

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155777	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/22/2013
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NAME OF PROVIDER OR SUPPLIER  CREASY SPRINGS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 S CREASY LN LAFAYETTE, IN 47905
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F0000	<p>This visit was for the Investigation of Complaint IN00122542.</p> <p>Complaint IN00122542-Substantiated. Federal/state deficiencies related to the allegations are cited at F 246, F 312, and F 441.</p> <p>Survey dates: February 21 and February 22, 2013.</p> <p>Facility number: 012285 Provider number: 155777 AIM number: 201006770</p> <p>Survey team: Michelle Hosteter, RN</p> <p>Census bed type: SNF: 46 SNF/NF: 19 Residential: 46 Total: 111</p> <p>Census payor type: Medicare: 30 Medicaid : 5 Other: 76 Total : 111</p> <p>Sample : 3</p> <p>These deficiencies reflect state</p>	F0000	<p>The submission of this plan of correction does not indicate an admission by Creasy Springs Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the Residents of Creasy Springs. The facility maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. This plan of correction shall serve as the credible allegation of compliance with all federal and state requirements governing the management of this facility. The provider respectfully request a desk review with paper compliance to be considered in establishing the provider is in substantial compliance.</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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	findings cited in accordance with 410 IAC 16.2.  Qualtiy Review completed by Tammy Alley RN on February 27, 2013.				

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F0246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on interview and record review, the facility failed to accommodate a resident in regards to preference for shower times for 1 of 1 resident reviewed in a sample of 3. (Resident C)</p> <p>Findings include:</p> <p>The record for Resident C was reviewed on 2/22/13 at 12:20 P.M. Diagnoses included, but were not limited to, diabetes, chronic kidney disease, high blood pressure and peripheral vascular disease.</p> <p>The MDS (Minimum Data Set) Assessment dated 1/19/13 indicated the resident was able to remember dates, times and places accurately.</p> <p>Resident C was readmitted on 1/12/13. At this time, the staff filled out a document titled, "Resident Preference For Customary Routine and Activities Interview Worksheet." The form was dated 1/12/13. The</p>	F0246	<p>1. On 3/4/13, Resident C's shower schedule was changed to reflect the Resident's preference which includes taking a shower in the morning. This change was communicated to the nursing staff via the facility's Resident profile in Caretracker.2. All Residents have the ability to be affected by this deficient practice.3. The facility has made the Resident preference form easily accessible to the nursing staff and has discontinued the shower schedule with room numbers to ensure Residents individual shower preferences are met.Nursing staff will be in-serviced on utilizing the Resident preference form in place of a unit shower schedule for all Residents bathing times.4. Residents will be interviewed to ensure they are receiving assistance with their bathing at the time of day that the Resident prefers. Six Residents will be interviewed three times a week for 4 weeks then one time per week for 4 weeks then monthly for 4 months per the Director of Health Services and or designee. Findings will be</p>	03/24/2013	

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	<p>form indicated, "...Which type of bath do you prefer? Spongebath. What time of day do you bathe? Mornings..."</p> <p>The shower schedule was provided by floor staff where the resident was residing prior to 2/22/13. The shower schedule listed room numbers and times of day the showers were given. Resident C's shower day was Monday evenings as designated by his room number on the shower schedule.</p> <p>In an interview with Resident C on 2/22/13 at 1:35 P.M., he indicated that he had not had a shower during the daytime in a week. He further indicated he told staff last week when they wanted to give him a shower at night, that he wanted a shower during the day. He indicated they did not offer him another shower after that. The resident indicated he wanted a shower during the days and didn't know what will happen now that he has moved rooms.</p> <p>In an observation of Resident C on 2/22/13 at 1:37 P.M., the resident's hair appeared messy and greasy.</p> <p>In an interview with RN #4 on 2/22/13 at 2:10 P.M., she indicated the shower schedule for Resident C was</p>		<p>reviewed monthly for 6 months in QAA meeting and quarterly thereafter.</p>	

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	<p>not available as he was just moved to the new room and they hadn't scheduled it yet. She indicated he liked evenings though, so that is likely when he will get his shower.</p> <p>3.1-3(3)(u)(1)</p>			

