

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2011
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SOUTHWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 MARGARET AVE TERRE HAUTE, IN47802
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 11- October 14; October 17- October 18, 2011</p> <p>Facility number: 000564 Provider number: 155484 AIM number: 100285610</p> <p>Survey Team: Teresa Buske, RN-TC Debra Skinner, RN Mary Weyls, RN Laura Brashear, RN</p> <p>Census bed type: SNF/NF: 134 Total: 134</p> <p>Census payor type: Medicare: 31 Medicaid: 79 Other: 24 Total: 134</p> <p>Stage 2 Sample: 43</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000		

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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F0164 SS=B	<p>Quality review completed on October 24, 2011 by Bev Faulkner, RN</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>Based on observation, record review and interview, failed to provide an environment that maintained each resident's personal privacy i.e. isolation precautions identifying type of isolation were posted outside</p>	F0164	<p>1. Resident/Residents will have the right to personal privacy and confidentiality of his or her personal anc clinical needs.2. Resident will have glucose testing and insulin administration performed in their room behind</p>	11/07/2011	

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	<p>and/or on the residents' doors; administration of insulin in front of roommate; and personal signs posted regarding care in resident room for 10 randomly observed residents residing on 5 of 6 resident units with isolation precautions in the facility . (Resident #103, Resident 194, Resident #109, Resident #219, Resident #157, Resident #221, Resident #81, Resident #151, Resident #155, Resident #212)</p> <p>Findings include:</p> <p>1. On 10/12/11 at 11 a.m., a sign was observed posted on the door of Resident # 103 with documentation of "Contact isolation." A brown dot was also noted on the sign. On 10/14/11 at 10:20 a.m., the "contact isolation" sign with the brown dot remained posted on the door. A sign was observed posted on the resident's door on 10/17/11 at 10:15 a.m., with documentation of "contact isolation" with a brown dot. On 10/18/11 at 10 a.m., the "contact isolation" sign remained on Resident # 103's door.</p> <p>2. During initial tour on 10/11/11 which began at 10:10 a.m., the following was observed:</p> <p>a. Resident #194's door to her room</p>		<p>closed door with privacy curtain pulled to ensure privacy. Licensed nurses will be in-serviced on free choice including privacy during care. The licensed nurses are responsible to comply with the procedure.3. Isolation signs will be revised to better provide privacy and confidentiality for residents requiring isolation precaution. SDC to provide in-service training during orientation to facility staff and as needed to ensure proper compliance with resident dignity.4. The DNS or designee will perform daily rounds to monitor compliance with resident dignity/privacy through observaion and resident interviews. Audit results will be presented to the Performance Improvement Committee montly and then quarterly for compliance for review and recommendations.5. The Administrator or designee is responsible for overall compliance.6. Date of compliance 11/07/11.</p>		

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	<p>was observed with a sign on the exterior that stated "Stop Contact Precautions Wash hands before entering and before leaving room. Wear gloves, gown when in room. Use patient dedicated, single use, disposable equipment or clean and disinfected shared equipment." The sign also included a brown dot.</p> <p>On 10/11/11 at 10:30 a.m., LPN #3 was interviewed. The LPN indicated the brown dot on the isolation sign was utilized to signal isolation precautions were for the infection Clostridium difficile [c-diff] .</p> <p>b. Resident #109 was observed to share the room with Resident #194. Qualified Medication Aide [QMA] #7 was interviewed on 10/11/11 at 10:20 a.m. The QMA indicated the resident also had the infection c-diff.</p> <p>c. Resident #219's door was observed with a sign posted on the exterior for Contact Isolation. QMA #7 was interviewed on 10/11/11 at 10:20 a.m. The QMA indicated the resident was in contact precautions for Vancomycin Resistant Enterococcus in the urine.</p> <p>d. Resident #157's door was observed with a sign posted on the</p>				

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	<p>exterior for Contact Isolation with a brown dot.</p> <p>e. Resident #221's door was observed with a sign for Contact Isolation and a sign which read "Stop Droplet Precautions wash hands before entering and before leaving room. Wear mask when in room. If contact with secretions likely, use gown and glove."</p> <p>LPN #3 was interviewed on 10/11/11 at 10:30 a.m., and indicated the resident was in contact isolation for Methicillin Resistant Staphylococcus aureus [MRSA] and Acinetobacter in the urine and droplet precautions for MRSA in the sputum.</p> <p>f. Resident #212's door was observed with a sign on the exterior of the door which indicated "Stop Droplet Precautions ..." On 10/11/11 at 10:30 a.m., LPN #3 indicated the resident was in droplet precautions for Acinetobacter respiratory infection.</p> <p>3. During an observation on 10/14/11 at 10 a.m., a stop sign was observed on the door to Resident #155's room which indicated "Contact Isolation."</p> <p>During interview on 10/14/11 at 10:15 a.m., LPN #5 indicated Resident #155 was in contact isolation for C-dif</p>			

