

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155666	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/12/2013
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NAME OF PROVIDER OR SUPPLIER  WESLEY HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1751 WESLEY ROAD AUBURN, IN 46706
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F000000	<p>This visit was for the Investigation of Complaint IN00133248.</p> <p>Complaint IN00133248-Substantiated. Federal/state deficiencies related to the allegations are cited at F 441.</p> <p>Survey dates: September 11, and 12, 2013</p> <p>Facility number: 000307 Provider number: 155666 AIM number: 100285660</p> <p>Survey team: Christine Fodrea, RN TC</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type: Medicare: 6 Medicaid: 2 Other: 39 Total: 47</p>	F000000	<p>This plan of correction is prepared and executed because the state and federal law require it. This plan of correction shall not be deemed an admission to or agreement with the state allegations. Wesley Healthcare maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Wesley Healthcare further maintains that the allegations set forth herein do not substantiate or constitute substandard quality of care. Please accept the last date noted on the plan of correction as the facility's credible allegation of compliance. Wesley Healthcare requests paper compliance for F441. This was found to be low severity. There was no actual citation of harm to any of the residents.</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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	<p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 13, 2013 by Randy Fry RN.</p>			

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F000441 SS=E	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> 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 of infection.</p> <p>Based on observation, interview and</p>	F000441	All residents are potentially affected by the deficit infection	09/20/2013			

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	<p>record review, the facility failed to ensure soiled gloves were disposed of according to facility policy and procedure in 14 of 34 rooms. This had the potential to affect 18 of 47 residents in the facility.</p> <p>Findings include:</p> <p>On 9-11-2013 at 9:43 AM, soiled gloves were observed on the floor in the following rooms: 303, 307, 310, 304, 212, 210, 204, 202, 101, 103, 105, 114, 108, and 102.</p> <p>A review of resident census on 9-11-2013 at 10:02 AM indicated the following:</p> <p>1 resident resided in room 303 1 resident resided in room 307 No residents resided on room 310 1 resident resided in room 304 1 resident resided in room 212 1 resident resided on room 210 2 residents resided on room 204 1 resident resided in room 202 1 resident resided in room 101 2 residents resided on room 103 2 residents resided in room 105 1 resident resided on room 114 2 residents resided in room 108 and 2 residents resided on room 102.</p> <p>In an interview on 9-11-2013 at 9: 46 AM, the environmental Services</p>		<p>control practices. All staff was in serviced by the DON on the facility policy on discarding soiled gloves in the proper receptacle and the facilities infection control policy. Date this in service will be completed 9/20/2013. Infection control in services for all staff will be conducted weekly for 4 weeks then monthly for 3 months. The DON or designee will do random hall checks daily for 4 weeks, to ensure that gloves are being discarded properly then 3 times a week for 4 weeks, then weekly for 3 months. Any discrepancies will be noted by the DON and corrections made accordingly. These in services started on 9/13/2013. Audits will be reviewed weekly at the quality of care meeting for 4 weeks then monthly for 3 months then quarterly at the QA meetings. The DON is responsible for overall compliance.</p>		

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	<p>Supervisor indicated soiled gloves should be in the trash can and not on the floor.</p> <p>A current undated policy titled Gloves provided by the Director of Nursing on 9-11-2013 at 10:57 AM indicated "...2. When gloves are indicated they shall be used only once and discarded into the appropriate receptacle."</p> <p>This Federal tag relates to Complaint IN00133248.</p> <p>3.1-18(b)(1)</p>				