

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2016
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NAME OF PROVIDER OR SUPPLIER WALNUT CREEK ALZHEIMER'S SPECIAL CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 525 BENTEE WES COURT EVANSVILLE, IN 47715
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00194373, IN00194378, and IN00193373.</p> <p>Complaint IN00194373 - Substantiated. State deficiencies related to the allegation are cited at R0349, R0026, and R0090.</p> <p>Complaint IN00194378 - Substantiated. State deficiencies related to the allegation are cited at R0026, R0090, R0349, R0414.</p> <p>Complaint IN00193373 - Substantiated. State deficiencies related to the allegation are cited at R0349.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: May 18, 19, 2016</p> <p>Facility number: 013642 Provider number: N/A AIM number: N/A</p> <p>Census bed type: Residential: 13 Total: 13</p> <p>Census payor type:</p>	R 0000		

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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R 0006 Bldg. 00	<p>Private: 13 Total: 13</p> <p>Samples: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by #02748 on May 25, 2016.</p> <p>410 IAC 16.2-5-0.5(f)(1-5) Scope of Residential Care - Deficiency (f) The resident must be discharged if the resident: (1) is a danger to the resident or others; (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight; (3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident ' s choice to provide those services; (4) is not medically stable; or (5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident ' s needs: (A) Requires total assistance with eating. (B) Requires total assistance with toileting.</p>			

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	<p>(C) Requires total assistance with transferring.</p> <p>Based on observation, interview, and record review, the facility failed to discharge a resident who required total assistance with toileting and total assistance with transferring. (Resident A)</p> <p>Findings include:</p> <p>During an observation on 5/18/16 at 12:45 p.m., Resident A was observed to be sitting in a wheelchair. CNA #1 was observed to be pushing the resident down the hall.</p> <p>During an observation on 5/19/16 at 11:20 a.m., CNA #2 and CNA #3 were observed to take Resident A to the bathroom. CNA #2 and CNA #3 were observed to place their arms under the resident's axillary areas and bodily lift the resident onto the commode. Resident A was observed to be incontinent of urine. CNA #2 was observed to have gloves on and provided pericare to the resident. CNA #2 and CNA #3 were observed to bodily lift the resident and place her back into the wheelchair.</p> <p>The clinical record Resident A was reviewed on 5/18/16 at 11:20 a.m.</p>	R 0006	<p>R 006 Scope of Residential Care</p> <p>Corrective action included the following:</p> <ul style="list-style-type: none"> ·Health Service Director and Administrator reviewed resident's service plan and medical record. ·On 4/28/16 resident had been placed on Zyprexa. ·Service plan meeting that was held with son, Chris, dated 5/11 indicated that "much improvement noted with behaviors et attitude since start of Zyprexa. Resident is laughing et joking. PT to eval et tx for ambulation. Episodes of continence. Increased cooperation in daily care." ·Order received on 5/11/16 for PT and referral was made for home health to assess. However, due to her Humana insurance coverage, original home health did not accept and therapy had not started. ·Referral then made to St. Mary's Home Health and resident had first visit with PT on 5/25/16. ·Health Service Director has been observing resident A's care daily on different shifts with nurses and caregivers to ensure we were meeting the resident's needs based on updated service plan. This daily observation was completed from 5/20/16-6/3/16. <p>We intend to retain the resident because we have made a medication adjustment; added in PT; and</p>	07/01/2016

