

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155153	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2013
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NAME OF PROVIDER OR SUPPLIER HEALTHWIN	STREET ADDRESS, CITY, STATE, ZIP CODE 20531 DARDEN RD SOUTH BEND, IN 46637
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint #IN00124015.</p> <p>Complaint #IN00124015: Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 4, 5, 6, 7, 8, 11, 12, 13 & 14, 2013</p> <p>Facility Number: 000073 Provider Number: 155153 AIM Number: 100288820</p> <p>Survey Team: Shauna Carlson, RN - TC Shelly Vice, RN Julie Baumgartner, RN (3/4, 3/5, 3/6, 2013)</p> <p>Census Bed Type SNF/NF: 125 Total: 125</p> <p>Census Payor Type Medicare: 24 Medicaid: 79 Other: 22 Total: 125</p> <p>Complaint Sample: 7</p>	F000000	<p>This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. The facility was in compliance with all licensure and certification requirements at the time of the survey and disputes that any alleged deficiency or violation existed.</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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March, 24, 2013, by Brenda Meredith, R.N.</p>			

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F000441 SS=E	<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> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>A)Based on observation, interview and record review, the facility did not</p>	F000441	F441 It is the practice of Healthwin to establish and	04/13/2013	

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	<p>clean the Foley catheter at the insertion site for 6 residents out of 6 sampled during observations. (Residents #14, #89, #3, #74, #75, #22) This had the potential for affecting 13 residents with indwelling Foley catheters. (Residents #14, #89, #3, #74, #75, #22, #52, #123, #90, #28, #15, #113, #61)</p> <p>B) Based on observation, interview, and record review, the facility failed to accurately disinfect the hand held glucometer devices used for measuring glucose levels for Diabetic Residents. This deficiency had the potential to affect 4 of 4 residents observed. (Residents #25, #123, #59, #10)</p> <p>Findings include:</p> <p>A1) On 3/7/13 at 3:15 P.M., CNA #1 was observed to do catheter care on Resident #3. CNA #1 was observed to wet 2 wash clothes in the clean supply room due to there was no sink in the room. CNA #1 was then observed to lay Resident #3 flat due to the resident having a supra-pubic catheter (catheter inserted into bladder through abdominal wall) and cleanse around the catheter twice with the two wet wash clothes before drying area with dry towel. CNA #1</p>		<p>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. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;(A) Residents #14, 89, 3, 74, 75, 22 have experienced no negative outcomes related to this finding. Policies and procedures have been updated to include scope of practice for peri-care and catheter care. Catheter care will be performed by licensed nurses. CNA's #1, #2, #3, #7, #8, #11, #12 have been trained and completed competency evaluations with return demonstrations in peri-care. LPN #13 has completed training and competency evaluations with return demonstrations on peri-care and catheter care. (B) Residents #25, #123, #59, #10 have experienced no negative outcomes related to this finding. A Policy and Procedure has been updated to include a new product for disinfection of Glucometers. RN's #10, #14, #6 have been trained and have completed competency evaluations with return demonstrations on the updated policy and the new product. How other residents having the potential to be affected by the same deficient</p>		

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	<p>returned Resident #3 to a seated position in bed before leaving room.</p> <p>A2) On 3/7/13 at 3:20 P.M., CNA #2 was observed to do catheter care on Resident #74. CNA #2 was observed to bring 2 wash clothes, 1 towel, and a washbasin with a bar of soap into Resident #74's room. CNA #2 was observed to remove dirty briefs and use a wet and soapy washcloth to wash only the tip of penis with foreskin pulled back. CNA #2 then used a wet washcloth to wipe soap off then dried area with dry towel. CNA #2 was then observed to place same dry towel over Resident #74's perineal area while retrieving a clean pair of briefs and replaced briefs. Interview with CNA #2 at this indicated this is how she normally did this procedure and this is how she was taught to do it.</p> <p>A3) On 3/7/13 at 3:32 P.M., CNA #1 was observed to do catheter care and perineal care on Resident #75. CNA #1 donned clean gloves without washing hands first, laid Resident #75 flat and found she was incontinent of stool at this time. CNA #1 retrieved clean briefs and supplies, rolled Resident #75 to left side and cleaned coccyx area of stool. CNA #1 was then observed to change dirty</p>		<p>practice will be identified and what corrective action(s) will be taken: (A) All residents with catheters have the potential to be affected by this finding. CNA competencies were completed on 3/8, 3/9, 3/10/13 for all CNA's who provide peri-care for residents with foley catheters. The Policies and Procedures for Peri-care, Catheter care, and Handwashing have been updated. In-service training, competencies, and return demonstrations will be completed by 4/13/13. The updated Catheter care policy will include the scope of practice to include that any resident with an indwelling catheter will have a physician's ordered treatment to deliver catheter care by a licensed nurse. This will be effective 4/13/13. (B) All diabetic residents have the potential to be affected by this finding. In-service training, competencies, and return demonstrations were conducted for all licensed nurses for proper Glucometer Disinfection. The competencies were completed by 3/31/13. The Glucometer Disinfection Policy was updated to include a new disinfecting product. In-service training, competencies, and return demonstrations on this updated policy will be completed by 4/13/13. This policy will be effective 4/13/13. What measures will be put into place or what systemic changes will</p>				

