STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155191	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER HEALTH CARE CENTER	2210 GREENTREE N CLARKSVILLE, IN 47129

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F000000	This visit was for the Investigation of Complaint IN00149614, IN00149237, and IN00146605. Complaint IN00149614-Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F241. Complaint IN00149237-Substantiated. Federal/State deficiencies related to the allegations are cited at F441. Complaint IN00146605-Substantiated. No findings related to the allegations are cited. Survey Date: 5/27, 5/28, and 5/29/2014 Facility number: 000100 Provider number: 155191 AIM number: 100266130 Survey team: Gwen Pumphrey RN,TC Census bed type: SNF/NF: 83 Residential: 87 Total: 170 Census payor type:	F000000	Dear Ms. Rhodes,Please find the Form CMS-2567 with the plan of correction for the deficiencies sited during the Complaint Investigation Survey conducted at Westminster Healthcare Center on May 27th 2014 through May 29th 2014. I can be reached at 812-282-6961 ext. 123 if you would have any questions or comments regarding the enclosed documents. Sincerely,Floyd Shewmaker, AdministratorWestminster Healthcare Center preparation and execution of this plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. Allegation of Compliance: For the purposes of any allegation the Westminster Healthcare Center ("facility") is not in substantial compliance with federal requirements of participation, this response and plan of correction constitute Westminster Healthcare Center allegation of Compliance. Date of Compliance by June 28, 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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	Medicare: 19 Medicaid: 61 Other: 90 Total: 170 Sample: 17 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on June 5, 2014, by Brenda Meredith, R.N.			
F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an			

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	existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on record review and interviews, the facility failed to notify the family in a timely manner when a resident developed a cough and congestion that subsequently required hospitalization. This deficient practice affected 1 of 3 residents reviewed for hospitalization. (Resident K). Findings included: On 5/27/14 at 10:50 a.m., Resident K's clinical record was reviewed. The resident had diagnoses including but not limited to, dementia, stroke, and COPD (chronic obstructive pulmonary disease that makes it difficult to breathe).	F000157	Please consider paper compliance for F157What corrective actions will be accomplished for those residents found to have been affected by deficient practice:It is the policy of Westminster Healthcare that prompt notification is made to the resident's attending physician and family in a timely manner with any changes in the resident's physical, mental, or psychosocial status, (ie. a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications): a need to alter a treatment significantly (ie. a need to discontinue an exisiting form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge	06/28/2014

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	A nurses note, dated 5/1/14 at 3:00 p.m., indicated: "Notified doctor [named] of cough and congestion. order for chest x -ray 2 views. " A nurses note, dated 5/1/14 at 9:00 p.m., indicated the chest x-ray was normal and the resident had a temperature of 100.7. A nurses notes, dated 5/2/14 at 9:50 p.m., indicated a temperature of 99.0 and cough and congestion noted. A nurses note, dated 5/3/14 at 12:40 p.m., indicated a "temperature of 100.8, slight non-productive cough, lungs CTA [clear throughout], hoarse voice. doctor notified." A nurses note, dated 5/4/14 at 3:00 a.m.,indicated " temperature of 107 axillary, nonproductive cough, hoarse voice Tylenol [antipyretic] given temperature down to 98.9." A nurses note, dated 5/4/14 at 1:00 p.m., indicated, "temperature 98.4 axillary, continues to have non productive cough and hoarse voice. no fever this shift." A nurses note, dated 5/5/14 at 4:00 a.m., indicated "temperature 99.9, continues to have non productive cough and hoarse voice."		the resident from the facility as specified in 483.12(a).The Licensed Nurse providing care to resident K when the initial change in condition occurred on 5/1/14 was interviewed. She discolsed the resident's family was visiting and aware of the change. She failed to document the notification in the resident's medical record. A documented education has been completed. On the other dates the P&P for condition changes was not followed. In-service for policy and procedure "Change in a Resident's Condition or Status" was held on 6/17/14 for Licensed Nurses. All condition changes identified within the last 30 days will be audited by medical records to assure timely notification of physician and family. This will be documented in resident's chart to include any verbal notification of family if family is present at the facility and the change in condition was discussed with family member. The nurse failed to document that the family was present and that she had discussed the change of condition. There does not appear to be any other resident affected.How other residents having the potential to be affected by the same deficient practices will be identified and what corrective actions will be taken:All known conditin changes within he last 30 days will be audited by medical records to assure that physicians/family notifications	

