

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

PRINTED: 10/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155270		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2023	
NAME OF PROVIDER OR SUPPLIER  CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP CODE 510 W MEDCALF ROAD DALE, IN 47523			
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F 0000  Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 08/02/2023. This visit included a PSR to the Investigation of Complaint IN00412693 completed on 08/02/2023.</p> <p>Complaint IN00412693-Corrected</p> <p>Survey dates: September 27 &amp; 28, 2023</p> <p>Facility number: 000170 Provider number: 155270 AIM number: 100287490</p> <p>Census Bed Type: SNF/NF: 36 Total: 36</p> <p>Census Payor Type: Medicaid: 35 Other: 1 Total: 36</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 6, 2023.</p>			F 0000	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. We are requesting paper compliance.</p>		
F 0880 SS=E Bldg. 00	<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>						

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

TITLE

(X6) DATE

Lorri Maples

Administrator

10/19/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>§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; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility</p>						

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	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper infection control practices were in place to prevent infection for 2 of 6 observations of medication administration, 1 of 1 observations of a glucometer check, and 2 of 3 observations of incontinence care. Staff touched pills with bare hands before administering medications, staff did not appropriately wear personal protective equipment (PPE) during a medication administration, and staff did not wash their hands appropriately after a glucometer reading. Staff did not do hand hygiene and glove change during perineal care, didn't wipe front of resident only buttocks during perineal care, and did not wipe down the wheelchair after having a puddle of</p>			F 0880	<p>1 Immediate action(s) taken for the resident(s) found to have been affected include: A root cause analysis was completed to determine what happened and identify solutions and corrective actions.</p> <p>Resident 14 is no longer on contact isolation precautions.</p> <p>Clocks were placed by hand washing sinks for a visual aid when washing hands for 20 seconds or longer.</p> <p>Reminder stickers were placed by</p>		11/15/2023

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	<p>urine under the wheelchair and saturated lift pad and pants. (Resident 178, Resident 8, Resident 14, Resident 31, Resident 9)</p> <p>Findings include:</p> <p>1. On 9/28/23 at 6:45 A.M., LPN 3 was observed to prepare medications for Resident 178. LPN 3 obtained a pack of carbamepazine 200mg (milligrams) from the medication cart, pushed the medication out of the blister pack, and obtained the pill with her bare hands. The tablet was then placed into the medication cup and administered to the resident. Hand hygiene was not observed before or during the process.</p> <p>2. On 9/28/23 at 11:31 A.M., RN 5 was observed performing a glucometer check for Resident 8. After the reading was obtained, RN 5 took off her gloves, entered the bathroom, and washed her hands with a seven second lather.</p> <p>3. On 9/28/23 at 11:39 A.M., LPN 3 was observed to administer medications to Resident 14. LPN 3 indicated the resident was on transmission based precautions (TBP) for a C-diff infection, and staff was required to put on PPE to enter the room. At that time, there was not a sign on the door that indicated what type of TBP was in place. LPN 3 was observed to obtain a gown, gloves, and an N95 mask from the cart sitting just outside the resident's door. LPN 3 put on the gloves, then the gown, then put an N95 mask with the top strap only. The bottom strap was observed hanging under her chin. LPN 3 then entered the room and administered medications to the resident. LPN 3 removed the PPE in the resident's bathroom, then walked within arms length of the resident who was lying in bed to turn off the call light button on the wall before exiting the room. LPN 3 then obtained</p>				<p>hand washing sinks.</p> <p>In-services for donning/doffing PPE-including masks and gloves, peri care, hand washing, medication pass, wheelchair cleaning and glucometers. Staff will be checked off no less than 3 times then, ongoing during audits. This in-service will be provided monthly to staff for 6 months.</p> <p>Each diabetic resident now has their own glucometer. Staff to be in-service on cleaning/disinfecting per manufacturer directions.</p> <p>2 Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected.</p> <p><b>3 Actions taken/systems put into place to reduce the risk of future occurrence include:</b> All nursing staff were in-serviced on donning and doffing PPE, including gloves and masks, peri care, handwashing, wheelchair cleaning, glucometers, and medication pass. Staff will be checked off no less than 3 times then, ongoing during audits. This in-service will be provided monthly to staff for 6 months. In-service training and ongoing 1 on 1 observations include observation of all staff performing hand hygiene, nursing staff performing peri care,</p>		

