STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155267	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTT VILLA NURSING AND REHABILITATION CENTER	545 W MOONGLO RD SCOTTSBURG, IN 47170

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F0000	This visit was for the Investigation of Complaint IN00114336. Complaint IN00114336 - Substantiated -Federal/State deficiencies related to the allegations are cited at F441 and F465. Survey Dates: August 27 and 28, 2012 Facility number: 000168 Provider number: 155267 AIM number: 100267020 Survey team: Donna Groan, RN Census bed type: SNF/NF: 61 Total: 61 Census payor Type: Medicare: 9 Medicaid: 41 Other: 11 Total: 61 Sample: 3 Supplemental Sample: 5 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.	F0000		

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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	Quality review completed on August 29, 2012, by Bev Faulkner, RN			

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F0441 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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review, and interview the facility failed to ensure the	F0441	**Neither signing nor submission of this plan of**	09/26/2012

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	policy/procedure for emptying a catheter drainage bag was followed for 3 of 3 observations of catheter care. (Resident C, A, B) Findings Include: 1. On 8/27/12 at 10:50 a.m., CNA #2 was observed preparing to empty and measure the catheter bag for Resident C. CNA #2 washed her hands and donned gloves, obtained the graduate collection cup, and explained to the resident what she was about to do. CNA #2 placed a paper towel on the floor, sat the graduate cup on top and proceeded to unclamp the catheter bag spigot to empty the contents. CNA #2 clamped the spigot, took the graduate cup to the bathroom, poured out the contents into the commode, rinsed the cup and placed it in a plastic bag and placed it in the bedside cabinet. 2. On 8/27/12 at 1:15 P.M., CNA #1 was observed preparing to empty and measure the catheter bag for Resident B. CNA #1 washed her hands, donned gloves and obtained the graduate collection cup labeled for Resident B. The CNA explained the procedure to the resident. The CNA placed a paper towel on the floor for the graduate cup and proceeded to unclamp the spigot and drained the bag and reclamped the spigot. CNA #1		**correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is being submitted in good faith by the facility because it is the law. F – 441 Infection Control (A)What corrective action(s) will be accomplished for those residents found to have been affected:** CNA #1 and CNA #2 were immediately re-educated on the correct steps in performing foley catheter care and the importance of infection control. **(B)How will you identify other residents having potential to be affected and what corrective action will be taken:** A facility wide audit was conducted for clients with foley catheters. Three other residents had the potential to be affected by incorrect foley catheter care. **(C)What measures will be put into place or what systemic changes will be made to ensure this will not recur:** All licensed nursing and CNAs were educated on the correct procedures for foley catheter care and the components of F-441. **(D)How the corrective action(s) will be monitored to ensure the practice will not reoccur:** DON or designee will observe foley catheter care on three clients weekly for onemonth, then monthly for three	

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	measured and poured out the contents into the commode and without rinsing placed a paper towel in the graduate cup and placed it on the top of the commode tank. CNA #1 then removed her gloves. After washing her hands she went to get a graduate cup for Resident A, who resided in the same room. She washed hands and donned gloves. CNA #1 placed a paper towel on the floor, sat the graduate cup on top, unclamped the spigot, emptied the contents and clamped the spigot. CNA #1 measured and emptied the contents into the commode. Without rinsing the graduate cup, a paper towel was placed in the graduate cup. The cup was placed on top of the commode tank. CNA #1 removed her gloves and washed her hands. On 8/27/12 at 4:05 P.M., the Director of Nursing (DON), provided the policy and procedure for maintaining a closed drainage system which included, but was not limited to: "3. To empty the drainage bag. a. Wash hands; put on gloves. b. Disinfect spigot. Empty the bag in a separate collecting receptacle for each patient. Disinfect spigot again..." In interview with the DON, at this time, she indicated they didn't disinfect the spigot, "Yes, that is the policy. The		months and then once every quarter for 1 year. The findings will be reported to the Administrator and monthly to the Risk Management/QA committee until substantial compliance has been achieved. **(E) Date Certain: 9/26/2012**	

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	graduate is to be rinsed after use, placed in a plastic bag and kept in the bathroom." In interview with the DON on 8/28/12 at 3:35 p.m., she indicated "alcohol was to be used to disinfect the spigot." This Federal tag relates to Complaint IN00114336. 3.1-18(b)			