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	A nurses note, dated 5/5/14 3:00 p.m., indicated "order received and noted for CBC [complete blood count lab test], BMP[basic metabolic profile lab test], and strep test. Grimaces when swallowing, drowsy, temperature 100.3." A nurses note, dated 5/5/14 at 6:00 p.m., indicated the residents family requested the resident be transferred to the hospital. The physician was notified and order was received. A nurses note, dated 5/6/14 at 2:00 a.m., indicated the resident was admitted to the hospital. The discharge summary from the hospital, dated 5/12/14, was reviewed on 5/27/14 at 10:11 a.m. The note indicated Resident K was discharged on 5/12/14 with a diagnoses including but not limited to acute exacerbation of COPD. On 5/28/14 at 4:00 p.m., the Director of Nursing (DoN) indicated nurses are expected to notify the physician and family with any change of condition. She also indicated the nurses are expected to document notifications in the chart. On 5/29/14 at 5:15 p.m., RN #1 indicated the family should be notified when a		were made timely. Any missed notifications will be completed and documented immediately. Staff will be re-educated /counseled as necessary.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:All condition changes will be placed on the 24 hour report sheet under the residents name. It will be documented in the nursing notes and on the 24 hour report sheet that family and physician were notified. All 24 hour report sheets will be reviewed by the Director of Nursing/Designee, Unit Coordinators, and MDS daily. The Unit Coordinators will then audit the medical record to assure that it was documented and that the family and physician were notified. Any missed notifications will be completed and documented immediately. Staff will be re-educated/counseled as necessary.All staff will be in-serviced on "Condition Change" Policy and Procedure by 6/28/14.How the corrective actions will be monitored to ensure the deficient practice will not recur. What quality assurance program will be put into place:The 24 hour report sheets will be reviewed daily by the Director of Nursing/Designee, Unit Coordinators, and MDS nurse to assure documentation and timely notification of changes in condition to include family and	

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	resident has a change of condition. She indicated she could not recall anything out of the ordinary with Resident K's transfer to the hospital. On 5/27/14 at 2:05 p.m., the DoN presented a copy of the facility's current policy titled "Physician Notification." Review of this policy at this time included, but was not limited to: "The resident, residents attending physician, residents legal representative and DON will be notified of all significant changes in the residents condition...the attending physician is to be notified immediately for any changes of condition and that notification is to be noted in the chart..." This Federal tag relates to Complaint IN00149614. 3.1-5(a)(2) 3.1-5(a)(3)		physician. This will be monitored 5 days per week by the Unit Coordinators.Compliance will be reported at the Monthly Quality Assurance Committee by the Unit Coordinators. This monitoring and reporting to the Quality Assurance Committee will continue until threshold of 100% is met for three consecutive months. Once the threshold is met for three consecutive months, a recommendation will be made to the Quality Assurance Committee for discontinuation.Systemic changes will be complete by 6/28/14.	

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F000241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review, the facility failed to promote care for residents that maintained dignity during toileting. This deficient practice affected 1 of 6 residents reviewed. (Resident #Q). Findings include: On 5/28/14 at 1:30 p.m., Resident Q indicated in an interview he was incontinent due to staff not assisting with toileting. Resident Q indicated he felt the staff were threatening to use a brief if he had more incontinent episodes. On 5/29/14 at 1:53 p.m., Resident Q's family member indicated the resident is continent but requires assistance with toileting.	F000241	Please consider paper compliance for F241What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:All affected residents will be assessed by Restorative Nursing for an appropriate toileting plan using a Bladder Assessment. Resident care plans will be established/updated to include toileting plans as appropriate. All toileting plans established/revised on the affected residents will be re-evaluated within 30 days by the Restorative Nurse for effectiveness and any possible revisions as needed. All staff issues identified will be addressed appropriately.Resident Q was interviewed on 6/13/14 regarding incontinence. Resident Q reported that due to the medication resident was taking	06/28/2014

