

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155821	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/04/2016
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NAME OF PROVIDER OR SUPPLIER  ASPEN TRACE HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3154 S STATE ROAD 135 GREENWOOD, IN 46143
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00205916.</p> <p>Complaint IN00205916 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441 and F502.</p> <p>Survey dates: August 3 &amp; 4, 2016</p> <p>Facility number: 013185 Provider number: 155821 AIM number: 201221460</p> <p>Census bed type: SNF: 48 SNF/NF: 50 Residential: 34 Total: 132</p> <p>Census payor type: Medicare: 22 Medicaid: 43 Other: 33 Total: 98</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This plan of correction is to serve as Aspen Trace Health and Living Community credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Aspen Trace or its 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 would like to respectfully request paper compliance for Aspen Trace Health and Living Community's complaint survey/IN00205916.</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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F 0441 SS=D Bldg. 00	<p>Q.R. completed by 14466 on August 05, 2016.</p> <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>			

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	<p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review and interview, the facility failed to ensure contact precaution protocols were in place for 1 of 3 residents reviewed for contact precautions in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 8/3/16 at 9:50 a.m. Diagnoses for Resident #B included, but were not limited to end state renal disease with dialysis, gastrostomy tube, failure to thrive, heart disease, hypertension and chronic obstructive pulmonary disease.</p> <p>Review of the clinical record for Resident #B for July 2016, lacked documentation of contact precaution for suspected Clostridium difficile (c-diff).</p> <p>A progress note dated 7/14/16 at 8:34 p.m., indicated Resident #B had several episodes of diarrhea. Staff indicated he had 5 episodes of diarrhea on the previous shift and he was refusing to eat but would drink fluids. The physician was notified and orders for laboratory tests (BMP-basic metabolic panel blood</p>	F 0441	<p>Corrective action for the resident affected by the deficient practice Resident # B no longer resides at the facility. The facility will identify other residents that may potentially be affected by the deficient practice. Any resident who resides at this facility, and are exposed to the infection has the potential to be affected by the alleged deficient practice. The facility will put into place the following systematic changes correct the alleged deficient practice It is the practice of this provider to prevent infection through assessment, surveillance, education, quality assurance, environmental techniques and emergency management for health and safety of our residents and our associates. The IDT and all nursing staff will be re-educated the Clostridium Difficile policy and procedure (Attachment A) on 8/18/16. Each resident will be examined carefully to ensure proper diagnostic tests are ordered, and contact precautions will be initiated, per physician order, at the time c-diff is suspected. The facility will monitor the corrective action by implementing the following measures. To ensure ongoing compliance the DON or designee</p>	08/18/2016

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	<p>work and stool sample for c-diff) were received.</p> <p>An "Outpatient Doctor Summary Report" dated 7/15/16, indicated the BMP had been drawn, results received and the physician had been informed. The record lacked any documentation regarding results for the laboratory test for c-diff.</p> <p>A progress note dated 7/18/16, indicated the resident had dark brown emesis and diarrhea and was sent out to the hospital emergency room for evaluation and treatment.</p> <p>A hospital Emergency Department (ED) note dated 7/18/16, indicated the resident had a diagnosis that included, but was not limited to, c-diff.</p> <p>During an interview on 8/4/16 at 9:05 a.m., with the Administrator and Director of Nursing (DON), they indicated there were no laboratory test results for the c-diff test, because it had not been picked up by the lab when they came in to draw the resident's blood.</p> <p>During an interview with the DON on 8/4/16 at 10:00 a.m., she indicated they had inserviced staff on a new procedure to be sure all lab tests were completed in a timely manner and as ordered.</p>		<p>will utilize C-diff Audit Tool (Attachment B) daily for 2 weeks, weekly x 4 weeks, monthly x 3, and then quarterly thereafter. Any finding will be discussed, logged, and tracked at the monthly facility Quality Assurance Committee meeting. Administrator is responsible for ensuring compliance. <i>IDR Aspen Trace Health and Living Community would like to respectfully request an informal dispute desk review of F441. The basis of the findings was in reference to the review of the physician's orders for Resident #B for July 2016 lacking documentation of contact precaution orders for suspected Clostridium difficile (c-diff). Aspen Trace Health and Living Community Clostridium Difficile Police (Attachment A) states that contact precautions do not require a physician order. The facility did follow the policy and procedure as the physician was notified and orders for laboratory tests (BMP-basic metabolic panel blood work and stool sample for c-diff) were received. The findings were not based on observations, rather the conclusion was based on not having a physician order for contact isolation which is not the policy of Aspen Trace. During the survey, all residents currently under contact isolation were reviewed and found to be in substantial compliance with infection control practices. Aspen Trace Health and Living</i></p>	

