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
	155535		03/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CROSSING HEALTH & REHABILITATION CENTER	3550 CENTRAL AVE COLUMBUS, IN 47203

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00195608. Complaint IN00195608 - Substantiated. Federal/state deficiencies related to the allegations are cited at F312 and F441. Survey dates: March 28, 29 and 30, 2016 Facility number: 000572 Provider number: 155535 AIM number: 100267710 Census bed type: SNF/NF: 64 Total: 64 Census payor type: Medicare: 3 Medicaid: 53 Other: 8 Total: 64 Sample: 6 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 30576 on April 5, 2016	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. The documentation serves to confirm the facility's allegation of compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.	

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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F 0312 SS=D Bldg. 00	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to provide showers and grooming for 3 residents who were unable to carry out activities of daily living independently (Residents B, F and G). Findings include: Resident B was interviewed on 3/28/2016 at 12:12 p.m. via phone. She indicated she was a resident at the facility from 11/8/2015 through 11/28/2015. Resident B indicated she received two showers during her stay. Resident B indicated her bathing preference was showering and facility staff was aware. The resident indicated, "I didn't get my showers. You can't take one by yourself...They always got an excuse. [They said] 'can't do it today because we got many others due.' I cried a lot."	F 0312	F312 Requires the facility to provide showers and grooming for residents who are unable to carry out activities of daily living indendent1. Resident F and G shower schedule was reviewed to ensure showers are given per plan of care. 2. All residents have the potential to be affected. All resident's shower schedules were reviewed to ensure showers are given per plan of care. CNA assignments sheets were reviewed to ensure showers are reflected on each assignment. No concerns were noted. See below for corrective measures.3. The showering a resident policy and procedure was reviewed with no changes made. (See attachment A) The staff was inserviced on the on the above procedure.4. The residents will be offered a shower per their plan of care. If the resident refuses, the nurse will notified immediately and the nurse will offer the shower again. if the resident refuses again, the nurse	04/13/2016

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	Resident B's closed clinical record was reviewed on 2/28/2016 at 1:20 p.m. Admission Minimum) Data Set (MDS assessment, dated 11/15/2015, indicated the resident had a Brief Interview for Mental Status (BIMS) of 15 of 15; indicating the resident was cognitively intact. Resident B required limited, one person physical assist for bathing. The resident had no behaviors and did not refuse care. Resident B's Interview for Daily Preferences indicated it was "very important" for the resident to choose between a tub bath, shower, bed bath, or sponge bath. A Care Plan for Resident B, dated 11/19/2015, indicated, "Problem: The resident requires up to 1 [person] assist in performing ADLs [activities of daily living]...Intervention: Showers/baths per schedule and more frequently PRN [as needed] or requested...." Resident B's Resident Care Record for November, 2015 indicated the resident received one shower on 11/25/2015. Documentation indicated the resident received a partial bath or a bed bath the other days she was in the facility. There were no documented refusals in the clinical record.		will document the refusal. The DON or her designee will utilize the nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter to ensure showers are being completed and refusals aree documented. These audits will be conducted until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted.The above corrective measures will be completed on or before April 11, 2016.	

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	Resident G was interviewed on 3/28/2016 at 1:40 p.m. He indicated his bathing preference was showering. He indicated he did not receive showers on a regular basis. Resident B indicated, "Sometimes they will and sometimes they will not [assist me with a shower]...They don't want to give me one...I'm usually the last one anyway...I'll wait for them and they don't show up. I get frustrated and mad." Resident G indicated his normal routine/preference would be to be "clean shaven." Resident G was observed to have oily hair with white flakes throughout, a yellow-brown crust in the corner of his left eye, 2-3+ days facial hair growth, and a brown substance under his fingernails. Resident G indicated his fingernails looked "dirty." The resident indicated, "It's been a long time [since his last shower]." On 3/28/2016 at 1:45 p.m. Certified Nurse Aide (CNA) #4 indicated Resident G's shower days were Tuesday and Friday and stated, "Third shift should have shaved him." On 3/38/2016 at 1:46 p.m., CNA #8 indicated male residents [who did not wish to have a beard/facial hair] were shaved "every morning and then shower days."			

