STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF BATESVILLE, THE	958 E HWY 46 BATESVILLE, IN 47006

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00183877. Complaint IN00183877 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441. Survey dates: October 7 and 8, 2015 Facility number: 000138 Provider number: 155233 AIM number: 100266500 Census bed type: SNF/NF: 64 Total: 64 Census payor type: Medicare: 12 Medicaid: 36 Other: 16 Total: 64 Sample: 13 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. QR completed by 34849 on October 13, 2015.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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=E Bldg. 00	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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			

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	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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review and interview, the facility failed to ensure the performance of proper hand hygiene by direct care staff for 3 of 3 resident care observations (Residents C, H, Q, R, and P). Findings include: 1. On 10/8/2015 at 1:45 p.m., Licensed Practical Nurse (LPN) # 1 was observed administering medications to Resident C via a gastrostomy tube (a tube inserted through the abdomen that delivers nutrition and/or medications directly to the stomach; also called a G-tube). LPN # 1 entered the room and performed hand washing for 5 seconds prior to donning clean gloves for the procedure. Following administration of medications via the G-tube, LPN # 1 removed the gloves and performed hand washing for 6 seconds. LPN # 1 then donned clean gloves, rinsed the G-tube syringe, removed the gloves, performed hand washing for 6 seconds, left the room, and	F 0441	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. **K 441 INFECTION CONTROL, PREVENT SPREAD, LINENS** **It is the intent of this facility to maintain an infection control program that provides safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.** **1. Actions Taken:** a. Residents who reside in the facility receive their care and assistance by staff that consistently	11/02/2015

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	continued administering medications to other residents. On 10/8/2015 at 2:10 p.m., LPN # 1 indicated hand washing was to be performed for "15 seconds...the ABC song." 2. On 10/8/2015 at 2:52 p.m., Certified Nursing Assistant (CNA) # 3 was observed entering Resident H's room. Resident H's gown was observed to be up around his chest, exposing an indwelling urinary catheter and an adult brief. Resident H spoke incoherently and was touching his catheter/groin area. CNA # 3 turned off Resident H's call light, adjusted Resident H's sheets, gown and catheter, and removed a towel from the resident's hand; all with his bare hands. CNA # 3 left the room and immediately entered Resident Q's room to answer the resident's call light. CNA # 3 touched resident Q on the shoulder, turned off his call light, and adjusted his sheets. He then left Resident Q's room, retrieved a Hoyer lift from the hall, and assisted another CNA with transferring Resident R from the shower bed to her wheelchair. CNA # 3 donned clean gloves to transfer Resident R, removed the gloves, and performed hand washing for 10 seconds. CNA # 3 did not perform hand hygiene, utilize hand sanitizer or wear gloves at		practices proper hand hygiene and glove usage to prevent the spread of disease and infection and to maintain an environment of infection control as much as possible. **2. Others Identified:** a. All residents have the potential to be affected. **3. Measures Taken:** a. In-serviced all nursing staff on standard precautions which includes proper hand washing and glove usage and will be an ongoing process. b. Nursing staff will be required to complete and pass a competency evaluation for proper hand hygiene and glove usage techniques. c. Current hand washing posters have been posted throughout building, specifically in hand washing stations to serve as a reference. **4. How monitored:** a. Director of nursing/designee will observe resident care which includes hand hygiene and glove usage, of at least ten staff members per week for 4 weeks until no negative findings are achieved. Thereafter, monitoring will occur 5 times weekly for a period of not less than 6	

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	any time prior to entering Resident R's room (above). CNA # 3 indicated, "I am not sure [how long to perform handwashing]." 3. On 10/8/2015 at 3:02 p.m., Student Nurse Aide (SNA) # 4 was observed assisting Resident P onto the bedpan. She entered Resident P's room, donned clean gloves, removed a bedpan from Resident P's bathroom, and assisted the resident onto the bedpan. She removed the gloves and performed handwashing for 15 seconds before leaving Resident P's room to push a cart of clean linens down the hall. SNA # 4 indicated she did not know how long to perform handwashing, stating, "I always sing 'Happy Birthday'." The current Hand Hygiene Policy was provided by the Director of Nursing Services (DNS) on 10/8/2015 at 3:07 p.m. The policy indicated, "Hand Antisepsis and Alcohol Based Hand Rubs: If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Some of these situations include before and after contact with residents, before putting on or taking off gloves, and before handling an indwelling catheter or other invasive devices that do not require a sterile		months to ensure ongoing compliance. Random monitoring will take place as part of ongoing QA. b. Monitoring will be reviewed at the monthly QA meetings. Ongoing education will occur. **5.** This plan of correction constitutes our credible allegation on compliance with all regulatory requirements. Our date of compliance is November 02, 2015.	

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	procedure... Decontaminate hands before and after contact with a resident's intact skin... Decontaminate hands after removing gloves...Hand Washing Procedure: ...2. Apply...soap to hands and rub hands together vigorously for at least 20 seconds...." The current Infection Control Policy and Procedure was provided by the DNS on 10/8/2015 at 3:07 p.m. The procedure indicated, "...A. Handwashing: 1. ...Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms...B. Gloves: ...remove gloves promptly after use...and wash hands immediately after to avoid transfer of microorganisms to other patients and environments...." A current copy of the Bedpan/Urinal Policy and Procedure was provided by the DON on 10/8/2015 at 3:46 p.m. The procedure indicated, "Procedure: Bedpan: [steps 1 through 5 did not indicate washing hands or donning gloves prior to handling the bedpan or assisting the resident onto the bedpan]...6. If a specimen is to be collected...7. Put on gloves...13. Remove gloves and discard in appropriate container. 14. Leave resident in a comfortable position [end of procedure]."			

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	On 10/8/2015 at 3:54 p.m., the DNS indicated she would expect staff to wash their hands after removing gloves. This Federal tag relates to Complaint IN00183877. 3.1-18(l)			