

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/20/2021
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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP CODE 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaint IN00362234. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00362234- Substantiated. Federal/State deficiencies related to the allegations are cited at F921.</p> <p>Survey dates: September 20, 2021</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicare: 2 Medicaid: 33 Other: 6 Total: 41</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 23, 2021.</p>	F 0000	<p>F921 483.90 [i]: A safe, functional, and comfortable environment will be provided for residents at Premier Healthcare of New Harmony by virtue of the following corrections, noted below: Rooms 309, 312, and 313 were cited for odors and unsanitary conditions. An odor of urine and feces was found in these rooms. This odor situation was addressed in a team effort by both nursing and environmental services. These cited rooms were deep cleaned and sanitized to the surface, in all affected areas, to correct this citation. Urine was noted on the floor in room 309 and it was thoroughly cleaned and sanitized the day of the survey. Stains [suspected feces] were noted on cups and bed linens. These areas have been thoroughly cleaned, sanitized, and/or disposed of. "Resident B" was observed washing out feces from her brief and pants in her room sink. This resident has a long history of engaging in this type of behavior. Social Services and nursing personnel have attempted to mitigate this behavior but the resident in question persists in this behavior. Staff will continue to monitor this resident and</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>encourage her to not partake in this type of activity.</p> <p>Housekeeping and Nursing personnel will continue to work, to the best of their ability, to prevent or clean up any future occurrences of this nature.</p> <p>The facility has reviewed all residents to assess whether any others are engaged in this type of activity or behaviors. At this writing there are no other residents involved in this nature of behavior, but staff shall continue to be observant in case additional cases such as this emerge in the future.</p> <p>Premier Healthcare of New Harmony shall closely monitor the noted residents specifically, and all residents in general, for future episodes of this type of behavior. This will preserve resident dignity and maintain a clean environment and sanitary conditions for residents and staff.</p> <p>This plan of correction is being shared with all staff members and they will be instructed to be acutely aware of the potential for future episodes involving the residents who engage in this type of activity and behaviors. These residents shall be continuously reminded by staff members, to engage in sanitary activities and encouraged to use good hygiene. Staff will be periodically reminded of the potential for a return to this</p>	

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F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, record review, and interview the facility failed to ensure a sanitary and clean environment for 1 of 4 units observed. Odors were noted on the locked dementia unit, bathroom floors had pools of urine on them, commodes had feces stains, and bathrooms had strong urine odors, and bed sheets were observed with brown stains on them. (Rooms 309, 312, 313, Resident B)</p> <p>Findings include:</p>	F 0921	<p>unsanitary activity by certain residents and how to address the correction if such behavior reoccurs.</p> <p>The Assistant Director of Nursing and the Environmental Services Supervisor shall be the designated personnel to monitor for compliance of these cited focused infection control issues. In addition, the ADON and Environmental Services Supervisor shall plan and execute periodic [at least 2 times annually] staff education on this matter to prevent such occurrences in the future.</p> <p>The date certain for these corrections to be effective is October 15, 2</p> <p>F921 483.90 [i]: A safe, functional, and comfortable environment will be provided for residents at Premier Healthcare of New Harmony by virtue of the following corrections, noted below: Rooms 309, 312, and 313 were cited for odors and unsanitary conditions. An odor of urine and feces was found in these rooms. This odor situation was addressed in a team effort by both nursing</p>	10/15/2021

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	<p>During the initial tour on 9/20/21 at 8:40 a.m.-9:00 a.m., the following was observed,</p> <p>1. Room 309 had a strong feces odor upon entering. The bathroom had a strong urine odor, urine standing in the commode, and a puddle of urine on the floor in front of the commode.</p> <p>On 9/20/21 at 1:05 p.m., the same was observed.</p> <p>2. Room 312 had a strong feces odor upon entering and had brown stains noted on the bed sheet.</p> <p>On 9/20/21 at 1:12 p.m., the same was observed.</p> <p>3. Room 313 had a strong feces odor upon entering. The floor in front of the bed had shredded paper and every drawer of the nightstand was pulled open. The commode in the bathroom had feces on and inside it, and the bathroom had a strong urine odor.</p> <p>During an observation on 9/20/21 at 1:16 p.m., Resident B was observed in her wheelchair just outside her bathroom in her room. A water cup was on the floor beside her with feces on the outside of it. Resident B had her pants and brief off. Resident B's brief was in the sink with the water running. She was rinsing out the feces from the brief into the sink. CNA 1 came in and stated this was a common occurrence. She was going to wash up the resident and clean the feces up from the bathroom and sink.</p> <p>During an interview with the Housekeeping Director on 9/20/21 at 11:20 a.m., she indicated all rooms are cleaned daily by the housekeeping staff. Each housekeeper is assigned specific rooms. She provided a copy of the room cleaning</p>		<p>and environmental services. These cited rooms were deep cleaned and sanitized to the surface, in all affected areas, to correct this citation. Urine was noted on the floor in room 309 and it was thoroughly cleaned and sanitized the day of the survey. Stains [suspected feces] were noted on cups and bed linens. These areas have been thoroughly cleaned, sanitized, and/or disposed of. "Resident B" was observed washing out feces from her brief and pants in her room sink. This resident has a long history of engaging in this type of behavior. Social Services and nursing personnel have attempted to mitigate this behavior but the resident in question persists in this behavior. Staff will continue to monitor this resident and encourage her to not partake in this type of activity. Housekeeping and Nursing personnel will continue to work, to the best of their ability, to prevent or clean up any future occurrences of this nature. The facility has reviewed all residents to assess whether any others are engaged in this type of activity or behaviors. At this writing there are no other residents involved in this nature of behavior, but staff shall continue to be observant in case additional</p>	

