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
	155209		09/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF CLIFTY FALLS, THE	950 CROSS AVE MADISON, IN 47250

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00206221, IN00206885, IN00207078, IN00207924, IN00208088. Complaint IN00206221 - Substantiated. Federal/state deficiencies related to the allegations are cited at F371 and F441. Complaint IN00206885 - Substantiated. Federal/state deficiencies related to the allegations are cited at F253. Complaint IN00207078 - Substantiated. Federal/state deficiencies related to the allegations are cited at F253. Complaint IN00207924 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00208088 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441 and F253. Survey dates: August 30, 31 and September 1, 2016 Facility number: 000116	F 0000	Preparation and or execution of the plan of correction in general, or this correction in particular does not constitute an admission agreement by the facility of facts alleged or conclusions set forth in the statement of deficiencies, the plan of correction and specific corrective actions are prepared and or executed in compliance with state and federal laws The facility respectfully request a desk review	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Provider number: 155209 AIM number: 100266330 Census bed type: SNF/NF: 84 Total: 84 Census payor type: Medicare: 12 Medicaid: 65 Other: 7 Total: 84 Sample: 8 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 34233 on September 8, 2016.			
F 0253 SS=E Bldg. 00	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation, interview and record review, the facility failed to ensure resident floors and over-bed tables were clean and spills were cleaned in a timely	F 0253	**CLIFTY FALLS COMPLAINT SURVEY 9/1/2016** POC DUE: 9/23/16	10/01/2016

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	manner. (Rooms 306, 316, 315,310, & 305) Findings include: During a random observation of the locked memory care unit on 8/30/2016 at 1:16 p.m., the following observations were made: 1. Room 306: A Band-Aid with red-brown color noted on white portion was lying on the floor at the foot of the bed, located closest to the door (Resident L), an inside-out (used/dirty) glove was lying on the floor, large food crumbs were lying on the floor under both beds and throughout the floor. 2. Room 316: A large, approximately 2 feet by 2 feet white, liquid substance was on the floor near the entryway with a mounded pile of semi-solid cream-colored chunky substance at the edge of the liquid, a tray with spilled food was on the over-bed table near the entry. 3. Room 315: 7 large chunks of dried bread/toast with red-purple substance was on the floor near the bathroom, dust and food crumbs was in front of the closet and throughout the floor, a discolored, sticky-appearing substance was on the over-bed table, and a bobby pin was lying		F-253 It is the policy of the facility to ensure that residents' over bed tables are kept clean and that spills are cleaned up in a timely manner. The floor in Rm. 306 has been swept free of debris and has been thoroughly cleaned and waxed. The floor in Rm. 316 has been swept free of debris and has been thoroughly cleaned and waxed. Trays are not kept on the over bed tables after a reasonable time for pick up "post meal." The floor in Rm. 315 has been swept free of debris and has been thoroughly cleaned and waxed. The over bed tables have been thoroughly cleaned. The floor in Rm. 310 has been swept free of debris and has been thoroughly cleaned and waxed. This includes the bathroom floor. The floor in Rm. 305 has been swept free of debris and has been thoroughly cleaned and waxed. Resident M's wheelchair is clean and has nothing stuck to the wheels picked up from debris on the floor. Resident F and their family are satisfied with the cleanliness of the facility specifically the floors and over bed tables. Spills are cleaned up as they occur by appropriate staff. Floors throughout the facility are consistently clean. Isolation technique is practiced and maintained per policy and	