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F 0502 SS=D Bldg. 00	<p>According to the Centers for Disease Control at www.cdc.com, a document titled "How can Clostridium difficile infection be prevented in ... healthcare settings" (retrieved 8/4/16), indicated: Use Contact Precautions for patients with known or suspected c-diff infection ..."</p> <p>This Federal tag relates to Complaint IN00205916.</p> <p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure laboratory tests were completed timely for 1 of 3 residents reviewed for laboratory tests in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 8/3/16 at 9:50 a.m. Diagnoses for Resident #B included, but were not limited to end state renal disease with dialysis, gastrostomy tube, failure to thrive, heart disease, hypertension and chronic obstructive pulmonary disease.</p>	F 0502	<p><i>Community would like to respectfully request that F441 be removed from 2567.</i></p> <p>Corrective action for the resident affected by the deficient practice Resident # B no longer resides at the facility. The facility will identify other residents that may potentially be affected by the deficient practice. Any resident who resides at this facility, and requires laboratory services has the potential to be affected by the alleged deficient practice. The facility will put into place the following systematic changes correct the alleged deficient practice It is the practice of this provider that specimens, sputum's, etc., ordered for testing shall be obtained in accordance</p>	08/18/2016

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	<p>A progress note dated 7/14/16 at 8:34 p.m., indicated Resident #B had several episodes of diarrhea. Staff indicated he had 5 episodes of diarrhea on the previous shift and he was refusing to eat but would drink fluids. The physician was notified and orders for laboratory tests (BMP-basic metabolic panel blood work and stool sample for clostridium difficile/c-diff) were received.</p> <p>An "Outpatient Doctor Summary Report" dated 7/15/16, indicated the BMP had been drawn, results received and the physician had been informed. The record lacked any documentation regarding results for the laboratory test for c-diff.</p> <p>A progress note dated 7/18/16, indicated the resident had dark brown emesis and diarrhea and was sent out to the hospital emergency room for evaluation and treatment.</p> <p>A hospital Emergency Department (ED) note dated 7/18/16, indicated the resident had a diagnosis that included, but was not limited to, c-diff.</p> <p>During an interview on 8/4/16 at 9:05 a.m., with the Administrator and Director of Nursing (DON), they indicated there were no laboratory test results for the</p>		<p>with established nursing service procedures and laboratory protocol. Specimen collections must be placed in their proper container, securely sealed, stored, and properly labeled for transfer to the laboratory. Appropriate precautionary labels must be placed on specimen containers when specimens are considered infectious. It is also the practice of this provider to ensure laboratory tests are completed timely. The IDT and all nursing staff will be re-educated the Collection and Handling of Laboratory Specimens policy and procedure (Attachment C) on 8/18/16. Laboratory collection process was evaluated and modified to ensure timely test results. The lab print out will added to the lab tracking. The Unit Manager or designee will be responsible for ensuring lab was picked up and results addressed timely on a daily basis. The facility will monitor the corrective action by implementing the following measures. To ensure ongoing compliance the DON or designee will utilize Labs QA Tool (Attachment D) daily for 2 weeks, weekly x 4 weeks, monthly x 3, and then quarterly thereafter. Any finding will be discussed, logged, and tracked at the monthly facility Quality Assurance Committee meeting. Administrator is responsible for ensuring compliance.</p>	

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	<p>c-diff test because it had not been picked up by the lab when they came in to draw the resident's blood (7/14/16).</p> <p>During an interview with the DON on 8/4/16 at 10:00 a.m., she indicated they had inserviced staff on a new procedure to be sure all lab tests were completed in a timely manner and as ordered.</p> <p>This Federal tag relates to Complaint IN00205916.</p>			