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	<p>duties, which included, take out trash, trash cans sanitized, sanitize all surfaces (bed side tables, dressers, door knobs, doors, etc.), bathroom- check call lights, refill toiletries, sweep, mop, window and window sill, remove any soiled linen and take to soiled linen barrels, wipe bed rails and foot and headboards-clean mattress if bed is stripped or as needed, always ask resident if there is anything you can do for them before leaving and always wish them a great day and thank them.</p> <p>During an interview with Housekeeper 1 on 9/20/21 at 1:10 p.m., she indicated she had a list of rooms to clean daily, and her cleaning included, take out trash, clean bathroom, toilets, sweep/mop floor, clean call light, bed rails, and surfaces. She indicated if there was feces on the floor, she was to notify a CNA so that they could clean it up. Housekeeping will only clean up feces if on/in the commode.</p> <p>During an interview with CNA 1 on 9/20/21 at 1:13 p.m., she indicated CNAs must clean up feces if it is anywhere other than the commode. After they clean it up, they can then notify housekeeping to come and clean the room. She must walk up and down the hall on the locked dementia unit and check rooms constantly since several residents like to go in their rooms and remove their briefs and " play in their feces."</p> <p>During a review of the current policy, " Cleaning and Disinfection of Environmental Surfaces," revised May 2020, provided by the Assistant Director of Nursing (ADON) on 9/20/21 at 1:36 p.m., indicated, " Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA Bloodborne</p>		<p>cases such as this emerge in the future. Premier Healthcare of New Harmony shall closely monitor the noted residents specifically, and all residents in general, for future episodes of this type of behavior. The nursing and housekeeping staff members will monitor this resident at least two-times daily x 8 weeks then daily for 8 weeks then weekly x4 months for recurrences of the noted behavior, which caused the citation. This will preserve resident dignity and maintain a clean environment and sanitary conditions for residents and staff.</p> <p>This plan of correction is being shared with all staff members and they will be instructed to be acutely aware of the potential for future episodes involving the residents who engage in this type of activity and behaviors. These residents shall be continuously reminded by staff members, to engage in sanitary activities and encouraged to use good hygiene. Staff will be periodically reminded of the potential for a return to this unsanitary activity by certain residents and how to address the correction if such behavior reoccurs.</p> <p>The Assistant Director of Nursing/designee and the Environmental Services Supervisor/designee shall be the</p>	

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	<p>Pathogens Standard...Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions...Housekeeping surfaces and environmental surfaces will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled...Spills of blood or other potentially infectious materials will promptly be cleaned and decontaminated...If the spill contains large amounts of blood or body fluids, the visible matter will be cleaned with disposable absorbent material, and the contaminated materials discarded in an appropriate, labeled container."</p> <p>This Federal tag relates to Complaint IN00362234.</p> <p>3.1-19(f)</p>		<p>designated personnel to monitor for compliance of these cited focused infection control issues two-times daily x 8 weeks then daily for 8 weeks then weekly x4 months for recurrences. In addition, the ADON and Environmental Services Supervisor shall plan and execute periodic [at least 2 times annually] staff education on this matter to prevent such occurrences in the future.</p> <p>An Ad Hoc QAPI meeting was conducted on Tuesday September 21, to address the cited occurrence. Attending the Ad Hoc QAPI was the Administrator, Director of Nursing, Asst. Director of Nursing, and Social Service Designee. This will be brought to QAPI x 6 months and then re-evaluated by the QAPI team to see if needs to be continued.</p> <p>A plan was decided upon and put into action to address the cause and effect of the of the actions of Resident B. It was the consensus of the Ad Hoc QAPI participants that, based on the mental capacity of Resident B, there is not a practical way to permanently stop the cited behavior. The agreed QAPI plan is to monitor the resident in question and, if observed to be preparing to engage in this behavior again, intervene and stop the behavior. If the behavior has already occurred, then immediate</p>	

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			cleaning and sanitization of the affected areas shall take place. The date certain for these corrections to be effective is October 21 , 2021.		