

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

PRINTED: 09/01/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 08/12/2021	
NAME OF PROVIDER OR SUPPLIER  OASIS ASSISTED LIVING, INC				STREET ADDRESS, CITY, STATE, ZIP COD 4301 WASHINGTON AVE EVANSVILLE, IN 47714			
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R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 11 and 12, 2021.</p> <p>Facility number: 013613</p> <p>Residential Census: 49</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on August 17, 2021.</p>			R 0000			
R 0118  Bldg. 00	<p>410 IAC 16.2-5-1.4(c) Personnel - Deficiency (c) Any unlicensed employee providing more than limited assistance with the activities of daily living must be either a certified nurse aide or a home health aide. Existing facilities that are not licensed on the date of adoption of this rule and that seek licensure within one (1) year of adoption of this rule have two (2) months in which to ensure that all employees in this category are either a certified nurse aide or a home health aide.</p> <p>Based on record review and interview, the facility failed to ensure an individual working as a home health aide had a State certification for 1 of 1 HHA's reviewed. HHA's certification had expired. (HHA 1)</p> <p>Finding includes:</p> <p>During review of the HHA certifications on 8/11/21 at 4:10 p.m., HHA (Home Health Aide) 1</p>			R 0118	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is submitted timely and in accordance with State and Federal Regulatory Guidelines.</p>		09/10/2021

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 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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	<p>was observed to have begun employment at the facility on 9/15/20. HHA 1's certification expired on 4/20/19. The State of Indiana "Registry History" indicated HHA 1's licensure had been "Terminated/Expired Too Long" and HHA 1 would need to take an examination..</p> <p>Review of the HHA schedule from August 4, 2021 through August 11, 2021 indicated HHA 1 had worked on 8/6/21, 8/7/21, and 8/8/21 on the night shift from 10:30 p.m. until 6:45 a.m., assisting with resident care.</p> <p>The facility lacked documentation of HHA 1's recertification from the Indiana Department of Health.</p> <p>On 8/11/21 at 4:18 p.m., the Administrator indicated HHA 1 had not made arrangements to obtain her HHA recertification and would be removed from the schedule to work until she obtained her recertification.</p> <p>The current facility policy, "Hiring an Employee without an Indiana License," revised 4/20/20, provided by the Administrator on 8/12/21 at 2:54 p.m., included, but was not limited to, "The employee is eligible to work up to 120 days, but must follow the guidelines below and provide the following information to the Human Resource Department: Notification of testing date once scheduled. Test results when received. After 120 days, if the employee has not followed the above stated guidelines, he/she will not be eligible to work."</p>		<p>This facility also respectfully requests a desk review be performed to review this plan of correction and re-establish facility compliance.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No resident was found to be negatively affected by deficient practice.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Upon identifying HHA licenses being expired, said staff was pulled from schedule and immediately completed and passed an HHA course. All documentation of the completion was turned into HR director on 8/11/21.</p> <p>What corrective action will be taken?</p> <p>An Audit was conducted on 8/12/21, and again on 8/26/21 to ensure all other staff had valid licenses. This audit showed all employees had valid licenses statuses.</p> <p>What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>Reviewed and updated Policy</p>				

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R 0144  Bldg. 00	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary environment for 2 of 2 days observed. Laundry facilities had washing machines with rust and a white substance on them, carpets had stains on them, and the secured unit had a strong urine odor. (Secured dementia unit)</p> <p>Findings Include:</p> <p>1. During an observation on 8/11/21 at 10:35 a.m., the carpeting in the dining, 100 hall, Game Room, and Hearth Room had stains on them. The same was observed on 8/11/21 at 3:20 p.m., and 8/12/21</p>		R 0144	<p>"Hiring an employee without Indian License" to include hiring employees without a license at all. All hiring staff was educated on checking status of licenses for all appropriate staff before the person is hired, additionally knowing expiration dates for said license to ensure they are renewed. How does the facility plan to monitor its performance to make sure that solutions are sustained? An Audit will be conducted every month by the HR director, and brought to managers meeting to discuss expiration with all directors. Administrator will then approve audits.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Due to the nature of this deficiency, all residents have the potential to be affected by the deficient practice. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? Random Resident Audit is being conducted to discuss the concerns of smell</p>		09/10/2021	