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	on the floor. 4. Room 310: Several crumbs were on the floor throughout the residents' room and by the bathroom floor. 5. Room 305: White paper/trash was lying in front of the closet at the entry door, a torn alcohol swab package was lying on the floor, and multiple food crumbs scattered throughout the room on the floor. During a tour of Hope Springs on 8/30/2016 at 1:59 p.m., the same observations above were noted. The used Band-Aid in front of Resident L's bed (Room 306) was no longer there and Resident M (Resident L's roommate) was observed sitting in her wheelchair beside his/her bed with the same dirty Band-Aid stuck to the wheel of his/her wheelchair. In room 315, the large chunks of dried bread/toast remained with a wheelchair rolled over the top of them. On 8/30/2016 at 2:04 p.m., the Director of Nursing (DON) indicated to a Housekeeping Aide, "It's a mess over there." Resident F's family member was interviewed on 8/31/2016 at 1:19 p.m. The family member indicated he/she had		procedure. Residents who reside in the facility have the potential to be affected by this finding The Administrator and the Housekeeping Supervisor have made facility wide rounds at which time the floors in the resident rooms/bathrooms, dining areas and common areas used by the residents were observed for debris and soil and degree of cleanliness. All areas were swept and dust mopped as is appropriate. A list was made of any floor areas that were in need of additional mopping and/or waxing. Those floors were placed on a list. They will be done at a rate of 5 weekly until all areas are completed. At the time this list was made, the schedule for routine cleaning and deep (complete) cleaning (mop/strip/wax) as well as over bed tables was revised to see that all areas appear and are on a regular rotation. The Administrator/Designee will make rounds 3 days weekly, looking at no less than 5 resident rooms/bathrooms/common areas/dining areas on each unit (Hope Springs, Canyon Long, Canyon Short and Creek) to check for cleanliness of floors and cleanliness of overbed tables This monitoring will continue until	

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	visited the resident frequently and the floors and over-bed table were frequently dirty. Resident F was interviewed in his/her room on 8/31/2016 at 1:58 p.m. The resident, who was alert and oriented, indicated his/her floor and over-bed table were dirty. Resident F's room was observed with multiple food crumbs lying on the floor under the bed, multiple small trash items on the floor, and the over-bed table was observed to be dirty. An "I Would Like to Know" Resident/Family Concern Form, dated 6/6/2016, was provided by the Executive Director [ED] on 8/31/2016 at 3:20 p.m. The document indicated, "1. Spilled pudding that was not cleaned up. 2. Nursing said they don't clean up spills." An "I Would Like to Know" Resident/Family Concern Form, dated 6/22/2016, was provided by the Executive Director on 8/31/2016 at 3:20 p.m. The document indicated, "...Floor where [resident] eats has been dirty and sticky for several days." Resident Council Meeting Minutes for June, 2016 were provided by the ED on 8/31/2016 at 3:20 p.m. Resident complaints/concerns indicated, "Isolation		4 consecutive weeks of zero negative findings is achieved. Afterwards, the monitoring will be weekly for not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur. Note: Any concerns will be corrected as discovered. Further, the Administrator will review the list of targeted cleaning made on the initial tour done by the Administrator and the Housekeeping Supervisor to see that 5 areas are being completed weekly. Any concerns will be addressed as discovered. The revised routine cleaning schedules (including floors and over bed tables) will be reviewed by the Administrator/Designee weekly to see that all cleaning is taking place. This will continue until all of the targeted areas have been resolved. They will then be on the routine cleaning rotation in place as per schedule. Additionally, the DON/Designee will be monitoring Isolation set-ups 3 days weekly (on various shifts and to include some weekend days) to ensure that proper technique is being practiced and maintained per policy and procedure. This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. Afterwards, monitoring will occur weekly ongoing to ensure continued compliance. Any concerns will be corrected as found.	