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	<p>gloves without washing hands before wiping Resident #75's catheter tube and inner thigh area with wet and soapy wash cloth. CNA #1 then dried area with dry towel and replaced Resident #75's briefs and replaced her to a seated position before gathering dirty supplies, removed gloves, and left room. Interview with CNA #1 at this time indicated she "...felt like it went okay, that's how I normally do things...."</p> <p>A4) On 3/7/13 at 3:45 P.M., CNA #3 was observed to do catheter and perineal care on Resident #22. CNA #3 was observed to wash hands, don clean gloves and lay Resident #22 flat due to resident having supra-pubic catheter. CNA #3 used wet and soapy wash cloth to wipe twice in circular motion only the area around the insertion site of Resident #22's catheter but did not cleanse the catheter tubing. CNA #3 was then observed to use wet washcloth to rinse area around catheter insertion site before using new towel to dry the area. Resident #22's room smelled of urine and interview with CNA #3 at this time indicated Resident #22 was also soiled with urine. CNA #3 was then observed to remove gloves, wash hands and don new clean gloves. CNA #3 removed Resident</p>		<p>be made to ensure that the deficient practice does not recur; (A) The Policies and Procedures for Peri-care, Catheter care, and Handwashing have been updated. In-service training, competencies, and return demonstrations will be completed by 4/13/13 on these policies for all nursing staff. The updated Catheter care policy will include the scope of practice to include that any resident with an indwelling catheter will have a physician's ordered treatment to deliver catheter care by a licensed nurse. These policies will be effective 4/13/13.(B) The Glucometer Disinfection Policy was updated to include a new disinfecting product. In-service training, competencies, and return demonstrations on this updated policy will be completed by 4/13/13. This policy will be effective 4/13/13. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; (A & B) CNA and Licensed Nursing staff will complete competencies with return demonstrations quarterly. Infections are reviewed daily Monday through Friday in the Interdisciplinary Team meeting. The Infection Control Surveillance report will be reviewed bi-weekly in the Quality Improvement</p>				

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	<p>#22's soiled gown, turned her to the left side and found she was also incontinent of stool. CNA #3 was then observed to clean Resident #22's coccyx area of stool, removed soiled bedding pad and replaced with a new dry one. CNA #3 failed to cleanse Resident #22's perineal area of urine before replacing her gown and returning her to a seated position. Interview with CNA #3 at this time indicated she "...felt like it went well, that's my normal routine...that is how we were trained to do catheter care....we get in-serviced all the time about hand washing and infection control...."</p> <p>A5) On 3/7/13 at 4:00 p.m., CNA #11, CNA #12 and LPN #13 were observed to perform indwelling Foley catheter care and peri-care (hygiene care performed on the perineum area) on Resident #14. Clean linens were taken from the clean utility, a package of disposable wipes, and a basin half full of water was placed on the over bed table. LPN #13 was at the head of the bed to the residents right side to providing comfort to the resident. CNA #11 and CNA #12 assisted a transfer of Resident #14 from the wheelchair to supine position</p>		<p>meeting. The analysis of reporting will be reviewed in the Quality Assurance Committee that meets quarterly for efficiency and effectiveness. By what date the systemic changes will be completed. 4/13/13</p>				

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	<p>in bed. Resident #14 stated, "...I gotta pee...I gotta pee..." as she was assisted to her bed for the pericare and catheter care. CNA #12 indicated, "...we don't usually have two people here to empty a catheter..." CNA #11 disconnected the leg strap from the Foley catheter leg collection bag and laid that catheter bag on the bed between the resident legs during hygiene care. CNA #12 left the room and returned to the bedside with a graduated urine collection container needed for measuring urine. CNA #11 then disconnected the tube from the closed catheter urine bag and wiped the tube with an alcohol swab and unclamped the clamp on the tube and drained the urine into the container. CNA #12, was then observed to take the container of urine and take it into the residents' bathroom. The toilet was heard to be flushed. CNA #11 wiped the tube of the closed catheter bag and clamped the clamp and returned the tube to the holder on the catheter bag. The resident was undressed from her waist down and the briefs she was wearing were</p>			