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	CNA # 2 was interviewed on 3/28/2016 at 1:48 p.m. The CNA indicated some residents do not receive showers as care planned or as desired second shift (2:00 p.m. - 10:00 p.m.). CNA # 2 indicated, "Residents will cry to me and say they begged them [staff] for a shower...They'll [residents] tell me 'They [staff] came in and gave me a shower with that canned butt spray [incontinent care spray]'...." CNA #7 was interviewed on 3/28/2016 at 7:42 p.m. and indicated she normally worked evening shift (2:00 p.m. - 10:00 p.m.). CNA #7 indicated, "It all depends on who you work with [whether or not showers get done]." CNA #5 was interviewed on 3/28/2016 at 7:43 p.m. and indicated she normally worked evening shift. CNA #5 indicated, "It depends on the day [whether or not showers get done]." Resident G's clinical record was reviewed on 3/29/2016 at 10:02 a.m. Annual MDS assessment, dated 9/9/2015, indicated a BIMS of 12; indicating the resident was cognitively intact. Resident G required extensive, two person physical assist for bathing. The resident required extensive, one person physical assist for hygiene. The resident had no behaviors and did not refuse care.			

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	Resident G's Interview for Daily Preferences indicated it was "very important" for the resident to choose between a tub bath, shower, bed bath, or sponge bath. A Care Plan for Resident G, updated 1/27/2016, indicated, "Problem: The resident requires up to limited assist in performing ADLs...Intervention: Showers/baths per schedule and more frequently as needed or requested...." Resident G's Resident Care Record for March, 2016 indicated the resident's most recent shower was ten days prior. The record indicated Resident G received showers on 3/1, 3/8, 3/15 and 3/18. Documentation indicated, "3/25/16: Care Refused: Not refused shower. Nurse said to do bed bath [illegible]." There were no other documented refusals. A copy of the current CNA Assignment Sheets were provided by Registered Nurse (RN) #2 on 3/28/2016 at 7:38 p.m. The document indicated, "Resident G...Shower: Tu [Tuesday]/Fri [Friday]. 2 [p.m.]-10 [p.m.]." A Resident Preference for Showers/Baths list was provided by the Director of Nursing (DON) on 3/29/2016 at 10:05 a.m. and reviewed at that time. The			

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	document indicated that, on 3/10/2016, Resident G indicated he preferred a shower. A Report of Concern for Resident G, reported by Resident G and his brother and dated 3/16/2016, was provided by the Social Services Director on 3/29/2016 at 2:35 p.m. and reviewed at that time. The Nature of Concern indicated, "...second shift CNA's are not giving him showers...They tell him they don't have time to give him showers...second shift tells him they don't have time to shave him as well...Witness' Statement: I saw the aides take him into the shower...he never refuses...Follow Up Action: Will follow up with staff regarding showers in staff meeting 3/24/16...." Resident F was interviewed on 3/29/2016 at 11:30 a.m. The resident indicated it had been "weeks" since she had received a shower. She indicated, "They said they didn't have time. It's lousy because I threw up in my hair and it stinks. I haven't had it washed yet. It's greasy and all matty [sic] over here [indicated the left, back area of her head, which was observed to be thickly matted and sticking out from her head]. Resident F's fingernails were observed to be long and jagged, with chipped orange nail polish on them. A brown substance was			