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	<p>(Clostridium difficile).</p> <p>Record review 10/14/11 at 10:20 a.m., indicated on 9/29/11 the resident had been placed on Vancomycin 250 mg (milligrams) po (by mouth) qid (4 times daily) for 2 weeks, then 250 mg po bid (twice daily) for 2 weeks, then 250 mg po daily for 2 weeks for C-diff.</p> <p>Observation 10/18/11 at 1 p.m., Resident #155 was seated in a chair at bedside with a stop sign indicating "Contact Isolation" still on the door.</p> <p>During Interview of the ADNS (Assistant Director of Nursing Service) on 10/18/11 at 3 p.m., the ADNS indicated when a resident is determined to need isolation, the type of isolation is posted on the door, along with a brown spot if the resident has C-diff.</p> <p>During interview of the DNS (Director of Nursing Service) on 10/18/11 at 3:15 p.m., the DNS indicated during the September 2011 QA (Quality Assurance) a decision was made to place a brown dot on resident's isolation sign to indicate the resident had C-diff.</p> <p>Review of the facility's current policy</p>				

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	<p>and procedure, titled "Transmission-Based Precautions" dated 4/28/11 on 10/18/11 at 2:15 p.m., indicated : "...Initiating Transmission-Based Precautions...11. Determine the type of transmission-based precautions to be initiated. a. Contact, b. Droplet, c. Airborne. 12. Post the appropriate precaution notice on the room entrance door...."</p> <p>4. On 10/17/11 at 10 a.m., hand written notes were observed above Resident #81's bed. The signs indicated "Check to make sure Hearing Aides are at nurses station when put to bed or getting up." and "Please put hearing aides in during the morning."</p> <p>5. On 10/14/11 at 9:14 a.m., LPN #1 gave an insulin injection to Resident #151. The resident was given the injection of insulin in front of his roommate. The resident was placed just inside the room door and was visible from the hallway. The resident's privacy curtains were not pulled closed.</p> <p>3.1-3(p)(2)</p>				

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F0441 SS=E	<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 infection control practices were implemented regarding hand</p>	F0441	1. The facility will ensure that personnel handle liners, privacy curtains, equipment that is in direct contact with residents and/or will be in direct with food	11/07/2011

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	<p>hygiene and handling of equipment. This affected 2 of 3 residents observed for glucose monitoring (Residents # 222 and # 47), 1 of 1 resident observed receiving medications through a gastrostomy tube (Resident # 143) and 1 of 1 resident observed receiving catheter care (Resident # 103) within the Stage 2 sample of 43.</p> <p>Findings include:</p> <p>1. On 10/17/11 at 1015 a.m., LPN #1 was observed to complete wound treatment for Resident #103. CNA # 2 was observed to assist in turning the resident. Both staff persons were observed to wear gloves and handle the resident's Foley (urinary) catheter bag, while assisting the resident to turn. Without changing the contaminated gloves, the staff adjusted the resident's linens before removing the gloves.</p> <p>Review of the clinical record of Resident #103 on 10/17/11 at 10:30 a.m., indicated a plan of care of "[Resident #103] has an indwelling catheter related to stage 4 wound , history of spinal cord injury with diagnosis partial quadriplegia, very declined self mobility, history of</p>		<p>and/or providing direct care to residents use techniques that are designed to prevent the spread of infection. After review no residents were affected by the cited deficient practice.2. The SDC in-serviced the nursing as well as the non-nursing staff on proper handwashing techniques between doffing and donning gloves when having direct contact with residents for which handwashing is indicated by acceptable professional practice. The DNS or designee will monitor randomly at least weekly times four, and monthly until compliance is met and report findings to the Performance Improvement Committee for review and recommendations. 3. The DNS or designee will in-service Licensed staff to procedure regarding handling, storage, processing and cleaning the glucose monitor as to prevent the spread of infection. Nurse management will be responsible for monitoring compliance during rounds. Random audits will be conducted to ensure compliance and results will be presented to Performance Improvement monthly. Corrective action and education to staff will be implemented immediately. 4. The administrator or designee is responsible for overall compliance.5. Date of compliance is 11/7/11.</p>		