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	<p>disconnected and draped downward, exposing her pubic area. Resident #14 had a liquid bowel movement and the Foley catheter insertion site was not visible due to bowel movement. The residents' perineum was cleaned by CNA #11 with the disposable wipes from the front of the perineum; swiping from the front to the back. Resident #14 had bowel movement covering the perineum, on the pubic bone area and on the buttocks and lower sacrum area. CNA #11 stated, "...can you open your legs so I can clean your catheter..." The labia area was visualized, yet the area of the perineum from the insertion site of the Foley catheter to the rectum could not be visualized. CNA #11 continued to clean the labia that was visualized, but did not clean the catheter insertion site area at the labia and clitoris, nor the area to the rear of the labia. CNA #11 used disposable wipes to clean off the bowel movement and then used clean wet washcloths for additional cleaning. CNA #11 then changed disposable gloves. Resident #14 was rolled to her left side, and her bottom</p>			

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	<p>was exposed. CNA #11 continued to clean the bowel movement off of the resident. CNA #12 then left the room and returned to the room with a moisture barrier ointment. CNA #11 indicated that there was an, "...open area on her bottom ..." as she made eye contact with LPN #13. CNA #11 rubbed the moisture barrier ointment to the residents' sacrum. CNA #11 then used a clean alcohol pad to clean the catheter tubing of bowel movement. The tube was not cleaned at the insertion site nor the area from the labia to the rectum. The Resident was then redressed in a clean brief and clothing. CNA #11 then reconnected the Foley catheter closed drainage bag to the leg connector straps on the residents right lower leg. Resident #14 states, "...I have to pee...I have to pee..." Resident #14 made eye contact with the LPN#13 and stated, "...it itches..." as the resident reaches her own hand to her public area and begins to itch the labia/ perineum area. LPN #13 indicated to resident that the residents care had already been completed and she's going to be</p>			

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	<p>placed back into her wheelchair. CNA #11 and CNA #12 then assisted Resident #14 into her wheelchair.</p> <p>On 3/7/13 at 4:30 p.m., interviews were conducted with CNA #11 and CNA #12. They both indicated that this was the normal expected procedure for providing peri care and catheter care. CNA #11 indicated that it was the expectation that CNA's do all of the catheter care except to "...change out the catheters...the nurses do that...CNA's don't change the catheters...."</p> <p>On 3/7/13 at 4:32 p.m., interview with LPN #13 indicated that the CNA's do the catheter care and the peri care, "...unless there isn't anyone else to help, then we might do that then...."</p> <p>A6) On 3/7/13 at 3:15 p.m., CNA #7 and CNA #8 were observed to perform indwelling Foley catheter care and peri-care (hygiene care performed on the perineum area) on Resident #89. CNA #7 obtained the following supplies and brought them to the bedside: a wash basin, water, washcloths, towels and disposable gloves were worn by CNA #7. The privacy curtain was pulled. The</p>			

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	<p>procedure was explained to Resident #89 as he laid in his bed. CNA #8 entered the room to assist CNA #7. CNA #7 put disposable gloves on. Resident #89's sweatpants were pulled down to his knees, the attend undergarment was un-taped and pulled away from the body, exposing his perineal area and his penis. A Foley catheter was in view at this time. CNA #7 and CNA #8 assisted in the cleaning of the perineal area. A 4-fold washcloth technique was used by CNA #7. One washcloth was used for 4 separate swipes: unfolding a clean area on the same washcloth for each swipe. The tip of the penis was swiped around the head of the penis at the entry of the Foley catheter. The foreskin of the penis was not retracted. The head of the penis was not visualized. CNA #7 and CNA #8 disposed of the dirty laundry, bagged it up and CNA #8 left the room with the bagged laundry. CNA #7 redressed the resident, and then proceeded to help him up to bedside. CNA #8 returned to the room and then assisted Resident #89 along with CNA #7 to get into his wheelchair.</p>				

