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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155531 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/05/2015 |
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| F000000            | <p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: February 2, 3, 4 and 5, 2015.</p> <p>Facility number: 000569<br/>Provider number: 155531<br/>AIM number: 100267660</p> <p>Survey team:<br/>Shelley Reed, RN TC<br/>Jason Mench, RN<br/>Angela Selleck, RN</p> <p>Census bed type:<br/>SNF/NF: 26<br/>Total : 26</p> <p>Census payor type:<br/>Medicare: 5<br/>Medicaid: 19<br/>Other: 2<br/>Total: 26</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 6, 2015 by Randy Fry RN.</p> | F000000       | Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This 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. |                      |

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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| F000431<br>SS=D | <p>483.60(b), (d), (e)<br/>DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> |  |  |  |
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|  | <p>Based on observation, interview and record review, the facility failed to ensure treatment carts were maintained in a secure manner to prevent potential access at all times by unauthorized users (200 Hall cart). The facility also failed to properly dispose resident labels for 1 of 2 treatment carts observed (200 Hall cart).</p> <p>Findings include:</p> <p>1. During an observation on 2/5/15 at 9:41 a.m., the treatment cart for Hall 200 was found unlocked and unattended outside the dining room near the nurses ' station. No resident was observed around the unlocked cart.</p> <p>During an observation on 2/5/15 at 9:41 a.m., the treatment cart for Hall 200 was found to have a resident label in the trash container. The name was clearly visible on a bottle of normal saline.</p> <p>During an interview on 2/5/15 at 9:45 a.m., the Assistant Director of Nursing (ADON) indicated the staff were supposed to shred all labels in the shredder. The ADON indicated staff were to keep the cart locked at all times.</p> <p>Review of a current undated facility policy, titled "Storing Drugs", which was provided by Corporate Nurse #1 on</p> | F000431   | <p>1) There were no residents affected by the alleged deficient practices The 200 hall cart was locked to prevent access by unauthorized users The resident label was removed from the trash and has been properly disposed of 2) All residents have the potential to be affected All the medication and treatment carts were observed and found to be locked to prevent access by unauthorized users and all resident labels have been properly disposed of 3) The facility's policy for medication storage (See Attachment A)and Appendix 4 from the facility's Employee Handbook: HealthInsurance Portability and Accountability Act (See Attachment B) has been reviewed and no changes are indicated at this time The nurses have been re-educated on the policy and HIPAA with a special focus on securing medication/treatment carts and proper disposal of resident information including medication labels (See Attachment C). A Medication Observation form has been implemented (See Attachment D) 4) The DON or designee will be responsible for completing the Medication Observation form on scheduled work days on alternating medication passes as follows: daily for two weeks, weekly for two weeks, monthly for two months, then quarterly</p> |   |  | 02/20/2015                                  |  |

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|  | <p>2/5/15 at 10:37 a.m., indicated the following:</p> <p>"Policy:<br/>Drugs and biologicals will be stored in a safe, secured, and orderly manner at proper temperature and accessible only to licensed nursing and pharmacy personnel or staff members lawfully authorized to administer medications.</p> <p>PROCEDURE:<br/>1. The pharmacy supplier must dispense...<br/><br/>2. Access to drug storage areas in permitted only...<br/><br/>3. When not attended by a person permitted access, all drug storage areas and devices must be kept locked".</p> <p>During an interview on 2/5/15 at 11:10 a.m., Corporate Nurse #1 indicated she provided an in-service to the staff person who left the cart unlocked. She indicated the policy did not state how to dispose of resident labels, but she added the following information to the policy:</p> <p>"Discarding packaging containing resident names, names need to be obliterated".</p> |   | <p>thereafter on an ongoing basis for minimum of 6 months Should a concern be noted, immediate corrective action will occur Results of these reviews will be discussed during the facility's quarterly QA meeting and the plan adjusted accordingly</p> |                      |   |

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| F000441<br>SS=D                                      | <p>3.1-25(m)</p> <p>483.65<br/>INFECTION CONTROL, PREVENT SPREAD, LINENS<br/>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<br/>The facility must establish an Infection Control Program under which it -<br/>(1) Investigates, controls, and prevents infections in the facility;<br/>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br/>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection<br/>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br/>(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.<br/>(3) The facility must require staff to wash their hands after each direct resident contact</p> |   |   |   |  |   |  |

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|                    | <p>for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens<br/>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br/>Based on observation, interview, and record review, the facility failed to ensure the staff followed infection control procedures regarding barrier use, hand washing and glove use during the medication pass for 1 of 4 staff observed concerning 2 of 9 residents observed during medication pass. (LPN #3; Residents # 9, &amp; 11)</p> <p>Findings include:</p> <p>1. LPN #3 was observed during medication pass on 2/4/15 from 11:27 a.m. until 12:13 p.m. She passed medication to Resident #9 and Resident #11 during this time.</p> <p>LPN # 3 was observed to assess Resident #11's blood sugar with the residents' glucometer at 11:27 a.m. LPN #3 removed Resident #11's personal glucometer and proceeded to place the glucometer on the medication cart without a barrier between the medication cart and the glucometer. LPN#3 then entered Resident #11's room and placed the glucometer on a table without a</p> | F000441       | <p>1) Resident #9 and #11 were not negatively affected by this alleged deficient practice LPN #3 has been re-educated on following infection control procedures including barrier use, hand washing, and glove use during medication pass 2) All residents have the potential to be affected Infection control procedures, including barrier use/hand washing/glove use during medication passes have been observed throughout the facility If a concern was noted, immediate education and corrective action have occurred 3) The facility's infection control policy (See Attachment E) and medication administration policy (See Attachment F) has been reviewed and no changes are indicated at this time. The nurses/QMAs have been re-educated on infection control during medication passes (See Attachment C). A Medication Observation Form has been implemented (See Attachment D). 4) The DON or designee will be responsible for completing the Medication Observation form on scheduled work days on alternating medication passes as follows:</p> | 02/20/2015           |

