

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/21/2016
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NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00197423</p> <p>Complaint IN00197423 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Date of survey: April 20 and 21, 2016</p> <p>Facility number: 000249 Provider number: 155358 AIM number: 100267640</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 10 Medicaid: 34 Other: 23 Total: 67</p> <p>Sample: 5</p> <p>This deficiency reflects a State finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 04/26/2016 by 29479.</p>	F 0000	Please accept this Plan of Correction as Credible compliance for Survey allegations on 4/21/2016, Event ID number UEOH11	
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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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F 0441 SS=F Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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</p>			

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	<p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an investigation of communicable infections for 2 of 2 residents with the same infection who resided in adjacent rooms (Residents D and C) and failed to ensure hand hygiene during resident care for 2 of 2 observations of infection control (Residents F and G). This deficient practice had the potential to affect all 67 residents of the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 4/20/16 at 8:50 a.m., with Licensed Practical Nurse (LPN) #1, a sign indicating Resident B was in isolation was posted outside of the room. Personal Protective Equipment (PPE) was observed outside the room. Resident B indicated he still had loose stools but it was better. <p>Resident B's clinical record was reviewed on 4/21/16 at 12:30 p.m. Diagnosis included, but was not limited to, c-diff (a bacterial infection of the colon that can be passed from one person to another).</p> <ol style="list-style-type: none"> On 4/20/16 at 8:55 a.m., a sign indicating Resident D was in isolation 	F 0441	<p>All nursing as well as housekeeping staff were in-serviced on the proper way to wash hands and glove use. The staff was also in-serviced on Isolation Precautions and Policy and Procedures on isolation rooms which includes rooms which are utilized by resident's who currently have a DX of C-diff. These in-services also included how and when to wash hands, when to use ABR's and PPE use during and after resident care. In addition there are now posters in all public and employee restrooms which lists the proper procedures for handwashing. The housekeeping staff was also in-serviced on the products to use while cleaning floors within the facility which includes those residents who are currently in isolation. To limit the possibility any unwanted organisms are transmitted to others areas within the facility all floors will be cleaned with a bleach water solution with a ratio of 1 part bleach to 10 parts water will be used. This solution remains stable for twenty-four (24) hours. Mop water will be changed every three (3) rooms. When cleaning an isolation room the water will be changed immediately after cleaning the isolation room. Hard surfaces ie; tables, bed frames etc. will be cleaned with a Clorox</p>	05/13/2016

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	<p>was posted outside of the room. PPE was observed outside the room.</p> <p>Resident D's clinical record was reviewed on 4/20/16 at 2:00 p.m. Diagnosis included, but was not limited to, c-diff .</p> <p>On 4/20/16 at 9:05 a.m., Housekeeper #4 was interviewed. The housekeeper indicated she utilized a commercially prepared spray cleaner (Clorox) to clean and sanitize in bathrooms used by residents with c-diff infections. She indicated she used a solution mixed by the Housekeeping Supervisor to clean surfaces in residents' rooms, including over bed tables.</p> <p>On 4/20/16 at 10:28 a.m., the Housekeeping Supervisor was interviewed. She indicated she mixed the bulk bleach solution and put in to spray bottles for use. She indicated the solution was utilized until it was gone and another batch was made. She indicated she did not know how long the solution was stable for use and did not have a policy to identify the length of time the solution would be good for use. The Supervisor indicated the product "MPC 3 Hi-Con PF" was utilized to mop all floors of residents' rooms, including those in isolation.</p>		<p>Spray which states it kills organisms which include C-Diff. The infection Control Nurse along with the housekeeping supervisor will perform continuous random checks for continued compliance with the infection control program. The Infection Control Nurse will also perform continuous random checks to ensure staff remains compliant with the handwashing policy as well as all other Infection Control Policies ie: when to wear PPE, how to remove PPE, when to wear gloves, when to change gloves etc. The facility has also revised updated several policies including the following Infection Control Policies. The facility will also begin to utilize The Infection Control Assessment Tool which was released by the Indiana Department of Health. This will assist the Infection Control Nurse and/or Director of Nursing to quickly identify potential problems within the Infection Control Program, Policies and Procedures as well staff performance reviews. Email to follow.</p>	

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	<p>On 4/20/16 at 12:55 p.m., the Administrator provided Manufacturer's directions for the MPC 3 Hi-Con PF product. The summary of antimicrobial test results which identified types of organisms the product was effective against did not include c-diff.</p> <p>The infection control program was reviewed with the infection control nurse, LPN #9 on 4/20/16 at 10:00 a.m. The LPN identified the types of infections that were tracked, if they were admitted with or acquired, calculated monthly percentages and mapped out by type and/or organism, where the infections were in the facility. The March report included documentation that residents in two side by side rooms had c-diff infections. The LPN indicated she was not aware of who was responsible for the investigations of infections.</p> <p>LPN 1, the Quality Assurance and Performance Improvement Committee (QAPI) nurse, was interviewed on 4/20/16 at 11:40 a.m. She indicated she had not observed hands on care of the residents for identification of any infection control breaks, or reviewed housekeeping procedures.</p> <p>On 4/20/16 at 1:00 p.m., the Administrator and Director of Nursing</p>			

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	<p>(DON) were interviewed. They indicated the QAPI nurse should have reviewed infection control reports and investigated.</p> <p>On 4/21/16 at 9:25 a.m., the Administrator indicated she had contacted cleaning products sales representative, and he had indicated a mixed bleach solution would be stable for 24 hours.</p> <p>3. On 4/21/16 at 9:45 a.m., Certified Nursing Assistant (CNA) #11 was observed to provide incontinence care to Resident F. While wearing gloves, the CNA removed a wet brief, provided perineal care, washed the area with a washcloth sprayed with a multi-use bottle of skin cleanser and dried. The CNA set the bottle of the cleanser on the resident's bedside table where a cup of coffee was. The resident was assisted to turn and the CNA repeated the process and cleaned the anal and buttocks areas. The CNA again placed the bottle of cleanser on the over bed table. With the same gloves on she repositioned the resident, applied a clean brief, adjusted the bed linens, placed the call button, moved the bedside table closer to the resident so it was within his reach, and opened the window curtain. The CNA then removed the gloves, carried the bottle of cleanser into the bathroom, placed it there, turned on</p>			

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	<p>the water and rinsed hands 10 seconds before she exited the resident's room.</p> <p>4. On 4/21/16 at 11:30 a.m., CNA #12 was observed to provide incontinence care to Resident G. While wearing gloves the CNA utilized water from a wash basin and cleansed the resident's peri, anal and buttocks areas. The resident was observed to be incontinent of urine. After completion of the cleansing the CNA picked up a multiuse tube of barrier cream and applied to the resident's bottom. She placed the tube on the resident's bedside table to be returned to the top drawer. The CNA then removed the soiled gloves, donned a clean pair, and applied a new brief to the resident.</p> <p>The facility's policy titled "Policy and Procedure For Hand washing," dated 9/18/14, provided by the DON on 4/21/16 at 1:05 p.m., included but was not limited to "PURPOSE Hand washing is the most important measure in controlling the transmission of microorganisms. The Center for Disease Control (CDC) recommends that hands be washed routinely in the following situations: 1. Before and after contact with patients. 2. After touching organic material....PROCEDURE ...9. Lather all areas of hands and wrists, rubbing</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	vigorously for at least 40-60 seconds...." This Federal tag relates to complaint IN00197423. 3.1-18(l)				