

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155488	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/21/2016
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-ROLLING HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 ST JOSEPH RD NEW ALBANY, IN 47150
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00208339.</p> <p>Complaint IN00208339 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: September 21, 2016</p> <p>Facility number: 000526 Provider number: 155488 AIM number: 100266970</p> <p>Census bed type: SNF/NF: 95 Total: 95</p> <p>Census payor type: Medicare: 3 Medicaid: 75 Other: 17 Total: 95</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and / or executed solely because it is required by the provisions of federal and state law. Attached you will find the completed Plan of Correction and attachments for complaint survey dated September, 21 2016. We respectfully request that our Plan of Correction, be considered for a paper compliance desk review. Should you have any questions, feel free to contact me at (812) 948-0670. Sincerely, John Keaton, Executive Director</p>	
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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 0441 SS=D Bldg. 00	<p>Quality review completed by 34233 on September 23, 2016.</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</p>			

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	<p>must isolate the resident.</p> <p>(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.</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, interview and record review, the facility failed to ensure a staff member maintained infection control practices by carrying soiled linens with bare hands and hand washing during incontinence care for 2 of 2 observations for infection control.</p> <p>Findings include:</p> <p>1. During an observation on 9/21/16 at 3:20 p.m., on the dementia unit, CNA (Certified Nursing Assistant) #2 was observed to exit the soiled utility room carrying un-bagged linens with her bare hands. The linens were stained with multiple, large brown areas, and placed in the soiled linen barrel on the hallway next to the nurses station. CNA #2 then re-entered the soiled utility for approximately 20 seconds and then walked into the clean utility room. CNA</p>	F 0441	<p><b>1. Plan of correction: (actions taken)</b></p> <p><b>1. Resident #B was assessed on 9/21/2016 and found to have no signs or symptoms of a newly acquired infectious process.</b></p> <p><b>2. Certified Nursing Assistants observed received 1:1 education on linen handling, hand hygiene, and perineal care followed by competency check-offs on hand hygiene and perineal care observed by SDC/Designee.</b></p> <p><b>2. Others at risk: All residents have potential to be affected.</b></p> <p><b>1. All incontinent residents have potential to be affected.</b></p> <p><b>Facility infection control surveillance and infection screenings have found no residents to be presenting with signs or symptoms of newly acquired infectious processes</b></p>	10/12/2016

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	<p>#2 washed her hands in the clean utility room for 13 seconds.</p> <p>During an interview on 9/21/16 at 3:25 p.m., the Unit Manager indicated the linens appeared to be stained with a bowel movement.</p> <p>During an interview on 9/21/16 at 3:30 p.m., CNA #2 indicated she was not wearing gloves while transferring the soiled linens from the soiled utility room to the soiled linen barrel.</p> <p>2. On 9/21/16 at 3:50 p.m., the following was observed during incontinence care: CNA #1 and CNA #2 transferred Resident #B to bed. CNA #1 removed Resident #B's pants and tucked the front part of the brief downward under the perineal area. CNA #1 provided incontinence care and then removed Resident #B's soiled brief. CNA #1 removed her gloves and washed her hands for 15 seconds and CNA #2 removed her gloves and washed her hands for 16 seconds. CNA #1 and #2 donned clean gloves and CNA #1 placed a clean brief and clean pants on Resident #B. CNA #1 removed Resident #B's soiled shirt and placed a clean shirt on him/her. CNA #1 removed her gloves and washed her hands for 11 seconds. CNA #2 removed her gloves and washed</p>		<p><b>related to these causal factors.</b></p> <p><b>3.Education:</b>  <b>1.Staff Development Coordinator / designee will in-service nursing staff on proper linen handling, hand hygiene, and perineal care by Wednesday October 12, 2016. Nursing staff will complete competency check-offs on handwashing and perineal care by Wednesday October 12, 2016.</b></p> <p><b>4.Ongoing audits/tools:</b>  <b>1.The Director of Nursing or designee will observe linen handling, hand hygiene, and perineal care 5 times a week for 30 days, then 3 times a week for 30 days, then twice weekly for 30 days all findings will be addressed immediately for correction. Competency observation results will be reviewed in monthly PI meeting x3 months then the PI committee will determine if 100% compliance has been achieved and the need for ongoing monitoring.</b></p> <p><b>5. The DNS is responsible for this compliance.</b></p>	

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	<p>her hands for 16 seconds. CNA #1 and CNA #2 donned clean gloves and positioned Resident #B on the side of the bed. CNA #1 placed her gait belt around Resident #B's waist and transferred him/her to the wheel chair. CNA #1 removed the gait belt and placed it around her neck. CNA #1 and CNA #2 removed their gloves and washed their hands for 15 seconds.</p> <p>During an interview on 9/21/16 at 3:30 p.m., CNA #2 indicated hands should be washed for 20 seconds.</p> <p>On 9/21/16 at 5:25 p.m., the Unit Manager provided a current copy of the document titled "Hand Hygiene/Handwashing", dated 8/31/11. It included, but was not limited to, the following: "...Infection Control Work Practices...Rationale...Handwashing is the single most important procedure for preventing the spread of infection...When hands are visibly dirty...or visibly soiled...wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water...Hand hygiene is to be performed...after toileting, assisting others w [with]/toileting or after personal grooming...Hands are visibly soiled...After touching bare parts...Procedure...1. Wet hands, wrists</p>			

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	and exposed portions of the arms under clean running water, and apply soap from dispenser...2. Rub hands together with vigorous friction for 20 seconds..."  3.1-18(l) 3.1-19(g)(1)			