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	<p>Resident A had diagnoses including, but not limited to, dementia, ambulatory dysfunction, and depression.</p> <p>A nurse's note, dated 11/24/15 at 6:00 a.m., indicated the resident was up with assist of 3 persons , gait belt, walker and wheelchair. The note indicated the resident refused to bear weight on the right side even to pivot.</p> <p>A nurse's note, dated 11/25/15 at 10:30 a.m., indicated the resident required 2 persons for transfers and would not walk with the walker.</p> <p>A nurse's note, dated 11/27/15 at 1:00 p.m., indicated Resident A refused to transfer from the wheelchair to the sofa and was becoming more dependent on the wheelchair.</p> <p>A nurse's note, dated 11/30/15 at 2:20 p.m., indicated Resident A remains dependent on the wheelchair and would not bear weight for transfers or care.</p> <p>A nurse's note, dated 12/6/15 indicated Resident A required assist of 3 persons for toileting and dressing. The note further indicated the resident would not stand or assist in her care.</p> <p>A nurse's note, dated 12/7/15 at 6:15</p>		<p>repeated in-service for staff on service plan and care needs. We feel resident A is improving physically and is medically stable.</p> <p>·In-serviced staff on 5/24/16 and 5/25/16 regarding the need to allow residents to participate in care when they are able to do so which will encourage resident's independence.</p> <p>·Per nurse notes and therapy notes, at this time, resident is making progress.</p> <p>Therapy notes on 5/27/16 state, "needed frequent verbal cues for hand placement to push up from her w/c to stand, pt. needed Mod @ x 1 to stand up. Ambulated 16 steps x1, 26 steps x 1, and 28 steps x 1."</p> <p>·Service plan has been updated to show that resident is receiving PT services per MD order, ambulates and transfers with assist of 1 and use of walker, gait belt, and safety cues as needed. Resident is able to toilet with limited, hands on assistance, and requires cueing to stand/pivot to sit on toilet</p> <p>To ensure that other residents were not affected by the deficient practice, the Health Service Director reviewed the service plans for all other residents and observed all residents in activities of daily living. This audit was completed by 5/31/16.</p> <p>To ensure the same deficient practice does not recur, the Health</p>				

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	<p>a.m., indicated Resident A required assistance of 3 persons to clean and dress.</p> <p>A nurse's note, dated 12/21/15 at 5:00 a.m., indicated Resident A required checks every 2 hours for incontinence throughout the night and required assistance of 2 persons for turning an repositioning every 2 hours.</p> <p>A nurse's note, dated 12/22/15 at 5:00 a.m., indicated the resident would not assist "in the least" during every 2 hours incontinence bed checks. The note further indicated the resident required assist of 2 staff members.</p> <p>A nurse's note, dated 12/23/15 at 8:00 a.m., indicated Resident A was fed her breakfast.</p> <p>A nurse's note, dated 12/26/15 at 1:50 p.m., indicated Resident A had to be fed, was unable to stand, required assist of 2 persons, and was total care.</p> <p>A nurse's note, dated 12/28/15 at 9:15 a.m., indicated Resident A would not stand and that staff was required to lift her totally during transfers from the wheelchair to the commode. The note further indicated the resident would not hold her coffee cup and the nurse had to hold it for her.</p>		<p>Service Director will be reviewing Resident A's progress with therapy until therapy discharges resident from their services after maximum potential is met. At that time, HSD and administrator will review the resident's physical abilities, and therapy staff will in-service care giving staff on a continued restorative program. If at that time, the resident does not meet requirements to remain at this facility, a discharge planning care conference will be set up with family. For Resident A, her service plan will be reviewed monthly for next 3 months and then quarterly. For entire facility, the corrective actions will be monitored through an internal audit tool to ensure monthly observations of all residents' activities of daily living by Health Service Director. Quarterly review of Residents service plans care conferences with family members to provide any additional care updates.</p>	

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	<p>A nurse's note, dated 12/29/15 at 1:30 p.m., indicated the physician was aware Resident A was unable to transfer or walk and was unable to feed herself.</p> <p>A nurse's note, dated 1/7/16 at 11:00 a.m., indicated Resident A was an assist of 3 persons to the bathroom and would not stand by herself and refused to help with transferring.</p> <p>A nurse's note, dated 1/11/16 at 9:00 p.m., indicated Resident A had been incontinent 3 times and pericare was given by the staff.</p> <p>A nurse's note, dated 1/25/16 at 5:00 a.m., indicated Resident A had been turned and repositioned every 2 hours when she was checked for urinary incontinence.</p> <p>A nurse's note, dated 3/16/16 at 10:14 a.m., indicated Resident A had received a prescription for a wheelchair due to ambulatory dysfunction.</p> <p>A nurse's note, dated 4/11/16 at 9:00 a.m., indicated Resident A was unable to bear weight with transferring from the wheelchair to the recliner.</p> <p>A nurse's note, dated 5/2/16 at 4:00 a.m.,</p>			