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R 0246  Bldg. 00	<p>at 9:51 a.m.</p> <p>2. During an observation on 8/11/21 at 10:38 a.m., the secured dementia unit had a strong odor of urine on the 100 hall and in the common area. The same was observed on 8/11/21 at 3:30 p.m. and 8/12/21 at 9:55 a.m.</p> <p>3. During an observation on the secured dementia unit on 8/12/21 at 9:10 a.m., the secured dementia unit laundry room 2 of the 4 washers were observed a dry white substance in the tub with one of the washers having rust around the bleach dispenser.</p> <p>During an interview on 8/12/21 at 11:43 a.m., Housekeeper 1 indicated the facility had the carpeting cleaned by a professional cleaner periodically, but the housekeepers would spot clean areas that required it</p> <p>During an interview on 8/12/21 at 12:15 p.m., the Administrator indicated the facility had a professional carpet cleaner who would clean the carpets weekly. She indicated the facility had a carpet cleaner to clean the carpets in between times, but some of the stains would not come out.</p> <p>The facility lacked documentation of a policy or cleaning schedule for the facility.</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate</p>				<p>and carpets. No resident expressed that they were negatively affected.</p> <p>3. What corrective action will be taken? A deep cleaning was conducted of resident rooms and common areas. Random Resident Apartment Audits are being conducted to ensure there is no urine smell present. The facility is testing a Hydroxyl Generator machine that can help purify air and improve indoor air quality by decomposing organic and inorganic air contaminants. The washer was replaced.</p> <p>4. What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur? We have increased the carpet cleanings and started a new cleaning schedule for cleaning the washing machines.</p> <p>5. How does the facility plan to monitor its performance to make sure that solutions are sustained? Administrator and or designee will complete an audit on random units &amp; Common areas 3x a week for 30days, then weekly 6 months or until total compliance is achieved.</p>		

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	<p>authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on interview and record review, the facility failed to ensure a QMA (Qualified Medication Aide), had prior authorization from a nurse before administering a PRN (As Needed) medication for 2 of 7 residents reviewed. ( Resident 9, Resident 30 )</p> <p>Findings include:</p> <p>1. On 8/11/21 at 2:45 p.m., Resident 9's record was reviewed. Resident 9 had an order for the following, PRN Tramadol (pain medication), 50 mg (milligram) given by QMA 1 on the following dates:</p> <p>7/3/21 at 9:05 a.m. 7/3/21 at 3:48 p.m. 7/10/21 at 9:57 a.m. 7/10/21 at 4:08 p.m. 7/11/21 at 3:45 p.m. 7/18/21 at 10:46 a.m. 7/18/21 at 3:37 p.m. 7/24/21 at 9:03 a.m. 7/24/21 at 4:26 p.m.</p> <p>Resident 30's record lacked documentation of the nurse giving prior authorization of the PRN medication.</p> <p>2. On 8/12/21 at 9:45 a.m., Resident 30's record was reviewed. Resident 30 had the following order for Fluticasone Prop (nasal spray) 50 mcg ( microgram) given by QMA 3 on 8/4/21 at 9:14 a.m. Resident 9's record lacked documentation of the nurse giving authorization of the PRN medication.</p>		R 0246	<p>1.What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Assessments of affected residents were completed; no adverse effects were noted on PRN medication Administered. QMA 1 &amp; 3 were immediately reeducated on how to properly administer a PRN.</p> <p>2.How will the facility identify other residents having the potential to be affected by the same deficient practice? A review of all other residents found no other residents were affected by practice.</p> <p>3.What corrective action will be taken? In service of all appropriate staff on the new policy for obtaining prior approval on any PRN to be administered.</p> <p>4.What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur? A policy is being created on PRN being administered by a QMA. Once Created and approved, all appropriate staff will be in-service on new policy.</p> <p>5.How does the facility plan to monitor its performance to make sure that solutions are sustained? The CNL or designee will audit all</p>		09/10/2021	

