STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF MUNCIE	4301 N WALNUT ST MUNCIE, IN 47303

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F000000	This visit was for the Investigation of Complaint IN00166777. Complaint IN00166777 - Substantiated. Federal/State deficiency related to the allegation are cited at F 441. Survey dates: March 2 and 3, 2015 Facility number: 000146 Provider number: 155242 AIM number: 100291200 Survey Team: Shelley Reed, RN TC Census bed type: SNF/NF: 124 Total: 124 Census payor type: Medicare: 33 Medicaid: 81 Other: 10 Total: 124 Sample: 5 This deficiency reflects State findings in accordance with 410 IAC 16.2-3.1. Quality review completed on March 4,	F000000	This Plan of Correction is the center's credible allegationof compliance. Preparation and/or execution of this plan of correction doesnot constitute admission or agreement by the provider of the truth of the factsalleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/orexecuted solely because it is required by the provisions of federal and statelaw. This center respectfully requests a desk review of the plan of correction for this deficiency	

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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	2015 by Randy Fry RN.			
F000441 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			

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	Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review, the facility failed to ensure wound and personal care was performed in a manner in which to prevent the spread of infection for 1 of 3 residents with 3 of 3 Nursing staff observed for personal care during 1 of 3 direct care observations. (Resident D) (LPN #1, RN #2 and RN #3) Findings Include: 1. The clinical record of Resident D was reviewed on 3/2/15 at 11:15 a.m. The record indicated the resident's diagnoses included, but were not limited to: history of femur fracture, hypothyroidism, open wound to coccyx, hospice care and Parkinson's disease. The Skin Assessment Sheets indicated Resident D had acquired a stage 3 pressure wound to her coccyx on 3/23/14. The wound measured 4.0 cm x 2.0 cm x 3.8 cm with tunneling. A Nursing Note dated 2/26/15 indicated the wound measured 4.4 cm x 3.0 cm x 2.5 cm. The wound was a stage 4. During wound care observation on 3/2/15 at 10:25 a.m., LPN #1 came into the	F000441	It is the practice of Signature Healthcare to maintain an infection control program to provide a safe, sanitary and comfortable environment and help prevent the development and transmission of disease and infection. 1.Resident D was found to not be affected from deficient practice, as evidenced by, no signs or symptoms of an acute infection. 2.No other Residents were identified to have been affected, however all residents have the potential to be affected. 3.Staff will be re-educated on hand washing. All new staff, during orientation, will receive hand washing policy and training, and all staff will be re-educated yearly. 4.Ten percent of employees will be observed for proper hand washing technique, for four weeks, then three percent of staff will be observed for proper hand washing technique for four weeks, and then evaluated for continuance of observations. ADON will audit competencies monthly and submit the findings to the QA committee monthly for three months, then quarterly thereafter. 5.Systemic changes will be complete by March 17th,2015.	03/17/2015

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	room. RN #3 was in the room prior to LPN #1 and assisted the resident onto her left side. At 10:28 a.m., LPN #1 washed her hands for 8 seconds and donned gloves. LPN #1 set the over bed table up with the necessary supplies and opened all the supplies and placed them onto the table. At 10:30 a.m., LPN #1 removed her gloves and washed her hands for 3 seconds then re-donned gloves. The old dressing had previously been removed. LPN #1 proceeded to irrigate the wound twice with sterile water, inserted 3 collagen sponges into the wound and removed gloves. She washed her hands for 3 seconds before applying gloves to apply new dressing and tape. At 10:33 a.m., RN #2 came into the room to assist with the dressing change. RN #2 washed her hands for 6 seconds and donned gloves to assist. At 10:38 a.m., RN #2 removed her old gloves, washed her hands for 5 seconds to leave the room to retrieve a marker and scissors for LPN #1. LPN #1 applied dressing and tape to wound. At 10:44 a.m., LPN #1 removed all trash and linens with gloved hands, removed			

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	gloves and washed her hands for 3 seconds. RN #2 and RN #3 provided peri care to Resident D at 10:46 a.m. RN #2 washed her hands for 5 seconds after providing peri care and left the room. At 10:48 a.m., RN #3 removed her gloves and washed her hands for 7 seconds after providing peri-care. At 10:49 a.m., RN #2 brought dry towels and a measuring tape to measure a new area. Both RN #2 and RN #3 assisted in drying Resident D. At 10:52 a.m., RN #2 and RN #3 removed their gloves and repositioned Resident D. At 10:54 a.m., RN #3 washed her hands for 4 seconds. At 10:55 a.m., RN #2 washed her hands for 7 seconds. During an interview on 3/2/15 at 10:55 a.m., RN #2 indicated the policy for hand washing was 20 seconds. She indicated she was unaware she had only washed her hands for a few seconds each time during resident care.			

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	During an interview on 3/2/15 at 11:35 a.m., LPN #1 indicated the policy for hand washing was to sing " happy birthday twice " . She could not provide a policy stated time. During an interview on 3/2/15 at 4:05 p.m., the Assistant Director of Nursing indicated both RN #2 and LPN #1 attended a hand washing in-service on 6/18/14. She stated RN #3 was given the information on hire. 2. The current facility policy entitled, "AT-A-GLANCE-HANDWASHING AND USE OF GLOVES" dated 12-2010 was presented by the Assistant Director of Nursing on 3/2/15 at 4:05 p.m. The policy indicated the following: "PURPOSE: To prevent the spread of infections.... PROCEDURES: Hand washing will be performed before and after resident care is rendered and after handling contaminated articles. This included the following: ...3. Before and after touching wounds. 4. After contact with...body fluids, secretions...			

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	...Hand Washing Procedure: ...3. Vigorously rotate hands to assure that friction is applied with soapy water between the fingers and the back of the hands for approximately 15-30 seconds. This Federal tag relates to Complaint IN00166777. 3.1-18(l)			