

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155442	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2012
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 580 LEMLEY ST FRANKLIN, IN 46131
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F0000	<p>This visit was for Recertification and State Licensure survey.</p> <p>Survey dates: May 29, 30, 31, and June 1, and 4, 2012.</p> <p>Facility number: 000352 Provider number: 155442 AIM number: 100290720</p> <p>Survey team: Leia Alley, RN TC Marcy Smith, RN Patty Allen, BSW Dinah Jones, RN</p> <p>Census bed type: SNF/NF 32 Total: 32</p> <p>Census payor type: Medicaid: 24 Medicare: 1 Other: 7 Total: 32</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 6/6/12 Cathy Emswiller RN</p>	F0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiency cited. However, 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 the requirements established by state and federal law. Hickory Creek at Franklin desires this Plan of Correction to be considered the facility's Allegation of Compliance. The compliance is effective June 22, 2012.</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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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, record review and interview, the facility failed to</p>	F0441	F-441 Infection Control, Prevent Spread, Linens:It is the policy of	06/22/2012			

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	<p>ensure clean clothing was distributed in a sanitary manner for 2 of 2 random observations and proper handwashing techniques were observed for 3 of 3 observations. (Residents #9, #19, #22 and #29)</p> <p>Findings include:</p> <p>1. During an observation on 5/30/12 at 10:30 a.m. of Laundry Staff #3, she removed newly washed clothing belonging to Resident #9 from the linen cart, held it against her uniform shirt with her left hand and placed it in the resident's room.</p> <p>During an observation at 10:35 a.m., Laundry Staff #3 removed newly washed clothing belonging to Resident #29 from the linen cart, held it against her uniform shirt and took it into the resident's room.</p> <p>A facility policy, dated June, 2004, received from the Director of Nursing (DON) on 6/1/12 at 3:30 p.m., titled "Linen Handling," indicated "Policy: All linens shall be handled in such a way as to prevent cross-contamination. Procedure:....7. Do not carry soiled linen close to your clothing. Hold soiled linen away from the body and do not carry large armloads..."</p>		<p>this facility to 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 including the proper use of gloves and the separation of clean and dirty linen.1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice?The facility policy manuals have been updated to include the current policies for hand washing and linen handling. The Administrator and the Director of Nursing re-educated the facility staff 6-12-12 on infection control, including clean linen handling and hand washing.2. How will the facility identify other residents having the potential to be affected by the same deficient practice?All residents have the potential to be affected by this practice.If any staff is observed not to follow the facility policies and procedures regarding hand washing and clean linen handling, the DON/Administrator or Designee will stop that person at that time and retrain them on the policy and procedure. Progressive disciplinary action will be given for continued lack of compliance.3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?The</p>		

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	<p>During an interview with the DON on 6/4/12 at 3:30 p.m. she indicated staff is not supposed to hold linen against their clothing.</p> <p>2. During an observation of medication administration on 6/4/12 at 8:35 a.m., Qualified Medication Assistant (QMA) #1 took medications into Resident #22's room, put on gloves, assisted the resident to a sitting position and held him upright while he swallowed his medications, helped him lie back down in the bed and covered him with his blanket. She then removed her gloves and washed her hands for 7 seconds. She returned to her medication cart and prepared medications for Resident #29. At 9:05 she enter Resident #29's room, gave her medications and washed her hands for 7 seconds. At 9:15 she entered Resident #19's room, washed her hands for 8 seconds, put on gloves, gave the resident her eye drops, removed her gloves and washed her hands for 10 seconds.</p> <p>A facility policy dated June, 2004, received from the DON on 6/1/12 at 3:30 p.m., titled "Handwashing," indicated "Purpose:...To reduce transmission of organisms from</p>		<p>DON/Administrator or Designee will perform random rounds for all staff on all shifts and all departments 5 days a week for 30 days to assess accuracy of hand washing and clean linen handling. If any issues are observed, the DON/Administrtror or Designee will proceed as indicated in question #2. Rounds by the DON/Administrator or Designee will be documented on the QA form "441" and the results will be brought to the next scheduled morning management meeting for review.4. How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? The DON/Administrator will bring the results of QA audits to the morning management meeting at least 5 days per week, the weekly Standards of Care meeting, and the monthly QA & A Committee meeting for review and recommendations. The QA audit will be done 5 days a week for 30 days and will include all staff for all shifts and all departments. At that time the audit tool will be continued at a frequency determined by the QA&A committee when 100% compliance is achieved. Even when the written QA audit is discontinued, the Administrator, DON or Designee will continue observations of staff performance as part of the regular rounds during each tour of duty.</p>		

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	<p>nursing staff to resident...Guidelines...personnel should always wash their hands...After gloves are removed...As promptly and thoroughly as possible between resident contacts;..."</p> <p>Another facility policy, dated June, 2004, received from the DON on 6/1/12 at 3:30 p.m., titled "Handwashing," indicated "...Wash hands vigorously, using soap and warm water for at least 10 seconds..."</p> <p>A Center for Disease Control and Prevention (CDC) guideline, dated 2/5/09, printed from "Your Online Source for Credible Health Information," indicated "...Washing Your Hands: The Right Way...When washing hands with soap and water: Wet your hands with clean running water and apply soap. Use warm water if it is available. Rub hands together to make a lather and scrub all surfaces. Continue rubbing hands for 15-20 seconds..."</p> <p>During an interview with the DON on 6/4/12 at 10:50 a.m. she indicated she was unaware the facility policy said to wash hands for only 10 seconds. She thought staff was supposed to wash their hands for 20 seconds.</p>			

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	3.1-18(l) 3.1-19(g)			