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|  | <p>barrier between the table and the glucometer. LPN# 3 then proceeded to assess Resident #11's blood sugar with the glucometer and then placed it back on the table without a barrier. LPN#3 exited the resident's room and then placed the unclean glucometer on the medication cart with no barrier.</p> <p>LPN #3 was observed giving an insulin injection to Resident #11 at 11:29 a.m. on 2/4/15. The LPN did not wear gloves during the time she administered the insulin. LPN #3 proceeded to exit the resident's room after touching the door handle of the resident's door, the medication cart drawers and a pen. All without using hand sanitizer or washing her hands.</p> <p>LPN #3 indicated she does not always use her gloves when administering insulin to residents and stated "Do I need to?" LPN #3 further indicated she usually used hand sanitizer after administering insulin to residents but had forgotten that time.</p> <p>2. LPN #3 was observed on 2/4/15 at 11:53 a.m., she did not use hand sanitizer or wash her hands after putting away Resident #9's personal unclean glucometer.</p> |   | Daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter ongoing for a minimum of 6 months. Should a concern be noted, immediate corrective action will occur. Results of these observations will be reviewed during the facility's quarterly QA meetings and the plan adjusted if indicated |   |  |   |  |

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|                    | <p>3. The Corporate Nurse #4 was interviewed on 2/4/15 at 2:29 p.m.; she indicated there was an inservice not long ago with staff on hand washing.</p> <p>The Corporate Nurse #4 was interviewed on 2/5/15 at 2:56 p.m.; she indicated LPN #3 should use gloves while administering insulin to the resident. She further indicated LPN #3 should have either washed her hands or used hand sanitizer after administering the insulin.</p> <p>The Assistant Director of Nursing and the Director of Nursing was interviewed on 2/5/15 at 3:13 p.m. They both indicated prior to LPN #3's medication pass on 2/4/15, they both had went over the medication pass procedure with LPN #3, including medications, insulin administration, blood sugar check, hand washing and glove use.</p> <p>A review of "INSERVICE RECORD" dated 11/24/14, provided by the Assistant Director of Nursing on 2/4/15 at 2:45 p.m. indicated the following:</p> <p>LPN #3 had signed the inservice record that included the topics of hand washing, medications and glucometer checks. The following policies were part of the inservice on 11/24/14:</p> |               |   |                      |

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|                    | <p>A policy titled "HANDWASHING/HAND HYGIENE" dated 10/2014 indicated the following:</p> <p>"PURPOSE:</p> <p>Hand hygiene is the single most important measure for preventing the spread of infection.</p> <p>POLICY:</p> <p>This facility shall require facility personnel use accepted hand hygiene after each direct resident contact for which hand hygiene is indicated.</p> <p>"Hand hygiene" is a general term that applies to washing hands with water and either plain soap or thoroughly applying an alcohol-based rub (ABHR).</p> <p>HAND HYGIENE:</p> <p>...When hands are not visibly soiled, the CDC (Centers for Disease Control) recommends the use of alcohol-based hand rubs by health care personnel for resident care to address the obstacles that health care professionals face when taking care of residents.</p> <p>Situations that require hand hygiene include, but are not limited to:</p> |               |   |                      |

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|                    | <p>...Before and after direct resident contact...</p> <p>Before and after performing any invasive procedure (e.g. fingerstick blood sampling)...</p> <p>...Upon and after coming in contact with a resident's intact skin...."</p> <p>A policy titled "MEDICATION ADMINISTRATION" dated 10/2014, and provided by the Assistant Director of Nursing on 2/4/15 at 2:45 p.m. indicated the following:</p> <p>indicated the following:</p> <p>"PURPOSE:</p> <p>To safely administer medications as per physicians' orders.</p> <p>POLICY:</p> <p>Licensed and qualified personnel shall be responsible to follow accepted practices of medication administration as per physicians' orders.</p> <p>...INFECTION CONTROL:</p> |               |   |                      |

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|                    | <p>...5. Use clean paper towel to set item down while in the resident's room if it is to be returned to the medication cart. (e.g...glucose meters...)...."</p> <p>A policy titled "BLOOD GLUCOSE MEASUREMENT, EVENCARE G2" dated 10/2014, and provided by the Assistant Director of Nursing on 2/4/15 at 2:45 p.m. indicated the following:</p> <p>"PROCEDURE:</p> <p>To determine blood glucose measurement.</p> <p>...PROCEDURE:</p> <p>1. Select the specific meter/case to be utilized. Place a clean paper towel on the bedside table or stand. Place the closed case on the paper towel.</p> <p>...11. Replace the resident specific equipment in the case and zip/close the case to prevent cross contamination...."</p> <p>3.1-18(b)(1)</p> |               |   |                      |