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	<p>On 3/7/13 at 4:30 p.m., interview with CNA #7 indicated that this was the normal expected procedure for providing peri care and catheter care. CNA #7 indicated that training for catheter care and perineal care had been provided, "...down South...where I originally worked...."</p> <p>On 3/7/13 at 4:45 p.m., a review was made of the policy and Procedure for "...Perineal and Catheter Care..." policy and procedure received from Employee #4 indicated that staff was to "...3. Wash hands and don gloves. 4. Fill washbasin with warm water and have resident check water temperature. 5. Pull privacy curtain. 6. Assist resident to lay on back. 7. Drape resident, exposing perineal area only. 8. Assist resident to spread legs and lift knees...9. Wet soap and washcloth. 10. If resident has catheter....wipe gently from meats [sic] out. 11. Wash genitalia from front to back and from center toward thighs.... Females: Separate labia, washing from top to bottom wash urethral area first, then working your way outwards, use a different part of the washcloth for each stroke, each</p>			

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	<p>side separately. Males: Pull foreskin back (if applicable) wash and rinse the tip of the penis using a circular motion beginning at the urethra, continue washing down the penis to the scrotum and inner thighs. 12. Rinse the genitalia area and pat dry. 13. Turn the resident from side to side. 14. Using a new washcloth, clean and perianal area from front to back, then rinse and pat dry thoroughly...."</p> <p>On 3/8/13 at 2:00 p.m., an interview was conducted with the Infection Control Manager. It was indicated that the CNA's and Nursing staff were not routinely observed to validate the accuracy of maintaining infection control practices in accordance to the skills correlating with catheter care and perineal care.</p> <p>B1) On 3/11/13 at 11:50 a.m., an observation was made of RN #10 performing a glucose monitoring check for Resident #25. The hand held glucometer was cleaned with a CaviCide sanitizing wipe after use. RN #10 opened the CaviCide wipe, rubbed the CaviCide onto the hand held glucometer for < (less than) 3</p>			

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	<p>seconds, laid the glucometer on a clean kleenex and allowed the device to air dry, "...for 3 minutes...."</p> <p>An interview was conducted with RN #10 about the disinfectant directions on the back of the CaviCide wipe which noted, "...device must be kept visibly wet for 3 minutes..." to support the disinfectant property of the CaviCide wipes.</p> <p>B2) On 3/12/13 at 4:01 p.m., an observation was made of RN #14 performing a glucose monitoring check for Resident #123. The hand held glucometer was cleaned with a CaviCide wipe after use. RN #14 opened the CaviCide wipe, rubbed the CaviCide onto the hand held glucometer for <5 seconds, laid the glucometer on a clean paper towel and allowed the device to air dry, "...for 3 minutes...."</p> <p>B3) On 3/12/13 at 4:04 p.m. an observation was made of RN #14 performing a glucose monitoring check for Resident #59. The hand held glucometer was cleaned with a Cavi-wipe after use. RN #14 opened the CaviCide wipe, rubbed the CaviCide onto the hand held</p>				

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	<p>glucometer for <5 seconds, laid the glucometer on a clean paper towel and allowed the device to air dry, "...for 3 minutes...."</p> <p>An interview was conducted with RN #14 about the disinfectant directions on the back of the CaviCide wipe which noted, "...device must be kept visibly wet for 3 minutes..." to support the disinfectant property of the CaviCide wipes. RN #14 noted, "...we use that (CaviCide wipes) because the Purell wipes are not strong enough...." RN #14 indicated that this procedure for disinfecting the hand-held glucometer devices was being correctly performed.</p> <p>B4) On 3/13/13 at 3:40 P.M., RN #6 was observed to check the blood sugar for Resident #10. RN #6 was observed to retrieve a glucometer machine (used for checking blood sugar) from the med cart on unit East 1 which was enclosed in a carrying case. RN #6 proceeded to enter Resident #10's room and check her blood sugar. After checking the blood sugar, RN #6 proceeded to wipe the glucometer machine with a Cavicide sanitizing wipe for 4 seconds before placing it back in the carrying case. During an interview at this time, RN</p>						

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	<p>#6 indicated this is how she was taught to clean the glucometer machines and was not aware of any specific length of time they needed to be cleaned for.</p> <p>On 3/13/13 at 3:50 P.M., interview with the Infection Control Nurse (RN #5) indicated each unit had 2 glucometer machines that were used for all residents and it was the expectations for floor nurses to follow facility policy in cleaning the glucometer machines and wipe them down in a way "...that they stay wet for 2-3 minutes...."</p> <p>On 3/13/13 at 4:10 P.M. review of the Glucometer Policy and Procedure received from the Infection Control Nurse (RN #5) at this time indicated "...the glucometer will be properly sanitized before and after resident use to prevent transmission of any disease or infection..." and the procedure for this included "...assemble equipment on a paper towel. 3. Wearing gloves, clean glucometer and bottle of strips with Cavicide wipe PRIOR to entering room. Allow 2-3 minutes to dry...knock and enter room...obtain a blood sample...wipe the glucometer and bottle of test strips with a Cavicide wipe and allow 2-3 minutes</p>				

