

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155178	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/17/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-FOUNTAINVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 609 W TANGLEWOOD LN MISHAWAKA, IN 46545
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F000000	<p>This visit was for the Investigation of Complaint IN00156682.</p> <p>Complaint IN00156682 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Survey Dates: October 14,15,16 &amp; 17, 2014</p> <p>Facility number: 000094 Provider number: 155178 AIM number: 100290310</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: SNF/NF: 107 Total: 107</p> <p>Census payor type: Medicare: 14 Medicaid: 79 Other: 14 Total: 107</p> <p>Sample: 9</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>Preperation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of the deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. We respectfully submit this document as our Plan of Correction for the alleged deficiencies as outline. We respectfully request Desk Compliance .</p>	

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 October 24, 2014, 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. (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</p>			
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	<p>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 interview and record review, the facility failed to implement a surveillance program to prevent the spread of parasite infestation. This failure resulted in 7 of 107 residents becoming infested with the scabies parasite. Resident's B ,D, E, F, G, H &amp; J.</p> <p>Finding includes:</p> <p>During an interview on 10/14/2014 at 10:15 a.m., Resident B's daughter indicated she had become infested with scabies after helping her mother in and out of bed and taking her to the bathroom. The daughter went to the dermatologist and received a diagnosis of scabies and was treated with Elimate cream 5%.</p> <p>Resident B's clinical record was reviewed on 10/15/2014 at 11:00 a.m. Diagnoses included, but were not limited to, skin rash, dementia and depression. Resident B's Brief Interview for Mental Status (BIMS), dated 7/28/2014, indicated a score of 5, severe impairment.</p> <p>Resident B received Permethrin cream</p>	F000441	<p>It is the intent of this facility to provide, educate and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment that helps to prevent the development and transmission of disease and infection. The facility Infection Control Program (attachment #1) provides for the investigation, control, education, and prevention of infections in the facility. The program decides what procedures should be applied to each incident, and maintains record of each incident and the corrective action taken. This record will include but not be limited to: communication to the resident, family, physician assigned, Medical Director, Government bodies, and education of staff.1) An assessment of resident(s) B, D, E, F, G, H, and J was completed by the Director of Nursing Services (DNS) and/or the Assistant Director of Nursing Services (ADNS) on October 30, 2014 Resident D, presented with continued symptoms of rash and was seen by Dr. Roger Moore of the DermaCenter at this time. October 30, 2014 notes of this visit by the physician state</p>	11/14/2014

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	<p>5% (Elimite Cream 5%) for the treatment of scabies (an itchy highly contagious skin disease caused by an infestation by a parasite) on 9/10/2014 and 9/20/14.</p> <p>Resident D's clinical record was reviewed on 10/15/2014 at 11:30 a.m. Diagnoses included, but were not limited to, skin rash and dementia. Resident D's Brief Interview for Mental Status (BIMS), dated 8/15/2014, indicated a score of 5, severe impairment.</p> <p>Resident D received four treatments of Elimite cream 5% for scabies on 8/22/2014, 9/10/2014, 9/16/2014 and 9/23/2014.</p> <p>Resident E's clinical record was reviewed on 10/16/2014 at 11:00 a.m. Diagnoses include, but were not limited to, skin rash, anxiety, dementia, and depression. Resident E's Brief Interview for Mental Status (BIMS), dated 8/12/2014, indicated a score of 99, severe impairment.</p> <p>Resident E received one treatment of Elimite cream 5% for scabies on 9/15/2014.</p> <p>Resident F's clinical record was reviewed on 10/16/2014 at 3:43 p.m. Diagnoses included, but were not limited to, skin</p>		<p>"scabies infestation" "much improvement" "D/C Triaminicolone 0.1% ointment", "Permethin 5% Cream apply neck lower one time and wash in 8 hours". (see attachment # 2, #3,) On November 4, 2014 this resident received skin assessment by LPN on duty without concern. (see attachment # 4). This resident is receiving weekly skin assessments at this time. The remaining residents were assessed without concern and continue weekly skin assessments.2) Residents that currently reside in the facility were assessed for signs and symptoms of infection without concern. New admissions will receive a skin assessment within 2 hours of admission, and weekly thereafter. Any concerns will be brought to the attention of the DNS, ADNS or Unit Manager immediately. At that time the Infection Preventionist will also be notified to assess the concern.3) Management staff to include, but not be limited to the DNS, ADNS and Unit Manager(s) will review the 24 hour report and round each resident in the morning prior to Clinical Meeting. Any signs or symptoms of infection to include but not be limited to: fever, change of condition, skin rash, complaints of itching, skin irritation, behaviors, etc. will be reported, reviewed and discussed with the assist of the AMALGA</p>	

