

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 10/29/2014
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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 a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: October 23, 24, 27, 28 & 29, 2014</p> <p>Facility Number: 002661 Provider Number: 155783 AIM Number: 201056540</p> <p>Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Pamela Williams, RN Lora Swanson, RN (10/23, 10/24, 2014) Amy Miller, RN (10/23, 10/24, 2014)</p> <p>Census bed type: SNF: 21 NF: 10 SNF/NF: 24 Residential: 49 Total: 104</p> <p>Census payor type: Medicare: 21 Medicaid: 10 Other: 24 Total: 55</p>	F000000	no findings	
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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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F000241 SS=E	<p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on November 5, 2014, by Brenda Meredith, R.N.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to ensure privacy and dignity was provided to four residents related to knocking and waiting for response or announcing self or closing the door during treatment. (Resident #39, #55, #97 and #123)</p> <p>Finding includes:</p> <p>On 10/21/14 at 11:07 A.M., Resident #97 was observed through an open door, up in the air in a mechanical lift sling being transferred by Employee #17. Employee #17 indicated at this time "... I</p>	F000241	No noted ill effects to resident #39, #55, #97 and #123 during this practice. All employees have been inserviced on dignity. Staff will be inserviced yearly and as needed and upon hire on dignity and the expectations of that. DHS/ED and or their designee will observe staff 2 x weekly and document to ensure staff are observing the residents right to privacy for 3months. The Activity Director will query the residents to ensure the staff are promoting dignity at resident council monthly, with their permission and bring to the Quality Assurance Team monthly to ensure 100% compliance and if 100% compliance obtained then	11/24/2014

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	<p>should have had the door closed...."</p> <p>On 10/23/14 at 9:24 A.M., an observation was made of CNA #11 and CNA #13 knocking and entering Resident #123's room without announcing self and waiting for invitation into the room by Resident # 123.</p> <p>On 10/23/14 at 2:59 P.M., an observation was made of Employee #15 knocking and entering Resident #39's room without announcing self and waiting for invitation into the room by Resident # 39.</p> <p>On 10/24/14 at 12:33 P.M., an observation was made of CNA# 5 knocking and entering Resident # 55's room without announcing self and waiting for an invitation into the room by resident #55.</p> <p>On 10/23/14 at 3:38 P.M., review of a copy of "The Resident Rights" provided by the ED (Executive Director) indicated "You have the right to personal privacy... 2... the staff should conduct the examination and treatment in a manner that maintains there privacy of your body (i.e., room door should be closed)...."</p> <p>On 10-28-2014 at 3:00 P.M., an</p>		<p>consider the system working and if not re-education will be completed.</p>				

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F000328 SS=D	<p>observation was made of Employee #19 entering Resident #55 's room without knocking or announcing herself, pulling back the curtain that was between Resident #55 and his roommate and then leaving the room. Resident #55 shrugged his shoulders and indicated, " It happens all the time.... "</p> <p>During an interview on 10/28/14 at 11:15 A.M., the DON (Director of Nursing) indicated "... the staff should knock and wait to be invited in... they know better than to walk right in a room...."</p> <p>On 10/29/14 at 12:06 P.M., review of the current facility training guide, dated 12/5/12, titled " Residents Rights," provided by the DON, indicated "... we must knock on the resident's door and wait for acknowledgement prior to entering...."</p> <p>3.1-3(t)</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning;</p>						

