

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2014
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NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7833 W JEFFERSON BLVD FORT WAYNE, IN 46804
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: December 29 & 30, 2014</p> <p>Facility number : 005846 Provider number: 005846 AIM number: N/A</p> <p>Survey team: Virginia Terveer, RN, TC Sue Brooker, RD Julie Call, RN</p> <p>Census bed type: Residential: 74 Total: 74</p> <p>Census payor type: Other: 74 Total: 74</p> <p>Sample: 7</p> <p>The following residential finding was cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 31, 2014 by Randy Fry RN.</p>	R000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to the relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after January 13, 2015</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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R000414	<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 hand washing for the appropriate length of time during use of disposable gloves for administration of insulin, respiratory treatment, eye drops, nasal spray and oral medications, and after assisting a resident don clothing for 5 of 7 residents (Residents #8, #9, #10, #11 and #12) observed during medication administration by 1 nurse and 1 QMA (Qualified Medication Aide). (LPN #2 and QMA #3). This had the potential to affect 68 of 74 residents whose medications were administered by the facility.</p> <p>Findings include:</p> <p>1. During an observation of insulin injections and oral medication pass, nebulizer respiratory treatment and assisting a resident don clothing on 12-29-2014 from 10:50 a.m. to 12:20 p.m. with LPN (Licensed Practical Nurse) #2, the following was observed:</p> <p>-At 10:55 a.m., LPN #2 prepared insulin for Resident #8, washed hands with soap</p>	R000414	<p>R 414 Infection Control It is the practice of this facility to ensure the staff wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: -The facility Clinical Director completed an in-service on 12/31/14 with Licensed Nursing staff to provide education on the facility's policy on hand washing, primarily focusing on the procedure to follow during a medication pass, before/after direct care, and before/after glove use. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: -All residents have the potential to be affected by the alleged deficient practice. -All Licensed Nursing staff including QMA's will be in-serviced and will complete a skills validation on Hand Washing by the Clinical Director on or before 1/13/15. What measures will be put into place or what systemic changes you will make to ensure that the</p>	01/13/2015

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	<p>and water, lathering her hands for 15 seconds before she rinsed her hands with water then dried her hands with paper toweling. She then donned disposable gloves and gave the insulin to the resident. LPN #2 removed the disposable gloves and washed her hands with soap and water, lathering her hands for 10 seconds before rinsing with water.</p> <p>-At 11:18 a.m., LPN #2 prepared Resident # 9's nebulizer for administration of Albuterol 0.083% inhalation solution. The nurse listened to the Resident's breath sounds with a stethoscope, cleansed her hands with antiseptic hand gel and donned disposable gloves and gave the nebulizer mouth piece to the Resident. When the breathing treatment was completed, LPN #2 cleansed the nebulizer medication cup and mouth piece, removed her disposable gloves and cleaned her hands with antiseptic hand gel.</p> <p>-At 11:35 a.m., LPN #2 washed her hands with soap and water, lathering her hands for 5 seconds before rinsing with water and dried her hands and donned disposable gloves. The LPN removed the disposable gloves and left the Resident's room to retrieve test strips to check Resident # 10's blood sugar. LPN #2 returned to the Resident's room, used</p>		<p>deficient practice does not recur: -The Clinical Director/Designee will in-service all Licensed Nursing staff including QMA's on or before 1/13/15 regarding the facility's policy on Hand Washing. -The Clinical Director/Designee will complete weekly observations of medication passes to ensure that Licensed Nursing staff are following the facility's Hand Washing policy/procedure. The Clinical Director will complete the Hand Washing audit form each week and will turn the form in to the General Manager. -The facility Clinical Director completed an in-service on 12/31/14 with Licensed Nursing staff including QMA's to provide education on the facility's policy on hand washing, primarily focusing on the procedure to follow during a medication pass, before/after direct care, and before/after glove use 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 CQI monitoring tool, Hand Washing, will be completed weekly x 4 weeks, then monthly x 3 months, and quarterly thereafter for at least 6 months. The results will be discussed at the weekly Clinical Meeting with all Management Staff. -Data will be collected by the Clinical Director/Designee and submitted to the General</p>	