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	Resident Q's clinical record was reviewed on 5/29/14 at 4:30 p.m. Resident Q had diagnoses including but not limited to muscle weakness, diabetes, and abnormality of gait. A nurses note, dated 5/11/5 at 3:45 p.m., indicated, ..."Resident got upset with CNA's when they helped him to the bathroom and told him they couldn't talk a long time due to a lot of lights going off and resident likes to talk and chat with everyone. He reported that they said he uses the bathroom more than anyone on the hall when that is not what was said." On 5/29/14 at 5:00 p.m., the Social Services Director indicated she has no knowledge of any residents with complaints of staff. On 5/29/14 at 5:15 p.m., RN#1 indicated she had no knowledge of any incidents involving staff and resident care. She indicated if the resident makes an allegation, she will observe care closely usually standing outside the residents door and sending two staff in to perform care. This Federal tag relates to Complaint IN00149614. 3.1-3(t)		and the times the medication was ordered, resident was having increased urination with some incontinent episodes. Resident Q states since a time adjustment was made by the physician, the resident has not experienced anymore episodes of incontinence.Call lights will be monitored by Department Managers 5 days per week to assure timely reponse.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:Staff to interview all continent residents to identify any possible toileting needs that may not be being met by staff. Any residents identified as having issues will be careplanned as appropriate and staff issues if not appropriate will be addressed. Refer residents that are affected to Restorative Nursing for appropriate assessment and initiate/alter appropriate toileting plan based on residents toileting plan or needs. In-service all staff on resident dignity/respect in relationship to individual toileting needs. This will also include timely answering of residents call lights All affected resident's toileting plans established/revised will be re-evaluated within 30 days by the Restorative Nurse for effectiveness and any possible revisions as needed. What measures will be put into place or what sytematic changes will be	

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			made to ensure that the deficient practice does not recur:Call lights will be monitored 5 days weekly to ensure timely response. Toileting plans on affected residents will be established/revised based on resident needs by Restorative Nursing.All affected residents toileting plans that have been established/revised will be re-evaluated within 30 days by Restorative Nursing for effectiveness and any possible revisions needed.Staff to interview all continent residents to identify any possible toileting needs that may not be being met by staff.How the corrective actions will be monitored to ensure the deficient practices will not recur.What quality assurance program will be put into place:All resident call lights will be monitored weekdays by conducting Department Manager rounds to assure timely response. Compliance will be reported to the Monthly Quality Assurance Committee by the Director of Nursing/Designee. This monitoring and reporting to the Quality Assurance Committee will continue until threshold of 95% is met for three consecutive months. Once the threshold is met for three consecutive months, a recommendation will be made to the Quality Assurance Committee for discontinuation. Restorative Nurse/Designee will audit for Bladder Assessment	

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			completion on affected residents monthly and report findings at Monthly Quality Assurance Meeting for three consecutive months. This monitoring and reporting to the Quality Assurance Committee will continue until threshold of 95% is met for three consecutive months. Once the threshold is met for three consecutive months, a recommendation will be made to the Quality Assurance Committee for discontinuation.Restorative Nurse/Designee will audit the re-evaluation of the affected resident's toileting plan within 30 days for effectiveness and report findings at the Monthly Quality Assurance Committee Meeting for three consecutive months. This monitoring and reporting to the Quality Assurance Committee will continue until threshold of 95% is met for three consecutive months. Once the threshold is met for three consecutive months, a recommendation will be made to the Quality Assurance Committee for discontinuation.By what date the systemic changes will be complete:6/28/14	
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			

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	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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on interview, observation, and record review the facility failed to prevent the development and transmission of infection. This deficient practice was based on the facility infection control program's lack of investigation and monitoring with suspected skin rashes to residents and	F000441	Please consider paper compliance for F441What corrective actions will be accomplished for those residents found to have been affected by deficient practices:All residents affected have received physician orders and treatments to include those in survey sample. All residents with skin rash issues	06/28/2014

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	employees on 1 of 4 units in the facility. [Resident A,B,C,D,F,G,H, & I] Findings Include: On 5/27/14 at 1:30 p.m., the administrator indicated, "There's been some skin rashes in the building for some time. It's been a pattern since December of last year. When we heard that some of the employees did not think we were doing enough to deal with the problem so we had a meeting with them. Last Friday, [named pest control company] came in to service the facility. The pest control company is here today to do a follow up visit." On 5/27/14 at 1:35 p.m., the pest control representative indicated, "I set traps in several rooms last week and we didn't catch anything. The only thing I think this could be is paper mites. It's basically static electricity. The solution is to mist the carpet and chairs with water. This is the only thing I can think of that could cause the rash." On 5/27/14 at 1:40 p.m., the Infection Control Nurse indicated, "The rashes have affected less than 10 residents since December [2013]. Four or five residents have chronic skin issues and I have that on a tracking sheet."		are under the care of a dermatologist. All residents with skin rash issues will be placed on weekly skin condition tracking review form. This will be completed and assessments will be made by Infection Control Nurse/Designee weekly. All affected residents will be placed in contact isolation until second treatment is completed. All bed linen on affected residents will have bed linens changed daily for seven days. All affected resident's clothing will be washed. All affected resident's rooms will be deep cleaned. All carpet and hallways in the facility were professionally steam cleaned on 6/6/14.Pest control vendor inspected the facility on 5/22/14 with no findings. Vendor put out glue board pest monitors and returned on 5/27/14 with no findings.Employee Information: All staff on affected hall have been provided with Prophylactic Treatment along with educational packets and direction on treatment procedures. Staff will be provided with facility "Reporting Abnormal Skin Conditions and Communbicable Diseases" Policy requiring timely reporting for prevention of spread, tracking, and monitoring. All staff will be in-serviced by 6/28/14.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:All residents	

