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|---|---|---|---|
| | 155686 | A. BUILDING 00<br>B. WING | 02/09/2018 |

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| F 0000<br><br>Bldg. 00 | This visit was for a Recertification and State Licensure Survey.<br><br>Survey dates: February 5, 6, 7, & 8, 2018.<br><br>Facility number: 000088<br>Provider number: 155686<br>AIM number: 100289260<br><br>Census Bed Type:<br>SNF/NF: 36<br>Total: 36<br><br>Census Payor Type:<br>Medicare: 4<br>Medicaid: 27<br>Other: 5<br>Total: 36<br><br>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. | F 0000 | Preparation, submission and implementation of this Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements. | |
| F 0584<br>SS=E<br>Bldg. 00 | 483.10(i)(1)-(7)<br>Safe/Clean/Comfortable/Homelike Environment<br>§483.10(i) Safe Environment.<br>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>The facility must provide-<br>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.<br>(i) This includes ensuring that the resident | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| | can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.<br>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.<br><br>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;<br><br>§483.10(i)(3) Clean bed and bath linens that are in good condition;<br><br>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);<br><br>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;<br><br>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and<br><br>§483.10(i)(7) For the maintenance of comfortable sound levels.<br>Based on observation and interview, the facility failed to maintain a functional, safe and homelike environment related to a cord hanging from the ceiling, a sharp object protruding through a bathroom door, chipped paint, dirty mats, loose baseboards, and loose door skins for 1 of 2 halls. (East Hall)<br><br>Finding includes:<br><br>During the Environmental Tour with the | F 0584 | 1.Room 23 floor mat cleaned and privacy curtain replaced immediately. Room 25 bathroom door frame scraped and painted, door skin replaced, and cord properly affixed to wall area immediately. Room 27 bathroom door sharp object removed immediately and ceiling scraped and painted. Room 29 base board behind door and beside closet | 03/11/2018 |

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| | Administrator, the Maintenance Director and the Housekeeper Manager on 2/8/18 from 10:45 a.m. -11:00 a.m., the following was observed:<br><br>1. In Room 23, the bedside floor mat next to bed A was dirty and the privacy curtain had black marks. There were two resident that resided in this room.<br><br>2. In Room 25, the bathroom door frame and door were marred. Behind the bedroom door, there was a black cord hanging from the ceiling to the floor. There was one resident who resided in this room.<br><br>3. In Room 27, inside of the bathroom had a sharp object that protruded through the door, the bathroom ceiling had chipped paint and the bathroom door skin was loose. There was one resident who resided in this room.<br><br>4. In Room 28, on the inside of the bathroom door, the door skin was loose. On the wall behind the bathroom door and the adjacent wall, the base board had pulled away from the wall. The base board by the closet was loose and had pulled away from the wall. The resident's vinyl left wheelchair arm rest had cracked. There was one resident who resided in this room.<br><br>5. In Room 29, the paper towel dispenser handle was broken. There were three residents who shared this room.<br><br>Interview with the Administrator, the Maintenance Director and the Housekeeper Manager on 2/8/18 at 11:00 a.m., agreed the above findings were in need to be repaired and/or cleaned.<br><br>3.1-19(e) | | repaired and door skin re glued and resident's wheelchair arm rests replaced. Room 29 paper towel dispenser handle replaced.<br>2.100 % room audit completed for any hanging cords, loose door skins, door frame issues, chipped paint, sharp objects in doors, loose base boards, broken paper towel dispensers and cracked wheelchair arm rests. All identified concerns were recorded in Building Engine for repair scheduling.<br>3.All Department Heads will complete Environment Guardian Angel Rounds 1 time weekly for 4 weeks, then bi-monthly for 8 weeks, then monthly for 3 months. All identified environmental concerns will be reviewed and entered in Building Engines by ED/Designee, for scheduled maintenance. Monitor form # 1.<br>4.Results of monitoring will be tracked through QAPI monthly to ensure compliance. Upon any noted concerns or trends that are identified, monitoring/audits will be completed based on QAPI recommendations. | |

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| F 0684<br>SS=D<br>Bldg. 00 | 483.25<br>Quality of Care<br>§ 483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.<br>Based on observation, record review, and interview, the facility failed to ensure each resident received the necessary treatment and services related to the monitoring and assessment of a discoloration since admission for 1 of 1 residents reviewed for non-pressure related skin conditions. (Resident 84)<br><br>Finding includes:<br><br>On 2/6/18 at 8:30 a.m., Resident 84 was observed to have a large purple discoloration to his left upper arm. He indicated he believed it was from getting blood work in the hospital.<br><br>Record review for Resident 84 was completed on 2/7/18 at 3:02 p.m. He was admitted to the facility on 1/23/18.<br><br>A Wound Evaluation completed on 1/23/18 indicated the resident had a bruise to his left upper arm that measured 5 cm (centimeters) x 6 cm. The record lacked any documentation the bruise had been assessed or monitored since he was admitted.<br><br>Interview with LPN 1 on 2/8/18 at 10:42 a.m., indicated the resident's bruise to his left upper arm | F 0684 | 1.Resident # 84 skin assessment completed and recorded in PCC for monitoring. Resident discharged to home 2-24-2018.<br>2.100% resident skin sweep completed and identified skin integrity concerns were entered into PCC for monitoring according to Skin Integrity Guideline Policy. In-Service completed for all Nurse Staff regarding assessment, documentation and monitoring of resident skin integrity concerns.<br>3.DNS/Designee will monitor all residents for any skin integrity issues to ensure assessments and monitoring is completed, 5 days weekly for 4 weeks, then 3 days weekly for 4 weeks, then 1 day weekly for 4 weeks, and then 1 time monthly for 3 months. Monitor Form # 2.<br>4.Results of monitoring will be tracked through QAPI monthly to ensure compliance. Upon any noted concerns or trends that are identified, monitoring/audits will be | 03/11/2018 |