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	<p>antiseptic hand gel on her hands then donned disposable gloves. LPN #2 administered insulin to Resident #10, removed the disposable gloves and washed her hands with soap and water, lathering her hands for 15 seconds before rinsing with water.</p> <p>-At 11:48 a.m., LPN #2 administered oral medications to Resident #11 and the LPN used antiseptic hand gel on her hands. The LPN put Resident #11's socks on his feet and then LPN #2 washed her hands with soap and water, lathering her hands for 5 seconds before rinsing with water.</p> <p>2. During an observation of eye drops, nasal spray and oral medication administration on 12-30-2014 from 9:15 a.m. to 10:30 a.m. with the QMA #3, the following was observed:</p> <p>-At 9:20 a.m., QMA #3 cleansed hands with antiseptic hand gel before donning disposable gloves and administered eye drops to Resident # 12. The QMA removed the disposable gloves and left the Resident's Room, then cleansed hands with antiseptic hand gel.</p> <p>-At 10:00 a.m., QMA #3 cleansed hands with antiseptic hand gel before donning disposable gloves and administering nasal spray to Resident # 10. After nasal</p>		<p>Manager. If the threshold of 100% is not met, an action plan will be developed.</p> <p>-Non-compliance with the facility procedure may result in disciplinary action up to and including termination.</p> <p>Completion date: January 13, 2015</p>	

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	<p>spray was administered 1 spray in each nostril, the QMA removed the disposable gloves and administered the Resident's oral medications. The QMA gathered the medication and water cups and disposable gloves and disposed into the trash can in the Resident's room. The QMA left the Resident's room and cleansed hands with antiseptic hand gel.</p> <p>An interview with QMA #3 on 12-30-14 at 9:50 a.m., indicated antiseptic hand gel can be used to cleanse hands in between medication administration for 3 Resident's before needing to wash hands with soap and water.</p> <p>An interview with QMA #3 on 12-30-14 at 10:30 a.m., indicated when hand washing with soap and water, the hands should be lathered for 20 seconds before rinsing with water.</p> <p>During an interview with the DON (Director of Nursing) on 12/30/14 at 11:10 a.m., she indicated antiseptic hand gel could be used in between medication administration for up to 3 Residents before needing to wash their hands with soap and water. She indicated the staff administering medications needed to wash their hands with soap and water if touching a Resident or contaminated objects. She also indicated the staff need</p>			

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	<p>to wash their hands with soap and water before and after use of disposable gloves. She indicated during hand washing with soap and water the hands should be lathered for 20 seconds before rinsing with water.</p> <p>A facility policy, "Hand Washing" with a Revision Date of 1/08 was provided by the DON on 12-30-14 at 12:42 p.m., and indicated, "...An essential component of infection control is hand washing. All staff members must wash their hands using the following procedure....Wet hands, wrists and forearms with warm running water....Apply antibacterial soap to palm of hands...working up lather on hands, wrists and forearms for a minimum of twenty (20) seconds...."</p> <p>An interview with the DON on 12-30-14 at 12:42 p.m., indicated the facility did not have a policy for hand washing during disposable glove use. She indicated it was standard practice to wash hands with soap and water before and after use of disposable gloves. She further indicated the facility used their Pharmacy's policy for hand hygiene during medication administration.</p> <p>The Pharmacy's policy, "Med Pass General Guidelines" with Revision Date of 2-2014, provided by the DON on</p>			

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	12-30-14 at 12:42 p.m., indicated, "...to maintain safe administration of sanitary dispensing practices....When preparing to pass medications the staff member will follow the facility's hand washing / sanitizing policy and procedure...1.1 Use hand sanitizing gel between each resident up to 3, then wash with soap and water...."			