

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2012
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NAME OF PROVIDER OR SUPPLIER WESTPARK REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712
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F0000	<p>This visit was for the Investigation of Complaint IN00113632.</p> <p>Complaint IN00113632 Substantiated, Federal/State deficiencies related to the allegations are cited at F282, F314, and F441.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: August 10, 13, 14, 2012</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 10 SNF/NF: 75 Total: 85</p> <p>Census payor type: Medicare: 10 Medicaid: 63 Other: 12 Total: 85</p> <p>Sample: 7</p>	F0000	The Preparation or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.	

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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	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/20/12 by Suzanne Williams, RN</p>			

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F0282 SS=G	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' plans of care were implemented, in that a resident was not transferred with the assistance of two staff, resulting in a fall with a hip fracture, for 1 of 1 residents reviewed for falls [Resident D]; and failed to change a pressure ulcer dressing every other day, for 1 of 3 residents reviewed for pressure ulcers [Resident B], in a sample of 7.</p> <p>Findings include:</p> <p>1. On 8/13/12 at 9:25 A.M., Resident D was observed sitting in a wheelchair in the hallway, with an abductor pillow [to keep her hips in alignment] between her knees.</p> <p>On 8/13/12 at 10:55 A.M., the clinical record of Resident D was reviewed. Diagnoses included, but were not limited to, dementia and left hip fracture.</p> <p>A Minimum Data Set [MDS] assessment, dated May 18, 2012, indicated the resident's Brief Interview for Mental</p>	F0282	<p>F 282</p> <p>CNA was re-educated on referring to CNA assignment sheet prior to transferring a resident to ensure the resident plan of care is being followed. The dressing on identified residents coccyx was changed.</p> <p>CNA assignment sheets have been reviewed to ensure transfer assists are correct per individualized plans of care. Residents that have dressings per physician orders have been checked to ensure that they have been changed according to the order.</p> <p>On 8-24-2012 CNA's and licensed nursing staff were re-educated on following resident's plan of care and physician orders. Changes that are made to CNA assignment sheets regarding resident's assistance while transferring will be reviewed and signed off on at the beginning of each shift by the CNA's and audited by ADON/designee. ADON/designees will audit the dates and initials on dressings daily to ensure dressings are changed per physician orders and document the findings..</p> <p>Audits will be reviewed by the ADMIN/designee to ensure physician orders on dressings changes are being completed daily for 4 weeks then 5 x weekly for 5 months. Identified non compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of audits will be forwarded to the Quality</p>	09/07/2012			

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	<p>Status (BIMS) score was 3, with 15 indicating no memory impairment. The MDS assessment indicated Resident D required extensive assistance of two+ staff for transfer and toilet use.</p> <p>A Plan of Care, dated 6/23/12, indicated a problem of "Potential or Actual ADL [activities of daily living]/Mobility deficit...r/t [related to]...Dementia (Alzheimers), Hx [history] Sz [seizures] As evidenced by: Generalized weakness, Decreased ability to understand others, Cannot remember step by step instructions..." The "Goal" indicated, "Will transfer with 2 assist with gait belt..."</p> <p>An additional Plan of Care, dated 6/23/12, indicated a problem of "Fall/Injury Risk related to: History of Falls..." Interventions included: "Transfer: 2A [assist]."</p> <p>Nursing progress notes, dated 6/28/12 at 10:00 A.M., indicated: "...CNA stood up resident to toilet her and resident fell to floor onto her buttocks...Confused, Is there pain? No...Provider orders: Monitor for now...."</p> <p>A physician communication note, dated 6/28/12 at 3:30 P.M., indicated: "...The problem/symptom I am calling about is lt</p>		<p>Assurance (QA) Committee monthly for further review and recommendations.</p> <p>Compliance date 9-7-12</p>	