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	<p>Respiratory care; Foot care; and Prostheses.</p> <p>A. Based on observation, interview and record review, the facility failed to ensure a residents oxygen tank was turned on by an authorized employee. (Resident #9)</p> <p>B. Based on observation, interview and record review, the facility failed to ensure nebulizer inhalation treatments were being given under the supervision of licensed staff for 1 of 1 residents reviewed for respiratory treatments. (Resident #122)</p> <p>C. Based on observation, interview and record review, the facility failed to obtain orders prior to administration of oxygen on 1 of 1 residents reviewed with oxygen. (Resident #26)</p> <p>Findings include:</p> <p>A.1. On 10-24-14 at 11:30 A.M., Resident #9 was observed sitting up in her wheelchair in the 200 Hall lobby with a portable oxygen tank hanging off the back of her wheelchair. Resident #9 was observed to have labored breathing. The liter knob for the oxygen tank was observed to be set on zero. CNA (Certified Nursing Assistant) #5 indicated</p>	F000328	Resident #9, #122 and #26 had no ill effects from the practice of turning on oxygen by non-licensed personal. No ill effects from leaving a resident with a nebulizer treatment unattended. No ill effects from resident receiving oxygen without physician order. CNA was immediately educated on this practice. All nursing non-licensed staff were inserviced on this practice of oxygen administration. All licensed staff inserviced on monitoring a resident during a nebulizer treatment. All licensed staff were re-educated on verifcaion that an order exists for oxygen administration. If an emergency, licensed staff may place oxygen at 2 liters per N/C per facility policy. Order must be obtained after 24 hours from a physician. DHS/and or her designee will observe and document CNA 2x per week for 3 months to ensure compliance with not turning on oxygen. DHS and or her designee will montior 2x weekly a nebulizer treatment and document. In daily Clinical meeting the team will follow up with any resident receiving oxygen to ensure there is a physician order 2x weekly and document. Audits will be brought to Quality Assurance Committee monthly x 3 months. If after 3 months 100% compliance	11/24/2014			

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	<p>at this time "...Oh no, this is not on..." and twisted the dial on the tank until it said 2.</p> <p>On 10-29-14 at 11:01 A.M., an interview was conducted with the DON (Director of Nursing). The DON indicated "...CNA's can fill the oxygen tanks but cannot turn the oxygen on...the nurses should do that...."</p> <p>On 10-29-14 at 12:09 P.M., review of the current "Guidelines for Administration of Oxygen" policy, last updated April 4 2014, received from the DON at this time, indicated "...3. Oxygen setting must be set and adjusted by a licensed nurse. 4. A nursing assistant may place the nasal cannula around the residnet [sic] ears and in the nose but should not adjust the setting on the concentrator or other administration device...."</p> <p>B.1. On 10-23-14 at 1:50 P.M., Resident #122 was alone in her room, sitting in her wheelchair facing the window. Resident #122 had a nebulizer mask over her face with a treatment in progress. LPN #14 was observed to return to Resident #122's room at 1:55 P.M. to remove her treatment mask.</p> <p>On 10-23-14 at 2:25 P.M., a review of Resident #122's chart was conducted. Her</p>		obtained then system working if not further education will be conducted.		

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	<p>diagnoses included but were not limited to "...COPD [Chronic Obstructive Pulmonary Disease], asthma, anxiety...." Physician orders indicated "...Xopenex [inhaled respiratory medication] 1.25mg [milligrams]/sol [solution] inh [inhalation] Q2* [every 2 hours] PRN [as needed]...."</p> <p>Review of the "Assessment Review and Considerations," dated 10-13-14, indicated "...Self Medication:...May administer under the supervision of staff...."</p> <p>On 10-29-14 at 11:00 A.M., an interview was conducted with the DON (Director of Nursing). The DON indicated when a nurse is administering a nebulizer treatment, the expectation is for the nurse to stay in the room the entire time.</p> <p>On 10-29-14 at 12:09 P.M., review of the current "Nebulizer Administration, Cleaning, and Storage" policy, dated March 2012, received from the DON at this time, indicated "...Remain with the resident unless the resident has been assessed and authorized to self administer...."</p> <p>C.1. On 10/27/24 at 12:42 P.M., the clinical record for Resident #26 was reviewed. Nurse's notes, dated 9/23/14 at</p>			

