STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGOLAND CHRISTIAN VILLAGE	6685 E 117TH AVE CROWN POINT, IN 46307

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0000	This visit was for the Investigation of Complaints IN00104730, IN00104736, and IN00104985. Complaint IN00104730 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441. Complaint IN00104985 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441 Complaint IN00104736 - Unsubstantiated due to lack of evidence. Survey dates: March 11, 12, and 13, 2012 Survey team: Janelyn Kulik, RN, TC Heather Tuttle, RN (March 11, 2012) Facility number: 001198 Provider number: 155637 AIM number: 100471000 Census bed type: SNF: 22 SNF/NF: 102 Residential: 43 Total: 167 Census payor type:	F0000		

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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	Medicare: 31 Medicaid: 76 Other: 60 Total: 167 Sample: 13 This deficiency reflects State findings cited in accordance with 410 IAC 16.2. Quality review completed 3/18/12 by Jennie Bartelt, RN.			

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F0441 SS=D	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 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 a	F0441	1. What corrective action(s) will be accomplished for those	03/26/2012

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	sanitary environment to help prevent the development and transmission of disease and infection related to hand washing and changing gloves during and after contact for 2 of 2 residents observed during care by nursing assistants in a sample of 13. (Residents #F and #L, CNA #1 and CNA #2) Findings include: During an observation on 3/12/12 at 6:35 p.m., upon entering Resident #F's room, CNA #1 and CNA #2 each put on a pair of gloves. CNA #1 and CNA #2 attached the Hoyer (mechanical lift used to transfer a resident) pad straps to the Hoyer lift. CNA #2 then removed the Foley catheter bag (device used to collect urine) from the resident's wheelchair. CNA #1 started to raise Resident #F out of her wheelchair with the Hoyer lift. CNA #1 observed what appeared to the Foley tubing starting to pull, stopped the lift and with her gloved hand adjusted the Foley tubing. CNA #2 then assisted with adjusting the Foley tubing with her gloved hand. CNA #1 continued to raise the resident, and the resident was moved via the Hoyer to her bed and lowered. CNA #2 removed the resident's pants and adjusted the Foley bag below the resident's bladder. CNA #1 and CNA #2 removed the resident's brief. The CNAs then started looking around		residents found to have been affected by the defient practice a. Proper Handwashing i, On 3/12/12 C.N.A. #1 and #2 demonstrated proper handwashing technique immediately. ii. On 3/12/12 #1 and #2 C.N.A. inserviced immediately related to handwashing and gloves as it related to resident care. See competency training sheets in attachments. b. Glove and proper supplies for rendering care i. 1:1 training was provided to C.N.A. #1 and #2 related to proper handwashing and gloves ii. Reclaim scheduled nursing staff was immediately re-in-serviced on proper handling, collection of proper supplies and gloves.2. How other residents having potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: a. All resident have the potential to be affected related to: i. Handwashing ii. Gloves and proper supplies for rendering care b. On 3/12/12 and 3/13/12 all scheduled staff reviewed and demonstrated proper hanwashing process(see attached sign-in sheets) c. On 3/12/12 and 3/13/12 all scheduled staff verbalized the proper steps for peri-care related to handwashing and gloving.3. What measures will be put into place or what systemic changes will be made to ensure that the	

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	the room for wipes to clean the resident. CNA #1 went into the bathroom, removed her gloves and then without washing her hands or using hand sanitizer, returned to the room, opened the door and continued into the hallway. CNA #1 returned to Resident #F's room with wipes, which she handed to CNA #2. CNA #1 then put on another pair of gloves. CNA #2 cleaned the front perineal area of the resident, and then the resident was turned to her side with the assistance of CNA #1, and her bottom was cleaned with an new wipe. The resident's bottom was observed to be red with an excoriated area to the right inner buttocks. CNA #1 and #2 could not locate any cream to apply to the resident's red bottom. CNA #1 went into the bathroom, removed her gloves and without washing her hands or using hand sanitizer, returned to the resident's room. CNA #1 then opened the door and continued into the hallway. CNA #1 returned with cream to apply to the resident's bottom. CNA #2 applied the cream to her gloved hand, and then to the resident's bottom. The brief was applied to the resident, and she was adjusted in bed. The resident's dirty clothing was put into a plastic bag, and the dirty brief was placed in a separate plastic bag. CNA #1 and CNA #2 removed their gloves. Without washing her hands or using hand sanitizer, CNA #2 then adjusted the		deficient practice does not occur: a. Competency training for handwashing by nursing staff. b. Competency training for nursing staff relatd to proper glove technique when rendering resident care4. 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 into place: a. The DON/designee will be conducting random audits related to handwashing and glove technique utilzing company competency sheets on all shifts. The DON/designee will report to QA monthly for six months b. The DON/designee will perform a total of five audits per week following the above mentioned house competency involving all three shifts related to handwashing and glove technique for two months, then three audits per week for two weeks, then two audits per week for two months. All audits will be conducted on all shifts and report to QA monthly for six months. all shifts.	

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	resident's oxygen tubing and nasal cannula in her nose. CNA #1 picked up the dirty clothes bag, and CNA #2 picked up the other trash. Without washing their hands or using hand sanitizer, the two CNAs left the room and went down the hall. CNA #1 entered Resident #L's room, turned off the resident's call light and spoke to the resident. The two CNAs then put the dirty laundry and trash in the soiled utility room. The two CNAs then went to the staff bathroom and washed their hands. The Glove Infection Control Policy was reviewed on 3/13/12 at 10:00 a.m. the policy purpose included but was not limited to, "To reduce the likelihood that healthcare workers will transmit their own endogenous microbial flora to residents and to reduce the possibility that personnel will become transiently colonized with microorganisms that can be transmitted to other residents. Disposable single-use examination gloves are worn when:...." The policy included, but was not limited to, "hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin is anticipated, handling or touching contaminated surfaces, and Caring for a resident with uncontained body fluids or known or suspected drug resistant organisms colonization or			

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	infection." The Infection Control Hand Hygiene Policy was reviewed on 3/13/12 at 10:15 a.m. The policy indicated, "Hand hygiene must be performed after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn: immediately after gloves are removed; and when otherwise indicated to avoid transfer of microorganisms to other residents, personnel, equipment and/or environment." Interview with CNA #1 and CNA #2 on 3/12/12 at 7:15 p.m., indicated they had washed their hands in the staff bathroom after they had left the resident's room. CNA #1 indicated she was not thinking and she could have washed her hands in the resident's bathroom. Interview with the Executive Director in 3/13/12 at 3:05 p.m., indicated the CNAs should have washed their hands. This federal tag relates to Complaints IN00104730 and IN00104736. 3.1-18(l)			

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