

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

PRINTED: 10/17/2024
FORM APPROVED
OMB NO. 0938-039

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155157 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 09/13/2024 | |
| NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - RICHMOND CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1042 OAK DR RICHMOND, IN 47374 | | | |
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| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00440948.</p> <p>Complaint IN00440948 - Federal/state deficiencies related to the allegations are cited at F684.</p> <p>Survey dates: September 5, 6, 9, 10, 11, 12, and 13, 2024</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census bed type: SNF/NF: 60 Total: 60</p> <p>Census payor type: Medicare: 3 Medicaid: 49 Other: 8 Total: 60</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 17, 2024.</p> | | | F 0000 | | | |
| F 0554 SS=D Bldg. 00 | <p>483.10(c)(7) Resident Self-Admin Meds-Clinically Approp</p> <p>Based on interview, observations, and record review, the facility failed to ensure Resident 44 had a self-administration of medications</p> | | | F 0554 | F 554 Resident Self-Admin Meds-Clinically Appropriate | | 10/04/2024 |

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

TITLE

(X6) DATE

Marshal Bowman

HFA

10/11/2024

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>assessment completed for 1 of 1 resident reviewed for self-administration of medications.</p> <p>Findings include:</p> <p>The clinical record for Resident 44 was reviewed on 9/11/2024 at 11:20 a.m. The medical diagnoses included chronic respiratory failure and chronic obstructive pulmonary disease.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 8/29/2024, indicated Resident 44 was cognitively intact and did not have behaviors.</p> <p>A self-administration care plan, initiated on 9/10/2024, indicated an intervention of completing a self-administration assessment per the facility's protocol.</p> <p>During an interview and observation, on 9/5/2024 at 11:21 a.m., indicated Resident 44 had two medication nasal sprays. Resident 44 indicated they kept the two medicated nasal sprays on the over-bed table, staff knew about the medicated nasal sprays, and staff told them to just keep the medicated nasal sprays in "one spot".</p> <p>During an interview on 9/5/2024 at 11:30 a.m., QMA 6 indicated Resident 44 utilized over the counter nasal sprays that the family provided, and Resident 44 kept at the bedside.</p> <p>During an observation on 9/10/2024 at 1:55 p.m., Resident 44 had two medicated nasal sprays on the bedside table.</p> <p>A self-administration assessment, dated 9/10/2024 at 6:29 p.m., indicated that Resident 44 was fully capable of self-administration for nasal</p> | | | | <p>-what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Self-administration of medication assessment completed, and resident deemed appropriate prior to medications at bedside.</p> <p>-how other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken</p> <p>Audit of all residents to ensure self-administration of medication assessment has been completed, as indicated.</p> <p>-what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>All clinical staff are educated on Resident Self-Administration of Medications policy and the need to report medications at bedside.</p> <p>-how the corrective action will be monitored to ensure that deficient practice will not recur; i.e., what quality assurance program will be put into place</p> <p>Audits will be conducted for all new admissions as follows: 3 new admissions per week for 30 days,</p> | | |

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| F 0558 SS=D Bldg. 00 | <p>decongestants.</p> <p>A policy entitled, "Resident Self-Administration of Medications", was provided by the Director of Nursing Services on 9/12/2024 at 9:40 a.m. The policy indicated, " ...A resident may only self-administer medications after the facility's intradisciplinary team has determined which medications may be self-administered safely ...the opportunity to self-administer medications during the routine assessment ..."</p> <p>3.1-11(a)</p> <p>483.10(e)(3) Reasonable Accommodations Needs/Preferences</p> <p>Based on observation, interview, and record review, the facility failed to provide fresh water daily for 1 of 1 resident reviewed for hydration. (Resident C)</p> <p>Findings include:</p> <p>During an observation and interview with Resident C on 9/9/24 at 11:30 a.m., the resident had two cups of thickened juice on the bedside table and no water. Resident C indicated she liked juice but would like to have fresh water every day also.</p> <p>During an observation on 9/10/24 at 1:59 p.m., Resident C had a cup of thickened coffee and a cup of thickened juice. The resident did not have</p> | | F 0558 | <p>1 new admission per week for 30 days, and twice monthly for the remainder of the 6 months. The results of these audits are to be reviewed at QAPI x 6 months to track any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>-by what date the systemic changes for each deficiency will be completed</p> <p>Friday, October 4, 2024.</p> <p>F 558 Reasonable Accommodations Needs/Preferences</p> <p>-what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Residents provided thickened water at bedside.</p> <p>-how other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken</p> | | 10/04/2024 | |

