

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155223	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/09/2012
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NAME OF PROVIDER OR SUPPLIER  WATERS OF COVINGTON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 E LIBERTY ST COVINGTON, IN 47932
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F0000	<p>This visit was for the Investigation of Complaint IN00103281.</p> <p>Complaint IN00103281 Substantiated, federal/state deficiencies related to the allegation are cited at F279 and F441.</p> <p>Survey Dates: February 9, 2012</p> <p>Facility number: 000128 Provider number: 155223 AIM number: 100289650</p> <p>Survey team: Linda Campbell, RN</p> <p>Census bed type: SNF/NF: 101 Total: 101</p> <p>Census payor type: Medicare: 23 Medicaid: 66 Other: 12 Total: 101</p> <p>Sample: 9</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Preparation and-or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and-or executed in compliance with state and federal laws.</p>	
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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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	Quality review completed on February 13, 2012 by Bev Faulkner, RN			
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F0279 SS=E	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview, and record review, the facility failed to ensure accurate comprehensive care plans were developed related to infection control isolation for 3 of 4 residents in isolation in a sample of 9. (Residents #A, #B, #D).</p> <p>Findings include:</p> <p>1. On 2/9/12 at 8:30 A.M., during an initial tour with the Assistant Director of Nursing (ADON), Resident #A was identified as being in "contact isolation for MRSA (methicillin-resistant staphylococcus aureus [a bacteria])" in the nose and urine.</p>	F0279	F-279 COMPREHENSIVE CARE PLANS The facility's intent is to develop an accurate comprehensive care plan related to infection control-isolation. A. Actions Taken: 1. In regards to Resident A: Care plan was updated to reflect appropriate personal protective equipment to be utilized for infectious nares and urine. 2. In regards to Resident B: The care plan was updated to reflect appropriate precautions and equipment to be utilized for infections sputum. 3. In regards to Resident D: Care plan was updated to include precautions and equipment to be utilized related to an infectious wound. B. Others Identified 1. All residents have the potential to	02/25/2012	

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	<p>Resident #A's clinical record was reviewed on 2/9/12 at 9:22 A.M. A resident care plan, dated 1/30/12, indicated "...Resident requires antibiotic therapy...MRSA - nose/urine...UTI..." Documentation was lacking related to the resident being in contact isolation for the MRSA.</p> <p>2. On 2/9/12 at 8:35 A.M., during an initial tour with the ADON, Resident #B was identified as being in "strict isolation" for MRSA in the resident's sputum.</p> <p>Resident #B's clinical record was reviewed on 2/9/12 at 10:00 A.M. A resident care plan, dated 1/25/12, indicated "...Resident has MRSA to sputum...contact precautions as indicated..."</p> <p>3. On 2/9/12 at 8:35 A.M., during an initial tour with the ADON, Resident #D was identified as being in "contact isolation" for MRSA in a wound on the resident's leg.</p> <p>Resident #D's clinical record was reviewed on 2/9/12 at 10:27 A.M. A resident care plan, dated 1/12/12, indicated "...Resident requires IV (intravenous) therapy 20 (secondary) to MRSA in LF (left) stump wound..."</p>		<p>be affected. C. Measures Taken: 1. All licensed staff were in-serviced on care plan development-revision; which will include all active diagnoses, appropriate precautions and CDC guidelines for appropriate isolation precautions and personal protective equipment. 2. The DON-designee with the IDT will audit-review all new orders daily for antibiotics and necessary precautions, review care plans for appropriate updates to reflect the orders. This will be an on-going process. D. How Monitored: 1. The DON-designee will review these audits daily as completed in the QA stand up meeting with the IDT; and monthly as completed in the monthly QA with the IDT. 2. The CEO-designee will monitor for compliance in weekly QA stand-up meeting; will review audits in the monthly QA meeting with the IDT; and quarterly in the QA meeting with the Medical Director. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is 2-25-2012.</p>				

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	<p>Documentation was lacking related to the resident being in strict isolation for the MRSA.</p> <p>Interview on 2/9/12 at 10:50 A.M., with the ADON indicated there should have been care plans for the residents being in isolation. She indicated "they may be in my office and I haven't filed them yet." She indicated the care plans should be updated as needed.</p> <p>A facility policy and procedure related to isolation was requested on 2/9/12 at 10:00 A.M., from the ADON. She indicated "I know what you are looking for but I can't find any policies" on specific types of isolation. As of exit, no policy and procedure had been provided.</p> <p>This Federal tag relates to Complaint IN00103281</p> <p>3.1-35(a)</p>				

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F0441 SS=D	<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> <p>Based on observation, interview, and record review, the facility failed to ensure infection control standards were implemented related to isolation</p>	F0441	F-441 INFECTION CONTROL, PREVENT SPREAD, LINENS It is the intent of this facility for the Infection Control Standards and procedures are implemented and	03/08/2012	