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F000356 SS=C	<p>01:00 (1:00 A.M.), indicated "...Biox 93 % with O2 [oxygen] at 3L [Liter] per N/C [Nasal Cannula]...." Nurse's note, dated 9/24/14 at 00:30 (12:30 A.M.), indicated Biox 92% with O2 at 3L per N/C...."</p> <p>Review of MAR [Medication Administration Record], TAR [Treatment Administration Record] and physicians order indicated no order for oxygen therapy. An interview with RN #18 at this time indicated "... orders for oxygen should be on MAR or the physicians order...."</p> <p>During an interview, on 10/29/14 at 11:05 A.M., the DON (Director of Nursing) indicated that "...orders for oxygen should be obtained and placed on the MAR or TAR...."</p> <p>On 10/29/14 at 12:09 P.M., review of the policy "Guidelines for Administration of Oxygen" revised April 4,2014 provided by the DON indicated "...Procedure: 1. Verify physician's order for the procedure...."</p> <p>3.1-47(a)(6)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following</p>			

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	<p>information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview and record review, the facility failed to post the actual hours worked for registered nurses and licensed vocational/practical nurses and certified nurse aides for 5 or 5 days observed. (October 23, 24, 27, 28 and 29, 2014)</p>	F000356	No ill effects noted from not having actual hours worked on posted BIPPA report. The daily posting of the BIPPA will be updated daily by DHS or designee to ensure actual hours worked are posted. The DHS or designee will report to Quality Assurance that the actual hours worked are posted monthly x 3 months and if in compliance	11/24/2014	

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F000371 SS=F	<p>Finding includes:</p> <p>On 10-23-2014 at 11:10 A.M., an observation was made of the nurse staff posting outside the DON's (Director of Nursing) office. The nurse staff posting did not state the actual hours worked for each shift for RN's (Registered Nurses), LVN/LPN's (Licensed Vocational nurses/Licensed Practical nurses), Assistants/Techs (Certified nurse aides).</p> <p>The nurse staff posting was observed during the survey on 10-24-2014, 10-27-2014, 10-28-2014 and 10-29-2014. The nurse staff posting did not state the actual hours worked for each shift for RN's, LVN/LPN's and Assistants/Techs.</p> <p>On 10-29-2014 at 10:59 A.M., during an interview, the DON indicated, "...we do not have the actual hours worked on the nurse staff posting...."</p>		consider the system working.		

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	<p>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 A. Based on observation, interview and record review, the facility failed to serve food in a sanitary manner related to proper handwashing during one of one meal observations. B. Based on observation, interview and record review, the facility failed to ensure proper storage, preparation and distribution of food under sanitary conditions related to food stored appropriately, hairnet use and clean equipment in 1 of 1 kitchens. This had the potential to affect 54 of 55 residents who received food from the kitchen. Findings include: A.1. On 10-23-2014 from 12:10 to 12:30 P.M., during lunch dining service, the following was observed: At 12:22 P.M., CNA #5 (Certified Nursing Aide) was observed serving a plate of food to a resident then touching her nose with her fingers and serving another plate of food to a different resident. CNA #5 was then observed</p>	F000371	No residents were known to be affected by this practice. All staff will be inserviced on hand washing and the proper procedure to follow. All staff inserviced yearly and as needed and all new hires are inserviced on handwashing during orienation. All items that were opened and not labeled were disposed of immediately. All refrigerators and freezers were checked that day to ensure everything labeled accordingly. Dietary staff cleaned ice machine that day. Plates , bowls and cups were changed to be stored upside down. The waffle machine was disposed of and will be replaced if needed.All Dietary staff in-serviced on hand washing and proper procedures to follow for hand washing.Cleaning schedule for ice machine to be monitored by DFS or his designee 3x a week and documented.All Dietary staff in-serviced on storage of bowls and cups and plates to ensure put in rack up side down. DFS and or designee will monitor 3x weekly and document. All Dietary staff inserviced on Food Labeling Guideline. DFS and or his designee will monitor 3x weekly	11/24/2014			