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R 0273  Bldg. 00	<p>On 8/12/21 at 2:36 p.m., the Administrator indicated the facility had no policy on QMA's administering PRN medications.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment for 3 of 4 kitchen observations. Hair was not covered, hand hygiene was not completed, gloves changed, opened food was unlabeled and/or undated, (Secured Dementia Kitchen, Assisted Living Kitchen, Dietary Manager, Dietary 1, HHA 2, Marketing 1, Resident 34)</p> <p>Findings include:</p> <p>During an observation of the kitchen on the secured dementia unit on 8/12/21 between 8:17 a.m. - 9:00 a.m., the following were observed:</p> <ol style="list-style-type: none"> <li>Boxes of frozen foods were observed in the floor of the walk-in freezer.</li> <li>Boxes of refrigerated foods were observed in the floor of the walk-in refrigerator.</li> <li>Boxes of food items were observed sitting on the floor in the dry storage area.</li> </ol>			R 0273	<p>prns administered by pulling a report in our emar system and ensuring all proper steps were followed weekly for 60 days and biweekly for 6 months or until compliance is achieved.</p> <ol style="list-style-type: none"> <li>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Assessments of affected residents were completed; no adverse effects were noted on PRN medication Administered. QMA 1 &amp; 3 were immediately reeducated on how to properly administer a PRN.</li> <li>How will the facility identify other residents having the potential to be affected by the same deficient practice? A review of all other residents found no other residents were affected by practice.</li> <li>What corrective action will be taken? Inservice of all appropriate staff on the new policy for obtaining prior approval on any PRN to be administered.</li> <li>What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur? A policy is being created on PRN</li> </ol>		09/10/2021

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	<p>4. The free-standing refrigerator was observed with orange particles in the bottom, a container of fruit with no label or open date, and a rubber gasket was observed hanging out from the bottom of the door.</p> <p>5. The Dietary Director was observed with facial hair exposed.</p> <p>6. A utensil drawer was observed with food particles and debris in it.</p> <p>7. The kitchen floor had dirt and debris throughout it.</p> <p>During an on observation of the kitchen on the secured dementia unit on 8/12/21 from 11:45 a.m. -12:55 p.m., p.m., the following were observed:</p> <p>1. The boxes of frozen foods remained in the floor of the walk-in freezer.</p> <p>2. The walk-in freezer had a bag of meat wrapped in plastic wrap on top of an open bag of corn on the cob with no label or open date and a bag of parmesan cheese wrapped in plastic wrap with no open date.</p> <p>3. A plastic bag of meat and 3 bowls of salad were observed in the walk-in refrigerator with no label or open date.</p> <p>4. The walk-in freezer had ice build-up in the top near the ventilation system.</p> <p>5. The Dietary Director was observed with exposed facial hair.</p> <p>6. Dietary 1 was observed with hair hanging out of the back of his hairnet.</p>				<p>being administered by a QMA. Once Created and approved, all appropriate staff will be in-service on new policy.</p> <p>5.How does the facility plan to monitor its performance to make sure that solutions are sustained? The CNL or designee will audit all prns administered by pulling a report in our emar system and ensuring all proper steps were followed weekly for 60 days and biweekly for 6 months or until compliance is achieved</p>		

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	<p>7. The kitchen floor had dirt and debris and was sticky in places.</p> <p>8. During an observation of the pureeing process in the Secured Dementia Kitchen, Dietary 1 was observed to don gloves, obtain the carrots, place the carrots into the blender, place a plate over the top of the blender, and blend the food. Dietary 1 removed the plate and placed it onto the prep table. After placing the carrots into a bowl, the carrots were covered with plastic wrap and placed into the warmer. Dietary 1 took the blender to the dishwasher and placed it into a tray. After washing the blender, Dietary 1 returned with the blender, placed the pork slices into the blender, covered the blender with the same plate, and pureed the meat. He placed the meat into a bowl, covered the bowl with plastic wrap, and placed the bowl into the warmer. He took the blender to the dishwasher and placed it into the tray. Dietary 1 changed his gloves and washed his hands. After washing the blender, Dietary 1 returned with the blender and placed navy beans into it. He placed the same plate on top of the blender prior to blending the food. After checking the consistency, Dietary 1 obtained approximately 1/2 slice of bread and placed the bread into the blender, once again covering it with the plate. After completing the puree process, the beans were placed into a bowl, covered with plastic wrap, and placed into the warmer.</p> <p>On 8/11/21 at 12:30 p.m., the Dietary Director indicated opened foods should be wrapped, labeled, and an open date placed on the food.</p> <p>On 8/11/21 at 2:30 p.m., the Administrator provided the "Weekly Cleanings" for the kitchen for the week of 8/9/21-8/14/21. The Administrator</p>						