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	<p>precautions for 2 of 4 residents in isolation in a sample of 9. (Residents #A, #B).</p> <p>Findings include:</p> <p>1. On 2/9/12 at 8:30 A.M., during an initial tour with the Assistant Director of Nursing (ADON), Resident #B was identified as being in "strict isolation" for MRSA (methicillin-resistant staphylococcus aureus [a bacteria]) in her sputum.</p> <p>On 2/9/12 at 9:50 A.M., Resident #B was observed in her room. CNA #1 indicated a gown, mask, and gloves should be worn when entering the resident's room. CNA #1 was observed assisting the resident to a chair using a stand-up lift. The CNA's mask was under her chin with her mouth and nose exposed. There was a red biohazard trash container in the bathroom with used paper towels and gloves lying on the floor next to the container. There was a red biohazard trash container next to the entrance door to the room with used masks lying on the floor. There were two 3-drawer plastic cabinets outside the entrance door to the room with a bottle of alcohol gel with another resident's name on it.</p> <p>Interview on 2/9/12 at 10:45 A.M., with</p>		<p>followed in regards to isolation precautions. A. Action Taken: 1. In regards to Resident B: CNA #1 was educated-in-serviced on protective apparel and the appropriate donning of the items. 2. In regards to Resident A: Gloves, gowns and masks were immediately restocked in the supply cabinet for staff use. B. Others Identified: 1. 100% audit of all current residents with an infections process to ensure the correct isolation in place with the correct personal protective equipment is in plan and readily available to staff. No other residents identified. C. Measures Taken: 1. All staff will be in-serviced on types of isolation (i.e., contact, droplet, airborne, strict, etc.) per CDC guidelines which is what this facility utilizes for Policy-Procedure; the appropriate types of personal protective equipment for each type of isolation will be included; the potential for spreading of infection related to not utilizing appropriate trash containers; personal protective equipment and applying the personal protective equipment appropriately. 2. The CNA QA pocket worksheet will be typed to ensure the form-information is legible of all staff. D. How Monitored: 1. DON-designee will audit the CNA QA pocket worksheets daily to ensure information is current. This will be an on-going process.</p>		

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	<p>RN #2 indicated the resident was in "airborne precautions" and a mask, gown, and gloves were needed to enter the room.</p> <p>Resident #B's clinical record was reviewed on 2/9/12 at 10:00 A.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, resolved UTI, LLL (left lower lobe) pneumonia, positive sputum culture, and B-cell lymphoma.</p> <p>A resident care plan, dated 1/25/12, indicated "...Resident has MRSA to sputum...contact precautions as indicated..."</p> <p>Nurses' notes indicated:</p> <p>1/27/12 at 12:00 P.M., "...continues on airborn (sic) precautions for MRSA sputum..."</p> <p>2/2/12 at 9:30 P.M., "...conts (continues) c (with) loose productive cough. Expectorates in tissue et (and) drops all over bed et floor..."</p> <p>2/4/12 at 12:45 P.M., "...contact isolation precautions continue d/t (due to) MRSA nares (nose) and sputum..."</p> <p>2/5/12 at 1:00 P.M. "...contact precaution continue d/t MRSA nares and sputum..."</p>		<p>2. IDT will do a twice daily audit of all residents indentified with any type of isolations to ensure the appropriate personal protective equipment is readily available for staff and staff are utilizing the equipment correctly. This process will be on-going. 3. The CEO-designee will review all audits as completed in the daily QA stand-up meeting. 4. DON-designee will present a monthly infection control analysis at the QA meeting with the IDT; and quarterly in the QA meeing with the Medical Director. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Date completed is 3-08-12</p>				

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	<p>An undated CNA assignment sheet, identified as current by the ADON indicated "...MRSA in sputum..." The ADON was unable to read the other information on the CNA assignment sheet but indicated documentation was lacking related to the resident being in isolation.</p> <p>Interview on 2/9/12 at 10:50 A.M., with the ADON indicated the facility "starts with contact isolation first and then fine tunes it to a higher level" depending on the condition of the resident. She indicated the CNA assignment sheet was illegible and the CNA "wouldn't know" what was on the sheet. She indicated the resident was on "droplet" precautions.</p> <p>Interview on 2/9/12 at 10:55 A.M., with the Director of Nursing indicated the resident was not in airborne precautions because "I wouldn't have airborne in my building because I don't have a negative pressure room."</p> <p>2. On 2/9/12 at 8:30 A.M., during in initial tour with the ADON, Resident #A was identified as being in "contact isolation" for MRSA in the nares. There was a 3-drawer cabinet sitting outside the resident's room.</p> <p>On 2/9/12 at 9:30 A.M., the resident was</p>						

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	<p>observed sitting in a wheelchair in her room. The cabinet outside the resident's room door contained red biohazard bags. There were no gloves, gowns, or masks in the drawers.</p> <p>Interview on 2/9/12 at 9:55 A.M., with the ADON indicated there should be gowns, masks, and gloves in the cabinet. She indicated it was housekeeping and CNA's responsibility to stock the cabinets with supplies.</p> <p>Resident #A's clinical record was reviewed on 2/9/12 at 9:22 A.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, acute respiratory failure, diabetes mellitus, and left-sided cerebrovascular accident.</p> <p>A resident care plan, dated 1/30/12, indicated "...Resident requires antibiotic therapy MRSA - nares (nose)/urine UTI (urinary tract infection)..."</p> <p>Review on 2/9/12 at 2:00 P.M., of the Centers for Disease Control "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" indicated "...Contact Precautions...Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for</p>			
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	<p>all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment...Droplet Precautions...Healthcare personnel wear a mask (a respirator not necessary) for close contact with infectious patient; the mask is generally donned upon room entry...Airborne Precautions...Healthcare personnel caring for patients on Airborne Precautions wear a mask or respirator, depending on the disease-specific recommendations..."</p> <p>Review on 2/9/12 at 9:35 A.M., of a facility policy and procedure, dated 7/1/11, provided by the ADON, identified as current, and titled "Placement of an Infected Resident" indicated "...Follow Standard Body Substance Precautions and additional Isolation Precautions..."</p> <p>A facility policy and procedure related to isolation was requested on 2/9/12 at 10:00 A.M., from the ADON. She indicated "I know what you are looking for but I can't find any policies" on specific types of isolation. As of exit no policy and procedure had been provided.</p> <p>This Federal tag relates to Complaint IN00103281</p> <p>3.1-18(j)</p>			

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