STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLISONVILLE MEADOWS	10312 ALLISONVILLE RD FISHERS, IN 46038

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F000000	This visit was for the Investigation of Complaints IN00158541 and IN00159045. Complaint IN00158541 - Substantiated. Federal/State deficiency related to the allegation is cited at F441. Complaint IN00159045 Substantiated. No deficiencies related to the allegations are cited. Survey dates: November 5 & 6, 2014 Facility Number: 012466 Provider Number: 155786 AIM Number: 201014060 Survey Team: Mary Jane G. Fischer RN TC Census Bed Type: SNF: 32 SNF/NF: 120 Total: 152 Census Payor Type: Medicare: 32 Medicaid: 101 Other: 19 Total: 152	F000000	The creation and submission of the plan of correction does not constitute an admission by this provider or any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan Of Correction be considered the letter of credible allegation and request a desk review for paper compliance in lieu of a post survey visit on or after November 19, 2014	

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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	Sample: 5 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality Review was completed by Tammy Alley RN on November 12, 2014.			
F000441 SS=E	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			

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	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 record review and interview the facility failed to ensure an effective infection control program in which infections were identified, monitored, and investigated to determine patterns or trends in regard to Nosocomial urinary tract infections with the identified organism Escherichia Coli (E. Coli) for 1 of 1 Infection Control program reviewed. Findings include: A review of the facility Infection Control Log on 11-06-14 at 9:30 a.m., contained the following information. 1. July 2014 - A review of the facility map - titled "Code of Facility Nosocomial Infections," indicated the facility had two urinary tract infections. A review of the surveillance record which identified the resident, location, organism, date of infection, and that the infection was Nosocomial included 4	F000441	**F0441** - *What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.* Based on findings no actual residents were identified by the deficient practice. Facility nosocomial surveillance system shows all nosocomial urinary track infections. *How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.* All residents have the potential to be affected. All licensed nurses and CNA's received education on or by 11/19/2014 by DNS/CEC/designee on proper peri care procedure, infection control, and hand washing techniques. Licensed staff and CNA's not adhering to policies will receive continued education and if necessary, disciplinary action up to and including termination of employment. The CEC will investigate, monitor and track infections on the surveillance log per	11/19/2014

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	residents names and locations. Two urinary tract infections were determined to be on the 100 hall, one infection on the 200 hall, and one infection on the 500 hall. However a review of the Laboratory provided "Infection Control Detail Report," dated 07-01-2014 thru 07-31-2014, indicated eight residents had urinary tract infections with the identified organism as Escherichia Coli (E. Coli). Two of the urinary track infections were determined to be on the 100 hall, three infections on the 200 hall, one infection on the 300 hall, one infection on the 400 hall and one infection on the 500 hall. August 2014 - A review of the facility map - titled "Code of Facility Nosocomial Infections," indicated the facility had two urinary tract infections. One infection was identified on the 100 hall and one urinary tract infection on the 200 hall. A review of the surveillance record identified 12 residents names and locations. Two urinary tract infections were determined to be on the 100 hall, three infections on the 200 hall, two resident's with urinary tract infections on the 300 hundred hall, three resident infections on the 400 hall and two urinary		facility policy daily to help identify and control spread of infection. This will include nosocomial urinary track infections. Upon weekly review, we will be able to identify trends and provide education to staff on potential spread of infection problems by the clinical education coordinator. *What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.* All licensed nurses and CNA's received education on or by 11/19/2014 by DNS/CEC/designee on proper peri care procedure, infection control, and hand washing techniques. Licensed staff and CNA's not adhering to policies will receive continued education and if necessary, disciplinary action up to and including termination of employment. The CEC will investigate, monitor and track infections on the surveillance log per facility policy daily to help identify and control spread of infection. Upon weekly review, we will be able to identify trends and provide education to staff on potential spread of infection problems. CEC will monitor monthly per policy to rule out infection, development of new infection, and spread of infection. Daily surveillance log will be compared with Lab infection control detail report monthly to ensure no infections were omitted. The CEC was inserviced on the	