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	<p>indicated the Dietary Director had not had a cleaning schedule for the kitchen until this week as he had not had any help until then.</p> <p>During an interview on 8/12/21 at 1:49 p.m., the Dietary Director indicated gloves should be changed and hand hygiene performed between each task. Facial hair should be covered and he would be ordering facial coverings and hair should be kept under a hairnet.</p> <p>9. On 8/11/21 at 8:16 a.m. through 8:38 a.m., Marketing 1 was observed to serve glasses of water and orange juice to residents while wearing medical gloves and surgical mask. Marketing 1 was observed to touch Resident 34's chair, and adjust his facemask. Marketing 1 continued to serve fluids and bowls of cereal to Resident 34. Marketing 1 was observed to continue touching his surgical mask to adjust, removed his gloves and utilized hand sanitizer, and applied new gloves. Marketing 1 then served oatmeal to residents. Marketing 1 then was observed to touch the back of a wheelchair and move back to serving juice and water glasses, touched his mask, then served Resident 34.</p> <p>On 8/11/21 at 8:42 a.m., Marketing 1 indicated he was new. He "changed gloves when he touches something outside the food serving, like the keypad" of the wall computer.</p> <p>10. On 8/11/21 at 12:08 p.m. HHA 2 (Home Health Aide ), was observed in the Assisted Living kitchen. HHA 2 was observed to have on gloves, plating food and delivering lunch to the dining room. HHA 2 was observed to open the steamer, plate food on individual plates, delivering each one to residents in the dining room. HHA 2 did not change gloves, or perform hand hygiene in between going in and out of the kitchen touching</p>						

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	<p>multiple surface with her gloves on. At the end of the service, HHA 2 was observed to serve the last two plates in the dining room, take off her gloves and hold them in her hand walk down a hallway, walk back to the kitchen, throw away the gloves, and wash her hands.</p> <p>On 8/11/21 at 12:28 p.m., HHA 2 indicated every time she goes back into the kitchen she takes off her gloves, washes her hands, and puts new gloves on.</p> <p>The current facility policy, "Food Service Specific," revised 4/20/20, provided by the Administrator on 8/12/21 at 2:35 p.m., included, but was not limited to, Food Service employees shall clean their hands and exposed portions of their forearms immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils and unwrapped single-service articles and the following: During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks... Before placing gloves on hands... After engaging in other other activities that contaminate the hands. If used, single-use gloves will be: Discarded when damaged, soiled, or interruptions occur in the performance of a task. Food service employees shall wear hair restraints that are designed and worn to effectively keep their hair from contacting: exposed food, clean equipment, utensils, and linens, and unwrapped single-service and single-use articles.</p> <p>The current facility policy, Dietary-Sanitation and Safety," revised 4/16/20, provided by the Administrator on 8/12/21 at 2:35 p.m., included, but was not limited to, "The facility shall keep all kitchens, kitchen areas, common dining areas,</p>						

