

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/06/2011
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN47857
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 28 to December 02, and December 06, 2011</p> <p>Facility number: 000296 Provider number: 155542 AIM number: 100467820</p> <p>Survey team: Debra Skinner RN (TC) Teresa Buske RN Laura Brashear RN Mary Weyls RN</p> <p>Census bed type: SNF/NF: 85 Total: 85</p> <p>Census payor type: Medicare: 13 Medicaid: 45 Other: 27 Total: 85</p> <p>Stage II Sample: 37</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p><b>This plan of correction is to serve as Cloverleaf Of Knightsville's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Cloverleaf Of Knightsville or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in full compliance as of 01/05/2012 and respectfully request paper review.</b></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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F0441 SS=D	<p>Quality review 12/13/11 by Suzanne Williams, RN</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. Based on observation, interview and record review, the facility failed to ensure staff changed their contaminated gloves</p>	F0441	<b>F441 483.65 (a)(1) INFECTION CONTROL</b> It is the practice of Cloverleaf of Knightsville to	01/05/2012	

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	<p>during medication administration observation and/or cleansed blood glucose meters per facility policy, for 2 of 3 licensed staff observed during random observation of 3 residents. (LPN #1, RN # 3, Resident #7 , Resident # 63, Resident # 36)</p> <p>Findings include:</p> <p>1. On 11/28/11 at 11:47 a.m., LPN #1 was observed to exit Resident # 63's room after completing blood glucose monitoring with meter in hand. The LPN was observed to cleanse the meter with two alcohol wipes.</p> <p>Interview of LPN #1 on 11/28/11 at 11:47 a.m. indicated the blood glucose meters were cleaned with either alcohol and/or "Sani" wipes. The LPN indicated she had been trained to use alcohol wipes to cleanse the meters.</p> <p>2. On 11/28/11 at 12 p.m., LPN #1 was observed to complete blood glucose monitoring for Resident # 7 with the same blood glucose meter. The LPN was observed to hold the meter in hand while completing the test. The meter was observed not to come into contact with the resident. The LPN was observed to stick the resident's finger for blood sample and apply the blood to the disposable</p>		<p>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. I. The facility cannot correct the cited concerns for Resident #7, Resident #63, and Resident #36 as this is a past event. The residents have no signs or symptoms or issues related to the cited concern. LPN #1 and RN #3 were re-educated during the survey. II. The facility realizes all residents have the potential to be affected. This has been addressed by the systems described below. III. The facility has reviewed the policy regarding the use of the blood glucose machine, infection control, and glove use/handwashing. No concerns were noted. Licensed nurses have been re-educated on the facility policy. Additional systemic changes are being followed through our quality improvement program as indicated. IV. The Director of Nursing or her designee is conducting quality improvement audits regarding the use of the blood glucose machine as well as handwashing and glove during medication and treatment administration. A random sample of 3 nurses are being monitored weekly to insure adherence to infection control practices during blood glucose testing and medication/treatment</p>		

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	<p>meter strip. Without changing the contaminated gloves, the LPN opened the door exiting the room. The LPN was then observed to remove contaminated gloves and utilize hand sanitizing gel.</p> <p>Interview of the Director of Nursing on 11/28/11 at 12:10 p.m., indicated the facility's policy was to cleanse the blood glucose monitoring meters with "Sani" wipes. The DON indicated LPN #1 was informed to utilize the "Sani" wipe to cleanse the blood glucose meter. The DON stated the meter was cleansed with "Sani" wipe after using on Resident #7.</p> <p>Review of the facility's current policy and procedure entitled "Infection control-blood glucose machine safe injection practices to prevent resident to resident transmission of bloodborne pathogens" on 11/28/11 at 12:25 p.m. indicated "...3. Be sure to clean and disinfect the blood glucose machine environmental surface with Sani-Wipes before and after testing the resident's blood glucose and between each resident use..."</p> <p>3. On 12/01/11 at 10 25 a.m., RN #3, while wearing gloves, disconnected the Gastrostomy-tube from the tubing delivering a nutritional substance to resident #36. Without removing gloves,</p>		<p>administration. 3 nurses are being monitored weekly for 30 days; then 2 times monthly for 30 days; then monthly for 6 months. Additional audits will be completed based upon the level of compliance. Results of all audits are reported to the facility QA Committee monthly for additional recommendations as necessary.</p>		

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F0458 SS=D	<p>the RN touched the privacy curtain, pushed the pole the nutritional supplement was hanging from towards the door leading to the hallway and removed an alcohol wipe from the medication cart.</p> <p>A facility policy entitled "Handwashing", dated 05/2009, was provided on 12/6/11 at 4 p.m. from the DON (Director of Nursing). Documentation indicated "Handwashing should be performed: As promptly as possible after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them, whether or not gloves are worn." and "When otherwise indicated to avoid transfer of microorganisms to other residents and environments."</p> <p>3.1-18(b) 3.1-18(l)</p> <p>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.</p> <p>Based on observation, the facility failed to provide 80 square feet per resident in one occupied room for 1 of 50 rooms [Room #14]. This deficient practice had the potential to affect 3 of 3 residents currently residing in the room [Residents #16, #20, and #40].</p>	F0458	<p><b>F458 483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQUARE FEET/RESIDENT</b></p> <p>It is the practice of Cloverleaf of Knightsville to provide bedrooms</p>	01/05/2012	

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	<p>Findings include:</p> <p>During observation 12/06/11 at 10:57 a.m., the Maintenance Supervisor measured room #14 as follows:</p> <p>* Room #14, three beds, 225 square feet, 75 square feet per bed, SNF/NF. Three residents were observed to reside in the room.</p> <p>3.1-19(1)(2)</p>		<p>that measure at least 80 sq feet per resident in multiple resident bedrooms.</p> <p>The facility respectfully request a room waiver for Resident Room #14 (214.4 sq feet)</p> <p>Residents #16, #20, and #40 reside in Room #14. One resident needs moderate assistance and two residents needs extensive assistance. No concerns have been voiced by the residents.</p> <p>No other residents are affected.</p> <p>It is my professional opinion that in no way does the size of these rooms effect the health and safety of residents or prevent their needs being met.</p>		