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	tract infections on the 500 hall. However a review Laboratory provided "Infection Control Detail Report," dated 08-01-2014 thru 08-31-2014, indicated twelve residents had urinary tract infections with the identified organism as Escherichia Coli (E. Coli). Room numbers on specific hallways differed for eight additional residents with urinary tract infections identified with the organism of E. Coli., in which the facility failed to identify. The report identified three of the urinary track infections were determined to be on the 100 hall - which differed from the surveillance record, three infections on the 200 hall which differed from the surveillance record, two infections on the 300 hall which differed from the surveillance record, two infections on the 400 hall and two infections on the 500 hall which both differed from the surveillance record. September 2014 - A review of the facility map - titled "Code of Facility Nosocomial Infections," indicated the facility had no urinary tract infections. A review of the surveillance record included 8 residents names and locations. One urinary tract infection was determined to be on the 100 hall, one infection on the 200 hall, one infection		monitoring system by the DON on 11/7/14. *How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place*. The CEC will investigate, monitor, and track infections on the surveillance log per facility policy daily to help identify and control spread of infection. Upon review daily will be able to identify trends and provide education to staff on potential spread on infection problems. CEC will monitor monthly per policy to rule out infection, development of new infection, and spread of infection. Daily surveillance log will be compared with Lab infection control detail report monthly to ensure no infections were omitted. The infection Control CQI tool will be completed by the DNS/CEC/designee weekly x 4, monthly x 6, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the CQI will be reviewed in the monthly CQI meeting governed by the ED. If the threshold of 100% is not achieved, an action plan will be developed to assure compliance.	

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	on the 300 hundred hall, two infections on the 400 hall and three urinary tract infections on the 500 hall. However a review Laboratory provided "Infection Control Detail Report," dated 09-01-2014 thru 09-30-2014, indicated eight residents had urinary tract infections with the identified organism as Escherichia Coli (e. Coli). Room numbers on specific hallways differed for three additional residents with urinary tract infections identified with the organism of E. Coli., in which the facility failed to identify. The report identified one resident infection on the 200 hall which differed from the surveillance record, one resident infection on the 300 hall which differed from the surveillance record, and one urinary tract infection on the 500 hall which differed from the surveillance record. October 2014 - A review of the facility map - titled "Code of Facility Nosocomial Infections," indicated the facility had no urinary tract infections. A review of the surveillance record included 11 residents names and locations. Five urinary tract infections were determined to be on the 100 hall, four infections on the 300 hundred hall, one infection on the 400 hall and one			

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	urinary tract infection on the 500 hall. However a review Laboratory provided "Infection Control Detail Report," dated 10-01-2014 thru 10-31-2014, indicated seven residents had urinary tract infections with the identified organism as Escherichia Coli (e. Coli). Room numbers on specific hallways differed for two additional residents with urinary tract infections identified with the organism of E. Coli., in which the facility failed to identify. The report identified one infection on the 200 hall which differed from the surveillance record and one infection on the 300 hall which differed from the surveillance record. 2. During an interview on 11-06-14 at 9:00 a.m., the Administrator indicated the the Infection Control report was important to determine if staff education was needed in regard to correct peri-care. 3. A review of the facility policy on 11-06-14 at 11:00 a.m., titled "Surveillance System," dated 12/2011, indicated the following: "Policy: The facility shall have surveillance system that investigates, controls, and prevents infection." "Purpose: To conduct surveillance			

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	activities that will identify infections and prevent the spread of infection." "Surveillance Components: Investigation, Documents/Records, Monitor, Data Analysis, Implementation and Report." "Investigation: Identify and obtain information related to infections to reduce/prevent the spread of infection. Information is gathered from: Culture reports and pertinent lab data, Antibiotic usage, Information from 24 hour reports, morning meeting, "hot" charting sheet, Chart review, New resident admission information and walking rounds for observations and interviews of residents/staff." "Documents/Records: Identify and use consistent definition, terminology, forms, and logs when tracking and reporting infections." "Monitor: Provide ongoing tracking to rule out an infection, the development of a new/recurrent infections, and/or spread of infections. Daily Surveillance investigation Log, Facility Map." "Data Analysis: Identify the origin, patterns, numbers and types of infections within the facility. Also compare current			

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	data with past information to detect issues or concerns. Information or tools used includes: surveillance/tracking logs, Nosocomial Infection Report - last months, Average daily census or resident days, facility map." "Implementation: Identify actions or interventions that necessary to prevent the spread of infections." "Report: Provide information related to infections and ensure compliance with state and federal regulations." This Federal tag relates to Complaint IN00158541. 3.1-18b(1)(A) 3.1-18b(1)(B) 3.1-18b(1)(C)			