| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155502 | A. BUILDING 00<br>B. WING | 05/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
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| TRANSCENDENT HEALTHCARE OF OWENSVILLE | 7336 W STATE ROAD 165<br>OWENSVILLE, IN 47665 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00407315.<br><br>Complaint IN00407315 - Federal/state deficiencies related to the allegations are cited at F880.<br><br>Survey dates: May 8 & 9, 2023<br><br>Facility number: 000328<br>Provider number: 155502<br>AIM number: 100287960<br><br>Census Bed Type:<br>SNF/NF: 56<br>Total: 56<br><br>Census Payor Type:<br>Medicare: 9<br>Medicaid: 42<br>Other: 5<br>Total: 56<br><br>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality review completed on May 12, 2023. | F 0000 | By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective May 19, 2023, to the state findings of the Complaint Survey conducted on May 9, 2023. | |
| F 0880<br>SS=E<br>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. | | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Robin L McCarty | Executive Director | 05/22/2023 |

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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| | §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 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 | | | |

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| | 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.<br><br>§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. | | | |
| | Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained during 2 of 3 observations of care, 1 of 1 observations of meal service, and 1 of 1 observations of blood glucose monitoring. Staff failed to perform hand hygiene directly after removing gloves and did not perform adequate hand hygiene following care. A staff member wore acrylic fingernails while handling food and beverage, and staff failed to clean a glucose monitor between residents. (Resident B, Resident C, Resident D, Resident G, Resident T)<br><br>Findings include:<br><br>1. During record review on 5/8/23 at 10:00 A.M., Resident B's diagnoses included, but were not limited to; unspecified contact dermatitis. | F 0880 | *1.) The corrective action taken for those residents found to have been affected by the deficient practice is that* the resident identified as resident B is now receiving personal care by staff members who are performing proper hand hygiene in accordance with acceptable standards of infection control practices, including performing hand hygiene in between glove changes. The CNAs identified as CNA 4 and 5 are now utilizing hand hygiene and proper glove usage in accordance with acceptable standards of infection control practices. | 05/19/2023 |

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| | Resident B's physician orders included, but were not limited to; contact precautions for 8 days (started 5/1/23).<br><br>During an observation on 5/9/23 at 9:35 A.M., CNA 4 and CNA 5 were providing incontinence care for Resident B. CNA 5 was providing perineal care by cleaning BM (bowel movement) from Resident B's buttocks. CNA 5 removed and threw away soiled gloves, then donned new gloves without performing hand hygiene. CNA 5 returned to Resident B and continued providing perineal care. Without changing gloves, CNA 5 put a clean fitted sheet on the resident's bed, and applied a barrier cream to Resident B's buttocks. CNA 5 then removed gloves and donned another set of gloves without performing hand hygiene. CNA 4 continued cleaning BM from around Resident B's scrotum. CNA 4 then removed gloves and performed hand washing with a 10 second scrub time.<br><br>2. During an observation on 5/9/23 at 10:15 A.M., Resident C was being assisted while toileting in the shower room. CNA 5 donned gloves and guided Resident C while sitting on the commode. CNA 5 removed Resident C's brief and applied a new one while the resident sat on the commode. CNA 5 then removed their gloves, adjusted their face mask, grabbed the handle to the shower room door and opened the door to call for assistance before performing hand washing with a 10 second scrub time.<br><br>During an interview on 5/9/23 at 11:30 A.M., CNA 4 indicated staff should perform hand hygiene between glove use, should change gloves when going from a dirty to clean task. CNA 4 indicated staff should perform hand washing for at least 20 - | | *2.) The corrective action taken for those residents found to have been affected by the deficient practice is that* the resident identified as resident C is now receiving assistance with toileting and incontinence care by staff members who are performing proper hand hygiene in accordance with acceptable standards of infection control practices, including proper glove usage. The CNA identified as CNA 5 is now utilizing hand hygiene and proper glove usage in accordance with acceptable standards of infection control practices.<br>*3.) The corrective action taken for those residents found to have been affected by the deficient practice is that* the residents identified as residents G and D are now receiving their blood sugars taken with a glucometer that has been properly cleaned and disinfected after each use. The QMA identified as QMA 3 has been re-educated on the facility's policy related to the proper cleaning and disinfecting of the glucometer between each resident usage in accordance with the acceptable standards of infection control practices. QMA 3 is now properly cleaning and disinfecting the glucometer between each resident's usage in accordance with facility policy and acceptable standards of infection control | |

