

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155789	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/10/2014
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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 181 CAMPUS DR LAWRENCEBURG, IN 47025
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F000000	<p>This visit was for the Investigation of Complaints IN00134828, IN00142043, and IN00143450.</p> <p>Complaint IN00134828 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00142043 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441.</p> <p>Complaint IN00143450 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: February 6, 7, and 10, 2014</p> <p>Facility number: 012523 Provider number: 155789 AIM number: 201027870</p> <p>Survey team: Diana Sidell RN, TC Sunny Jungclaus RN Angela Halcomb RN (February 6 and 7, 2014)</p>	F000000	<p>This plan of correction is prepared and executed because it is required by the provision of the State and Federal law and not because of RidgeWood Health Campus agrees with the allegations and citations. RidgeWood Health Campus maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. This plan of correction shall also operate as the facility's written 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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	<p>Census bed type: SNF/NF: 65 Residential: 55 Total: 120</p> <p>Census payor type: Medicare: 26 Medicaid: 22 Other: 72 Total: 120</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on February 11, 2014, by Cheryl Fielden RN.</p>			
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F000441 SS=E	<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 of infection.</p> <p>Based on observation, interview,</p>	F000441	LPN #1 was immediately in-serviced on proper dressing	03/12/2014			

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	<p>and record review, the facility failed to ensure their infection control policy related to dressing changes was followed during dressing changes in that a clean field was not set up and handwashing was not done between glove changes. This affected 1 of 2 residents reviewed for infection control in a sample of 3. (Resident #H)</p> <p>Findings include:</p> <p>On 2/6/14, at 11:03 a.m., a dressing change was observed with LPN #1, and Resident #H. LPN #1 set the dressings, antimicrobial wound cleanser, and Santyl ointment on the overbed table without placing anything on the table to set up a clean field. LPN #1 removed the old dressing, and tried to spray the antimicrobial wound cleanser on a 4" by 4" gauze pad, but the nozzle was in the "off" position. She used the 4" by 4" gauze to twist the end of the nozzle and cleansed the two wounds with microbial cleaner. LPN #1 changed gloves, and without washing her hands, packed and dressed the two wounds.</p> <p>During an interview on 2/7/14, at 11:32 a.m., LPN #1 indicated she probably should not have opened</p>		<p>change techniques. DHS/designee will inservice nursing staff on proper dressing change techniques and proper handwashing techniques by 3/11/2014. DHS/designee will audit 2 dressing changes for appropriate techniques weekly x 4 and monthly x 2. The results of the audit will be presented to the Quality Assurance Committee to be reviewed and for recommendations x 2 months. The need for ongoing audits will be determined by the QA committee.</p>				

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	<p>the nozzle with the gauze she was using to cleanse the wound.</p> <p>A policy and procedure for "General Guidelines for Dressing Changes", with an effective date of December 2009, was provided by the Administrator on 2/6/14 at 1:16 p.m. The policy indicated, but was not limited to, "Purpose: To ensure measures that will promote and maintain good skin integrity while maintaining standard measures that will minimize/control contamination. Procedure...2. Create a clean field with towel or towellete (sic) drape. 3. remove old adhesive with adhesive remover, if necessary, taking care not to get solution into wound. 4. Open dressing pack. 5. Wash hands with soap and water. 6. Put on first pair of disposable gloves. 7. Remove soiled dressing and discard in plastic bag. 8. dispose of gloves in plastic bag. 9. Wash hands with soap and water...."</p> <p>This Federal tag relates to Complaint IN00142043.</p> <p>3.1-18(b)</p>				

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure clinical records were complete and accurately documented, in that nursing assessments were incomplete, and nurse's notes lacked times and a nurse's signature for 4 of 6 residents reviewed for complete and accurate documentation. (Resident #1)</p> <p>Findings included:</p> <p>Resident #1's record was reviewed on 2/6/14 at 2:55 p.m. The record indicated Resident #1 was admitted with diagnoses, from the physician's orders sheet, that included, but were not limited to, congestive heart failure, shortness of breath, and left</p>	F000514	DHS/Designee will inservice nursing staff on how to appropriately completely the Nursing Admission Assessment & Data Collection form by 3/11/2014. DHS/Designee will audit the Nursing Admission Assessment & Data Collection on new admissions weekly x 4 and monthly x 2. The results of the audit will be presented to the Quality Assurance Committee to be reviewed and for recommendations. The need for ongoing audits will be determined by the QA committee.	03/12/2014			

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	<p>leg ulcer.</p> <p>A "Nursing Admission Assessment & Data Collection", dated 1/8/14, indicated the following was not documented: who accompanied the resident to the facility, allergies, and on the second and third pages, the resident's name, medical record number, physician, date, and time.</p> <p>Nurse's notes, dated 1/10/14, failed to include the time for three of ten entries.</p> <p>A nurse's notes addendum, dated 1/14/14, failed to include the time of the entry and the nurse's signature.</p> <p>During an interview on 2/10/14, the DoN indicated: "The nurse's notes should have a time, date, and nurse's signature."</p> <p>A policy for "Admission Nursing Assessment and Data Collection", with a last review date of 2/7/14, was provided by the Director of Nursing (DoN) on 2/10/14 at 4:52 p.m. The policy indicated, but was not limited to, "...2. The form shall be completed with the date of admission, mode of arrival to the facility, note accompaniment, and identify allergies and code status. 3.</p>			
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	The nurse completing the form shall sign the assessment with his/her signature and title...6. staff completing the form shall record the resident name, medical record and attending physician on each page...." 3.1-50(a)(1)				