

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

PRINTED: 04/16/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155066		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/25/2024	
NAME OF PROVIDER OR SUPPLIER  EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1809 N MADISON AVE ANDERSON, IN 46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00429208, IN00429965, IN00430343, IN00430730, and IN00430721.</p> <p>Complaint IN00429208 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00429965 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430343 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430730 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430721 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 18, 19, 20, 21, 22, and 25, 2024</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 4 Medicaid: 58 Other: 7 Total: 69</p>			F 0000	<p>This provider respectfully requests that this 2567 Plan of Correction to be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of post survey review.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Victoria Kinley

Executive Director

04/10/2024

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 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 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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F 0880 SS=D Bldg. 00	<p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 4, 2024.</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control 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.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p>						

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	<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 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>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. 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 assure staff handled</p>			F 0880	What corrective action(s) will be accomplished for those residents		04/10/2024

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	<p>medications in a sanitary manner and performed hand hygiene during a medication administration observation on the Willow Lane Unit.</p> <p>Findings include:</p> <p>During a medication administration observation on the Willow Lane unit, on 3/21/24 at 8:48 a.m., RN 2 was preparing medications for a resident. She punched six capsules from the medication card into her bare hand. She opened each capsule with bare hands and emptied the contents into a medication cup. She proceeded to administer the medication to the resident with other crushed medications. RN 2 did not sanitize her hands following administration.</p> <p>At 8:59 a.m., RN 2 prepared an "as needed" pain pill for a resident and administered the medication. She failed to sanitize her hands.</p> <p>At 9:01 a.m., RN 2 prepared medications for a resident and administered the medications. Upon returning to the medication cart, LPN 3 spoke with RN 2 regarding sanitizing her hands. RN 2 performed hand hygiene using an alcohol based hand rub.</p> <p>During the observation, RN 2 indicated she should have been sanitizing her hands between preparing medications for residents. She indicated gloves should have been worn when opening capsules to administer medications ordered to be crushed.</p> <p>A current facility policy, revised 7/2023, titled, "Medication Administration," provided by the DON on 3/22/24 at 3:15 p.m., indicated "...Procedure Steps:...5. Medications are opened without contaminating...."</p>				<p>found to have been affected by the deficient practice;</p> <p>RN 2 has been educated per DNS on medication administration and hand hygiene.</p> <p>No negative outcome for residents on Willow Lane. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents receiving medication have the potential to be affected.</p> <p>In-service all nursing staff on medication administration procedure and hand hygiene, per DNS/Designee by 4/8/24.</p> <p>Complete medication administration skills validations and hand hygiene skills validations with all nurses.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>In-service all nursing staff on medication administration procedure and hand hygiene per DNS/Designee by 4/8/24 .</p> <p>Weekly medication administration observations per assigned Nursing IDT.</p> <p>All new hire nurses will complete medication administration skills validation and hand hygiene skill validation.</p>		

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	A current facility policy, revised 5/2023, titled, "Infection Prevention and Control Program Policy," provided by the Administrator following entrance conference on 3/22/24, indicated "...Policy: The facility shall establish and maintain infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections....Goals:...5. Maintain compliance with state and federal regulations related to infection prevention and control...."  3.1-18(l)				How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;  Ongoing compliance with this corrective action will be monitored via POC CQI Tool will be completed weekly x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved. If Threshold of 100% is not met, an action plan will be developed to ensure compliance.  By what date the systemic changes will be completed; Completion date: 4/10/24		