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	Protocol is not being done correctly. Many issues such as not bagging soiled briefs or clothes, throwing clothes on floor or/and other resident[s] bed, not gowning up or wearing gloves while giving care." A copy of the current Resident Rights Policy and Procedure was provided by the DON on 8/30/2016 at 2:40 p.m. The document indicated, "...Living Accommodations and Care: ...A safe, clean, comfortable, home-like environment..." This Federal tag relates to Complaints IN00206885, IN00207078 and IN00208088. 3.1-19(f)		At an in-service held for all staff on 9/21/2016. The following was reviewed: 1.) F-253---Interpretive Guidelines as written in the AHCA Long Term Survey Manual 2.) Definition of “Sanitary” as stated in the guidelines 3.) Definition of “Orderly” as stated in the guidelines 4.) What should you do in your role as a staff member if you see “litter” on the floor or a recent “spill” in a resident's room or resident area or on an over bed table? Whom should you notify? (When? How? Why?) 5.) Isolation---Review of Contact Isolation Policy & Procedure 6.) Questions/Answers HOUSEKEEPING/MAINTENANCE STAFFS 7.) Policy & Procedure for 7-Step Daily Washroom/Resident Room Cleaning 8.) Policy & Procedure for Complete (Deep) Room Cleaning 9.) Maintenance Requests—What are they? When do I fill one out? Where do I turn it in? 10.) Questions/Answers Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated.	

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			At the monthly QA meetings, the results of the monitoring by the Administrator/Designee as well as by the DON/Designee will be reviewed for any patterns. If necessary, an Action Plan will be written by the committee. Any Action Plan will monitored weekly by the Administrator until resolution.	
F 0371 SS=F Bldg. 00	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review the facility failed to store food under sanitary conditions, monitor and maintain safe refrigerator or freezer temperatures, and ensure equipment was in good repair. Findings include: During a kitchen tour with the Interim Dietary Manager (IDM) on 9/1/2016 at 3:02 p.m., the following observations were made: 1. Walk-in Refrigerator:	F 0371	**F-371** It is the policy of the facility to store food under sanitary conditions, monitor and maintain safe refrigerator and freezer temperatures and to ensure that equipment is in good repair. REFRIGERATOR There are no towels on the floor of the refrigerator nor are there any puddles of water. The large ceiling fan is not dripping water onto any surfaces or food items below it. Food items in the refrigerator are clearly labeled and dated. FREEZER	10/01/2016

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	a. A large puddle of water, liquid substance on a large portion of the floor with a saturated towel on the floor. b. The large ceiling fan/vent with large ice block running the length of the fan/vent approximately 1/2-1 inch thick with multiple droplets of water/liquid covering the ceiling and water/liquid dripping onto the floor and shelves which held food, including open boxes of food containing cucumbers and shredded cheese on the top shelf. The IDM indicated at least one box was wet and that the fan/vent was dripping onto fresh produce/food. The IDM indicated, "I'm sure it's [leaking] been there awhile and no one's said anything." c. A large clear plastic bag of yellow shredded cheese with no date or label, a large clear plastic bag of white shredded cheese with no date or label, and a large jug partially full of red liquid, which the IDM indicated was tomato juice, with no date or label. The IDM indicated the items should be labeled and dated. 2. Walk-in Freezer: a. The steel/metal inclined entry to the walk-in freezer was warped and mounded over the floor, leaving a large gap which was observed to have condensation		The entry to the walk-in freezer has been repaired. The floor in the walk-in freezer has been repaired. There are no icicle type formations of ice in the entry/doorway nor on the “flaps.” The floors and shelves are free of blocks of ice. Boxes/plastic containers of food are free of ice crystals. Food is clearly labeled and dated. STOCK ROOM The Stock Room is free of flies. The floor is free of individual packets/debris/torn tape/torn boxes. The Stock Room floor is clean. The Cleaning Schedules in the Dietary Department have been reviewed and tasks listed are being performed and documented as required daily. Temperatures of the Refrigerator as well as the Freezer are being obtained per policy requirements and are being documented on the Refrigerator and Freezer Logs. Note: Any temp that is obtained and is found to be outside of the accepted parameters has immediate action taken in an effort to maintain the safety of the food if possible. Affected food that meets criteria to be discarded will be discarded and not served. Residents who consume food/drink from the Dietary	