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R 0026 Bldg. 00	<p>indicated Resident A was cooperative with turning, repositioning and toileting every 2 hours.</p> <p>During an interview with CNA #2 and CNA #3 on 5/19/16 at 11:25 a.m., the CNAs indicated Resident A is total care for transferring. CNA #2 indicated the resident was unable to stand and could not propel herself in the wheelchair. CNA #2 indicated the resident was pushed everywhere.</p> <p>During an interview on 5/19/16 at 2:30 p.m., the DON (Director of Nursing) indicated the facility was an "all inclusive" facility and as long as home health could provide a daily service, the facility would allow the resident to remain in the facility.</p> <p>A policy titled, "Resident Personal Care Standards," dated 10/14 and obtained from the DON on 5/19/16 at 3:10 p.m., indicated caregivers will supervise and/or assist as necessary to ensure that adequate cleansing takes place.</p> <p>410 IAC 16.2-5-1.2(a) Residents' Rights - Noncompliance (a) Residents have the right to have their rights recognized by the licensee. The licensee shall establish written policies</p>			

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	<p>regarding residents ' rights and responsibilities in accordance with this article and shall be responsible, through the administrator, for their implementation. These policies and any adopted additions or changes thereto shall be made available to the resident, staff, legal representative, and general public. Each resident shall be advised of residents ' rights prior to admission and shall signify, in writing, upon admission and thereafter if the residents ' rights are updated or changed. There shall be documentation that each resident is in receipt of the described residents ' rights and responsibilities. A copy of the residents ' rights must be available in a publicly accessible area. The copy must be in at least 12-point type and a language the resident understands.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that Resident Rights were posted in a publicly accessible area for 13 of 13 residents residing in the facility.</p> <p>Findings include:</p> <p>On 5/19/16 at 10:30 a.m., the facility was observed for publicly posted Resident Rights. There were not any Resident Rights observed to be posted.</p> <p>On 5/19/16 at 10: 40 a.m., the DON indicated she was unable to locate a publicly accessible Resident Rights posting.</p>	R 0026	<p>Corrective action includes having posted resident rights inthe display board in the common area on the day the deficiency was observed. To ensure the same deficient practice does not recur, theboard will be audited to ensure that the rights remain posted.</p> <p>The corrective actions will be monitored through an audit ofthe board monthly x3 months, then quarterly for compliance. The administrator is responsible for ensuringrights remain posted, and the audits will be discussed by the QAcommittee. These systemic changes werecompleted on 6/1/16.</p>	06/01/2016

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R 0090 Bldg. 00	<p>On 5/19/16 at 3:17 p.m., the Administrator indicated the facility did not have a policy regarding the posting of Resident Rights.</p> <p>This Residential tag relates to Complaint IN 00194373 and Complaint IN 00194378.</p> <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or</p>			

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	<p>nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on observation, interview, and record review, the facility failed to ensure the most recent state survey results were placed in a readily accessible place for residents to review, this had the potential to affect 13 of 13 residents residing in the facility.</p> <p>Findings include:</p> <p>On 5/19/16 at 10:30 a.m., the facility was observed for the accessibility of the most recent state survey results. The most</p>	R 0090	<p>Corrective action includes having posted the most recent survey results in the front activity room on the date that the deficiency was noted where they are readily accessible for residents to review. To ensure the same deficient practice does not recur, the book will be audited to ensure that it remains in an accessible location and that information in it is up date. The corrective actions will be monitored through an audit of the book monthly x3 months, then quarterly for compliance. The Administrator is responsible for</p>	06/01/2016

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R 0120 Bldg. 00	<p>recent state survey results were not observed to be present.</p> <p>On 5/19/16 at 10:40 a.m., the DON indicated the most recent state survey results were in the foyer area on the outside of the locked unit.</p> <p>On 5/19/16 at 3:17 p.m., the Administrator indicated the facility lacked a policy regarding the availability of state survey results for residents.</p> <p>This Residential tag relates to Complaint IN00194373 and Complaint IN00194378.</p> <p>410 IAC 16.2-5-1.4(e)(1-3) Personnel - Noncompliance (e) There shall be an organized inservice education and training program planned in advance for all personnel in all departments at least annually. Training shall include, but is not limited to, residents' rights, prevention and control of infection, fire prevention, safety, accident prevention, the needs of specialized populations served, medication administration, and nursing care, when appropriate, as follows: (1) The frequency and content of inservice</p>		<p>makingsure that the book is in place, and these audits will be discussed by the QAcommittee. These systemic changes werecompleted on 6/1/16.</p>	