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F0465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, record review and interview, the facility failed to ensure furniture and window sills were clean during environmental observations on 1 of 2 survey days. The deficient practice affected 3 of 6 rooms on the 200 hall; 2 of 8 rooms on 400 hall; 1 of 5 rooms on 500 hall, and 2 of 3 lounge areas. These deficient practices had the potential to effect 34 residents who resided on the 200, 400, and 500 halls of the 61 residents who resided in the facility. Findings include: On 8/27/12 between 2 P.M. and 3:35 P.M., the following was observed with the Administrator present: 1. Room 205 had 1 of 2 wood framed chairs with dust that rolled when swiped and 1 of 2 bedframes with dust that rolled when swiped. 2. Room 200 had 1 wooden chair with dust that rolled when swiped. 3. Room 400 had 2 bedframes with dust that rolled when swiped and 1 wood	F0465	**Neither signing nor submission of this plan of correction shall constitute an admission of any deficiency or of anyfact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is being submitted in good faith by the facility because it is the law. F – 465 Enviroment is Safe/Functional/ Sanitary/ Comfort (A)What corrective action(s) will be accomplished for those residents found to have been affected:** Extra staff were brought in on the evening of 8/27/12 and early AM of 8/28/12 to clean all bedrames, all chairs(wood framed) and all window sills. This included rooms 205, 200, 400, 404, 203and 501. The chairs in the Arbor and Meadow TV lounges were cleaned. **(B)How will you identify other residents having potential to be affected and what corrective action will be taken:** A facility audit was conducted for dust in all resident rooms and both resident tv lounge areas. All residents had the potential to be affected. **(C)What measures will be put into place or what systemic changes will be made to**	09/26/2012

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	framed chair with dust that rolled when swiped. 4. Room 404 had a 2 bedframes that had dust that rolled and 1 of 2 wood framed chairs with dust that rolled when swiped. In interview with Resident C, at this time, she indicated the facility keeps her room clean. 5. Room 203 had 1 of 2 bedframes which had dust that rolled when swiped. 6. Room 501 had a bedframe and 1 wood framed chair which had dust that rolled when swiped. 7. The Arbor TV lounge had 1 of 1 wood framed chair with dust that rolled when swiped. 8. The Meadow TV lounge had 1 of 1 wood framed chair with dust that rolled when swiped. At 2:20 P.M., the Administrator indicated windowsills were dirty as well. At 3:20 P.M., in interview with the Housekeeping Manager, he indicated every month the rooms get deep cleaned on a rotating schedule. If a resident was messy, they do more cleaning. Chairs and windowsills are to be cleaned every day.		**ensure this will not recur:** All bedframes, woodframe chairs and window sills were cleaned on 8/27/12 and 8/28/12. All housekeeping staff, including housekeeping supervisor were re-educated on facility cleaning procedures and cleaning schedules. **(D)Howthe corrective action(s) will be monitored to ensure the practice will not reoccur:** Administrator and housekeeping supervisor will audit for dust in one tv lounge area and one resident room five times a week for one month then once weekly for three months and then once monthly for a year. The findings will be reported to the Administrator and monthly to the Risk Management/QA committee until substantial compliance has been achieved.	

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	On 8/28/12 at 9:50 A.M., in interview with Housekeeper #1, she indicated the beds are cleaned every other day and chairs and windowsills are cleaned 3 times a week. On 8/27/12 at 3:15 P.M., the Administrator provided the Cleaning Procedures, dated 5/05/05, which included, but was not limited to Section 7, Page 6, "Daily Patient Room Cleaning:" "C. Follow 5-Step room cleaning method: 1.) Empty trash. 2.)Horizontal dusting with a cloth & disinfectant wipe all horizontal (flat) surfaces. 3.) Spot clean. With a cloth & disinfectant spot clean all vertical surfaces... Section 7. Page 8 Complete room Cleaning: Complete Room Cleaning insures that every bed, closet & drawer is disinfected at least once a month. Steps to do Job 5) clean the room using 5-Step method. 6) Additional Work: a. Clean and sanitize mattress, bed frame, springs & rails..." This Federal relates to Complaint IN00114336. 3.1-19(f)			

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