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	to dry...." 3.1-18(a)				

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F009999	<p>3.1-14</p> <p>(p) Initial orientation of all staff must be conducted and documented and shall include the following: (4) A detailed review of the appropriate job description, including a demonstration of equipment and procedures required of the specific position to which the employee will be assigned. (5) For direct care staff, instruction in the particular needs of each resident to whom the employee will be providing care. (q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (6) position in the facility and job description (7) documentation of orientation to the facility and to the specific job skills</p> <p>This regulation is not met as indicated by:</p> <p>Based on record review and interview, the facility failed to ensure documentation of specific and general job orientation was complete for 7 of</p>	F009999	<p>F9999It is the practice of Healthwin to have initial orientation of all staff and documentation that includes the following: A detailed review of the appropriate job description, including a demonstration of equipment and procedures required of the specific position; Instruction for direct care staff in the particular needs of each resident to whom the employee will be providing care; Current and accurate personnel records for all employees to include the position in the facility, job description, and documentation of orientation to the facility and to the specific job skills.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Employee records of employees #16, #17, #7, #19, #8, #20 were reviewed and any areas that were not completed on the Departmental Orientation Skills Checklist were trained, and competency with return demonstration, and documentation was completed.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; On March 28, 2013 an audit was performed on all active</p>	04/13/2013	

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	<p>10 employee records reviewed. (Employees #16, #17, #18, #7, #19, #8, #20)</p> <p>Findings include:</p> <p>On 3/14/13 at 1:00 P.M., record review of employee records showed that the "Departmental Orientation Skills Checklist" was only partially filled out for 7 employees.</p> <p>In the file for RN #16 (Director of Nursing), the following were missing: Medication Administration, Documentation on the MAR/TAR (Medication Administration Record/Treatment Administration Record), Staff assignment sheets, MDS (Minimum Data Set) - ADL (Activities of Daily Living) Grids, Emergency Measures- Elopement, Falls, Fire, Tornado, Low lift policy & procedure, Hazardous chemicals, Universal Precautions, Isolation, Supplies Ordering (Medical Records), Monthly Recaps, Tube Feedings, Pumps- Enteral/IV (Intravenous), IV procedures, Dressings- Sterile/Nonsterile, Catheterization, Oxygen, Tracheostomy, Suctioning.</p> <p>In the file for LPN #17, the following were missing: Supplies Ordering (Medical Records), Monthly Recaps,</p>		<p>employee personnel files. Any checklist found to be incomplete was provided to the Staff Development Coordinator for follow up training, completion, and documentation of the training and return demonstrations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; An Orientation Program policy was written, approved and implemented on 3/18/13. Training on this policy will occur for the Human Resource Department and all Leadership and Management staff. This training will be completed by 4/13/13. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; A checklist has been developed for the Human Resource Department to guide the staff on records required prior to a new employee to be removed from Orientation status. New Employee records will be audited by the Human Resource Department monthly and a report will be presented to the Quality Assurance Committee that meets quarterly. By what date the systemic changes will be completed. 4/13/13</p>				

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	<p>IV procedures, Dressings- Sterile/Nonsterile, Catheterization.</p> <p>In the file for CNA #18, the following were missing: Bathing-Assist Partial Bath & Complete Bath.</p> <p>In the file for CNA #7, the following were missing: P.M. Care, Complete Bath, Closed bed making, and Intake & Output.</p> <p>In the file for CNA #19, the following were missing: Nail Care- Toenails and Intake & Output.</p> <p>In the file for CNA #8, the following were missing: Complete bath, Bed Making- Occupied & Unoccupied, and Intake & Output.</p> <p>In the file for CNA #20, the following was missing: Electronic Thermometers. In this file, the following areas were documented with a date of observation of this skill but were not signed: Bed Checks, Chux & Briefs, A.M. care, Assist partial bath, Oral hygiene, Shaving, Hair care, Care of combs & brushes, Care of toothbrushes and Care items (Use/Storage).</p> <p>On 3/14/13 at 1:20 P.M., interview with Infection Control Nurse (RN #5)</p>			

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	indicated she is also the one responsible for education of new employees and that "...there was no policy in place for the documentation of education for new employees but that all these skills checklists should have been completed filled out and signed..."			