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	<p>education and training programs shall be in accordance with the skills and knowledge of the facility personnel. For nursing personnel, this shall include at least eight (8) hours of inservice per calendar year and four (4) hours of inservice per calendar year for nonnursing personnel.</p> <p>(2) In addition to the above required inservice hours, staff who have contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents effectively and to gain understanding of the current standards of care for residents with dementia.</p> <p>(3) Inservice records shall be maintained and shall indicate the following: (A) The time, date, and location. (B) The name of the instructor. (C) The title of the instructor. (D) The names of the participants. (E) The program content of inservice. The employee will acknowledge attendance by written signature.</p> <p>Based on interview and record review, the facility failed to ensure new staff members had 6 hours of dementia specific training within 6 months of employment. (Hskp #1, CNA #1, DE #1)</p> <p>Findings include:</p> <p>On 5/19/16 at 12:00 p.m., the employee files were reviewed. Hskp (Housekeeper) #1, CNA #1, and DE (Dietary Employee) #1's employee files</p>	R 0120	<p>Corrective action includes having identified the 5 employees who have failed to have the required 6 hours of dementia-specific training and have scheduled them to attend the in-service. The employees are scheduled to attend an 8 hour training on 6/8/16.</p> <p>To ensure the same deficient practice does not recur, the Business Office Manager will keep a log of all employees, their hire dates, and the date that they have completed the 6 hours of dementia-specific training. New employees will be scheduled</p>	07/01/2016

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R 0275 Bldg. 00	<p>had 3 hours of dementia-specific training. The employee files lacked the required 6 hours of employee training within 6 months of employment.</p> <p>On 5/19/16 at 1:54 p.m., the Administrator indicated she was unable to locate the additional 3 hours of dementia-specific training for Hskp #1, CNA #1, and DE #1.</p> <p>On 5/19/16 at 2:55 p.m., the DON provided the "Staff Training" policy, dated 3/30/16. The policy included, but was not limited to: "Additionally, some states have requirements for specific training topics, and minimum number of training hours that are to be provided. It will be the responsibility of the Administrator and Health Services Director to ensure that these specific requirements are met, and that necessary training records are maintained."</p> <p>410 IAC 16.2-5-5.1(h) Food and Nutritional Services - Deficiency (h) Diet orders shall be reviewed and revised by the physician as the resident ' s condition requires.</p>		<p>to attend the training at time of hire, and department manager will verify completion at 90day performance evaluation.</p> <p>The corrective actions will be monitored through an audit of the employee's records monthly x3 months, then quarterly for compliance. The Administrator is responsible for ensuring, and the audits will be discussed by the QA committee. These systemic changes will be completed on 7/1/16.</p>	

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	<p>Based on record review and interview, the facility failed to review and/or revise a resident's diet order by the physician for 1 of 4 residents whose physician's orders were reviewed. (Resident A)</p> <p>Findings include:</p> <p>The clinical record for Resident A was reviewed on 5/18/17 at 11:20 a.m. Resident A had diagnoses including, but not limited to, dementia, depression, and ambulatory dysfunction.</p> <p>A "Physician's Assessment", dated 10/7/16 indicated Resident A was to receive a no added salt diet.</p> <p>A physician's order, dated 10/20/15 at 9:23 a.m., indicated Resident A was to continue the previous orders, which included a no added salt diet.</p> <p>The most recent recapitulation orders, signed by the physician on 4/7/16, did not indicate Resident A had a diet order.</p> <p>During an interview with the DON (Director of Nursing) on 5/19/16 at 2:55 p.m., the DON indicated the last diet order was on 10/30/15.</p> <p>The facility lacked a policy on reviewing</p>	R 0275	<p>Corrective action for Resident A included health ServiceDirector obtaining order for regular diet on 5/18/16. MD returned signed order, and also signedmonthly physician order which included diet order on 5/31/16.</p> <p>To ensure that no other residents were affected by thedeficient practice, a 100% audit of resident charts were completed on 5/31/16,and all residents did have current signed diet orders.</p> <p>To ensure that the same deficient practice does not occurthe Health Service Director will conduct audits of residents physicians ordersand in-service the nursing staff on this requirement.</p> <p>The corrective actions will be monitored through an audit ofresident's charts monthly x3 months, then quarterly for compliance. The Health Services Director is responsiblefor ensuring completion and these audits will be discussed by the QAcommittee. These systematic changes willbe completed by 7/1/16.</p>	07/01/2016			