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	<p>nephrectomy. The approaches included but was not limited to provide good catheter care per policy.</p> <p>Review of the facility's current policy and procedure, titled "Indwelling Urinary Catheter Care," dated 4/28/10, on 10/17/11 at 3:10 p.m. indicated : "...8. Put on gloves...15. Position the collecting-bag below the level of the bladder at all times. Do not rest the bag on the floor. 16. Remove gloves. Perform hand hygiene. 17. Position resident comfortably with call light within reach..."</p> <p>2. On 10/14/11 at 11:30 a.m., LPN #1 was observed to administer medications through Resident # 143's gastrostomy tube. LPN #1 was observed to wear gloves. Without changing the contaminated gloves, the LPN was observed to adjust the resident's clothing and push open the privacy curtain prior to removing gloves and washing her hands.</p> <p>Review of the facility's current policy and procedure, titled "Medication via Feeding Tube," dated 4/20/10, on 10/17/11 at 9:15 a.m. indicated : "...5. Wash hands, and put on gloves...20. Remove gloves and wash hands. 21.</p>				

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	<p>Assist patient to comfortable position with call light in reach..."</p> <p>3. On 10/14/11 at 11:20 a.m., LPN #8 utilized a glucose meter to test Resident #47's blood sugar. The LPN laid the meter on the resident's bed. While wearing gloves, stuck the resident's finger, squeezed the resident's finger and placed a strip against the resident's finger to apply blood. While wearing the same gloves, picked the meter up to insert the strip. The nurse laid the meter back down on the bed. Then removed her gloves and picked up the meter and went into the bathroom and laid the meter on the side of the handwashing sink, while washing her hands. The nurse picked up the meter and placed the meter on the medication cart. Then used a "DISPATCH" disinfected wipe to cleanse the area where the strip was placed. The nurse indicated she does not cleanse the whole meter, just the area where the strip with the blood is placed.</p> <p>During interview of Unit Manager #3 on 10/14/11 at 11:30 a.m., the Unit Manager indicated the procedure for cleaning the glucose meter, was to disinfect the area where the blood</p>				

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	<p>strip was placed.</p> <p>4. On 10/14/11 at 11 20 a.m., RN #4 was observed to perform a blood glucose Accu-check to Resident #222. RN #4 indicated she puts several Dispatch [bleach sanitizing] wipes from the product container inside of the plastic box containing the glucose meter, test strips, and lancets at the beginning of the shift.</p> <p>The nurse was observed to carry the plastic box containing the equipment into the resident's room. A paper towel was placed on the over bed table, and the meter, lancet and bottle of test strips placed on the towel. The plastic box was placed on the resident's table, and was observed to not be completely on the paper towel. After placing the supplies, RN #4 put on a pair of clean gloves, wiped the resident's finger with alcohol prep pad, performed the finger stick squeezing the resident's finger with the gloved hands to obtain and place a blood droplet on the test strip, and inserted the test strip into the meter. After obtaining the test results, the nurse removed the strip from the meter and while wearing the same gloves, opened the plastic storage box, removed a Dispatch wipe,</p>				

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	<p>removed a blue part of the meter and cleansed the inside of the part and replaced it in meter, touching the exterior of the meter. The nurse removed her gloves, washed hands, put the used lancet on the inside of the storage box, put the meter back in the box, closed the box and exited the room. The nurse indicated she cleans the part where the test strip goes after each use, and after completion of residents' tests, disposes of lancets in sharps container and wipes interior and exterior of box and exterior of meter with the Dispatch wipes. The nurse indicated she had another resident to test before the noon meal when they became available.</p> <p>Review of the facility's current policy and procedure, titled "Blood Glucose Monitoring," dated 9/1/11 on 10/14/11 at 2 p.m., indicated : " ...9. Prior to initial blood glucose monitoring, cleanse exterior of glucometer with 10% bleach wipe and dry with damp non-sterile cloth (gauze). Place cleaned machine on barrier on table/cart. 10. Put on gloves.... 20. Discard the lancet in a sharps container. Dispose of other supplies in trashcan. 21. Remove gloves, and wash hands.... 24. Clean the glucometer using a 10% bleach solution moistened wipe between</p>				

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	each patient. Allow a 1 -minute contact time and wipe any residual bleach solution off the meter..."  3.1-18(l)				