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	observed under the resident's fingernails. The resident indicated her fingernails were "dirty." Resident F indicated, "I usually have my hair done and set...I have my meals in my room because my hair is such a mess. It stinks too." Resident F indicated, "I have asked to get up and go to the bathroom, but they [staff] have other things to do...I just go in my [adult undergarment]." The resident indicated it made her feel "terrible." On 3/29/2016 at 11:36 a.m., LPN #6 asked Resident F if she was "ever going to get out of that bed." Resident F indicated, "They [staff] seem like they're too busy." LPN # 6 replied, "Ah, everybody's busy. That's part of it." LPN #6 left the room and did not offer to assist Resident F out of bed. Resident F was observed eating lunch in her room on 3/29 and 3/30/2016. Resident F's clinical record was reviewed on 3/29/2016 at 1:30 p.m. The resident's most recent MDS assessment, dated 3/2/2016, indicated a BIMS of 9; indicating the resident was mildly cognitively impaired. Resident F required extensive, one person physical assist for bed mobility, transfers, ambulating, dressing, toilet use, personal hygiene and bathing. The resident had no			

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	behaviors and did not refuse care. Resident F's Interview for Daily Preferences indicated it was "very important" for the resident to choose between a tub bath, shower, bed bath, or sponge bath. A Care Plan for Resident F, updated 1/27/2016, indicated, "Problem: The resident requires up to extensive of 2 assist in performing ADLs...Goals: The resident will present in a neat, clean & odor free appearance daily through next review. Intervention: Showers/baths per schedule and more frequently as needed or requested. Nail care as needed. Provide assist with ADLs as resident requires...." Resident F's Resident Care Record for March, 2015 indicated the resident's most recent shower was ten days prior. The record indicated Resident G received showers on 3/1, 3/4, 3/15 and 3/18. Documentation indicated, "3/22/16: Care Refused: Shower. Said she didn't feel good." The record indicated the resident received a partial bath or bed bath on other days. Resident F's Nurse's Notes from 3/6/2016 through 3/29/2016 did not indicate the resident vomited or refused bathing or a shower.			

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	A copy of the current CNA Assignment Sheets were provided by RN #2 on 3/28/2016 at 7:38 p.m. The document indicated, "Resident F...Shower: Tu/Fri. 2-10." A Resident Preference for Showers/Baths list was provided by the DON on 3/29/2016 at 10:05 a.m. and reviewed at that time. The document indicated that, on 3/1/2016, Resident F indicated she preferred a shower. A copy of the current Showering a Resident Policy and Procedure was provided by the ED on 3/28/2016 at 12:46 p.m. and reviewed at that time. The policy indicated, "Purpose: A shower will clean, refresh, and soothe a resident; stimulate circulation, and provide an opportunity for resident to exercise arms and legs. Policy: Resident will receive a shower at least twice weekly unless condition warrants otherwise or resident refuses." A copy of the current Partial Bed Bath Policy and Procedure was provided by the Executive Director (ED) on 3/28/2016 at 12:46 p.m. The policy indicated, "A partial bed bath is given when a resident perspires greatly (due to fever) or has been incontinent of bowel			

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	or bladder, and when bathing is required more often." A copy of the current Bed Bath Policy and Procedure was provided by the ED on 3/28/2016 at 12:46 p.m. and reviewed at that time. The policy indicated, "Bed baths should be provided to bedridden residents, or residents who cannot participate in other types of bathing due to clinical condition." A copy of the current Shampooing Hair Policy and Procedure was provided by the DON on 3/30/2016 at 1:58 p.m. and reviewed at that time. The policy indicated, "A resident's hair will be shampooed on a regular basis, normally on assigned shower day, but at least weekly...." On 3/30/2016 at 2:17 p.m., the DON indicated, "They usually [shampoo] with a shower." This Federal tag is related to Complaint IN00195608. 3.1-38(a)			

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F 0441 SS=F Bldg. 00	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			