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NAME OF PROVIDER OR SUPPLIER  OASIS ASSISTED LIVING, INC				STREET ADDRESS, CITY, STATE, ZIP COD 4301 WASHINGTON AVE EVANSVILLE, IN 47714			
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R 0326  Bldg. 00	<p>equipment, and utensils clean, free from litter and rubbish, and maintained in good repairing accordance with 410IAC 7-24. Cleaning schedules will (be)completed and assigned."</p> <p>410 IAC 16.2-5-7.1(a) Activities Programs - Deficiency (a) The facility shall provide activities programs appropriate to the abilities and interests of the residents being served.</p> <p>Based on observation, interview, and record review, the facility failed to provide activities programs for 2 of 2 days of the survey appropriate to the interests of the residents for 1 of 2 units in facility. Activities were not provided to residents on the Assisted Living unit. (Assisted Living unit, Resident 23)</p> <p>Findings include:</p> <p>On 8/11/21 at 10:45 a.m., HHA 2 was observed sitting behind a desk on the Assisted Living unit. No activities were occurring on the Assisted Living Unit.</p> <p>During an interview on 8/12/21 at 10:00 a.m. Resident 23 was observed sitting in her room. Resident 23 indicated she had only been at the facility for approximately 6 weeks. She indicated the facility lacked activities for the residents on the Assisted Living unit. She indicated she would like to have Bible study, but had been told that religion was not encouraged at the facility. She indicated another resident on the unit and herself would go to other facilities to participate in Bible study but could not understand why they did not</p>		R 0326	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Due to the nature of the deficiency all residents in the Assisted Living had the potential to be affected. New activity calendar was introduced immediately and is being followed regardless of participation.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>3. What corrective action will be taken? All activity staff and AL Staff In-service on activities, what is expected, how to document completed activities. Additionally, new activities are being introduced into the AL. Will continue to add more as we find interest.</p> <p>4. What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur?</p>		09/10/2021	

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	<p>offer it at the facility. She did enjoy participating in Bingo. The residents usually had to go to the secured dementia unit in order to participate in activities. Resident 23 produced a copy of a calendar for the secured dementia unit for August, 2021, and indicated she had received the calendar from the activity department at the beginning of the month.</p> <p>On 8/12/21 at 10:10 a.m., AA 1 (Activity Assist) was observed to invite Resident 23 to an outing to "feed the ducks" at a local park. Resident 23 declined and indicated it was too hot outside. The outdoor temperature was 86 degrees Fahrenheit with humidity of 70% at 10:15 a.m.</p> <p>On 8/12/21 at 10:37 a.m., HHA 2 was observed sitting behind a desk on the Assisted Living Unit. No activities were occurring on the Assisted Living Unit.</p> <p>During an interview on 8/12/21 at 1:30 p.m., the Administrator indicated it was difficult to provide activities to the residents on the Assisted Living Unit as the unit had a small amount of residents and the residents were usually unable to decide what activities they wanted to do.</p> <p>During an interview on 8/12/21 at 1:47 p.m., the Activity Director indicated she did not have an activity calendar for the residents on the Assisted Living Unit. She indicated the facility had a full-time HHA on the unit to provide activities.</p> <p>On 8/12/21 at 1:50 p.m., the Activity Director provided an activity calendar, dated July, 2021. The calendar included 1-2 activities per day on the Assisted Living Unit. There was not a calendar for August 2021, August Calendar was not provided.</p>				<p>Activity performance/participation will be audited through a report pulled from our CRM. Our goal is to have everyone participate in at least 2 activities. Activity Discover tool created.</p> <p>5. How does the facility plan to monitor its performance to make sure that solutions are sustained? Activity Director will pull reports 3x per week 60days, then weekly for 6 months or until total compliance is achieved</p>		