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	<p>washing her hands at the dining room sink for 4 seconds and then serving another resident a plate of food.</p> <p>At 12:24 P.M., LPN #4 (Licensed Practical Nurse) was observed washing her hands for 12 seconds and then serving a plate of food to a resident.</p> <p>At 12:28 P.M., LPN #6 was observed washing her hands at the dining room sink for 4 seconds and then serving a plate of food to a resident.</p> <p>At 12:29 P.M., CNA #11 was observed washing her hands at the dining room sink for 8 seconds and then serving a plate of food to a resident.</p> <p>On 10-27-2014 at 10:57 A.M., during an interview, the DON (Director of Nursing) indicated, "...employees should wash their hands for 20 seconds...."</p> <p>On 10-29-2014 at 12:06 P.M., record review of the Guidelines for Handwashing, revised 03/2013, received from the DON at this time, indicated, "...PROCEDURE:...8. Wash well for 20 seconds...."</p> <p>B.1. On 10/23/13 from 11:10 A.M. to 11:40 A.M., during initial kitchen tour with the employee # 10 the following</p>		and document. All audits will be brought to Quality Assurance committee monthly x 6 months and if 100% compliance then system considered working and if not re-education will be conducted.				

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	<p>was observed:</p> <p>In the reach in thicken liquid/ juice cooler: 3 containers of nectar thickened orange juice and 1 container of nectar thickened apple juice, open, with no date. Employee # 10 indicated "... they should be dated if they are open..."</p> <p>1 container of nectar thickened cranberry juice dated 10-14-14 and 1 container nectar thickened cranberry juice dated 10-15-14. Employee # 10 indicated "... we should only keep them 3 days after opening..."</p> <p>Ice machine: lime on middle edge. At this time Employee # 10 indicated "...kitchen staff responsible for cleaning the ice machine... it should not have lime build up on it..."</p> <p>Clean dish storage rack : 12 plates, 5 salad plates, 20 soup bowls, 15 cereal bowls, 24 roll plates stored upright.</p> <p>Ice cream server: 3 gallons strawberry ice cream, 2 three gallon containers of chocolate ice cream, 3 gallons vanilla ice cream, 3 gallons butter pecan ice cream open with no date. The Employee # 10 indicated at this time yes they should be dated...."</p> <p>Prep area: Belgian waffle maker was</p>			

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	<p>observed to have a dark caked on substance on the inside and grease on the outside.</p> <p>Bread rack: 2 packages of English muffins with a use by date of 10/19/14. A open package of biscuits dated 10/17/14. At this time Employee # 10 indicated "... those should be thrown out...."</p> <p>The walk in freezer: A bowl of orange creamsicle frosting dated 10/18/14. A open undated bag of broccoli and peas. A bag of broccoli ripped open on the side, with broccoli florets hanging out of bag. 4 boxes of Morning Star vegetarian meats open to air and undated. 3 gallon container of chocolate ice cream with lid partially off. 1 box of pollock fish filets open to air and undated..</p> <p>6 sub buns in a Ziploc bag with no date. 4 cinnamon rolls in a Ziploc bag with no date. 4 pieces of garlic toast in a Ziploc bag with no date on it. 2 frozen pie dough's in a Ziploc bag with no date on it. 240 oz box of beef patties open to air with beef patties exposed with no date. At this time Employee # 10 indicated "... food should not be open to air and should be dated...."</p> <p>During an interview, on 10/24/14 at 11:25 A.M., the DFS (Director of Food</p>						

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F000431 SS=D	<p>Service) indicated, "...items that are open should be dated. ... food that is open should not be open to air exposing the food ... waffle machine is a frequent problem ... the anti stick spray we use causes the food to build up inside... the inside iron plates are not removable to wash"</p> <p>During an interview, on 10/28/14 at 2:15 P.M., the DFS indicated, "...plates, bowls, and cups should all be stored upside down...."</p> <p>On 10/29/14 at 12:06 P.M., review of the policy " Food Labeling Guideline," dated 4/2013, provided by the DON (Director of Nursing) indicated, "... Date marking must be done when food is: Refrigerated; and held more than 24 hours ... Prepared leftover food items muse be discarded with in 3 days...."</p> <p>3.1-21(i)(2)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and</p>						