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	<p>[left] hip pain [with] transferring...Other things that have occurred with this problem/symptom are Fall this AM...New orders Xray lt hip..."</p> <p>A nursing progress note, dated 6/29/12 at 6:00 A.M., indicated, "...Xray results received. Transcervical fracture of [left] femur neck with mild superior displacement of distal segment...Currently waiting on physician orders."</p> <p>A nursing progress note, dated 6/29/12 at 9:00 A.M., indicated, "Order received to send to [name of hospital] for eval [evaluation] of Fracture lt hip...."</p> <p>A "DCR [daily clinical rounds]" note, dated 6/29/12 and untimed, indicated, "Fall. CNA attempting to transfer alone - requires A2 [assistance of 2]. Portable xray shows fracture...CNA inserviced, Care plan updated."</p> <p>On 8/13/12 at 2:00 P.M., during interview with the Director of Nursing [DON], she indicated Resident D was supposed to have the assistance of two staff for transfer, and a CNA transferred her by herself, resulting in the fall. The DON indicated the CNA assignment sheet specified that the resident required the assistance of two staff.</p>			

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	<p>2. On 8/10/12 at 9:25 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident B had a pressure ulcer on his coccyx.</p> <p>The clinical record of Resident B was reviewed on 8/10/12 at 11:50 A.M.</p> <p>A Physician's order, initial date unknown but on the current August 2012 orders, indicated, "Cleanse area on coccyx [with] NS [normal saline] pack wound [with] acticoat absorbent [and] fluffed 4x4, cover [with] dry drsg [dressing] [Change] QOD [every other day] et [and] prn [as needed]."</p> <p>On 8/13/12 at 10:40 A.M., a wound assessment was requested. LPN # 1 assisted the resident to stand. A dressing, dated 8/10/12, was observed on his coccyx area. The outside edge of the dressing appeared soiled with a brownish material. When LPN # 1 removed the dressing, it was observed to be saturated with a tannish drainage. LPN # 1 indicated she thought the pressure wound was a Stage IV, but would check the skin sheets. LPN # 1 indicated she wasn't sure why the dressing was dated 8/10/12, but that she would change it.</p> <p>On 8/13/12 at 2:00 P.M., during interview with the DON, she indicated the pressure</p>			

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	<p>ulcer dressing was supposed to be changed every other day, and she did not know why the dressing had not been changed the previous evening.</p> <p>On 8/14/12 at 8:55 A.M., during interview with the DON, she indicated she had spoken to the 2 nurses working on 8/12/12. The DON indicated the dressing change is performed on the 3:00 P.M.-11:00 P.M. shift during the week. The DON indicated the nurses work 12 hour shifts on the weekends, from 7:00 A.M. to 7:00 P.M., and 7:00 P.M.-7:00 A.M., and the day shift nurse indicated she informed the oncoming night shift nurse that she didn't get the treatment done.</p> <p>This federal tag relates to Complaint IN00113632.</p> <p>3.1-35(g)(2)</p>				

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dressing to a pressure ulcer was changed every other day as ordered [Resident B], and failed to ensure pressure ulcers were accurately assessed [Resident D], for 2 of 3 residents reviewed with pressure ulcers, in a sample of 7.</p> <p>Findings include:</p> <p>1. On 8/10/12 at 9:25 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident B had a pressure ulcer on his coccyx.</p> <p>The clinical record of Resident B was reviewed on 8/10/12 at 11:50 A.M.</p> <p>A Physician's order, initial date unknown</p>	F0314	<p>F 314</p> <p>The dressing on identified residents coccyx was changed and the pressure ulcer was reassessed</p> <p>Residents that have dressings per physician orders have been checked to ensure that they have been changed according to the order. Residents with pressure ulcers have been reassessed to ensure accuracy.</p> <p>Licensed staff have been re-educated on accurate pressure ulcer assessments. ADON/designees will audit the dates and initials on dressings daily to ensure dressings are changed per physician orders and document the findings. ADON/designee will assess pressure ulcers weekly to ensure accuracy.</p> <p>ADMIN/designee will review audits to ensure dressings changes are being completed per physician orders and pressure ulcers are assessed accurately 5 x weekly for 6 months. Identified non compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for</p>	09/07/2012			

