

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/15/2011
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS HEALTH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 MAPLE AVE TERRE HAUTE, IN47804		
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F0000	<p>This visit was for the Investigation of Complaints IN00086000 and IN00087016.</p> <p>Complaint IN00086000 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00087016 - Substantiated. Federal/state deficiency related to the allegation is cited at F441.</p> <p>Survey dates: March 14 and 15, 2011</p> <p>Facility number: 000513 Provider number: 155426 AIM number: 100275360</p> <p>Survey team: Kimberly Perigo, RN</p> <p>Census bed type: SNF/NF: 176 Total: 176</p> <p>Census payor type: Medicare: 39 Medicaid: 113 Other: 24 Total: 176</p> <p>Sample: 03</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.

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

PRINTED: 04/04/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 3/17/11 by Suzanne Williams, RN</p>				

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F0441 SS=E	<p>Based on observation, interviews, and record reviews, the facility failed to ensure prevention of the development and transmission of infection, in that 1 of 1 clean dressing change observed to a resident with a diagnosed infected wound, for 1 of 3 sampled residents [resident C]; had not been implemented as indicated by their policy and procedure to prevent cross-contamination among and between residents and caregivers. This had the potential to effect fourteen residents residing on the north unit 800 hall.</p> <p>Findings include:</p> <p>Resident census documentation on the nursing facility's Patient Roster Report dated March 2011; provided on March 14, 2011; indicated fourteen residents resided on the North unit 800 hall.</p> <p>Resident C's [resides on the North unit 800 hall] clinical records were reviewed on March 14, 2011 at 2:00 p.m.</p> <p>A Weekly Pressure Ulcer Condition Report form, for an area to the left lower leg, dated February 08, 2011 [date pressure ulcer identified], indicated; "Stage II = Partial thickness skin loss involving epidermis [outermost layer of skin] &/or dermis [the layer of skin</p>	F0441	<p>F 441 The facility failed to follow policy & procedure related to Clean Dressing Change for resident C to prevent cross-contamination among and between the resident and caregiver.1. To correct the deficient practice for Resident C, an inservice followed by return demonstration was provided with licensed nurses.2. All residents with orders for Clean Dressing Change were identified as being at risk for the same deficient practice.3. The Clean Dressing Change inservice was provided for current staff & will be provided for newly hired licensed nurses during orientation prior to performing clean dressing change. Further, Clean Dressing Change competencies will be completed with 90 day evaluations and annually thereafter.4. The corrective active will be monitored by the Unit Manager to ensure the deficient practice does not recur. A random review will be completed @ least 3 times each month with documentation of findings.5. Findings along with immediate actions taken will be presented to the Performance Improvement Committee monthly by the Unit Manager.</p>	03/25/2011	

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	<p>immediately under the epidermis]."</p> <p>Physician Orders, dated February 09, 2011 at 1:00 p.m., indicated; "...Dressing [a covering, protective or supportive, for diseased or injured parts] - Hydro gel and Santyl w [with]/dry gauze and roll gauze. Daily."</p> <p>Treatment Records, dated February 09, 2011 through March 15, 2011, indicated licensed staff #1 had implemented resident C's clean dressing change to the left lower leg pressure ulcer on February 10, 18, and 24, 2011 and on March 10 and 15, 2011.</p> <p>The facility's Clean Dressing Change policy dated April 04, 2010; provided by administrative staff indicated; "Rationale: Dressings are applied using clean technique to promote wound healing and to prevent cross-contamination among and between residents and caregivers.</p> <p>Equipment/Supplies</p> <ul style="list-style-type: none"> * Dressing or dressing tray * Prescribed cleaning solution(s) * Medication, if prescribed * Plastic bag for soiled dressing * Adhesive removal, if necessary to remove tape residual * Clean gloves (3 pairs) 						

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	<p>* Paper towels or towelette drape</p> <p>Procedure: ... 2. Place plastic bag near foot of bed to receive soiled dressing. Place within easy reach, but not on floor or within clean field. ... 4. Perform hand hygiene. ... 6. Create clean field with paper towels or drape. 7. Put on first pair of gloves. ... 9. Remove soiled dressing and discard in plastic bag. ... 10. Remove gloves and dispose in plastic bag. ... 11. Perform hand hygiene and put on second pair of gloves. 12. Cleanse wound with prescribed solution. ... 13. Remove gloves and perform hand hygiene. 14. Open dressing pack. 15. Put on third pair of gloves. ... 17. Apply prescribed medication, if ordered. 18. Apply dressing, and secure as ordered. 19. Remove gloves and discard with all soiled supplies in plastic bag. 20. Perform hand hygiene. ..."</p> <p>Resident C's Microbiology and Molecular Testing Report dated February 23, 2011, indicated; "Gram stain: Few Polymorphonuclear Cells [cells possessing a nucleus consisting of several parts or lobes connected by fine strands] seen. Few Squamous Epithelial Cells [skin/tissue cells]. Many Gram Positive Cocci [bacterial type]. Many Gram Negative Coccobacilli [bacterial type].</p>				

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	<p>Moderate Gram Positive Rods [bacterial type]."</p> <p>A Weekly Pressure Ulcer Condition Report form, dated March 08, 2011, indicated; "Stage III = Full thickness skin loss involving damage or necrosis of subcutaneous tissue [tissue beneath the skin]."</p> <p>Physician's Orders, dated March 09, 2011, indicated Cipro [ciprofloxacin hydrochloride/anti-infective] 500 mg - one tab po [by mouth] bid [twice daily] x [for] 10 days - Dx [diagnosis] wound infection."</p> <p>On March 15, 2011 at 9:20 a.m. licensed staff #1 was observed to implement a clean dressing change to resident C's lower outer calf pressure ulcer. During the procedure, licensed staff #1 failed to obtain all needed supplies to implement the dressing change process, without interruption. The plastic bag for disposal of soiled items was positioned on the floor. A clean field had not been established, nor was established at any time during the clean dressing change. Hand washing/hygiene was observed to not have been implemented between steps. After the dressing change was completed, the plastic disposal bag was</p>				

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	<p>picked up off the floor, carried outside the room, and positioned on top of the treatment cart.</p> <p>The facility's staff schedule dated March 15, 2011; indicated licensed staff #1 was scheduled to work on the North unit. During the observation on March 15, 2011 at 9:20 a.m.; licensed staff #1 was identified as the 800 hall nurse.</p> <p>While observing the clean dressing change, on March 15, 2011, the North Unit Manager entered resident C's room. On March 15, 2011 at 10:15 a.m. the North Unit Manager was interviewed. During the interview the observation dated March 15, 2011 at 9:20 a.m.; of the clean dressing change implemented by licensed staff #1 was reviewed. The unit manager indicated the clean dressing change had not been implemented as indicated by their facility's Clean Dressing Change policy and procedure dated April 28, 2010.</p> <p>On March 15, 2011 at 11:10 a.m., the Director of Nursing had been interviewed. The Director of Nursing indicated herself and the North unit manager had spoken with licensed staff #1. During their discussion, lack of hand washing had been verified.</p>				

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	This deficiency relates to complaint IN00087016. 3.1-18(j) 3.1-18(l)				