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	<p>a bottle of hand sanitizer from the front pocket of her uniform shirt, and sanitized her hands. At that time, LPN 3 indicated there was supposed to be a sign on the door that indicated what type of TBP was in place, but there was a resident that took the signs down.</p> <p>On 9/28/23 at 1:13 P.M., the Infection Preventionist (IP) indicated hand washing should be performed for at least 20 seconds, staff should not touch medications with bare hands when administering to residents, and N95 masks should be worn with both straps. At that time, she indicated she was unsure how far staff should be from a resident on TBP without wearing PPE, but assumed it was six feet because "droplets can carry".</p> <p>4. On 9/28/23 at 12:02 P.M., incontinence care was observed on Resident 31. CNA 7 donned gloves and moved the lift to position under wheelchair that resident was sitting in. CNA 9 laid chucks on the resident's bed. CNA 7 grabbed pants and a clean incontinence pad from the closet. CNA 7 hooked up the lift pad to the lift and used controls to lift resident but lift indicated it needed a battery. CNA 9 took gloves off and went to get another battery. CNA 7 opened the bathroom door and turned on the facet to wet wash cloths. CNA 7 removed a blanket from the resident's lap. CNA 9 brought in battery and attached it to the lift. CNA 9 used ABHR (Anti-Bacterial Hand Rub) and donned gloves. CNA 7 operated controls to raise lift and maneuvered the lift towards the bed. CNA 9 guided Resident 31 over the bed. The lift pad under Resident 31 was saturated. CNA 7 lowered the resident onto the bed and moved the lift out of the way. CNA 9 pulled the privacy curtain and both CNAs pulled and pushed the bed out from the wall. Resident 31's pants were saturated. CNA 7 took the saturated pants off and</p>				<p>PPE, and w/c cleaning procedures according to facility policy and checked off.</p> <p>Corrective action will be provided as needed, up to and including termination if noncompliance is found to continue.</p> <p>Clocks were placed by hand washing sinks for a visual aid when washing hands for 20 seconds or longer.</p> <p>Reminder stickers were placed by hand washing sinks.</p> <p><b>4 How the corrective action(s) will be monitored to ensure the practice will not recur:</b></p> <p>The Director of Nursing Services will audit the IC program binder monthly to ensure all infections, monitoring, in-services, or education are included in the program. Any noncompliance will result in reeducation of the IP nurse and or counseling's up to and including termination.</p> <p>The IP nurse and/or designee will complete 3 random <i>Validation</i> Check offs a day, 5 x a week for 8 weeks, then 2 a day, 4 x a week, for 8 weeks and then 1x a day, 2 x a week x 8 weeks, to ensure staff are performing hand hygiene and peri care according to standards of practice for infection control. This includes agency staff if working.</p> <p>The Director of Nursing will audit 2</p>		

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	<p>then put up the rail on the side of the bed. Both CNAs unfastened saturated incontinence pad. Resident 31 was rolled on to his left side and CNA 9 held him there, while CNA 7 yanked the saturated incontinence pad out from under the resident. CNA 7 rolled the chuck and saturated lift pad under the residents left side. CNA 7 used wet wash cloth to the bottom of the scrotum and Resident 31's buttocks. CNA 7 took another wash rag and wiped the bottom of the scrotum and buttocks again. CNA 7 grabbed the clean brief and put it under the resident's right side. Resident 31 was rolled to his right side and CNA 7 held the resident with her gloved hands while CNA 9 pulled out the saturated lift pad and chuck. Resident 31 was rolled on to his back. CNA 7 put the saturated pants, lift pad, and chucks into a trash bag and then fastened the incontinence pad. CNA 7 put lift pad under left side and pulled his pants up. CNA 7 pushed the bed back using the same gloves. CNA 7 grabbed the lift and put it into position by the bed. There was a puddle of urine under Resident 31's wheelchair. CNA 7 hooked the lift pad up to the lift, used the controls to lift the resident, and lowered resident into chair. The chair was not sanitized before the resident was put back into it. Resident 31 asked 3 times to wash his hands. His request was not followed through. CNA 7 put the same blanket back onto the resident's lap and then put a rolled up blanket behind the resident's head using gloved hands. CNA 7 took off gloves and took linens to dirty laundry and CNA 9 pushed the resident down to the dining room, both leaving the puddle of urine on the floor.</p> <p>5. On 9/28/23 at 9:54 A.M., CNA (Certified Nurses Aide) 7 and CNA 9 was observed to perform perineal care to Resident 9. CNA 7 obtained a dry washcloth from the clean linen cart in the hallway. She entered the Resident 9's room. CNA 7 held the</p>				<p>med pass and glucometer usage/cleaning 5 days a week for 8 weeks, then 1 med pass and glucometer usage/cleaning 3 days a week for 8 weeks, then 1 med pass and glucometer usage/cleaning 1 day a week for 8 weeks.</p> <p>Any noncompliance will result in reeducation and/or counseling up to and including termination. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.</p> <p>Corrective action completion date :11/15/23</p>		

