

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155728	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2015
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NAME OF PROVIDER OR SUPPLIER MANDERLEY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 806 S BUCKEYE ST OSGOOD, IN 47037
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F000000	<p>This visit was for the Investigation of Complaint IN00161773.</p> <p>Complaint IN00161773 - Substantiated. Federal/state deficiencies related to the allegations are cited at F441.</p> <p>Survey date: January 21, 2015</p> <p>Facility number: 000493 Provider number: 155728 AIM number: 100291300</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 52 Total: 52</p> <p>Census payor type: Medicare: 7 Medicaid: 35 Other: 10 Total: 52</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000		

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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F000441 SS=E	<p>Quality Review completed on January 26, 2015, by Brenda Meredith, R.N.</p> <p>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.</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.</p>			

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	<p>(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.</p> <p>(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. Based on observation, record review and interview, the facility failed to ensure staff properly handled potential infectious waste when they were directed to go through the trash to look for washcloths. This occurred on 2 of 3 shifts.</p> <p>Finding includes:</p> <p>The Director of Nursing (DON) was interviewed on 1/21/2015 at 11:10 a.m. She indicated that she was the designated Infection Control Nurse for the facility. She indicated that "about a month ago" washcloths were "disappearing" from the facility and that the Administrator ordered staff on each shift to go through trash to look for washcloths. The DON indicated, "We had a special tarp we put down and protective gloves....There was</p>	F000441	<p>1 Inservice was held with all Administrative staff regarding Infection Control Policy and Procedure for handling and disposing of infectious material was reviewed See attachment # 1 2 All persons entering the facility have the potential to be affected 3 All Administrative staff will be inserviced at least annually on infection control along with support staff 4 Director of Nursing/Infection Control Nurse will schedule and hold the Administrative staff Environmental Infection Control inservice Policies and procedures will be reviewed and if pertinent updated or revised 5 Director of Nursing/Infection Control nurse and all shift Charge Nurses will monitor adherence to Infections Control Policy and Procedure by all staff members. This will be done frequently throughout all shifts (At least 3 times per shift) by visually monitoring the environment. This</p>	02/02/2015

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	<p>a single tarp....They [bags of trash/waste] weren't that big...the small bags from peri-care." The DON indicated the procedure was done over "two to three shifts" and "only one day that I'm aware of." She indicated it was "done up front," indicating in front of the main Nurses Station. The DON stated, "The Administrator decided to do that...Technically it could have been [a risk for wandering residents who may have picked up items on the tarp].... [Administrator] was right there the whole time they [staff] were doing it [going through trash/waste]." The DON indicated she could not recall the dates and did not have any documentation indicating the events.</p> <p>Unit Clerk #1 was interviewed at the only, centrally located Nurses Station on 1/21/2015 at 11:25 a.m. She indicated she observed staff dumping trash onto a tarp "a month or so ago" and going through it. She indicated, "It was right here in front of the Nurses Station." Unit Clerk #1 pointed with her finger to indicate on a copy of the facility map, provided by the DON on 1/21/2015 at</p>		<p>will be done on an ongoing basis. 6 Completion date: Monday, February 2, 2015</p>		

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	<p>11:20 a.m., the central location in front of the Nurses Station, where each of the four hallways intersect.</p> <p>During an observation on 1/21/15 at 11:25 a.m., the area was observed to be approximately 10 feet by 10 feet, directly in front of the only and centrally located nurses station. All four wings and the main lounge intersected at this location. During multiple, random observation, the area was observed to have frequent staff, resident and visitor traffic.</p> <p>The Assistant Housekeeping Supervisor was interviewed on 1/21/2015 at 11:28 a.m. She indicated she was on duty when trash/waste was dumped onto the tarp, but was "off and working down the halls" when it occurred. She indicated, "I know it had to do with missing washcloths."</p> <p>The Administrator was interviewed on 1/21/2015 at 11:43 a.m. He indicated, "I did it....I know a lot of them [washcloths] were thrown [sic] away. I bought a tarp. I told them [CNAs/staff] we were going to go through it....The staff went through the trash...they gloved up, opened the</p>						

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	<p>trash bags up on the tarp, and went through them....I did it right in front of a camera, so I could document it....I admit it wasn't the best place to do it. They're wearing gloves...it's at the end of the shift...they weren't going to take care of any more patients." The Administrator indicated he was not present during the shift changes/times it took place, stating, "I told my nurses to have them [CNAs/staff] do it." He indicated he was aware of two shifts on which it occurred, but could not recall the dates and did not have any documentation indicating the events.</p> <p>A copy of the current Infectious Waste Storing, Transport, Treatment and Disposal Policy and Procedure was provided by the DON on 1/21/2015 at 12:20 p.m. Purpose indicated, "To ensure that infectious waste is at all times contained in a manner that will reasonably protect waste handlers and the public from contracting a dangerous communicable disease that might result from exposure to infectious waste." Bagging and Disposal of Infectious Material indicated, "Purpose: 1. To</p>			

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	<p>prevent inadvertent exposures of personnel to articles contaminated with infective material. 2. To prevent contamination of the environment." Key Procedural Points indicated, "1. Bag all material before removing from a resident's room. 2. Place bagged material in biohazard box in Soiled Utility Room...4. When transporting contaminated articles, do not push, pull, or drag the bag(s) on the floor. 5. Dispose of infectious material per infectious waste policy...." Bagging and Disposal of Infectious Material indicated, "...4. Remove the bag from the receptacle. Take the sealed bag to the Soiled Utility Room...."</p> <p>The DON was interviewed again on 1/21/2015 at 12:46 p.m. She indicated, "Anything soiled is automatically considered infectious waste. That's what I teach....I wouldn't say that, no [that proper Infection Control measures were taken]."</p> <p>This Federal Tag relates to the Investigation of Complaint IN00161773.</p>						

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	3.1-18(b)(6)				