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	<p>rash and dementia. Resident F's Brief Interview for Mental Status (BIMS), dated 8/26/2014, indicated a score of 03, severe impairment.</p> <p>Resident F received two received four treatments of Elimate cream 5% for scabies on 9/16/2014 and 9/23/2014.</p> <p>Resident G's clinical record was reviewed on 10/16/2014 at 3:55 p.m. Diagnoses included, but were not limited to, scabies, skin rash, anxiety, depression and macular degeneration. Resident G's Brief Interview for Mental Status (BIMS), dated 8/21/2014, indicated a score of 15, cognitively intact.</p> <p>Resident G received one treatments of Elimate cream 5% for scabies on 9/12/2014.</p> <p>Resident H's clinical record was reviewed on 10/16/2014 at 4:41 p.m. Diagnoses included, but were not limited to, rash and other non specific skin eruptions, dementia, glaucoma and psychosis. Resident H's Brief Interview for Mental Status (BIMS), dated 8/7/2014, indicated a score of 06, severe impairment.</p> <p>Resident H received one treatments of Elimate cream 5% for scabies on</p>		<p>system at the Clinical Meeting each morning. The Infection Preventionist and their team will evaluate the information and utilize the Infection Control Program to educate, communicate, treat and prevent the spread of the infection for the safe, sanitary and comfortable environment of the resident(s). This will help to prevent the development and transmission of disease and infection throughout the facility.4) The information and documentation of the Infection Preventionist and their Infection Control Program team will be presented during the monthly Quality Assessment and Performance Improvement (QAPI) Committee meeting. This meeting will be attended by the facility management team to include but not be limited to the Executive Director (ED), Medical Director, Pharmacy Consultant, Dietitian, Infection Preventionist, DNS, and ADNS. Each incident and the information documented (see attachment #5, #6) will be monitored by this committee and its members for compliance to the Infection Control Program. This monitoring will take place for 90 days or until 100% compliance is met for each incident presented.5) Date of completion November 14, 2014.</p>				

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	<p>9/11/2014.</p> <p>Resident J's clinical record was reviewed on 10/16/2014 at 5:04 p.m. Diagnoses included, but were not limited to, skin rash, dementia and anxiety. Resident J's Brief Interview for Mental Status (BIMS), dated 8/19/2014, indicated a score of 15, cognitively intact.</p> <p>Resident J received one treatments of Elimite cream 5% for scabies on 8/29/2014.</p> <p>During an interview, on 10/17/2014 at 11:00 a.m., the Infection Control Nurse indicated that the facility had an infestation of scabies and seven residents had become infested. The infection control nurse further indicated it was not until Resident D received a positive biopsy for scabies did the facility put there scabies infection control policy into action, by that time 6 other residents and one staff member was infested.</p> <p>On 10/17/14 at 1:30 p.m., the Infection Control Nurse provided the policy for "Scabies," dated 2009, and indicated the policy was the one currently being used by the facility. The policy indicated, "...Diagnosis may be established by recovering the mite from its burrow and identifying it microscopically. Failure to</p>			

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	<p>identify scrapings as positive does not necessarily exclude the diagnosis. It is difficult to obtain a positive scraping because only one or two mites may cause multiple lesions. Often diagnosis is made from signs and symptoms and treatment followed without scrapings...."</p> <p>During an interview on 10/17/2014 at 2:45 p.m., CNA #1 indicated he had a scabies infestation for 9 days and had to apply the Elimite cream 5% plus take the oral medication ivermectin. CNA #1 indicated he missed nine days of work because of his scabies infestation.</p> <p>This Federal tag is related to Complaint IN00156682.</p> <p>3.1-18(b)(1)(A)</p>			