

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/19/2017
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00233060.</p> <p>Complaint IN00233060 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441 and F469.</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Census bed type: SNF/NF: 151 Total: 151</p> <p>Census payor type: Medicare: 19 Medicaid: 118 Other: 14 Total: 151</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 9/20/17.</p>	F 0000	<p>This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</p> <p>The facility respectfully request paper compliance Thank you for your consideration,</p> <p>Respectfully, Jason Eastlund, BSW, HFA</p>	
F 0441 SS=E Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program.</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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	<p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(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 based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the</p>			

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	<p>resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, record review, and interview, the facility failed to ensure hand hygiene protocols were followed related to hand washing not completed and gloves not changed between incontinence care and wound care and between wound care and flushing a nephrostomy tube of 1 of 2 residents observed during incontinence and wound care. This had the potential to affect 53 of 53 residents residing on the B-Wing. (Resident B)</p> <p>Finding includes:</p>	F 0441	<p>Res Identified</p> <p>RN 1 immediately had education and counseling from the executive director and director of nursing services.</p> <p>Others</p> <p>Prior to date of compliance, Nursing management observed dressing changes and flushes on each hall and varying shifts to ensure hand hygiene policy was being followed.</p>	10/17/2017

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	<p>On 9/19/17 at 5:20 a.m., Resident B was awake in bed. An Isolation set up was in the room. RN 1 and CNA 2 entered the room to provide wound care. The resident was repositioned to his right side. RN 1 began to remove the incontinence brief. The resident was incontinent of soft brown stool. CNA 2 held the resident to his side and RN 1 began to cleanse the resident with disposable wipes. A small dressing was noted to the right outer sacral area.</p> <p>After cleansing the rectal and perineal areas, RN 1 changed her gloves in the room. No hand washing or cleansing with alcohol gel was completed by the RN. The dressing was removed and a new foam dressing was applied. Gloves were not removed. The dressing was changed Upon interview, RN 1 indicated she had not washed her hands or used alcohol gel to cleanse her hands between glove changes.</p> <p>RN 1 then picked up a needleless syringe of fluid she had brought into the room and indicated she was going to flush the resident's nephrostomy tubes with normal saline. She approached the resident and held the nephrostomy bag and tubing and was going to flush the tube with the syringe of normal saline. The RN was stopped at this point. The RN was</p>		<p>Education</p> <p>All clinical staff was educated on hand hygiene policy and procedure, by nursing management, prior to date of compliance.</p> <p>Monitor</p> <p>Nursing management to monitor 5 wound treatments or flushes per week for 4 weeks, then 5 per month for 3 months, then 5 quarterly until substantial compliance is achieved.</p> <p>QAPI</p> <p>Any negative findings will be reviewed in monthly QAPI meeting and adjustments made to education and monitoring as needed.</p>	

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	<p>informed she had not changed her gloves between the dressing application and the preparation to administer the saline flush. RN 1 then proceeded to remove the gloves and wash her hands.</p> <p>The record for Resident B was reviewed on 9/19/17 at 5:55 a.m. Diagnoses included, but were not limited to, high blood pressure, acute kidney failure, anemia, and hydronephrosis.</p> <p>The quarterly MDS (Minimum Data Set) assessment indicated the resident required extensive staff assistance for bed mobility, transfers, and personal hygiene. The resident was incontinent of bowel and had an indwelling catheter in place.</p> <p>A Urine Culture was obtained on 8/28/17. The final report was positive for presence of Klebsiella Pneumoniae, Staphylococcus Aureus (MRSA), and Providencia Stuartii bacteria.</p> <p>Current Physician orders were as follows: 9/3/17 - Use Contact Isolation related to MRSA (an infection) in the nephrostomy tubes every shift. 9/6/17 - Doxycycline 100 mg (milligram) orally every 12 hours for ESBL (an infection in the urine) to be given every (12) hours for (14) days. Contact isolation was ordered on 9/3/17.</p>			