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	Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview and record review, the facility failed to ensure proper infection control practices according to accepted professional standards related to transportation of linens, handwashing, intravenous (IV) medication administration and wound care (Residents C, F and M). Findings include: 1. During a resident interview in Resident F's room on 3/29/2016 at 11:36 a.m., an IV pump, which was connected to a PICC (peripherally inserted central catheter) line in the residents left arm was observed to be beeping for several minutes. Licensed Practical Nurse (LPN) #6 entered Resident F's room, performed hand washing for 12 seconds, donned gloves, removed the cap of a syringe, lifted the same hand holding the open syringe up to her head to grab and lower her glasses onto her face, brushing the syringe against her hair. LPN #6 was observed attaching the syringe to the PICC line and injecting the contents. 2. During a random observation on 3/29/2016 at 10:54 a.m., Certified Nurse Aide (CNA) #9 was observed carrying a	F 0441	F441 Requires the facility to ensure proper infection control practices according to accepted professional standards related to transportation of linens, handwashing, intravenous (IV) medication administration and wound care.ensure proper e (Residents C, Fand M).1. Resident C, F and M was not harmed. 2. All residents have the potential to be affected. Staff was immediately inserviced on the policy and procedure of handwashing. See below for corrective measures.3. The Handwashing policy and procedure was reviewed with no changes made. (See attachment C) The staff was inserviced on the on the above procedure.4. The DON or her designee will conduct rounds in the facility three times daily ensuring that infection control practices are being performed per policy. Upon conducting these rounds, the DON or her designee will monitor three observations of handwashing and 3 care observations to ensure infection control practices are being maintained during care as well as proper linen handling. The DON or her designee will observe one PICC observation a day to ensure infection control practices are being maintained. The DON or her designee will utilize the	04/13/2016

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	clear bag of soiled linen into the soiled utility closet on 200 hall and exiting. She did not perform hand washing or use hand sanitizer. CNA #9 then rubbed her eye, documented at the CNA desk around the corner, and walked down the hall to enter room 205 to assist Resident M into the bathroom. CNA #9 exited room 205 without performing hand washing. CNA #9 was interviewed at 3/29/2016 at 11:02 a.m. She indicated handwashing should be performed for 60 seconds and indicated she should have performed hand washing between residents, after handling soiled linens and after toileting a resident. 3. A dressing change was observed for Resident C on 3/29/2016 at 12:24 p.m. Resident C had a stage IV pressure ulcer on his coccyx which required daily dressing changes. LPN #2 and CNA #3 performed hand washing, donned clean gloves, and began the procedure. While CNA #3 was assisting Resident C onto his left side, she repositioned the resident's catheter tubing and handled the glasses on the residents over-bed table. CNA #3 then used the same gloved hand to pull the resident's right buttock at the site of the stage IV pressure ulcer. 4. During a random observation on		nursing monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained. (See attachment B) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before April 11, 2016.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 03/30/2016
NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	3/30/2016 at 12:52 p.m., Housekeeping Aide (HSK) #1 was observed in the doorway of the 100 hall clean linen closet with a pile of clean linens held against her uniform and bare skin. On 3/30/2016 at 12:54 p.m., HSK # 1 indicated linens were to be held away from the body. A copy of the current Handwashing/Hand Hygiene Policy and Procedure was provided by the Executive Director (ED) on 3/29/2016 at 10:05 a.m. The policy indicated, "...Situations that require hand hygiene include, but are not limited to: ...Before and after direct resident contact...Before and after handling peripheral vascular catheter...before and after changing a dressing...upon or after coming in contact with a resident's intact skin...before and after assisting a resident with toileting...after handling soiled or used linens, dressings, bedpans, catheters and urinals...after removing gloves...Handwashing Procedure (Duration 40-60 seconds): ...rub hands together...for at least 20 seconds...." On 3/30/2016 at 2:17 p.m., the DON indicated, "Did it [open syringe] touch it [LPN #6's hair]? That's contamination." This Federal tag relates to Complaint			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/30/2016
NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	IN00195608. 3.1-18(l) 3.1-18(g)			