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| | <p>any water.</p> <p>During an observation and interview with Resident C on 9/11/24 at 2:52 p.m., the resident had a cup of thickened coffee and juice. The resident did not have any water. Resident C indicated she had not had any water in the last five days.</p> <p>During an observation on 9/12/24 at 1:17 p.m., Resident C had a cup of thickened coffee and a cup of thickened juice. The resident did not have any water.</p> <p>Review of the clinical record of Resident C, on 9/11/24 at 2:15 p.m., indicated the diagnoses included, but were not limited to, congestive heart failure, pneumonia, dementia, chronic obstructive pulmonary disease, hypertension, anxiety, dysphagia, and history of pressure ulcer to the right buttock.</p> <p>A physician order for Resident C, dated September 2024, indicated the resident was to be up in a chair for all meals. The resident was ordered a regular diet and thickened liquids with nectar/mildly thick consistency.</p> <p>The plan of care for Resident C, dated 8/11/23, indicated the resident was at risk for constipation. The interventions included, but were not limited to, encourage fluids.</p> <p>The plan of care for Resident C, dated 8/11/23, indicated the resident had alteration in elimination of bowel and bladder. The interventions included, but were not limited to, encourage fluids.</p> <p>During an interview with the Director of Nursing Services on 9/12/24 at 2:00 p.m., they indicated the</p> | | | | <p>Audit of all residents to ensure beverage of choice is provided daily.</p> <p>-what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>All staff are educated on hydration policy and resident preferences.</p> <p>how the corrective action will be monitored to ensure that deficient practice will not recur; i.e., what quality assurance program will be put into place</p> <p>Audits to be conducted as follows: 3 residents weekly for 30 days, 2 residents weekly for 30 days, and 1 resident weekly for the remainder of the 6 months. The results of these audits are to be reviewed at QAPI x 6 months to track any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>-by what date the systemic changes for each deficiency will be completed</p> | | |

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| F 0684 SS=D Bldg. 00 | <p>nursing staff were responsible to ensure Resident C had fresh water daily.</p> <p>The hydration policy provided by the Executive Director, on 9/13/24 at 1:00 p.m., indicated the facility offers each resident sufficient fluid, including water and other liquids, consistent with resident needs and preferences to maintain proper hydration and health.</p> <p>3.1-3(v)(1)</p> <p>483.25 Quality of Care</p> <p>1. Based on observation, interview, and record review, the facility failed to follow physician orders for obtaining daily and monthly weights for 2 of 2 residents reviewed for weights. (Resident 6 and 44).</p> <p>2. Based on observation, interview, and record review, the facility failed to have accurate skin assessments, follow physician orders for no brief while in bed, and have heels floated for 1 of 3 residents reviewed for skin. (Resident C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 6, reviewed on 9/9/24 at 2:19 p.m., indicated diagnoses included, but were not limited to, schizophrenia, muscle weakness, cognitive communication deficit, diabetes mellitus, and abnormal weight loss.</p> <p>During an observation on 9/9/24 at 11:47 a.m., Resident 6 was lying back in bed. Her legs were uncovered, and they were red and swollen.</p> | | | F 0684 | <p>F 684 Quality of Care</p> <p>-what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Daily and monthly weights were obtained per physician orders for 2 of 2 residents.</p> <p>Discussed with physician the order for no brief in bed and to have heels floated. The No brief order has been discontinued and resident supplied with heel protective boots.</p> <p>Skin assessments completed and up to date.</p> <p>-how other residents having the potential to be affected by the same deficient practice will be</p> | | 10/04/2024 |