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| | 30 seconds.<br><br>On 5/9/23 at 12:15 A.M., the Facility Administrator supplied a facility policy titled, Personal Protective Equipment - Using Gloves, dated 9/5/22, and a policy titled, Hand washing/Hand Hygiene, dated 8/4/22. The policies included, "...Wash hand and/or sanitize hands after removing gloves..." and, "...Lathering hands 2. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for at least forty - sixty (40 - 60) seconds..."<br><br>3. During an observation on 5/9/23 at 11:00 A.M., QMA 3 was checking Resident G's blood sugar level using a glucometer. QMA 3 performed hand hygiene and exited Resident G's room with the glucometer. QMA 3 then approached Resident D at the end of the hall and without cleaning the glucometer, check Resident D's blood sugar level.<br><br>During record review on 5/9/23 at 11:10 A.M., Resident G's diagnoses included, but were not limited to; type 2 diabetes.<br>Resident G's physician orders included, but were not limited to; Accucheck 4 times a day.<br><br>During record review on 5/9/23 at 11:15 A.M., Resident D's diagnoses included, but were not limited to; type 2 diabetes.<br>Resident D's physician orders included, but were not limited to; Accucheck before meals and at bedtime.<br><br>During an interview on 5/9/23 at 11:05, QMA 3 indicated all the diabetic residents on the hall share a glucometer and that the glucometer should be cleaned every shift.<br><br>During an interview at 11:40 A.M., LPN 7 | | practices.<br>*4.) The corrective action taken for those residents found to have been affected by the deficient practice is that* the resident identified as resident T is now receiving assistance with meal service in accordance with acceptable standards of infection control practices, which includes the wearing of gloves by staff members who are wearing acrylic nails. The staff member identified as CNA 5 is now wearing gloves when assisting with meal service when acrylic nails are worn.<br><br>*The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that* all residents have the potential to be affected by these deficient practices. All residents are now being provided personal assistance by staff members who are performing acceptable standards of infection control practices with hand hygiene and glove usage when providing personal care or assisting with meal service. In addition, residents who require blood glucose monitoring are being provided this service with the use of a clean and disinfected glucometer prior to each fingerstick.<br>*The measures that have been put into place to ensure that the* | |

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| | indicated that if a glucometer is being used for more than one resident, it should be cleaned after each use using a Sani-Cloth wipe.<br><br>On 5/9/23 at 12:15 A.M., the Facility Administrator supplied a facility policy titled, Sanitizing and Disinfecting Glucometers, dated 9/5/22. The policy included, "It is the policy of the facility to sanitize and disinfect the glucometer in between use of each resident."<br><br>4. During an observation on 5/9/23 at 11:50 A.M., CNA 5 was passing out lunch trays to residents on the hall. CNA 5 entered Resident T's room, and assisted the resident by setting up the lunch tray and opening an individual juice carton.<br>During an interview on 5/9/23 at 11:52 A.M., CNA 5 indicated they were wearing acrylic fingernails.<br><br>During an interview on 5/9/23 at 12:00 P.M., the DON (Director of Nursing) indicated staff should wear gloves during meal service if wearing acrylic nails.<br><br>On 5/9/23 at 12:15 A.M., the Facility Administrator supplied a facility policy titled, Food Preparation and Service, dated 8/4/22. The policy included, "...Food Service/Distribution... Fingernails and Jewelry ...Gloves should be worn if acrylic nails are worn by staff..."<br><br>This Federal tag relates to complaint IN00407315.<br><br>3.1-18(b)<br>3.1-18(l) | | *deficient practice does not recur is that* a mandatory in-service has been provided for all nursing staff on the acceptable standards of infection control practices related to proper hand hygiene and glove usage. The staff members have also been re-educated on the use of gloves while wearing acrylic nails and assisting the residents with meal service. A mandatory in-service has also been provided for all licensed nurses and QMAs on the facility policy related to the cleaning and disinfecting of glucometers between each resident usage.<br>*The corrective action taken to monitor to ensure the deficient practice will not recur is that* a Quality Assurance tool has been developed and implemented to monitor the staff's performance of infection control practices, related to hand hygiene, glove usage, wearing of acrylic nails and the cleaning and disinfecting of glucometers. This tool will be completed by the Infection Preventionist weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted. | |