

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2015
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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F 0000 Bldg. 00	<p>This visit was for the investigation of Complaint IN00175568.</p> <p>Complaint IN00175568 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: June 22 and 23, 2015</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100367720</p> <p>Census bed type: SNF: 3 NF: 63 Total: 66</p> <p>Census Payor type: Medicare: 3 Medicaid: 58 Other: 5 Total: 66</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1</p>	F 0000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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F 0441 SS=D Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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</p>			
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	<p>of infection.</p> <p>Based on observation, interview, and record review, the facility failed to assure the staff followed infection control procedures regarding hand washing and glove use during care for 1 of 3 staff observed concerning 1 of 3 residents observed during care. (LPN #1; Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 6/22/15 at 10:10 a.m. Diagnoses for the resident included, but were not limited to, paraplegia, pain, depression, restless leg syndrome, anxiety and cachexia.</p> <p>The Braden scale indicated, on 4/17/15, Resident B was less than a mild risk for developing a pressure ulcer.</p> <p>A Physician's Order, dated 5/7/15, indicated to "cleanse area with normal saline, apply Fibracol Plus to wound, cover with 4 x 4 gauze." Treatment was to be done daily and as needed.</p> <p>Resident B's Health Care Plan, initiated on 1/26/15 and updated on 5/7/15, indicated; the resident has a pressure ulcer located: "coccyx." The interventions indicated, "apply treatment</p>	F 0441	<p>1. Resident B did not experience any negative outcome related to this alleged deficient practice LPN #1 was immediately re-educated on infection control practices with a special focus on glove use and hand-washing 2. All residents with treatment orders have the potential to be affected See below for corrective actions 3. The facility's policy for Hand-Hygiene (See Attachment A) has been reviewed and no changes are indicated at this time Nursing staff including LPN #1 has been re-educated on infection control practices with a special focus on glove use and hand-hygiene (See Attachment B) 4. The DON or designee will be responsible for completing a hand-hygiene check off (See Attachment C) for 5 nursing staff on alternating shifts on scheduled work days as follows: Daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's quarterly QA meetings and the plan adjusted if indicated.</p>	07/06/2015	

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	<p>as ordered...Educate resident and responsible party on risk factors of skin breakdown and interventions."</p> <p>During wound care observation on 6/22/15 at 10:15 a.m., Resident B was placed in bed onto his left side. LPN #1 donned disposable gloves and cleaned her scissors with alcohol. She removed the old, undated dressing and discarded it. She placed a washcloth at the bottom of the wound and applied normal saline over the wound. She then applied skin prep to the outer edges. She removed her gloves and donned new gloves without washing her hands. She then applied Fibracol just inside the edges of the wound. She covered the area with 4 x 4 gauze and then placed transparent tape over the area. She dated and initialed the dressing. She removed her gloves and placed them into the trash. She then picked up the trash bag and left the room.</p> <p>During an interview on 6/22/15 at 10:27 a.m., LPN #1 indicated she used hand gel from her med cart prior to entering Resident B's room. She indicated she did not think about washing her hands before putting on new gloves.</p> <p>Review of a current policy dated 10/2014 and titled "DRESSING-CLEAN TECHNIQUE," which was provided by</p>			

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	<p>the Corporate Nurse on 6/22/15 at 2:00 p.m., indicated the following:</p> <p>"POLICY: All dressings are performed by licensed personnel per physician's order using clean technique, unless another technique is specified by the physician.</p> <p>...PROCEDURE: 1. Perform necessary initial steps.... 2. Remove soiled dressing.... 3. Remove gloves, wash hands, and put on a pair of clean gloves.... 4. Clean wound with solution.... 5. Apply dressing....Remove gloves. 6. Perform necessary final steps...."</p> <p>A second facility policy, dated 10/2014 and titled "STEPS, INITIAL AND FINAL-PROVISION OF CARE," which was provided by the Corporate Nurse on 6/22//15 at 3:00 p.m., indicated the following:</p> <p>"PURPOSE: To provide resident with care in a manner that ensures maintenance of Residents' Rights and ensures maximum communication, privacy, safety, infection control and comfort.</p> <p>...PROCEDURE:</p>			

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F 0502 SS=D Bldg. 00	<p>INITIAL STEPS: ...8. Wash hands. 9. Wear gloves as indicated by Standard Precautions....</p> <p>FINAL STEPS: 1. Remove gloves, if applicable, and wash your hands. ...7. Remove supplies and clean...."</p> <p>This federal tag relates to Complaint IN00175568.</p> <p>3.1-18(l)</p> <p>483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. Based on record review and interview, the facility failed to ensure labs were completed for 1 of 5 residents reviewed for laboratory orders. (Resident C)</p> <p>Findings include: The clinical record for Resident C was reviewed on 6/22/15 at 11:30 a.m. Diagnoses for the resident included, but</p>	F 0502	1. Resident C is no longer a resident at the facility 2. All residents have the potential to be affected Lab orders on all residents for the previous 30 days have been reviewed and if any were noted to be missing, the physician was contacted and any new orders were completed as indicated 3. The facility's policy for Physician's Orders has been reviewed with no changes	07/06/2015

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	<p>were not limited to, chronic kidney disease, aortic aneurysm, morbid obesity and dialysis.</p> <p>On 5/7/15, a Physician's order indicated the resident had laboratory orders including, "hemocult (a test used to detect blood in the stool) stool x 3, CBC (complete blood count) in the a.m."</p> <p>A review of the labs completed for Resident C indicated no hemocult stool's tests were completed on any day following 5/7/15.</p> <p>On 5/11/15, a Physician's order indicated the resident had laboratory orders that included, "CBC on 5/13/15, obtain stool for C-diff (a test used to detect bacteria in the stool)".</p> <p>A review of the labs completed for Resident C indicated no stool was collected for the Clostridium difficile test on or after 5/11/15.</p> <p>Resident C's Health Care Plan, initiated on 4/28/15 and updated on 5/14/15, indicated, "The resident suffers from end stage renal disease and receives hemodialysis, thus has the potential for complications....Such as fluid volume excess, infections, bleeding/hemorrhage, and nutritional deficit." Interventions</p>		<p>indicated at this time (See Attachment D). The nursing staff have been re-educated on following physician's orders with a special focus on completing labs as ordered (See Attachment B) 4. The DON or Designee will be responsible for completing the Daily Orders Monitoring form on scheduled work days as follows: Daily on an ongoing basis (See Attachment E). Should a concern be noted, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's quarterly QA meetings and the plan adjusted if indicated</p>				

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	<p>included, but were not limited to, "monitor labs and report to MD."</p> <p>During an interview with the Corporate Nurse on 6/22/15 at 2:45 p.m., she indicated they were unable to find any labs completed on or after 5/7/15 for hemocult tests or a lab result for Clostridium difficile on 5/11/15 or after. She indicated Resident C had bowel movements during that time, so staff had the opportunity to collect the lab orders.</p> <p>This federal tag relates to Complaint IN00175568.</p> <p>3.1-49(a)</p>				