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| | <p>A quarterly Minimum Data Set (MDS) assessment, dated 7/31/24, indicated Resident 6 was cognitively intact, had limited extremity impairment to both lower extremities, and required a wheelchair for mobility.</p> <p>A physician order, dated 2/23/24, indicated a monthly weight to be obtained on the 16th of every month.</p> <p>A progress note, dated 3/14/24, indicated Resident 6 asked about the swelling in her legs and lack of leg strength and there was minimal swelling to both lower legs.</p> <p>A review of weights was obtained and documented 2/29/24- 172.6 pounds (lbs.), 7/10/24- 178.2 lbs., 7/31/24- 178.2 lbs., 8/1/24- 189.4 lbs., and 9/10/24- 179 lbs. This indicated Resident 6 was not weighed for four months and a re-weigh was not obtained after an abnormal weight was obtained, on 8/1/24.</p> <p>A progress note, dated 8/3/24 at 7:16 a.m., by Registered Dietician (RD) 7 indicated a weight of 189.4 reviewed with a 6.3 % weight increase. "MD [Medical Director] and family notified. Suspect outlier weight, rec [recommend] re-weigh for verification."</p> <p>A progress note, dated 8/12/24 at 3:45 p.m., by RD 9 indicated weight gain may be due to edema and to observe Resident 6 for weight increase and decrease with the absence and /or presence of edema.</p> <p>A progress noted, dated 9/10/24 at 5:41 p.m., by the Director of Nursing Services (DNS) indicated a re-weigh was collected and ace wraps (a compression bandage) were to be on bilateral</p> | | | | <p>identified and what corrective actions will be taken</p> <p>Audit of all residents to ensure current monthly weights are obtained per physician orders, accurate skin assessments completed, and bedbound residents reviewed for the need of heel protection.</p> <p>-what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p> <p>All clinical staff are educated the Weight Monitoring Policy, Skin assessments, and following physician order.</p> <p>how the corrective action will be monitored to ensure that deficient practice will not recur; i.e., what quality assurance program will be put into place</p> <p>Audits to be conducted as follows: 3 residents with daily weight orders reviewed 2x per week for 30 days, 3 residents 1x per week for 30 days, and 3 residents monthly for the remainder of the 6 months. The need for heel protection of 3 bedbound residents 2x per week for 30 days, 2 residents 1x per week for 30 days, and 1 resident monthly for the remainder of the 6 months. Accurate skin assessments for 5 residents</p> | | |

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| | <p>lower extremities every morning and off at bedtime.</p> <p>A care plan provided by the DNS, on 9/12/24 at 11:12 a.m., indicated Resident 6 had a history of significant weight changes with interventions, dated 9/11/22, for weights as ordered.</p> <p>During an interview with the DNS on 9/12/24 11:15 a.m., indicated she delegates to the certified nurse aides (CNAs) to obtain weights for residents as ordered by the physician. The DNS indicated when an abnormal weight was obtained, a re-weight was done.</p> <p>2. The clinical record for Resident 44 was reviewed on 9/11/2024 at 11:20 a.m. The medical diagnoses included chronic respiratory failure and chronic obstructive pulmonary disease.</p> <p>A Quarterly MDS assessment, dated 8/29/2024, indicated Resident 44 was cognitively intact, did not have behaviors, and received diuretics in the seven days prior to the assessment.</p> <p>A dehydration care plan, initiated on 7/9/2024, indicated Resident 44 was at risk for fluid imbalance due to diuretic use. An intervention indicated to record Resident 44's weight per order and notify physician of weight gains/losses.</p> <p>A physician order, dated 5/5/2024, indicated to notify Resident 44's provider of a weight gain of three pounds in 24 hours or a weight gain of five pounds in one week.</p> <p>A physician order, dated 5/15/2024, indicated to obtain daily weights for Resident 44 before eating or drinking.</p> <p>Resident 44's weight record, dated 8/1/2024 through 9/12/2024, indicated a weight gain of</p> | | | | <p>weekly for 30 days, 3 resident weekly for 30 days, 1 resident weekly for 30 days, and 1 resident biweekly for the remainder of the 6 months. The results of these audits are to be reviewed at QAPI x 6 months to track any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis.</p> <p>-by what date the systemic changes for each deficiency will be completed</p> <p>Friday, October 4, 2024.</p> | | |

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| | <p>three of more pounds within 24 hours 11 times.</p> <p>Review of the progress notes, on 9/12/2024, indicated Resident's 44 provider was notified three times a weight gain of three or more pounds between 8/1/2024 through 9/12/2024.</p> <p>During an interview, on 9/12/2024 at 2:30 p.m., the DNS indicated they could not locate where a provider was notified of Resident 44's weight gain for eight incidents between 8/1/2024-9/12/2024. The DNS indicated the direct care nursing staff were responsible for obtaining daily weights and notifying appropriate providers if indicated.</p> <p>During an interview on 9/12/2024 at 3:00 p.m., the DNS indicated physician orders should be followed as written unless clinically contraindicated.</p> <p>A policy entitled, "Weight Monitoring", was provided by the DNS on 9/12/2024 at 9:48 a.m. The policy indicated unless ordered at an increased frequency based on clinical needs, all residents would be weighed monthly.</p> <p>3. During an observation on 9/9/24 at 11:35 a.m., Resident C was lying in bed, the bilateral heels were flat on the bed, and the resident had a brief on.</p> <p>During an observation on 9/9/24 at 2:29 p.m., Resident C was lying in bed, the bilateral heels were flat on the bed, and the resident had a brief on.</p> <p>During an observation and interview with Resident C on 9/10/24 at 1:59 p.m., the resident was lying in bed, the bilateral heels were flat on the bed, and the resident had a brief on. Resident C indicated she was not supposed to wear a brief</p> | | | | | | |