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	<p>periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure only authorized personnel had access to 1 of 3 locked medication rooms. (200 Hall)</p> <p>Finding includes:</p> <p>On 10-27-14 at 1:52 P.M., the LSW (Licensed Social Worker) was observed to be let into the 200 hall medication room by LPN (Licensed Practical Nurse) #4. The LSW indicated, "...I need to file some stuff in charts...." LPN #4</p>	F000431	No ill effects noted from having non-licensed personal in the med room. All staff have been inserviced on that only authorized personnel have access to the medication rooms and if they go in medication room must have licensed staff stay with them the entire time. ED/DHS and or designee will observe and document 2x weekly at different times to ensure no non-licensed staff are going in medication rooms unattended. Audits will be brought to the Quality Assurance Committee monthly x3 months	11/24/2014			

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	<p>responded "...I'll just let you in the room...." LPN #4 left the LSW in the medication room and returned to the nurses station. At 1:53 P.M., LPN #4 returned to the medication room to retrieve a piece of paper from her Medication Administration Record book before again exiting the room and sitting down at the nurses station with her back to the door. The LSW exited the medication room at 1:55 P.M.</p> <p>On 10-27-14 at 2:20 P.M., an interview with the ED (Executive Director) was conducted. The ED indicated, "...the 200 Hall and 300 Hall use the medication rooms as chart rooms...The DON [Director of Nursing], the floor nurses, and medical records has a key... [Medical records] name is a nurse...The nurse needs to go in with people who don't have access to that room and stay with them the entire time... We have medications in there...."</p> <p>On 10-27-14 at 3:28 P.M., review of the current "Medication Storage In The Facility" policy, last revised 09-17-2012, received from the DON at this time, indicated, "...Only licensed nurses, the consultant pharmacist, and those lawfully authorized to administer medications are allowed access to medications. Medication rooms, carts, and medication</p>		and if findings are 100% compliance then consider system working and if not reeducate staff as needed.				

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F000441 SS=D	<p>supplies are locked or attended by persons with authorized access...."</p> <p>3.1-25(m)</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 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>			

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	<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 medications were administered in a sanitary manner related to handwashing for 1 of 4 nurses observed during medication pass. RN#16</p> <p>Finding includes:</p> <p>On 10-28-2014 at 11:00 A.M., an observation of RN #16 (Registered Nurse) was made during medication pass. RN #16 assisted Resident #66 with the application of his Prevalon boot (a cushion boot used for relieving pressure) and then pushed him in his wheelchair to the common area on 200 Hall. RN #16 then went to the medication cart and pulled medications for Resident #30. At no time was handwashing done or sanitizing gel used.</p> <p>On 10-29-2014 at 10:59 A.M., the DON (Director of Nursing) indicated that handwashing or sanitizing gel should be used in between residents during med pass and after direct patient contact.</p> <p>On 10-29-2014 at 12:06 P.M., record review of the Guidelines for</p>	F000441	Resident # 30 and #66 had no ill effects from deficient practice. RN # 16 was immediately in-serviced on hand washing. All staff have been inserviced on hand washing and the proper procedure to follow. Yearly and as needed all staff will be inserviced. All new hires are inserviced during orientation. DHS/ and or her designee will observe handwashing 2x per week and document findings. The audits will be brought to Quality Assurance committee monthly x 3 months and if 100% compliance obtained then consider system working and if not re-educate.	11/24/2014			

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R000000	Handwashing, revised 03/2013, received from the DON at this time, indicated, "...PROCEDURE:...8. Wash well for 20 seconds...." 3.1-18(I) Greenleaf Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to State Residential Licensure Survey.	R000000	no findings		