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	<p>but on the current August 2012 orders, indicated, "Cleanse area on coccyx [with] NS [normal saline] pack wound [with] acticoat absorbent [and] fluffed 4x4, cover [with] dry drsg [dressing] [Change] QOD [every other day] et [and] prn [as needed]."</p> <p>A "Skin Integrity Assessment: Prevention and Treatment Plan of Care," initially dated 3/26/12 and updated 6/26/12, indicated a problem of "At risk...Areas of Impairment:...Stage 4 Coccyx..." The Interventions included: "Provide treatment per MD order."</p> <p>On 8/13/12 at 10:40 A.M., a wound assessment was requested. LPN # 1 assisted the resident to stand. A dressing, dated 8/10/12, was observed on his coccyx area. The outside edge of the dressing appeared soiled with a brownish material. When LPN # 1 removed the dressing, it was observed to be saturated with a tannish drainage. LPN # 1 indicated she thought the pressure wound was a Stage IV, but would check the skin sheets. LPN # 1 indicated she wasn't sure why the dressing was dated 8/10/12, but that she would change it.</p> <p>On 8/13/12 at 10:50 A.M., LPN # 1 obtained the resident's "Skin Grid" documentation. The documentation</p>		<p>further review and recommendations.</p> <p>Compliance date 9-7-12</p>		

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	<p>included: "Date: 3/23/12, Was the wound present on admission? Yes, Site Coccoyx, Stage IV, Length 3.3 [centimeters], Width 2.8, Depth 2.0..." The most recent documentation, dated 8/6/12, indicated: "...Stage IV, Length 2.8 [centimeters], Width 1.5, Depth 0.3, Color of Drainage S [Serosanguinous], Color Y [yellow], Odor F [foul]..."</p> <p>On 8/13/12 at 2:00 P.M., during interview with the DON, she indicated the pressure ulcer dressing was supposed to be changed every other day, and she did not know why the dressing had not been changed the previous evening.</p> <p>On 8/14/12 at 8:55 A.M., during interview with the DON, she indicated she had spoken to the 2 nurses working on 8/12/12. The DON indicated the dressing change is performed on the 3:00 P.M.-11:00 P.M. shift during the week. The DON indicated the nurses work 12 hour shifts on the weekends, from 7:00 A.M. to 7:00 P.M., and 7:00 P.M.-7:00 A.M., and the day shift nurse indicated she informed the oncoming night shift nurse that she didn't get the treatment done.</p> <p>2. On 8/10/12 at 9:25 A.M., during the initial tour, the DON indicated Resident D had pressure areas to her coccyx and</p>			

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	<p>heel.</p> <p>On 8/13/12 at 10:35 A.M., a wound assessment was requested. A pressure area was observed on the resident's coccyx, approximately the size of a 1/2 dollar. The wound bed was pink and yellow, with a black lower edge. There was some depth observed. LPN # 1 indicated the area was looking better, and that it was "cleaning up."</p> <p>The clinical record of Resident D was reviewed on 8/13/12 at 10:55 A.M. Diagnoses included, but were not limited to, dementia and left hip fracture.</p> <p>The resident was readmitted to the facility on 7/5/12 following hospitalization. An admission skin assessment, dated 7/5/12 and untimed, indicated: "Buttocks red, Stage I, 2 cm [centimeters] x 3 cm, Stage I, 1.5 cm x 1 cm."</p> <p>A Physician's order, dated 7/24/12, indicated, "[Change] tx [treatment] on sacrum to cleanse [with] N/S [normal saline], apply thin layer of Santyl [a debriding agent to rid a wound of slough or dead tissue]...."</p> <p>A Skin Grid included the following: "Date: 7/15/12, Was the wound present on admission? [left blank], Site sacrum,</p>			