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	<p>7/25/17 - Flush Nephrostomy tubes with 100 cc (cubic centimeters) of normal saline every shift.</p> <p>A Weekly Skin Review, completed on 9/12/17, indicated an abrasion was observed on the resident's lower back area. A treatment was in place.</p> <p>A current Care Plan, last reviewed on 8/7/17, indicated Resident B was at risk for the development of pressure ulcer related a diagnoses of diabetes mellitus, and incontinence. A Braden Scale, completed on 9/1/17, indicated the resident was at risk for pressure ulcers related to obesity, diabetes mellitus, and incontinence</p> <p>On 9/19/17 at 6:00 a.m., The facility Administrator was informed of the above lack of hand hygiene. The Administrator indicated hand washing and glove changing should have been completed per policy.</p> <p>The facility policy titled " Hand washing/Hand Hygiene" was provided by the Administrator on 9/19/17 at 6:15 a.m. The Administrator indicated the policy was the one currently being used by the facility. Hand hygiene was to completed with an alcohol based hand rub or anti-microbial soap and water for the</p>			

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F 0469 SS=F Bldg. 00	<p>following:</p> <ul style="list-style-type: none"> - Before and after direct contact with residents. - Before preparing or handling medications - Before handling clean or soiled dressing, gauze pads, etc - After contact with a resident's intact skin. - After handling used dressing - After removing gloves - Before applying non sterile gloves <p>This Federal tag relates to Complaint IN00233060.</p> <p>3.1-18(I)</p> <p>483.90(i)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM (i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program related to ongoing occurrences of gnats in 1 of 1 kitchens. This had potential to affect 150 of 151 residents receiving meals from the kitchen. (The Main Kitchen)</p>	F 0469	<p>Res Identified</p> <p>Facility immediately had pest control come out and provide treatment on 9.19.17. Facility placed fans in the problem areas to reduce moisture. Facility also identified and fixed an issue in the cooler, which was contributing to the moisture problem.</p>	10/17/2017	

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	<p>Finding includes:</p> <p>During a Kitchen Sanitation tour on 9/19/17 at 10:05 a.m., the following was observed with the Dietary Manager present.</p> <p>a.) Gnats were observed flying around the hand washing sink and the garbage can under the sink.</p> <p>b.) Gnats were observed sticking to three yellow round cylinder type devices near the ice machine.</p> <p>c.) Gnats were observed flying around above the ice machine.</p> <p>d.) Gnats were observed flying around the water drain on the floor hear the ice machine.</p> <p>e.) Gnats were observed around the doorway between the above area and the dishwasher room.</p> <p>Pest Control Service Inspection Reports completed by the Pest Control company were reviewed for the following dates: 7/27/17 - Conditions/Observations - 20 total 20 pests observed - Leaking pipe in the food service area/dishwasher area to be repaired to prevent pest activity</p>		<p>Others</p> <p>Facility wide walk thru was completed by the ED and Maintenance director to identify any other areas affected by gnats.</p> <p>Education</p> <p>ED, Dietary Department and Maintenance Department reviewed F – Tag 469</p> <p>Monitor</p> <p>Facility will have weekly treatments by Pest Control until the Gnat issue is resolved. Facility will identify water issues in the kitchen on a daily basis for 30 days, then weekly for 4 weeks then quarterly until substantial compliance is achieved.</p> <p>QAPI</p> <p>Any negative findings will be reviewed in monthly QAPI meeting and adjustments made to education and monitoring as needed.</p>		

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	<p>- Baseboard peeling away- repair or replace to prevent pest activity. Comments - Need to control standing water to help eliminate drain fly issue</p> <p>8/24/17 - Conditions/Observations</p> <p>- Leaking pipe in the food service/dishwasher area to be repaired to eliminate water source for pest.</p> <p>- Baseboard peeling away- to be repaired to prevent pest activity</p> <p>During an interview on 9/19/17 at 10:05 a.m., the Dietary Manager indicated there have been gnats in the above area for months. The Administrator and Maintenance Director were aware. No gnats have been observed in the food prep area.</p> <p>During an interview on 9/19/17 at 10:50 a.m., the Maintenance Director indicated the concern with the gnats in the Kitchen has been going on for a while. The Pest Control company was last here August 24, 2017.</p> <p>During an interview on 9/19/17 at 10:58 a.m. the facility Administrator indicated he was aware of the occurrences of gnats in the Kitchen and Pest Control has been treating. The Administrator indicated the service sheet he had from the Pest Control company was dated 8/24/17 and</p>			

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	<p>he felt they had been at the facility since then. The Administrator called the Pest Control company at this time and per speaker phone, the Pest Control company confirmed they were last in the facility on 8/24/17. The Pest Control recommended a cleansing solution he could bring next visit.</p> <p>This Federal tag relates to Complaint IN00233060.</p> <p>3.1-19(f)(4)</p>				