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| | <p>in bed because she had skin issues on her bottom.</p> <p>During an observation on 9/11/24 at 2:52 p.m., Resident C was lying in bed, the bilateral heels were flat on the bed, and the resident had a brief on.</p> <p>During an observation and interview with Resident C on 9/12/24 at 1:17 p.m., the resident was lying in bed, the bilateral heels were flat on the bed, and the resident had a brief on. The resident indicated her feet hurt and she would like to have cushioned boots on.</p> <p>During an observation and interview on 9/12/24 at 1:20 p.m., CNA 2 lifted Resident C's heels off the bed and there was no redness. CNA 2 provided incontinent care to the resident and the resident's bottom had a red rash covering the entire buttocks region. CNA 2 indicated they had been applying the house cream on the resident's bottom.</p> <p>During an interview with Registered Nurse (RN) 1 on 9/12/24 at 1:29 p.m., they indicated Resident C had returned from the local hospital with the rash and the facility had been applying the house cream to it.</p> <p>Review of the clinical record of Resident C, on 9/11/24 at 2:15 p.m., indicated the diagnoses included, but were not limited to, congestive heart failure, pneumonia, dementia, chronic obstructive pulmonary disease, hypertension, anxiety, dysphagia, and history of pressure ulcer to the right buttock.</p> <p>The plan of care for Resident C, dated 8/11/23, indicated the resident was at risk for skin impairment. The interventions included, but were</p> | | | | | | |

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| | <p>not limited to, float heels at all times while in bed.</p> <p>A physician order for Resident C, dated September 2024, indicated the resident was not to have a brief on while in bed. The resident was to have a weekly skin review every Monday, on day shift, with a full set of vital signs.</p> <p>A Quarterly MDS assessment for Resident C, dated 7/13/24, indicated the resident was moderately impaired for daily decision making. The resident was always incontinent of her bladder and bowels.</p> <p>A skin assessment for Resident C, dated 7/29/24, indicated the resident had a pre-existing rash.</p> <p>A skin assessment for Resident C, dated 8/5/24, was not completed and was blank.</p> <p>A skin assessment for Resident C, dated 8/12/24, indicated a rash like skin issue.</p> <p>A skin assessment for Resident C, dated 8/19/24, indicated a rash like skin issue.</p> <p>A skin assessment for Resident C, dated 8/26/24, indicated "skin intact".</p> <p>A skin assessment for Resident C, dated 9/2/24, indicated "skin intact".</p> <p>A skin assessment for Resident C, dated 9/9/24, indicated the resident had a rash.</p> <p>During an interview with the DNS on 9/12/24 at 2:00 p.m., they indicated the nurses were responsible to ensure pressure relieving devices for Resident C's heels were in place. The DNS indicated Resident C was not to have a brief on</p> | | | | | | |

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| F 0880 SS=D Bldg. 00 | <p>while in bed and was communicated to the CNAs by the resident's Kardex.</p> <p>The Kardex for Resident C provided by the DNS, on 9/12/24 at 3:00 p.m., indicated the resident was to have heels floated at all times while in bed and not to have a brief on while in bed.</p> <p>During an interview with Licensed Practical Nurse (LPN) 4 on 9/13/24 at 1:15 p.m., they indicated, 7/23/24, was the last day of treatment for Resident C's rash. LPN 4 would have the Nurse Practitioner (NP) look at it today for a treatment. LPN 4 provided the last treatment order for Resident C.</p> <p>A physician order for Resident C, dated 7/23/24, indicated the resident was ordered clotrimazole-betamethasone 1-0.05 % cream (antifungal cream) to be applied two times a day to the buttocks for a rash for 14 days. This indicated the resident had not a treatment implemented for her rash since 8/6/24.</p> <p>This citation relates to Complaint IN00440948.</p> <p>3.1-37(a)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview, and record review, the facility failed to don personal protective equipment (PPE) prior to entering the room of a resident in contact isolation for 1 of 2 residents reviewed for transmission-based precautions (TBP). (Resident 36)</p> <p>Findings:</p> | | | F 0880 | <p>F 880 Infection Control</p> <p>-what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice Isolation precaution order discussed with facility rounding physician and the medical director, isolation precaution order not needed at this time and removed from</p> | | 10/04/2024 |