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	<p>Pressure, Stage II, Length (in cm) 5 cm, Width 4 cm, Depth < [less than] 0.1 cm, Drainage [none], Color R [red]...</p> <p>7/22/12, Stage II,, Length 2.5 cm, Width 3.5 cm, Depth <0.1, Color of Drainage S [Serosanguinous], Color [of wound bed] Y [yellow]...</p> <p>7/31/12, Stage II...Depth .1 cm, Color of Drainage S, Color Y...</p> <p>8/6/12, Stage II...Depth .1 cm, Color S, Color P [pink] Y...."</p> <p>On 8/13/12 at 2:00 P.M., during interview with the DON, she indicated the facility does not have one specific nurse to assess wounds, but has different nurses on different shifts measure and fill out the skin grid sheets weekly. The DON indicated she had seen the resident's pressure ulcer on her sacrum the week previous, and "there was a little yellow there." The DON then indicated she probably would not have staged it as a II, but not as a III either. The DON indicated the pressure ulcer would have been unstageable since the yellow tissue covered the wound bed.</p> <p>On 8/13/12 at 3:35 P.M., during interview with LPN # 1, she indicated she had filled out the skin grid on Resident D. LPN # 1 indicated she thought the pressure ulcer may have been deeper on this day, because the Santyl ointment had debrided</p>						

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	<p>the yellow tissue. LPN # 1 indicated the wound probably should not have been documented as a Stage II once the Santyl had been started, but as unstageable.</p> <p>3. On 8/13/12 at 2:30 P.M., the Medical Records Director proved the current facility policy on "Pressure Ulcer Prevention/ Treatment," revised April 2009. The policy included: "...even the most vigilant nursing care may not prevent the development and/or worsening of pressure ulcers in some residents. In those cases, intensive efforts will be directed at the following:...Providing treatment...Ensure all routine preventive care is provided for pressure ulcers...Measuring/Describing a Wound...supports the consistent documentation among clinicians when evaluating and documenting changes in wound condition and wound base...Staging of Pressure Ulcers...A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction...Stage I: Intact skin with non-blanchable [sic] redness of a localized area usually over a bony prominence...Stage II: Partial thickness loss of dermis [skin] presenting as a shallow open ulcer with a red pink wound bed, without slough [yellow tissue]. May</p>			

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	<p>also present as an intact or open/ruptured serum-filled blister...Stage III: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss...Stage IV: Full thickness loss with exposed bone, tendon or muscle. Slough or eschar [black tissue] may be present on some parts of the wound bed...Unstageable: full thickness loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed...."</p> <p>This federal tag relates to Complaint IN00113632.</p> <p>3.1-40(a)(1)</p>				

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NAME OF PROVIDER OR SUPPLIER WESTPARK REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712			
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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure a resident was provided adequate supervision and assistance, and was transferred with the assistance of two staff as the resident required, resulting in a fall with a hip fracture, for 1 of 1 resident reviewed for falls, in a sample of 7. Resident D</p> <p>Findings include:</p> <p>On 8/13/12 at 9:25 A.M., Resident D was observed sitting in a wheelchair in the hallway, with an abductor pillow [to keep her hips in alignment] between her knees.</p> <p>On 8/13/12 at 10:55 A.M., the clinical record of Resident D was reviewed. Diagnoses included, but were not limited to, dementia and left hip fracture.</p> <p>A Minimum Data Set [MDS] assessment, dated May 18, 2012, indicated the resident's Brief Interview for Mental Status (BIMS) score was 3, with 15 indicating no memory impairment. The</p>	F0323	<p>F 323</p> <p>CNA was educated on reviewing CNA assignment sheet prior to transferring a resident to ensure the resident plan of care is being followed.</p> <p>CNA assignment sheets on facility residents have been reviewed to ensure transfer assists are correct per individualized plans of care.</p> <p>On 8-24-2012 CNA's were re-educated on following resident's plan of care and reviewing assignment sheets to identify required resident assistance. Changes that are made to CNA assignment sheets regarding resident's assistance while transferring will be reviewed and signed off on at the beginning of each shift by the CNA's. ADON/designee will complete audits daily to ensure CNA's are reviewing and signing off on required resident assistance updates.</p> <p>Audits will be reviewed by the ADMIN/designee daily to ensure CNA's review required resident assistance per plan of care daily for 4 weeks then 5 x weekly for 5 months. Identified non compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further review and recommendations.</p> <p>Compliance date 9-7-12</p>	09/07/2012			