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	On 5/28/14 at 10:11 a.m., the Infection Control Nurse provided a copy of the investigation of skin rashes. These documents included, "Summary of Skin Rashes," "Memorandum to All Employees" and a statement signed by the infection control nurse. The investigation was lacking documentation of the residents and employees affected, what conditions were ruled out, what interventions were effective, and interventions attempted prior to May 2014. On 5/28/14 at 3:00 p.m., the Infection Control Log was reviewed for December 2013 through May 2013. The log lacked documentation of any skin rashes. The log also lacked any data for May 2013. A copy of the unit managers report was provided by the Infection Control Nurse on 5/28/14 at 3:25 p.m. The report for May 2014 lacked documentation of any skin rashes in the facility. On 5/28/14 at 5:!5 p.m., the Infection Control Nurse indicated the data was not entered in the log until the end of the month. She indicated she uses data from the pharmacy report, unit managers report, and physicians orders. She indicated potential infections, staff		will have skin assessments completed by a licensed staff nurse weekly. Any resident identified with a rash will be placed in contact isolation immediately until resident is assessed/evaluated by a physician for diagnosis and appropriate treatment. The licensed nurse shall complete an "Infection Conrol Nurse Communication" form for any resident with identified skin/rash issues and turn in to the Infection Control Nurse. Any residents identified with a rash will be assessed weekly by the Infection Control Nurse/Designee. Residents will be placed on the weekly Abnormal Skin Condition Tracking Review form which will address interventions and progression of healing and environmental conditions.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:Weekly skin assessments will be done by staff nurses on all residents. If any skin issues/rashes are identified this will be communicated to the Infection Control Nurse by use of the "ICN Communication Form." The Infection Control Nurse will then assess the resident and record findings on the "Weekly Abnormal Skin Conditions Tracking Review" form. The Infection Control Nurse will then continue weekly assessments, and documentation	

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	related infections, and skin rashes were kept in another log. She provided a copy of these logs for December 2013 through May 2014. The log titled, "Spread Sheet for Monitoring Skin Abnormalities or Infections," was provided by the Infection Control Nurse on 5/28/14 at 6:00 p.m. The log was incomplete and lacked documentation of each incidence as well as detailed corrective actions. On 5/29/14 at 3:15 p.m., Resident F indicated, "I've been to the doctor twice. Once this morning. I don't feel like its getting better. It does itch but I try to rub and not scratch. " Resident F then lifted his shirt to expose both upper arms,armpit area, and right chest area. The areas appeared to be scaly, with 2-3 small raised bumps. Resident F's clinical record was reviewed on 5/28/14 at 2:45 p.m. Resident F had diagnoses including but not limited to recurrent falls, dementia, and COPD (chronic obstructive pulmonary disease that makes it difficult to breathe). Nurses notes, dated 5/10/14 at 3:45 p.m., indicated the resident had a rash of unknown origin to his back, lower legs, and armpits.		of treatments, interventions, environmental conditions considered, improvements, and lack of improvements.All new identified skin issues/rashes will be recorded on the 24 hour shift report which will be reviewed daily by the Director of Nursing/Designee, MDS, and the Unit Coordinators.All residents with a rash will be placed until contact isolation until assesed/evaluated by a physician for appropriate diagnosis and treatment. Compliance will be reported at the Monthly Quality Assurance Meeting by the Infection Control Nurse/Designee. Threshold set is 100%.All residents with skin issues/rashes will be assessed weekly by the Infection Control Nurse and documented on the "Weekly Abnormal Tracking Review Form." Compliance will be reported at the Monthly Quality Assurance Meeting by the Infection Control Nurse/Designee. Threshold set is 100%All employees with reportable infectious diseases or abnormal skin conditions as defined by the "Reporting Abnormal Skin Conditions and Communicable Diseases" Policy and Procedure will report to the Infection Control Nurse for tracking and investigation. Compliance will be reported at the Monthly Quality Assurance Meeting by the Infection Control Nurse/Designee.	

