/ 200 hall were in isolation precautions.</p> <p>On 6/13/2014 at 12:55 p.m., an interview was conducted with Environmental</p>	F000441	<p>1. resident D had signage reposted on his door on 6/13/14. No ill effects noted from signage not being door.2. Residents with infections will be reviewed in morning clinical care meeting by the IDT team 5 days a week, and anyone with an infection that warrants signage on door will be checked to ensure signage is on door, by the nursing management team.3. The nurses have been inserviced about signage and when it is needed to ensure that it is completed once the infection is confirmed. 4. ADHS or designee will audit infections weekly to ensure signage is on door and report results to the Quality Assurance Committee monthly x 3 months and if no issues with signage consider the system working and resolve it.</p>	07/03/2014	

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	<p>Service Assistant #9. The Environmental Service Assistant indicated, "...Room [Number] is an isolation room, but there isn't a sign on the door."</p> <p>On 6/13/2014 at 1:00 p.m., an observation was conducted of Room [Number] door and no sign was posted conveying isolation precautions or directives to see a nurse before entering the room.</p> <p>On 6/13/2014 at 1:05 p.m., an interview was conducted with LPN#5. LPN#5 indicated Resident D was on "contact isolation for a MRSA (Methicillin Resistant Staph Aureus) infection...."</p> <p>On 6/13/2014 at 1:10 p.m., a record review was conducted of the clinical medical record (CMR) for Resident D. The record review indicated an infection of MRSA.</p> <p>On 6/13/2014 at 2:00 p.m., a record review was conducted of the policy and procedure titled, "Guidelines for contact precautions." The procedure indicated, "...6. Precaution Sign: a. Post a sign at the resident's door to advise the visitors to consult with the Charge Nurse before entering the room...."</p> <p>On 6/13/2014 at 2:10 p.m., an interview</p>			

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	<p>was conducted with the Director of Nursing Services (DNS). The DNS indicated Resident B was on contact isolation and should have a sign posted on his door to notify visitors to check at the nurses station before entering the room.</p> <p>3.1-18(b)(2)</p>				