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	between the metal/steel entry and the floor. The floor of the freezer and the slanted entry were observed to be extremely slippery. b. Large, thick frozen icicles, which ran 1/2 - 3/4 up the length of the entry/doorway, frozen to the large plastic flaps running the length of the entrance to the freezer. There were multiple large one - four inch blocks of ice on the floor and on the shelves of the freezer. c. Frost/ice crystals on 5 large boxes containing food. A brown box with an opening on the side with plastic containers with a yellow substance, which the IDM indicated were frozen eggs, with ice crystals observed on the individual plastic containers. d. Two trays stacked on top of each other with a total of 13 brown plastic bowls containing a brown substance with clear plastic lids which were undated and unlabeled. The IDM indicated she believed the bowels contained pudding. There were multiple large chunks of ice on the trays. e. An open brown box with an open plastic bag containing sausage links on the top shelf. Neither the box, nor the open plastic bag containing the sausage		Department have the potential to be affected by this finding. The Administrator/Designee will make Dietary Department rounds 3 days weekly to include various shifts as well as some weekend days. The following will be monitored: Refrigerator: a. Absence of water collecting in puddles on the floor or any towels on the floor b. Absence of water dripping off of the ceiling fan onto any surface below c. Food items are clearly labeled and dated and positioned correctly Freezer: a. Floor and entry intact b. Absence of ice formations hanging from doorway or “flaps” c. Absence of blocks of ice (floors/shelves) d. Absence of ice on plastic containers for food e. Foods are clearly labeled and dated and positioned correctly Stock Room: a. There are no flies in the Stock Room b. The Stock Room floor is clean c. Cleaning Schedules are	

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	links were dated or labeled. The sausage links were observed to have white ice crystals on each of the individual sausage links. The IDM indicated the bag of sausage links should have been wrapped up and labeled. 3. Stock Room: a. At least two flies were observed flying throughout the stock room. b. 15+ sugar packets lying on the floor, shelves, and boxes, torn tape/boxes scattered throughout the floor, multiple dried objects on the floor, a thick red-brown sticky-appearing substance on the floor. 4. Posted Daily Cleaning Schedule: a. All days indicated multiple or all tasks were not completed. The IDM indicated routine cleaning of the refrigerator, freezer, and floors was not being completed. 5. Posted Refrigerator/Freezer Temperature Log for August, 2016: a. The "Morning Refrigerator Temp (34-41 [degrees])" was not checked/logged 4 of 31 days.		followed/documented d. Refrigerator Temp Logs followed/documented (Action taken as appropriate) e. Freezer Temp Logs followed/documented (Action taken as appropriate) This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. Afterwards, monitoring will occur weekly ongoing to ensure continued compliance. Note: Any concerns will be addressed as found. At an in-service held for the Dietary Staff ON 9/21/2016, the following was reviewed: 1.) Policy & Procedure Food Storage (Dry, Refrigerator and Freezer) 2.) Policy & Procedure Labeling and Dating Foods 3.) Policy & Procedure Refrigerator and Freezer Temperatures 4.) Questions/Answers Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings, the monitoring by the Administrator/Designee will be reviewed. Any patterns will be identified. If necessary, an Action Plan will be written by the	

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	b. The "Morning Refrigerator Temp (34-41 [degrees Fahrenheit])" was below the minimum temperature for 25 of 27 times it was checked/logged. The log indicated there was no "action taken" or "issue resolved/by date" for any of the out-of-range temperatures. c. The "Evening Refrigerator Temp (34-41)" was not checked/logged 3 of 31 days. d. The "Evening Refrigerator Temp (34-41)" was below the minimum temperature for 2 of the 28 times it was checked. The log indicated there was no "action taken" or "issue resolved/by date" for any of the out-of-range temperatures. e. The "Morning Freezer Temp (0 [degrees Fahrenheit)" was not checked/logged 4 of 31 days. f. The "Morning Freezer Temp (0)" indicated "9 [degrees Fahrenheit]" for 1 of 27 days. The log indicated there was no "action taken" or "issue resolved/by date" for any the out-of-range temperature, and the evening freezer temperature was not logged. g. The Evening Freezer Temp (0)" was not checked 5 of 31 days.		committee. Any written Action Plan will be monitored weekly by the Administrator until resolution.	

