STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155384	A. BUILDING 00 B. WING	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRICKYARD HEALTHCARE - LINCOLN HILLS CARE CENTER	402 19TH STREET TELL CITY, IN 47586

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F 0000 Bldg. 00	This visit was for the investigation of complaint IN00417373. This visit inlcuded a COVID-19 focused infection control survey. Complaint IN00417373: Defeciencies related to the allegations are cited at F880. Survey date: December 27, 2023 Facility number: 000411 Provider number: 155384 AIM number: 100275100 Census Bed Type: SNF/NF: 69 Total: 69 Census Payor Type: Medicare: 7 Medicaid: 53 Other: 9 Total: 69 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 3, 2024.	F 0000	Preparation and submission of this Plan of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents. We would like to respectfully request a desk review.	
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & 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.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Julie Pennington	Executive Director	01/11/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	§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: §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; §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			

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	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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 ensure infection control practices were maintained to mitigate the spread of COVID-19 during 2 of 3 observations of care. Staff failed to complete hand hygiene after removing their gloves and staff performed handwashing with a 4 second scrub time. (Resident D, Resident F) Findings include: 1. During an observation on 12/27/23 at 10:10 A.M., LPN 4 was assisting Resident D during incontinence care. After removing an old brief and providing perinial care, LPN 4 removed her gloves and donned new gloves without performing hand hygiene. LPN 4 then applied a barrier cream to	F 0880	What corrective action will be accomplished for those residents affected by the deficient practice? LPN 4, CNA 2, and CNA 3 will receive education on proper hand hygiene. The lift controller will be placed in the proper holding area for the controller. RN 6 will receive education on hand hygiene and the correct amount of time to scrub hands during handwashing. How will the other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken? The facility	01/27/2024

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	Resident D's buttocks, removed the right hand glove, and donned a new glove to the right hand without performing hand hygiene. 2. During an observation on 12/27/23 at 11:28 A.M., CNA 2 and CNA 3 were assisting Resident F in the 400 unit shared bathroom. CNA 2 and CNA 3 donned gloves and transferred Resident F with a sit-to-stand lift. The lift controller was resting on the floor of the shared bathroom. CNA 3 picked up the controller with her gloved hand and used it to lift and lower Resident F to the commode. CNA 2 removed the soiled brief prior to Resident F being lowered to the commode. Both CNA 2 and CNA 3 then removed their gloves and donned new gloves without performing hand hygiene. CNA 2 removed Resident F's shoes and pants and again removed her gloves and donned new gloves without hand hygiene. CNA 2 provided peri care and placed a new brief on Resident F while CNA 3 cleaned Resident F's face with a wash towel. Following care, CNA 2 washed her hands with soap and water while scrubbing for 4 seconds. During an observation on 12/27/23 at 11:50 A.M., a sign on the wall hanging next to a sink in the 200 hall shared bathroom included that staff should wash hands with a scrub time of 20 seconds. During an interview on 12/27/23 at 12:00 P.M., RN 6 indicated not knowing how long staff should scrub their hands during handwashing but that she would hum a song while scrubbing. RN 6 indicated staff should perform hand hygiene everytime they remove their gloves. RN 6 then questioned LPN 4 regarding handwashing scrub time and LPN 4 indicated that staff should scrub their hands with soap for 20 seconds during handwashing.		recognizes that all residents have the potential to be affected by this deficient practice. Staff will be inserviced on hand hygiene, proper placement of the lift control when the lift is not in use, and the correct amount of time to scrub hands during handwashing. What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur? Audits will be conducted 5x weekly for one month, 4x weekly for one month, 3x weekly for one month, 2x weekly for one month and 1x weekly for two months. How will the corrective action be monitored to ensure the deficient practice does not recur? The audits will be reviewed in the monthly QAPI meeting for six months or until no further corrective action is needed.	

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	On 12/27/23 at 12:45 P.M., the facility administrator supplied a facility policy titled, Hand Hygiene, and dated, 06/2023. The policy included, "All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. ...Hand hygiene techniqe when using soap and water: a. Wet hands with water... b. Apply to hands the amount of soap recommended by the manufacturer. C. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers... Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves." This citation relates to complaint IN000417373. 3.1-18(b) 3.1-18(l)			