

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2016
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NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196004.</p> <p>Complaint IN00196004- Substantiated. Federal/State deficiencies related to the allegation are cited at F371.</p> <p>Survey date: May 17, 2016</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 8 Medicaid: 52 Other: 12 Total: 72</p> <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 by #02748 on May 24, 2016.</p>	F 0000	F0000 Please find the attached Plan of correction for thecomplaint investigation IN00196004 performed on May 17, 2016. This providerrespectfully requests that the 2567 Plan of correction be considered the letterof credible allegation compliance and requests a desk review, in lieu of afacility revisit.	
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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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F 0371 SS=D Bldg. 00	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner. Hands were not washed or sanitized the length of time as recommended by hand hygiene guidelines for 1 of 1 dining observations. (CNA #1, AA #1, CNA #2)</p> <p>Findings include:</p> <p>1. On 5/17/16 at 11:30 a.m., CNA #1 was observed to obtain two noon meal trays from the kitchen. CNA #1 took the meal trays to the restorative dining room. CNA #1 left the restorative dining room to escort Resident D to the restorative dining room. CNA #1 obtained a clothing protector and placed it on the resident, retrieved the meal tray from the cart, and began to place the meal in front of Resident D. CNA #1 sat down next to Resident D and placed the resident's fork on the plate. No hand hygiene was</p>	F 0371	<p>F371-E- FoodProcure/store/prepare/serve- Sanitary Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice? Facility wide in-service including CNA#1, CNA#2 and AA#1, will beconducted to educate staff on, cross contamination, proper hand washingtechniques, and the proper use of hand sanitizing gel How willyou identify other residents having the potential to be affected by the samedeficient practice and what corrective action will be taken? All residents have the potential of beingaffected by the deficient practice. Facility wide in-service will be conducted byClinical Education Coordinator to educate staff on, cross contamination, properhand washing techniques, and the use of hand sanitizing gel. Whatmeasures will be put into place or what systemic</p>	06/15/2016
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	<p>observed.</p> <p>2. On 5/17/16 at 12:07 p.m., AA (Activities Assistant) #1 was observed to hand wash for seven seconds. AA #1 retrieved the noon meal plate from the kitchen and served it to Resident E.</p> <p>3. During an observation on 5/17/16 at 12:20 p.m., CNA #2 was observed to sanitize his hands for 10 seconds, push the fluid cart up the hall, obtain a tray for Resident F, and deliver the tray to the room. A urinal with urine in it was on the overbed table. CNA #2 applied gloves and emptied the urinal. CNA #2 sat the urinal on the floor, removed his gloves, left the room, and sanitized his hands for 10 seconds. CNA #2 returned to Resident F's room and placed the food tray on the overbed table for the resident.</p> <p>On 5/17/16 at 2:40 p.m., the Administrator provided the "Hand Hygiene" policy, revised 12/2015. The policy included, but was not limited to: Wash hands when visibly soiled, otherwise use handrub. Duration of entire procedure: 40-60 seconds.... Hand rub, rub hands for hand hygiene, duration of entire procedure 20-30 seconds...</p> <p>This Federal tag relates to Complaint IN00196004.</p>		<p>changes you will make toensure that the deficient practice does not recur? All staff will be in-serviced to ensure proper educationof facility regulations regarding hand washing by 6/15/2016. Facility ClinicalEducation Coordinator will complete the hand washing CQI tool on a routinebasis to ensure compliance. All staffwill have skills validation checked on hand washing by Facility ClinicalEducation Coordinator by 6-15-16. DNS/Designee will conduct rounds during mealtime to ensure staff are washing hands per policy. How thecorrective action(s) will be monitored to ensure the deficient practice willnot recur, i.e., what quality assurance program will be put into place? To ensure compliance, the ClinicalEducation Coordinator/designee is responsible for the completion of the handwashing CQI tool weekly times 4 weeks, monthly times 6 and then quarterly toencompass all meals until continued compliance is maintained for 2 consecutivequarters. The results of these audits will be reviewed by the CQI committeeoverseen by the ED. If threshold of 95%is not achieved an action plan will be developed to ensure compliance. What datethe systemic changes will be completed? June 6th, 2016</p>		

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

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	3.1-21(i)(2) 3.1-21(i)(3)				