

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/27/2013
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT PARKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052
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F000000	<p>This visit was for the Investigation of Complaint IN00136500.</p> <p>Complaint IN00136500 Substantiated, federal/state deficiencies related to the allegations are cited at F441.</p> <p>Survey dates: September 26 &amp; 27, 2013</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 10 Medicaid: 67 Other: 25 Total: 102</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p>	F000000		
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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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	Quality review completed on 10/02/2013 by Brenda Marshall Nunan, RN				

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F000441 SS=D	<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 record review, the facility failed to</p>	F000441	Describe what the facility did to correct the deficient practice for	10/25/2013			

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	<p>ensure hand washing was completed after staff provided resident care and failed to ensure staff handled soiled linen in a manner to prevent the spread of infection for 2 of 3 residents reviewed for infection control (Resident D and Resident C).</p> <p>Findings include:</p> <p>1). Resident D was observed, on 09/26/13 at 1:00 p.m., during incontinence care provided by CNA #1 and CNA #2. Both CNAs washed their hands, donned gloves, and performed incontinence care. The CNAs placed incontinence briefs on the resident, and bagged linens and trash. CNA #1 removed her soiled gloves and turned the door handle to exit the resident ' s room without washing her hands. CNA #1 took the soiled linens and trash to the shower room across from the nurses ' station.</p> <p>Interview with CNA #1, on 09/26/13 at 1:20 p.m., indicated she should have washed her hands before leaving Resident D ' s room.</p> <p>Review of the facility's policy on "HAND WASHING AND USE OF GLOVES", dated 12/2010, indicated, "PURPOSE: To prevent the spread</p>		<p>each client sited in the deficiency.The CNA and LPN involved were in-serviced individually by the Staff Development Coordinator on policy and procedure for infection control, specifically perineal care, hand washing and handling of soiled linens.Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any clientthe facility identified as being affected.Since all clients in the facility have potential to be affected, all nursing staff will be in-serviced on policy and procedure for perineal care, proper hand washing and handling of soiled linens.Describe the steps or systemic changes the facility has made or will make to ensure the deficient practice does not recur, including any in-services, but this also should include any system changes you made.All nursing staff will be in-serviced on policy and procedure for perineal care, proper handwashing technique, and handling of soiled linens. All inservicing with competencies will be completed by October 25th.Describe 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 in place.The Director of Nursing and/or designee will complete the</p>		

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	<p>of infections. Hand Washing is the single most important measure of preventing the spread of infections... PROCEDURES: Hand washing will be performed before and after resident care is rendered and after handling contaminated articles. This includes the following: ... After contact with surfaces or items which are contaminated with blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin....."</p> <p>2). Resident C was observed, on 09/26/13 at 2:45 p.m., during incontinence care which was provided by LPN #3 and CNA #4. Both staff washed their hands, donned gloves, removed Resident C's soiled brief, and LPN #3 placed the soiled brief on top of the bed linens. After incontinence care was provided, LPN #3 bagged the soiled brief and linens and exited the resident's room.</p> <p>Review of the facility's policy on "LINEN HANDLING", dated 12/2010, indicated, "PURPOSE:...To prevent cross contamination secondary to linen handling. PROCEDURE: ...Deposit soiled linen directly into the covered linen receptacle or plastic bag...."</p> <p>Interview with the Director of Nursing</p>		<p>audit tool by observing nursing staff perform perineal care of one resident on each shift for 30 days, monitoring for proper hand washing and handling of soiled linens. After 30 days the audits will continue weekly for 30 days and then monthly for 6 months. The results of the audits will be forwarded to the monthly Quality Assurance Meeting for further recommendation and review.</p>	

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	<p>(DON), on 09/27/13 at 9:10 a.m., indicated the facility used plastic bags for disposal of incontinence briefs and transporting soiled linens.</p> <p>This deficiency is related to Complaint IN00136500.</p> <p>3.1-18(l) 3.1-19(g)(1)</p>			