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	<p>Activities were listed as followed:</p> <p>7/1/21: nothing listed</p> <p>7/2/21 at 10:30 a.m.: Music with Byron - Town Square (on the secured dementia unit)</p> <p>7/2/21 at 12:00 p.m.: Independence Day Cook Out - Courtyard by game room</p> <p>7/3/21: nothing listed</p> <p>7/4/21 at 11:00 a.m.: Independence Day Fun Facts/Trivia</p> <p>7/4/21 at 1:00 p.m.: Patriotic Sing Along - Town Square (on the secured dementia unit)</p> <p>7/4/21 at 5:30 p.m.: Light up the Night with/ Sparklers - Courtyard</p> <p>7/5/21 at 10:00 a.m.: Catholic Communion - Game Room</p> <p>7/6/21: nothing listed</p> <p>7/7/21 at 3:00 p.m.: Piano with Rod - Music Room</p> <p>7/8/21 - 7/10/21: nothing listed</p> <p>7/11/21 at 1:00 p.m.: Sunday Worship with Reverend Jim - Town Square (on secured dementia unit)</p> <p>7/13/21 at 1:00 p.m.: Walmart</p> <p>7/14/21 at 6:00 p.m.: Oldies Rock with Larry (last night) - Town Square (on secured dementia unit)</p> <p>7/15/21: nothing listed</p> <p>7/16/21 at 12:00 p.m.: Cook Out - Courtyard by the Game room</p> <p>7/17/21: nothing listed</p> <p>7/18/21 at 1:00 p.m.: Sunday Worship with Reverend Jim - Town Square (on secured dementia unit)</p> <p>7/19/21 at 10:00 a.m.: Catholic Communion - Game room</p> <p>7/20/21: nothing listed</p> <p>7/21/21 at 1:00 p.m.: July Birthday Party</p> <p>7/21/21 at 3:00 p.m.: Piano with Rod - Music room</p> <p>7/22/21 at 10:30 p.m.: State Park to Feed Ducks</p> <p>7/23/21 at 12:00 p.m.: Cook Out - Courtyard by the Game room</p>						

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R 0414  Bldg. 00	<p>7/24/21: nothing listed 7/25/21 at 1:00 p.m.: Sunday Worship with Reverend Jim - Town Square (on secured dementia unit) 7/26/21 at 10:00 a.m.: Catholic Communion - Game room 7/27/21 at 1:30 p.m.: Accordion with Helen - Town Square (on secured dementia unit) 7/28/21 at 1:00 p.m.: Walmart 7/29/21: nothing listed 7/30/21 at 2:00 p.m.: Music with Cynthia - Music room 7/31/21: nothing listed</p> <p>The current facility policy, "Activities Programs," revised 4/10/21, provided by the Administrator on 8/12/21 at 2:35 p.m., included, but was not limited to, "The facility shall provide activities programs appropriate to the abilities and interests of the residents being served.</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed for 1 of 6 residents reviewed for medication pass. Hand hygiene was not performed. ( Resident 34)</p> <p>On 8/11/21 at 11:32 a.m., LPN 1 was observed to perform an accucheck to Resident 34, put the lancet in the sharps container, and still wearing the same gloves, removed the insulin pen from the medication cart, dial the amount of insulin to be administered and return to Resident 34 and</p>			R 0414	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? LPN immediately performed hand hygiene once they realized their mistake. No adverse effects were found in residents whom were identified as being affected.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice? _ Due to</p>		09/10/2021

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	<p>administer the insulin. LPN 1 returned to the medication cart and discarded the needle in the sharps container, and removed her gloves. LPN 1 then obtained a powdered supplement and mixed in a glass of water and gave to Resident 36.</p> <p>On 8/11/21 at 11:51 a.m., LPN 1 indicated she usually performs hand hygiene after every resident, but "I didn't do it on the last one".</p> <p>On 8/11/21 10:30 a.m., the Infection Control policy was provided by the Administrator as part of the Infection control program of the facility, with a revision date of 4/27/21. The policy included, but was not limited to, use of hand hygiene and gloves per aseptic principals by all staff whose job responsibilities involve direct resident contact, contact with resident environment... proper handwashing technique will be used always, using the World Health Organization handwashing guidelines.</p>				<p>the nature of this deficiency, all residents have the potential to be affected by the deficient practice.</p> <p>3. What corrective action will be taken? All clinical staff is to be in-serviced on proper hand hygiene and glove usage.</p> <p>4. What measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not recur? The CNL or designee will perform hand hygiene audit for all clinical staff.</p> <p>5. How does the facility plan to monitor its performance to make sure that solutions are sustained? Audits will consist of at least 4 different clinical staff weekly for until compliance is achieved. Results of audits will be brought to weekly meeting to be discussed and signed off on from Admin or designee.</p>		