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F0312 SS=D	<p>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.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was assisted in maintaining good hygiene for 1 of 1 resident observed for hygiene in a sample of 3. (Resident C)</p> <p>Findings include:</p> <p>The record for Resident C was reviewed on 2/22/13 at 12:20 P.M. Diagnoses included, but were not limited to, diabetes, chronic kidney disease, high blood pressure and peripheral vascular disease.</p> <p>The MDS (Minimum Data Set) Assessment dated 1/19/13 indicated the resident was able to remember dates, times and places accurately.</p> <p>Resident C was readmitted on 1/12/13. At this time, the staff filled out a document titled, "Resident Preference For Customary Routine and Activities Interview Worksheet." The form was dated 1/12/13. The form indicated, "...Which type of bath</p>	F0312	<p>1. On 3/4/13, Resident C's shower schedule was changed to reflect the Resident's preference which includes taking a shower in the morning. This change was communicated to the nursing staff via the facility's Resident profile in Caretracker.2. All Residents have the ability to be affected by this deficient practice.3. The facility has made the Resident preference form easily accessible to the nursing staff and has discontinued the shower schedule with room numbers to ensure Residents individual shower preferences are met.Nursing staff will be in-serviced on utilizing the Resident preference form in place of a unit shower schedule for all Residents bathing times.4. Residents will be interviewed to ensure they are receiving assistance with their bathing at the time of day that the Resident prefers. Six Residents will be interviewed three times a week for 4 weeks then one time per week for 4 weeks then monthly for 4 months per the Director of Health Services and or designee. Findings will be reviewed monthly for 6 months in</p>	03/24/2013			

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	<p>do you prefer? Spongebath. What time of day do you bathe? Mornings...."</p> <p>The shower schedule was provided by the 300 hall floor staff where the resident was residing prior to 2/22/13. The shower schedule listed room numbers and times of day the showers were given. Resident C's shower day was Monday evenings as designated by his room number on the shower schedule.</p> <p>In an interview with Resident C on 2/22/13 at 1:35 P.M., he indicated he had not had a shower during the daytime in a week. He further indicated he told staff last week when they wanted to give him a shower at night, that he wanted a shower during the day. He indicated they did not offer him another shower after that. The resident indicated he wanted a shower during the day and didn't know what will happen now that he has moved rooms.</p> <p>In an observation of Resident C on 2/22/13 at 1:37 P.M., the resident's hair appeared messy and greasy and he had facial hair growing.</p> <p>3.1-38(a)(2)(A)</p>		QAA meeting and quarterly thereafter.				

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F0441 SS=D	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> 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 and interview, the facility failed to ensure proper</p>	F0441	1. Nursing staff to be in-serviced on facility handwashing policy and	03/24/2013			

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	<p>handwashing after providing peri care for 2 of 4 observations of handwashing during peri care. (Resident D and Resident G).</p> <p>Findings include:</p> <p>1. An observation of peri care was done for Resident D on 2/22/13 at 1 P.M., by (Certified Resident Care Aid) CRCA # 1 and CRCA # 2.</p> <p>CRCA # 1 and CRCA # 2 were observed wiping and cleaning the resident. They then went into the bathroom to wash their hands in between care. CRCA # 1 and CRCA # 2 were observed only washing their hands for 10 seconds.</p> <p>2. An observation of peri care was done for Resident G on 2/22/13 at 1:20 P.M., by CRCA # 3 and CRCA # 5. CRCA # 3 and CRCA # 5 were observed wiping and cleaning resident. CRCA # 3 went into bathroom and washed her hands while CRCA #5 helped to clean up the washcloths and towels. CRCA # 3 after care was completed washed her hands for 10 seconds and then she left the room.</p> <p>The CDC (Center for Disease Control) website recommended, "...</p>		<p>procedure in addition to a return demonstration.2.All Residents have the potential to be affected by this deficient practice.3.Nursing staff to be in-serviced on facility handwashing policy and procedure in addition to a return demonstration.4.Six nursing staff members will be randomly observed three times per week for 4 weeks and then 1 time per week for 4 weeks and then once a month for 4 months per the Director of Health Services and or designee. Findings will be reviewed monthly for 6 months in QAA meeting and quarterly thereafter.</p>		

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	<p>Wet your hands with clean, running water (warm or cold) and apply soap. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails. Continue rubbing your hands for at least 20 seconds...."</p> <p>In an interview with CRCA # 5 on 2/22/13 at 1:30 P.M., she indicated, " You are supposed to wash your hands for 20 seconds."</p> <p>3.1-18(l)</p>			