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| | had not been documented that it was assessed or monitored since he was admitted on 1/23/18, but should have been completed weekly.<br><br>A policy titled, "Skin Integrity Guidelines" and received as current from the Interim Director of Nursing on 2/8/18 indicated "...Objectives: Provide a guideline for optimal care to promote healing to patients/residents with all identified alterations in skin integrity (i.e. surgical incisions, skin tears, bruising etc)..." "...General Guideline: Patients/Residents will be assessed or observed for risk of skin breakdown:..." "...Weekly for 4 weeks (after admission or readmission)...."<br><br>3.1-37(a) | | completed based on QAPI recommendations. | |
| F 0880 SS=D Bldg. 00 | 483.80(a)(1)(2)(4)(e)(f)<br>Infection Prevention & Control<br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement | | | |

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| | based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(v) The circumstances under which 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; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. | | | |

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| | §483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>Based on observation, interview, and record review, the facility failed to ensure infection control measures were maintained for management of a PICC (a Peripherally Inserted Central Catheter) line for 1 of 1 residents observed for PICC line care. (Resident 184)<br><br>Finding includes:<br><br>During an observation of a PICC line dressing change on 2/6/18 at 10:40 a.m., the following was observed:<br><br>LPN 2 entered Resident 184's room. The resident was observed sitting in a wheelchair. The LPN explained the procedure to the resident and washed her hands. The LPN applied a clean pair of gloves and removed the old dressing by pulling it towards the shoulder of the resident. The old dressing was a white non-transparent Telfa island dressing (a dressing with an adhesive border and a non-stick gauze pad in the center) that had peeled up, exposing the PICC line insertion site. The LPN indicated the date on the old dressing had faded and the dressing was incorrect. The LPN washed her hands and opened a sterile dressing change kit. The LPN applied a mask over her mouth and nose then applied sterile gloves to both hands and covered the bedside table with the sterile drape (a cover placed on a clean surface prevent contamination of supplies). The nurse | F 0880 | 1.Resident # 184 PICC dressing was changed to appropriate dressing per Central Venous Catheter Dressing Changes Policy.<br>2.There are no other residents with Central Venous Catheters. 100% resident audit completed to identify additional residents with dressing change orders. Any identified wound dressing orders were reviewed to ensure Nursing staff following dressing change per order. All Nursing staff in-services regarding Central Venous Catheter Dressing Changes and Clean and Sterile Dressing Changes Procedure.<br>3.DNS/Designee will monitor all residents with dressing change orders 5 days weekly for 4 weeks, then 3 days weekly for 4 weeks, then 1 day weekly for 4 weeks, the 1 time monthly fir 3 months. Monitor form # 3.<br>Results of monitoring will be tracked through QAPI monthly to ensure compliance. Upon any noted concerns or trends that are identified, monitoring/audits will be completed based on QAPI | 03/11/2018 |

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| | opened 3 alcohol pads and a package of iodine swabs then placed them on the drape. The nurse cleansed the insertion site of the PICC line by using a back and forth motion to clean the site and a portion of the tubing and placed the used alcohol pad on the drape. The LPN used the other two alcohol pads to clean the PICC line site in the same manner she had with the first alcohol pad then placed them on the sterile draped after each was used. The LPN dabbed the site with sterile gauze then covered the site with a transparent dressing. LPN 2 was not observed to use the betadine swabs provided in the kit and had not instructed the resident to turn away from the site during the procedure, the resident's face was turned towards the PICC line site throughout the procedure.<br><br>An interview with the Field Service Clinical Director on 2/2/18 at 10:47 a.m. indicated the old dressing to the PICC line site was not correct.<br><br>An interview with the Interim Director of Nursing (DON) on 2/2/18 at 10:55 a.m., indicated the nurse should have followed the policy regarding care for the PICC line and had not.<br><br>A policy titled "Central Venous Catheter Dressing Changes," provided by the Interim DON on 2/6/18 at 11:00 a.m., indicated " ...Procedure To remove old dressing 1. Clean the over bed table with soap and water, alcohol or in accordance with the facility policy ...4. Resident should be lying on bed with head facing the opposite direction from dressing site ...To apply sterile dressing: ... 4. If using alcohol/iodine ... b. Use the alcohol wipes first. Clean in concentric circles with the first wipe. Discard the wipe. Repeat, using the same technique with the second and third wipes. c. Repeat the same process with three iodine swab. | | recommendations | |

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| | Do not remove iodine from skin ...e. Allow the iodine to air dry on skin before applying dressing ...."<br><br>3.1-18(a) | | | |