

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155614	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/09/2015
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NAME OF PROVIDER OR SUPPLIER  LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 4, 5, 6, &amp; 9, 2015</p> <p>Facility number: 000321 Provider number: 155614 AIM number: 100286130</p> <p>Census bed type: SNF:7 SNF/NF: 118 Total: 125</p> <p>Census payor type: Medicare: 13 Medicaid: 88 Other: 24 Total: 125</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on November 12, 2015.</p>	F 0000	Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.	

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</p>			

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	<p>of infection.</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices and standards were maintained related to hand washing during 3 of 4 observations of resident care. (Resident's #27, #75, and #122)</p> <p>Findings include:</p> <p>During an observation of a peripherally inserted central catheter dressing change for Resident #75 on 11/06/15 at 9:55 a.m., RN (Registered Nurse) #1 washed her hands for 7 seconds prior to performing the peripherally inserted catheter dressing change. After providing care, RN #1 washed her hands for 4 seconds, then exited the resident's room.</p> <p>During an observation of a wound bandage treatment for Resident #27 on 11/06/15 at 10:27 a.m., LPN (Licensed Practical Nurse) #2 did not wash her hands prior to performing the wound bandage treatment. After providing care, LPN #2 did not wash her hands, then exited the resident's room.</p> <p>During an observation of a skin tear wound bandage treatment for Resident #122 on 11/09/15 at 9:23 a.m., LPN #3</p>	F 0441	<p>The facility will continue to 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>Residents #27, 75 and 122 have been assessed and are free from any signs or symptoms of infection. All residents have the potential to be affected by this alleged deficient practice.</p> <p>The facility handwashing policy was reviewed and has been updated to include increasing the length of time that staff need to wash their hands to twenty seconds.</p> <p>All staff have been inserviced regarding the updated handwashing policy and procedure. This inservice explained the proper occasions of when to wash hands and the proper procedure for washing hands including length of time to wash. Each staff member have performed a return demonstration of proper hand washing.</p> <p>Nursing managers will conduct observation of staff performing handwashing to ensure facility policy is followed. These observations will be conducted weekly times four weeks; every other week times four weeks and then monthly. Results of these observations will be reported to the DON. DON will ensure that additional training and/or counseling is provided as necessary.</p>	11/29/2015

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	<p>did not wash her hands prior to performing the skin tear wound bandage treatment. After providing care, LPN #3 washed her hands for 5 seconds, then exited the resident's room.</p> <p>During an interview with the Director of Nursing (the facility's Infection Control Nurse) on 11/09/15 at 10:31 a.m., she indicated handwashing should be performed for a minimum of 15 seconds. She also indicated during any treatment the nurse should wash her hands before the treatment is started, after removing the soiled dressing, and after the treatment is completed.</p> <p>During an interview with LPN #4 on 11/09/15 at 9:32 a.m., she indicated hands should be washed for a minimum of 2 minutes, or for the length of time to sing the "ABC" song, or the "Happy Birthday" song.</p> <p>The Director of Nursing provided a copy of the current policy/procedure titled, "Handwashing Technique", on 11/09/15 at 10:36 a.m. This document included, but was not limited to, the following: "... 4. Vigorously rub hands together to create friction for at least 15 seconds...."</p> <p>3.1-18(I)</p>		<p>A summary of the findings will be reported to the QA Committee quarterly for a minimum of four quarters. DON and Administrator to monitor.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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