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	A copy of the current Food Storage (Dry, Refrigerated, and Frozen) Policy and Procedure was provided by the Registered Dietitian (RD) on 9/1/2016 at 3:20 p.m. The policy indicated, "Food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety. General Storage Guidelines to be Followed: All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded...food will be stored in covered, labeled and dated containers...Follow and adhere to the guidelines regarding proper storage temperatures... Raw animal foods such as...meat...should be stored in drip proof containers. Wrap food properly. Never leave any food item uncovered and not labeled...Frozen storage guidelines: ...Keep freezer at a temperature that ensures products will remain frozen (0 degrees Fahrenheit). Check freezer temperature regularly...." A copy of the current Labeling and Dating Foods (Date Marking) Policy and Procedure was provided by the RD on 9/1/2016 at 3:20 p.m. The procedure indicated, "...2. Date marking for refrigerated storage food items: ...Once a			

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	case is opened, the individual, refrigerated food items are dated with the date the item was received...Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date...3. Date marking for freezer storage food items: ...Frozen food packages removed from the case will be dated with the date the item was received...Once a package is opened, it will be re-dated with the date the item was opened...." A copy of the current Refrigerator and Freezer Temperatures Policy and Procedure was provided by the Registered Dietitian on 9/1/2016 at 3:20 p.m. The procedure indicated, "1. Dining services will be responsible for taking temperatures on all kitchen...refrigerators and freezers, and recording temperatures on temperature logs daily, during each shift. Corrective actions are taken as necessary to insure [sic] only safely stored foods are served to residents...3. ...If the unit is not in the correct operating range, the staff member alerts management...." This Federal tag relates to Complaint IN00206221. 3.1-21(i)(2) 3.1-21(i)(3)			

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
	155209		09/01/2016

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F 0441 SS=E Bldg. 00	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. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			

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	Based on observation, interview and record review, the facility failed to ensure proper handwashing and incontinent care for a resident with recurrent urinary tract infections (Resident D) and prevent a wandering resident (Resident K) from handling clean linens while distributing clean linens. Findings include: 1. Resident D's clinical record was reviewed on 8/31/2016 at 2:20 p.m. Diagnoses included, but were not limited to, dementia, recurrent urinary tract infections (UTIs), and chronic kidney disease. On 8/31/2016 at 2:34 p.m., Resident D was observed receiving incontinent care in the resident's bathroom. Resident D's clothes and brief were saturated and there was a strong foul smelling odor. CNA # 2 indicated there was a "strong odor" to Resident D's urine. CNA #2 and CNA #4 were observed donning clean gloves, removing Resident D's soiled clothes and brief, and providing incontinent care. LPN #3 was observed removing the soiled pad, which contained a brown semi-solid substance, with her bare hands. Following incontinent care, neither CNA removed their gloves, washed hands/utilized hand sanitizer, or	F 0441	**F-441** It is the policy of the facility to ensure that an Infection Control Program is in place which provides a safe, sanitary and comfortable environment and helps to prevent the development and transmission of disease and infection. Resident D has incontinent care performed by staff utilizing accepted infection control practices including proper hand washing technique. As clean linen is being distributed, it is not allowed to come into contact with anything or anybody that would cause it to be considered contaminated. New linen carts with full covers have been ordered. Resident K is not wandering into other resident rooms nor is Resident K removing items from rooms and redistributing them into other rooms. Residents who reside in the facility have the potential to be affected by this finding. The DON/Designee will monitor Incontinent Care including Hand	10/01/2016