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| | <p>The clinical record for Resident 36 was reviewed on 9/6/24 at 11:35 a.m. The diagnoses included, but were not limited to, hypertension, anxiety, and major depressive disorder.</p> <p>The physician's orders indicated contact precautions during care every shift for ringworm, starting 7/5/24.</p> <p>An observation was made on 9/6/24 at 11:40 a.m. There was a sign on Resident 36's door to her room indicating she was in contact precautions and to perform hand hygiene as well as don a gown and gloves prior to entering the room. Certified Nurse Aide (CNA) 11 entered the room at that time with no gown or gloves and shut the door.</p> <p>An interview was conducted with CNA 11, on 9/6/24 at 11:55 a.m., after she exited Resident 36's room. She indicated she cared for Resident 36 with no gown or gloves, because, to her knowledge, Resident 36 was not in contact isolation. CNA 11 was unsure why the contact isolation sign was on the door and suggested inquiry with management.</p> <p>On 9/6/24 at 2:17 p.m., an interview was conducted with Licensed Practical Nurse (LPN) 4, the unit manager of the unit where Resident 36 resided. She indicated Resident 36 was indeed in contact isolation. The nurse practitioner wanted her to remain in it until seen by the dermatologist. LPN 4 clarified with CNA 11 earlier that Resident 36 was in contact isolation. LPN 4 educated CNA 11 as well as other nursing staff in regards to contact isolation.</p> <p>On 9/6/24 at 2:19 p.m., an observation was made. CNA 13 was observed to assist Resident 36 in her wheelchair into her room and position her next to</p> | | | | <p>resident's order listing. -how other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken Audit of all residents on isolation precaution reviewed and PPE utilized for all resident care. -what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur All clinical staff are educated on the use of proper PPE during resident care. how the corrective action will be monitored to ensure that deficient practice will not recur; I.e., what quality assurance program will be put into place Audits to be conducted as follows: 4 clinical staff members to be observed providing care for residents with isolation precautions 1x per week for 30 days, 3 clinical staff members 1x per week for 30 days, 2 clinical staff members x1 per week for 30 days, 1 clinical staff member 1x per week for 30days, and 1 monthly for the remainder of the 6 months. The results of these audits are to be reviewed at QAPI x 6 months to track any trends. If any identified, will continue audits based on QAPI recommendations, otherwise will review on a prn basis. -by what date the systemic changes for each deficiency will be completed Friday, October 4, 2024.</p> | | |

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| | <p>her bed. CNA 13 adjusted Resident 36's feet and pushed her bedside table in front of her. The contact isolation sign remained on Resident 36's door, but CNA 13 was not wearing a gown or gloves.</p> <p>An interview was conducted with CNA 13, on 9/6/24 at 2:19 p.m., after she exited Resident 36's room. She indicated she did not think Resident 36 was in contact isolation, as she just brought her back from therapy.</p> <p>An interview was conducted with the Director of Nursing Services (DNS) on 9/9/24 at 12:25 p.m. She indicated they'd tried four different treatments to what they thought was ringworm, but none of them worked. Resident 36 had a dermatology appointment scheduled for December 2024, because that was the soonest appointment they could get. The nurse practitioner discontinued contact isolation for Resident 36 this morning, because the nurse practitioner didn't realize her appointment was three months away.</p> <p>The 9/9/24 nurse practitioner note read, "...acute visit for skin rashes to bilateral elbows. Patient was treated with hydrocortisone cream, terbinafine cream, butenafine cream for ringworm since May of this year with no improvement, so referral made to dermatology but patient agreed at one time and then refused again. Today patient stated that she is using her own cream and area appear [sic] better. Denies itching. Staff relates no other concern...Assessments and Plans...Dermatophytosis, unspecified: Started treating both elbows since May with no efficacy. Area appear [sic] to be not ringworm as it responded OTC [over the counter] cream with no itching. Discontinue Isolation."</p> | | | | | | |

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| | <p>The Transmission-Based (Isolation) Precautions policy was provided by the DNS on 9/12/24 at 9:40 a.m. It read, "It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission...Contact precautions refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment...Contact Precautions- a. Intended to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or the resident's environment...c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination..."</p> <p>3.1-18(b)(2)</p> | | | | | | |