

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155330	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/19/2016
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NAME OF PROVIDER OR SUPPLIER SALEM CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 200 CONNIE AVE SALEM, IN 47167
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 12, 13, 14, 15, and 19, 2016</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 10 Medicaid: 57 Other: 13 Total: 80</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on January 22, 2015.</p>	F 0000	<p>Please find the enclosed plan of correction for the survey ending January 19, 2016.</p> <p>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.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p> <p>Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction.</p> <p>The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance, feel free to contact me with any questions.</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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F 0441 SS=D Bldg. 00	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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 accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>			

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	<p>Based on observation, record review and interview, the facility failed to provide proper incontinence care for 3 of 3 personal care observations. (Residents # 26, 53, and 113)</p> <p>Findings include:</p> <p>1. CNA (Certified Nursing Assistant) # 1 was observed providing incontinence care for Resident # 113 on 01/19/16 at 9:08 a.m. The CNA wet one washcloth and applied soap, and using a front to back motion, cleaned the labial area of Resident # 113. She folded the washcloth 5 times, wiping twice with the same area of the washcloth on the labial area. The resident was asked to roll onto the right side. One washcloth was also used on the rectal area, wiping the anus twice with the same area of the washcloth. The resident indicated pain from the wiping motion on the denuded (the loss of the epidermis, caused by exposure to urine, feces, body fluids, wound exudate or friction) skin to both sides of the rectum on the buttocks. The CNA started to pat instead of wiping. The same pair of gloves was worn throughout the entire procedure. The ADON (Assistant Director of Nursing) was present during the observation.</p> <p>2. On 01/19/16 at 10:05 a.m.,</p>	F 0441	<p>1. Resident #26, #53 and #113 were not harmed.</p> <p>2. All residents have the potential to be affected.</p> <p>3. ASC Perineal Care Skills Validation for CNA and Hand Hygiene Skills Validation reviewed with no changes made (See Attachment A and B). The CEC or designee will in-service all Certified Nursing Assistants and Nursing Assistants on Perineal Care and Hand Hygiene Skills Validations by 1-29-16.</p> <p>4. Clinical Education Coordinator or designee will complete Perineal Care and Hand Hygiene skills validations with 3 CNAs five times a week for 4 weeks, then weekly times 4 weeks, then monthly times 3 months, then quarterly for at least 6 months (See Attachment A and B). The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly as needed.</p>	01/29/2016	

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	<p>incontinence care was provided to Resident # 53, by CNA # 2 and CNA # 3 with the ADON present. During care CNA # 3 wet a washcloth and applied soap and began to clean the genital creases first, followed by the middle labial area, without folding the washcloth for each wipe. The ADON stopped her and reminded her to fold the washcloth. The ADON obtained a clean brief for the resident. CNA # 3 wet and soaped another washcloth and asked the resident to roll onto the left side. CNA # 2 stopped CNA # 3 indicating she needed to rinse the labial area before cleaning the rectal area. CNA # 3 placed the soapy washcloth into the tub and CNA # 2 again stopped CNA # 3 and indicated she needed to obtain clean water. She obtained clean water, wet the washcloth, and using a back and forth motion, rinsed the labial area with one side of the washcloth. The rectal area was cleaned and rinsed, the resident was patted dry, and a clean brief and pants were placed on the resident.</p> <p>3. During an observation of incontinence care for Resident # 26, on 01/19/16 at 10:45 a.m., by CNA # 4 and CNA # 5, supplies of 4 washcloths and 2 towels were placed onto the bedside table. The ADON was present during the observation. CNA # 4 was observed to</p>			

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	<p>clean the labial area of the resident and then assist the resident onto her side, without drying the labial area. The resident began to have a bowel movement and CNA # 4 wet a washcloth, applied soap and cleaned the stool from the rectum using a front to back (vaginal to rectal) motion. The ADON began looking for wet wipes for the CNA to use. CNA # 4 indicated there were no wet wipes in the room. The rectal area was cleaned with another soapy washcloth, folding the washcloth once and wiping the rectal area again with stool showing through the washcloth. During care the ADON left the room to obtain more washcloth. The rectal area was not rinsed and CNA # 5 was handed a towel by the ADON. CNA # 4 indicated she had forgotten to dry the front of the resident. The resident was rolled and the labial area was dried. Upon completion of care, CNA #4 was observed performing handwashing. The entire handwashing procedure took 25 seconds.</p> <p>During an interview with CNA #2 on 01/19/16 at 10:30 a.m., she indicated CNA # 3 cross contaminated while performing care on Resident # 53. She didn't dry the resident and she didn't use front to back motion when cleaning.</p>			

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	<p>During an interview with the ADON on 01/19/16 at 10:33 a.m., she indicated CNA # 3 made mistakes during incontinence care on Resident # 53. She also indicated CNA # 3 had been working at the facility for a year and had been a CNA for longer than that. She indicated the facility policy didn't indicate to change gloves during peri care.</p> <p>During an interview with CNA #4 on 01/19/16 at 11:06 a.m., she indicated the correct procedure for incontinence care should be to wash, rinse and dry the resident's labial area, roll the resident over and wash the back side starting in the middle, wash front to back, rinse and dry.</p> <p>On 01/19/16 at 11:34 a.m., during an interview with the DON (Director of Nursing), she indicated staff need to have supplies ready when performing incontinence care. She indicated staff should use a front to back cleaning motion, folding the washcloth between wipes. She indicated staff should clean the middle labial area first, then the creases and the same side of the washcloth should not be used more than once. Corner to corner use of the washcloth was acceptable. She indicated she thought the staff should fold</p>			

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	<p>approximately four times per washcloth, but was not sure. For a resident who had a bowel movement, the CNA should change gloves during care. The DON indicated in-services were held monthly and mandatory in-services were also held. The ADON was asked to join the interview and indicated the facility policy was to fold the washcloth to miss the areas last used. She also indicated to fold the washcloth 4 times. She indicated during the care observed on Resident # 26 by CNA # 4, the CNA did not fold the washcloth properly.</p> <p>The HAND HYGIENE policy was provided by the ADON on 01/14/16 at 2:06 p.m. and was reviewed on 01/19/16 at 1:15 p.m. The policy indicated, but was not limited to, "Duration of the entire procedure: 40-60 seconds."</p> <p>The PERINEAL CARE policy was provided by the ADON on 01/14/16 at 2:06 p.m. and was reviewed on 01/19/16 at 1:20 p.m. The policy indicated, but was not limited to, the following:</p> <p>"Females: ...12. Separate labia and wash urethral area first. 13. Wash between and outside labia in downward strokes. 14. Alternate from side to side - wipe from front to back and from center of perineum outward. 15. Use a clean area</p>			

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	<p>of the wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. ...20. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 21. Gently pat area dry in same direction as when washing. ...23. Wet and soap wash cloth. 24. Clean anal area from front to back, using a clean area of wash cloth with each wipe. Do not rewipe area, unless using a clean area of the wash cloth. Change wash cloth as needed. 25. Change water in basin. With a clean wash cloth, rinse area, thoroughly in the same direction as when washing. 26. Gently pat area dry in same direction as when washing...."</p> <p>3.1-18(a) 3.1-18(l)</p>			