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	donned clean gloves before assisting the resident with a clean brief and clothes. They then assisted the resident to her wheelchair. CNA #2 removed her gloves and was observed performing handwashing for 16 seconds. CNA #4 removed her gloves and was observed performing handwashing for 9 seconds. 2. During a tour of the locked memory care unit with the Director of Nursing (DON) on 8/30/2016 at 1:40 p.m., the DON indicated two residents on the unit were on isolation precautions for infectious disease. During an interview with Resident D's family member on 8/31/2016 at 1:23 p.m., the family member expressed concern that Resident K had a history of wandering into rooms in which residents who were on isolation, retrieved items such as soiled briefs, and placed them in other residents' rooms. On 8/31/2016 at 2:25 p.m., LPN # 3 indicated she was aware of Resident K wandering into resident rooms and removing items. During a random observation in the presence of the Director of Nursing (DON) and Assistant Director of Nursing (ADON) in the locked memory care unit		Washing during the procedure for 5 residents 3 days weekly until 4 consecutive weeks of zero negative findings is achieved. Afterwards, monitoring will be done for 5 residents weekly for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur. Note: Any concerns will be corrected (prior to a breach) as discovered. This monitoring will occur on various shifts and will include some weekend days. Further, the DON/Designee will monitor linen handling 3 days weekly. This will include clean linen delivery to the units as well as how soiled linen is handled/transported following a complete bed change. This monitoring will continue until 4 consecutive weeks of zero negative findings is achieved. Afterwards, monitoring will occur weekly for a period of not less than 6 months to ensure ongoing compliance. After that, random monitoring will occur. Note: Any concerns will be corrected as discovered. At an in-service for the staff held 9/21/2016, the following was reviewed: (Nursing) A.) Policy and Procedure on Incontinence Care (including Hand Washing) (All Staff)) B.) Hand Washing Policy &	

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	on 8/31/2016 at 3:26 p.m., Housekeeping Aide #1 was observed with an uncovered clean linen cart near the nurses station. Resident K, who had a diagnosis of dementia and wandering, walked up to the clean linen cart and picked up several pieces of clean linen, placing them back on the clean linen cart, and picking up several more pieces of clean linen. Housekeeping Aide # 1 did not remove the linens handled by the resident and continued to distribute the clean linens. Resident Council Meeting Minutes for June, 2016, were provided by the ED on 8/31/2016 at 3:20 p.m. Resident complaints/concerns indicated, "Isolation Protocol is not being done correctly. Many issues such as not bagging soiled briefs or clothes, throwing clothes on floor or/and other resident[s] bed, not gowning up or wearing gloves while giving care." A copy of the current Incontinence Care Policy and Procedure was provided by the DON on 8/31/2016 at 4:17 p.m. The procedure indicated, "...4. Perform hand hygiene. 5. Apply...gloves...8. ...Discard soiled materials and gloves. 9. Perform hand hygiene. 10. Apply...gloves...12. Cleans [describes cleansing process]...Remove and discard gloves. 17. Perform hand hygiene. 18. Apply		Procedure (Return Demonstrations) C.) Linen Handling—How to handle/transport clean linen ---How to handle/transport soiled linen D,) Questions/Answers Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly QA meetings, the results of the monitoring by the DON/Designee will be reviewed. Any concerns will have been corrected as discovered, but any patterns will be identified. As indicated, an Action Plan will be written by the committee. Any written Action Plan will be monitored weekly by the Administrator until resolved.	

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	clean linen or underpad, brief.... A copy of the current Hand Hygiene Policy and Procedure was provided by the DON on 8/31/2016 at 4:17 p.m. The document indicated, "...Hand Hygiene is the most effective means of preventing the spread of infection...decontaminate hands after removing gloves...Procedure...2. Apply...soap to hands and rub hands together...for at least 20 seconds...." This Federal tag relates to Complaints IN00206221 and IN00208088. 3.1-18(l) 3.1-19(g)			