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	The physician order, dated 5/10/14 and untimed, indicated Triamcinalone 0.025%[topical corticosteroid medication] to affected area until healed. The nurses notes, dated 5/10/14 at 11:10 p.m., 5/11/4 at 1:30 p.m. and 5/11/14 at 11:30 p.m., indicated the Triamcinalone had not arrived from pharmacy. The first dose was applied on 5/12/14 at 6:20 p.m. On 5/29/14 at 3:15 p.m., Resident A was observed scratching her right ear and scalp. Resident A's arms were observed to have multiple dime sized areas of dried red substance. Resident A indicated these areas are from her scratching her bumps until they would bleed. Resident A indicated the worse part in her scalp. She indicated the cream helps but doesn't cure the rash. On 5/28/14 at 4:10 p.m., Resident A's clinical record was reviewed. She had diagnoses including high blood pressure, COPD and dementia. Nurses notes for January 2014 thru May 2014, indicate the Resident A has had a recurrent rash throughout her entire body. On 5/29/14 Resident C indicated, "I don't think they know where it came from. It		Threshold set is 100%.Date by which the systemic changes will be complete.Nursing will be in-serviced by 6/28/14.	

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	started about a week ago on my stomach." Resident C was observed to have approximately 7-10 scattered, raised, red bumps of various size on her abdomen. Resident C's clinical record was reviewed on 5/28/14 at 4:00 p.m. She had diagnoses including but not limited to, diabetes, dementia, and heart disease. Nurses notes, dated 3/6/14 at 10:30 p.m., indicated, "...sporadic pinpoint scabs to upper thighs and groin...." On 3/7/14 at 10:30 p.m. indicated, ..."sporadic pinpoint scabs to upper thighs, lower abdomen, and upper back...." Nurses notes for March 2014, April 2014 and May 2014, indicate Resident C continued to receive treatment for a rash. On 5/29/14 at 3:25 p.m., Resident D indicated,"It doesn't itch, originally it was all over me but its not like that anymore." Resident D's clinical record was reviewed on 5/28/14 at 2:45 p.m. She had diagnoses including but not limited to, dementia, reflux, high blood pressure, and anxiety. Nurses notes, dated 2/2/14 at 5:45 p.m., indicated Resident D had an itching rash.			

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	Dermatologist notes, dated 3/12/14, indicated the resident had eczema (a condition where the skin becomes inflamed and irritated) to both knees and candiasis (fungal infection caused by yeast) under breasts. Dermatologist notes, dated 5/12/14, indicated the resident had itching to back, legs, arms, and abdomen for 4-5 months. The diagnosis listed Scabies/Pruritis (itching) and generalized Xerosis (dry skin). Dermatologist note, dated 5/29/14, indicated the resident had itching to chest and back but it was improved from last appointment. On 5/29/14 at 3:15 p.m., Resident B indicated she has had a rash but she thinks its something she is allergic to. She indicated the creams help with the itching but the rash does not go away. She indicated the rash is on both upper arms and her back. Resident B did not have a visible rash to either arm. On 5/28/14 at 2:30 p.m., Resident B's clinical record was reviewed. She had diagnoses including but not limited to, stroke high blood pressure and heart disease.			

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	A nurses notes, dated 4/10/14 at 3:20 p.m., indicated the resident was being treated for shingles. A physician's order, dated 4/10/14 untimed, stated, Hydrocortisone 1% to face BID PRN (twice daily as needed), Famciclovir 500 mg (milligrams) po (by mouth) TID X7 (three times a day for 7) days, Triamcinolone 0.5% cream to back rash TID prn (three times a day as need) for itching, and Claritin 10 mg po q (every) day prn itching. The infection control log lacked documentation of Resident B's shingle and other skin rashes for April 2014. A confidential interview indicated, ..."We aren't supposed to talk about it. It's mostly on the ICF short [unit]. You could go down the hall and see the residents itching [scratching their arms]. It's been going on for about a year. I know of [Resident I, Resident D, Resident G, Resident C, Resident F, and Resident H]." A second confidential interview indicated, ..."I've had the rash. I don't think they know what it is. I don't think it's contagious. I know Resident I, Resident G, Resident C, and Resident D			

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	have had it. This has been going on for months." A copy of the policy titled, "Standard Infection Control Tracking Policy" was provided on 5/29/14 at 5:30 p.m. by the Infection Control Nurse. The policy stated, ...the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to residents, staff, and all persons who might be affected by the WMHC procedure and WMHC and treatment of infections...." This Federal Tag relates to Complaint IN00149237. 3.1-18(1) 3.1-18(2) 3.1-18(3)			