

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155745	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/23/2014
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NAME OF PROVIDER OR SUPPLIER HOLY CROSS VILLAGE AT NOTRE DAME INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 303 NOTRE DAME, IN 46556
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 19, 20, 21, 22, and 23, 2014.</p> <p>Facility number: 002668 Provider number: 155745 AIM number: 200325990</p> <p>Survey team: Sharon Ewing, RN TC Julie Baumgartner, RN Shauna Carlson, RN Pam Williams, RN</p> <p>Census bed type: SNF: 14 NF: 20 SNF/NF: 1 Residential: 49 NCC: 9 Total: 93</p> <p>Census payor type: Medicare: 11 Medicaid: 10 Other: 72 Total: 93</p> <p>Sample: Residential : 5</p>	F000000		

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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F000441 SS=D	<p>NCC : 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.-3.1</p> <p>Quality review completed on May 29, 2014 by Randy Fry RN.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p>			

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	<p>(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>Based on observation, interview and record review, the facility failed to ensure proper infection control procedures related to covering of linen carts. The facility further failed to ensure employees washed their hands properly during dining service for 1 of 2 dining rooms.</p> <p>Findings include:</p> <p>1. On 5/19/14 at 1:48 P.M., Housekeeper # 3 was observed placing hangers on an linen cart containing, uncovered, clean residents clothing, outside room 101. He then walked away leaving the uncovered</p>	F000441	Holy Cross Village at Notre Dame Inc., (the "Provider") submits this plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way,	06/10/2014

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	<p>linen cart in the hallway.</p> <p>On 5/21/14 at 12:39 P.M., Housekeeper #4 was observed pushing a linen cart with clean resident linens, uncovered, down the hall.</p> <p>On 5/21/14 at 1:10 P.M., Housekeeper #3 was observed pushing a linen cart with clean resident linens, uncovered, down the hall.</p> <p>During an interview on 5/21/14 at 1:30 P.M. housekeeper # 3 indicated that the residents clean linens should be covered when they are being transported and at no time should linens be left uncovered.</p> <p>On 5/22/14 at 10:30 A.M., the Director of Nursing provided the current, undated, policy "Infection Control Handling Clean Linens". Review of the policy at this time indicated, "...1. Linen is covered during transport to prevent contamination while being moved through the facility..... 3. The nursing staff places clean linen on the covered nursing cart to pass linen.... Linen must remain covered at all times until it is placed into the residents'....</p> <p>2. On 5-19-14 at 11:59 A.M., Employee #5 was observed washing his hands on two separate occasions, one for 6 seconds</p>		<p>for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by then Centers for Medicare and Medicaid Services, ("CMS"), the state of Indiana or any other entity; or (2) serve, in anyway, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. Please accept this plan of correction as our credible allegation of compliance for the Health Survey conducted by the Indiana State Department of Health of 2014. We respectfully ask for a desk review and opportunity for paper compliance. No residents were identified to suffer adverse outcomes as a result of the deficient practice. Covering for clean linen cart has been instituted and the staff have been in-serviced as to the importance of keeping clean linens covered (see attachment #1). Random audits will be performed by housekeeping supervisor or designee weekly for the next four weeks and monthly for the next three months and then quarterly thereafter with the results reported to the Continuous</p>	

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	<p>and one for 10 seconds, prior to serving plates of food to the residents in the main dining room.</p> <p>On 5-22-2014 at 10:27 A.M., policy for handwashing, received from the DON (Director of Nursing), indicated "...5. Wash your hands for approximately 15 seconds..."</p> <p>On 5-23-2014 at 12:20 P.M., an interview with the DON indicated "...the expectation is for employees to wash their hands for 15 seconds during meal service...."</p> <p>3.1-18(I) 3.1-21(i)(3)</p>		<p>Quality Improvement Committee on a quarterly basis (see attachment #2) until 100% compliance is achieved. No residents were identified to suffer adverse outcomes as a result of the deficient practice. Hand washing in-service with all staff was completed using written material (attachment #3), demonstration, return demonstration, and posted hand washing instructions (attachment #4) at hand washing stations adjacent to dining room. A review of staff hand washing practice was conducted during meal pass prior to the State Board of Health Surveyors exiting the building by the Director of Nursing and Assistant Director of Nursing. No other deficient hand washing practice was identified. To enhance currently compliant operations and under the direction of the Director of Nursing, during the week of 6/2/2014, in-services were conducted regarding Holy Cross Village policy and federal and state hand washing guidelines. Hand washing audits (attachment #5) will be conducted by nursing and dietary. Four (4) meals (to randomly include breakfast, lunch, or dinner services) weekly for four (4) weeks, four (4) meals (to randomly include breakfast, lunch, or dinner services) monthly for three (3) months, then four (4) meals quarterly thereafter until 100% compliance is achieved to</p>		

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F009999	<p>3.1-14</p> <p>(q) Each facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <p>(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 Nurses Aide Orientation was complete for 1 of 5 employee records reviewed. (CNA #1)</p> <p>Findings include:</p> <p>On 5-21-14 at 2:30 P.M., record review of employee records showed that the "Nurses Aide Orientation" was only</p>	F009999	<p>assure appropriate hand washing protocol is being followed. Any deficiencies will be corrected immediately and findings will be brought to the Continuous Quality Improvement Committee quarterly for further review. The Director of Nursing and Plant Operations Director are responsible for the correction of this deficient practice.</p> <p>Orientation checklist was completed with staff #1 on 5/22/2014.</p> <p>Audit of orientation checklist completed with no further deficiencies noted.</p> <p>Under the supervision of Human Resources, an audit (see attachment #6) will be performed within 30 days of hire date to ensure compliance of orientation checklist completion. Any deficiencies will be addressed immediately and the findings will be brought to the Continuous Quality Improvement Committee quarterly. The Administrator is responsible for the correction of this deficiency.</p> <p>June 3, 2014 is our date of substantial compliance</p>	06/03/2014

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	<p>partially filled out for CNA (Certified Nursing Assistant) #1.</p> <p>In the file for CNA #1, documentation of completion of the following orientation areas were missing: Cleaning of utensils, Urine Specimen Collection, Tub Bath (Lift and Area), Emptying UD (Urinary Drainage) Bag, Care after Death, Nursing Emergencies, Cleaning of Dirty Utility Room, Cleaning of Clean Utility Room, Cleaning of Dietary Kitchen, Orientation to: Physical Occupation & Speech Therapy, Hip Precautions, Dysphagia Precautions, How to interpret labels & MSDS.</p> <p>On 5-22-14 at 10:10 A.M., an interview with the DON (Director of Nursing) was conducted. The DON indicated it was her expectation that orientation checklists are completely filled out before the CNA orientation is considered complete.</p> <p>On 5-22-14 at 10:30 A.M., review of the "New Employee Orientation" policy, dated January 2000, received from the DON at this time, indicated "...An employee's initial orientation shall include:...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</p>			

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R000000	assigned...." 3.1-14(q)(7) Holy Cross Village at Notre Dame was found to be in compliance with 410 IAC 16.2-5 in regard to State Residential Licensure Survey.	R000000		