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	<p>washcloth against her shirt while she donned gloves inside the room. Resident 9 was sitting on the toilet in the bathroom. CNA 7 entered the bathroom, laid the clean towel on the sink, and moved the resident's personal bag off of her wheelchair and placed it on the resident's bed. CNA 9 donned gloves and assisted the resident to stand by pulling up on the resident's arm. CNA 7 turned on the sink, wet the washcloth, and put soap on the washcloth. At that time, Resident 9's legs started to buckle and CNA 9 lowered the resident back down on to the toilet by her arm. CNA 7 placed the wet, soapy washcloth on the towel rack bar. CNA 7 placed a gait belt around the resident's waist. CNA 7 opened a garbage bag and placed it on the resident's wheelchair. CNA 7 moved the wheelchair aside, removed the washcloth from the towel rack bar, and assisted CNA 9 to stand the resident up using the gait belt. CNA 7 wiped the resident from front to back on her backside only and indicated the resident had only urinated. CNA 7 placed the washcloth in the bag, assisted CNA 9 to pull up the resident's pants and brief, and helped the resident to sit in her wheelchair. Using the same gloves, CNA 7 adjusted Resident 9's clothes, removed the gait belt, and placed the gait belt around her own waist. CNA 7 removed her gloves. CNA 7 took the trash bag out of the trash can and tied it up, and pushed the resident in her wheelchair out into her room. Resident 9 was not offered to wash her hands. CNA 9 removed her gloves, performed hand hygiene and left the room. CNA 7 handed the resident her bag and placed the right footrest on the wheelchair. The left footrest could not be located. CNA 7 donned gloves and went through Resident 9's belongings until it was found. She placed the left footrest on the wheelchair and lifted the resident's legs into the footrests. CNA 7 took off her gloves and performed hand hygiene.</p>						

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	<p>On 9/28/23 at 1:13 P.M., the Infection Preventionist indicated staff should change their gloves between touching something dirty and something clean in order to avoid contamination to the clean area. Staff should also perform hand hygiene before putting on gloves. She further indicated that once linens have been prepared with soap and water, they should not touch anything besides the resident. At that time, she indicated staff should offer the opportunity for residents to wash their hands after using the restroom.</p> <p>On 9/28/23 at 1:07 P.M., a current undated Hand Hygiene Policy was provided by the DON (Director of Nursing) and indicated " ... recommends health-care workers to clean their hands: 1. before touching a patient 2. before clean/aseptic procedures, after body fluid exposure/risk 4. after touching a patient and 5. after touching patient surroundings ... "</p> <p>On 9/28/23 at 1:07, a current undated Perineal Care policy was provided by the DON and indicated "perform hand hygiene and put on gloves. ... for Males: a. Assist resident to supine [laying on back] position [unless contraindicated] b. Gently raise penis and place bath towel underneath. c. Wet washcloth and apply perineal cleanser. If using prepackaged product, open package and obtain the wet cloth. d. Gently retract the foreskin if applicable. e. Hold the shaft of the penis with one hand and was [sic] with the other. Begin cleansing tip of penis at urethral meatus using a circular motion and working outward. f. Replace foreskin, if applicable. g. Cleanse the shaft of the penis, using downward strokes toward the scrotum. Use separate section of washcloth or new disposable wipe with each stroke. h. Cleanse</p>						



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	<p>the scrotum, using a clean portion of the washcloth, new washcloth, or new disposable wipe with each stroke. i. Pat dry. j. Turn the resident on his side. k. Clean and dry the bottom of the scrotum and the anal area ... "</p> <p>On 9/28/23 at 1:07 P.M., the Director of Nursing (DON) provided a current non-dated Medication Administration policy that indicated "Tablets and capsules are not to be touched directly with hands"</p> <p>On 9/28/23 at 1:07 P.M., the DON provided a current non-dated Personal Protective Equipment policy that indicated "This facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff"</p> <p>This deficiency was cited on August 2, 2023. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-18(b)(2) 3.1-18(l)</p>						