

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 10/10/2014
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NAME OF PROVIDER OR SUPPLIER JASPER COUNTY HOSPITAL - ALTERNACARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 E GRACE ST ALTERNATE CARE UNIT RENSSELAER, IN 47978
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: October 9 and 10, 2014</p> <p>Facility number: 4199 Provider number: 4199 AIM number: N/A</p> <p>Survey Team: Julie Ferguson, RN, TC Jennifer Redlin, RN Heather Hite, RN (October 9, 2014)</p> <p>Census bed type: Residential: 14 Total: 14</p> <p>Census payor type: Other: 14 Total: 14</p> <p>Residential sample: 6 Supplemental sample: 1</p> <p>These findings are cited in accordance with 410-IAC 16.2-5.</p> <p>Quality review completed on October 13, 2014, by Janelyn Kulik, RN.</p>	R000000		
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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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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) 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>Based on observation and interview the facility failed to ensure an infection control program was maintained related to not washing hands or using hand sanitizer in between resident contact for medication administration and dining services, for 2 of 5 residents for medication administration and 1 of 11 residents during dining services. (Resident's #8, #4, #7)</p> <p>1. During a medication administration observation on 10/9/14 at 11:20 a.m., LPN #1 prepared Resident #8's medications. LPN #1 administered Resident #8's medications, touched the residents drink and straw, then returned to the medication cart. LPN #1 did not wash her hands or use hand sanitizer.</p> <p>LPN #1 then proceeded to prepare medications for Resident #4. LPN #1 administered Resident #4's medications, touched the residents drink and straw, then returned to the medication cart. LPN #1 did not wash her hands or use hand sanitizer.</p> <p>Interview with LPN #1 on 10/9/14 at</p>	R000414	<p>Hand Hygiene Inservice will be completed for all AlternaCare staff. Completed 11/10/14 Hand Hygiene Policy & Procedure from the World Health Organization (WHO) will be adopted. Completed 11/10/14 Quality Assurance will be completed on a random basis to monitor appropriate handwashing per the WHO guidelines. Ongoing Responsible Party: Debra Ellis, R.N., AlternaCare Director</p>	11/10/2014

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	<p>11:30 a.m., indicated she did not need to wash her hands and that she never had a problem with this in the past.</p> <p>Interview with the Director of the Unit on 10/9/14 at 11:45 a.m., indicated the nurse should of washed her hands or used hand sanitizer in between residents. She further indicated she did not have a policy on hand washing, but the nurse did not follow proper procedure.2. During lunch service on 10/9/14 at 11:30 a.m., CNA #1 was observed to have rearranged Resident #7's blanket around his lower legs, cut up his spaghetti and meatballs in bowl and then fed the resident.</p> <p>The Director of the Unit Unit then came and repositioned the resident with a pillow with the assistance of CNA #1. CNA #1 then also repositioned the resident's blanket around his lower legs, repositioned her own chair, and then fed the resident carrots.</p> <p>Interview with CNA #1 indicated that she should have used hand sanitizer each time she repositioned the resident or touched other objects before feeding a resident.</p> <p>Interview with the Director of the Unit on 10/9/14 at 11:45 a.m., indicated the CNA should have used hand sanitizer after</p>			

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	repositioning the resident and before feeding the resident. She also indicated there was not a policy on hand washing and feeding of a resident.				