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R 0349 Bldg. 00	<p>and/or revising of diets by the physician.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure resident care was accurately documented in the clinical record for 1 of 4 residents reviewed. (Resident B)</p> <p>Findings include: On 5/18/16 at 11:20 a.m., Resident B's clinical record was reviewed. Resident B's most recent signed physician's recapitulation orders, signed 2/1/16, included but was not limited to: Metoprolol (an anti-hypertensive medication) ER (extended release) 100</p>	R 0349	<p>Corrective action for Resident B included receiving MD order on 5/18/16 that discontinued the parameters for the blood pressure medication. Further corrective action included Health Service Director in-servicing the nursing staff on 5/24/16 and 5/25/16 on the requirement to document treatment orders after completing by initialing on the MAR. To ensure that no other residents were affected by the deficient practice, a 100% audit of MAR's was completed on 5/31/16 by the Health Service Director. To ensure that the same deficient practice does not occur the Health Service Director in-serviced the nursing staff on</p>	07/01/2016

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	<p>mg (milligrams), take one tablet, by mouth, once daily; hold if top number of b/p (blood pressure) less than 120. The May 2016 MAR (Medication Administration Record) lacked a documented blood pressure prior to the administration of the Metoprolol medication.</p> <p>A Telephone Order, dated 5/3/16 indicated: Cleanse skin tear to left knee with normal saline. Apply A & D ointment and telfa pads, cover with kerlix daily until healed. The May 2016 MAR lacked a documented dressing change on 5/5/16, 5/6/16, 5/9/16, 5/10/16, 5/11/16, 5/12/16, 5/13/16, 5/14/16, 5/15/16, and 5/16/16.</p> <p>On 5/16/16 at 2:15 p.m., the DON indicated she was unable to locate a documented dressing change or blood pressure.</p> <p>On 5/19/16 at 2:55 p.m., the DON provided the "Documentation Standards-Resident Health Record" policy, dated 10/2014. The policy included, but was not limited to: "It is the policy of the Community to maintain a Resident Health Record that reflects the accurate and progressive condition of the Resident, including care provided....."</p>		<p>documentation requirements and will be conducting continued audits of MAR's.</p> <p>The corrective actions will be monitored through an audit of resident's charts monthly x3 months, then quarterly for compliance. The Health Services Director is responsible for ensuring completion and the audits will be discussed by the QA committee. These systematic changes will be completed by 7/1/16.</p>	

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R 0414 Bldg. 00	<p>This Residential tag relates to Complaint IN00194373, IN00193373, and Complaint IN00194378.</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) 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>Based on observation, interview, and record review, the facility failed to ensure the infection control program was maintained to prevent potential infections for 1 of 2 observations of residents receiving care as handwashing procedures were not completed as necessary. (Resident A)</p> <p>Findings include:</p> <p>During an observation on 5/19/16 at 11:30 a.m., CNA #3 was observed to transfer Resident A from the wheelchair to the commode by bodily lifting the resident. CNA #3 was observed to assist the resident with the removal of a wet brief. CNA #3 removed her gloves. After the resident urinated, CNA #3 was observed to bodily assist with transferring</p>	R 0414	<p>Corrective action included conducting a return demonstrationhand washing in-service with all facility employees and discussing the facilityhandwashing policy. All employeesattended the in-service and displayed competency in a return demonstration by6/6/16. To ensure that the same deficient practice does not occurthe Management Team will conduct random observations of employeehandwashing. Return demonstration handwashing will also be a part of new employee orientation and on-going annualinservicing. The corrective actions will be monitored through observationand audit of a minimum of 10 employee's handwashing weekly x 4 weeks, thenmonthly for compliance. These auditswill be discussed by the QA</p>	07/01/2016

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	<p>the resident from the commode to the wheelchair. CNA #3 was observed to push the resident into the hall and return to the bathroom where she washed her hands for a total of 5 seconds.</p> <p>During an interview on 5/19/16 at 2:53 p.m., the DON (Director of Nursing) indicated hands should be washed by singing the "ABC" song two and a half times through. The DON indicated she was unsure of the exact time but knew that the song should be sung slowly.</p> <p>The facility lacked a policy for handwashing.</p> <p>This Residential tag relates to Complaint IN00194378.</p>		<p>committee. These systematic changes will be completed by 7/1/16.</p>	