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	<p>MDS assessment indicated Resident D required extensive assistance of two+ staff for transfer and toilet use.</p> <p>A Plan of Care, dated 6/23/12, indicated a problem of "Potential or Actual ADL [activities of daily living]/Mobility deficit...r/t [related to]...Dementia (Alzheimers), Hx [history] Sz [seizures] As evidenced by: Generalized weakness, Decreased ability to understand others, Cannot remember step by step instructions..." The "Goal" indicated, "Will transfer with 2 assist with gait belt..."</p> <p>An additional Plan of Care, dated 6/23/12, indicated a problem of "Fall/Injury Risk related to: History of Falls..." Interventions included: "Transfer: 2A [assist]."</p> <p>Nursing progress notes, dated 6/28/12 at 10:00 A.M., indicated: "...CNA stood up resident to toilet her and resident fell to floor onto her buttocks...Confused, Is there pain? No...Provider orders: Monitor for now...."</p> <p>A physician communication note, dated 6/28/12 at 3:30 P.M., indicated: "...The problem/symptom I am calling about is It [left] hip pain [with] transferring...Other things that have occurred with this</p>			

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	<p>problem/symptom are Fall this AM...New orders Xray lt hip...."</p> <p>A nursing progress note, dated 6/29/12 at 6:00 A.M., indicated, "...Xray results received. Transcervical fracture of [left] femur neck with mild superior displacement of distal segment...Currently waiting on physician orders."</p> <p>A nursing progress note, dated 6/29/12 at 9:00 A.M., indicated, "Order received to send to [name of hospital] for eval [evaluation] of Fracture lt hip...."</p> <p>A "DCR [daily clinical rounds]" note, dated 6/29/12 and untimed, indicated, "Fall. CNA attempting to transfer alone - requires A2 [assistance of 2]. Portable xray shows fracture...CNA inserviced, Care plan updated."</p> <p>On 8/13/12 at 2:00 P.M., during interview with the Director of Nursing [DON], she indicated Resident D was supposed to have the assistance of two staff for transfer, and a CNA transferred her by herself, resulting in the fall. The DON indicated the CNA assignment sheet specified that the resident required the assistance of two staff.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>						

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F0441 SS=D	<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. (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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation and interview, the facility failed to adhere to infection</p>	F0441	F 441	09/07/2012			

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	<p>control practices by setting a plastic container filled with wound care supplies on a resident's bed, for 1 of 3 residents with observations of wound care, in a sample of 7. Resident B</p> <p>Findings include:</p> <p>On 8/13/12 at 2:20 P.M., Physical Therapist [PT] # 1 indicated she was going to finish with Resident B's wound care. Resident B was observed sitting in a wheelchair in his room. A plastic container filled with wound care supplies was observed sitting on top of the resident's bedspread.</p> <p>At the conclusion of Resident B's wound assessment, the plastic container on the resident's bed was pointed out to PT # 1. PT # 1 indicated, "Oh, I'm sorry."</p> <p>On 8/14/12 at 8:45 A.M., during interview with the Therapy Manager, she indicated the plastic tote was disinfected prior to going in the resident's room. The Therapy Manager indicated the plastic tote should not have been placed on the resident's bed. The Therapy Manager indicated Resident B was the only resident that therapy was currently treating in the room.</p> <p>On 8/14/12 at 2:30 P.M., the</p>		<p>The plastic container that was on the residents bed was removed and disinfected prior to storage.</p> <p>A review of the other residents rooms revealed that there were no other wound care products on the resident's beds.</p> <p>Therapy staff were re-educated on infection control and not placing wound care storage box on residents beds. Audits will be completed by the Director of Therapy/designee weekly to ensure that wound care products are not being placed on residents beds.</p> <p>Audits will be reviewed by the ADMIN/designee daily to ensure wound care products are not being placed on residents beds 5 x weekly for 6 months. Identified non compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of audits will be forwarded to the Quality Assurance (QA) Committee monthly for further review and recommendations.</p>		

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	<p>Administrator indicated there was no facility policy regarding not placing items on the resident's bed, but that staff should know not to do that.</p> <p>This federal tag relates to Complaint IN00113632.</p> <p>3.1-18(j)</p>			