

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

PRINTED: 04/04/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155730		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/10/2025	
NAME OF PROVIDER OR SUPPLIER RIPLEY CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 1200 WHITLATCH WAY MILAN, IN 47031			
(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 the Investigation of Complaint IN00454176.</p> <p>Complaint IN00454176 - Federal/State deficiency related to the allegation is cited at F880.</p> <p>Survey date: March 10, 2025</p> <p>Facility number: 000420 Provider number: 155730 AIM number: 100266230</p> <p>Census Bed Type: SNF/NF: 86 Residential: 21 Total: 107</p> <p>Census Payor Type: Medicare: 6 Medicaid: 59 Other: 21 Total: 86</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 13, 2025.</p>			F 0000			
F 0880 SS=D Bldg. 00	<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 follow infection control guidelines during a dressing change and touching the floor related to hand hygiene for 1 of</p>			F 0880	<p>It is the intent of Ripley Crossing to have an infection prevention and control program to provide a safe, sanitary and comfortable environment for our residents. Our</p>		03/31/2025

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

TITLE

(X6) DATE

Trina Johnson

Administrator

03/26/2025

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>4 residents reviewed for infection control. (Resident B)</p> <p>Findings include:</p> <p>During an observation, on 03/10/25 at 9:26 A.M., RN (Registered Nurse) 3 performed hand hygiene and donned a gown and gloves to begin a wound dressing change on Resident B. She began removing the dressing from Resident B's right breast. The dressing was saturated upon removal. An egg sized wound was visualized on Resident B's right breast. A piece of the gauze, fully saturated in drainage, fell onto the floor. RN 3 picked up the saturated gauze off the floor and discard it with the used dressing in a bag. RN 3 then began cleaning the resident's wound. No hand hygiene was completed or removal of gloves. After cleansing the wound RN 3 began applying the new dressing to Resident B's right breast. RN 3 proceeded to a second dressing change on Resident B's right foot. No hand hygiene was completed in-between dressings or after picking up soiled gauze off the floor. The RN removed the dressing and cleansed the resident's right heel wound with cleanser, patted it dry, and then applied the new dated dressing. No hand hygiene was observed.</p> <p>The clinical record for Resident B was reviewed on 03/10/25 at 10:07 A.M. A Quarterly Minimal Data Set (MDS) assessment, dated 12/22/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, anemia, and cancer.</p> <p>A Progress Note, dated 10/27/23 at 2:04 P.M., indicated that Resident B was complaining of right breast pain. Upon an assessment it was swollen</p>				<p>intent is to follow infection control guidelines during dressing changes.</p> <p>Corrective Action – On March 20, 2025, the Infection Preventionist began educating nurses on the procedure for all dressing changes and proper infection control. This will be completed by March 31, 2025.</p> <p>An initial audit was done on observing all dressing changes currently being done in the facility. This will be completed by March 25, 2025.</p> <p>To ensure compliance, the facility will conduct weekly Quality Assurance checks for dressing changes for 4 weeks and will continue Quality Assurance checks on dressing changes for 6 months or until 100% compliance is reached. The Infection Preventionist and DON will conduct the quality assurance checks.</p> <p>Infection Preventionist or Designee will monitor dressing changes ongoing.</p>		

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	<p>and tender to touch with a hard area noted.</p> <p>Resident B had a diagnosis of malignant neoplasm of the right breast. The family indicated that Resident B had refused treatment, and that the area flares up from time to time and will burst open and bleed. The area can get as large as a baseball during flare ups.</p> <p>A current physician's order, with a start date of 01/20/25, indicated the staff were to cleanse the wound to the right breast with wound cleanser, pat dry, apply petroleum jelly gauze, and apply a foam adhesive dressing every day and as needed for wound soilage/dislodgement.</p> <p>A current physician's order, with a start date of 11/12/24, indicated to staff were cleanse right heel with wound cleanser, pat dry, and apply a foam adhesive dressing every 3 days and as needed for soiled/dislodgement.</p> <p>During an interview on 03/10/25 at 1:52 P.M., Licensed Practical Nurse (LPN) 2 indicated that after removing a dressing she would dispose of it and immediately perform hand hygiene. She would put on new gloves before cleaning and applying the new dressing. She would never touch the floor and then touch a wound. If she were to touch the floor during a dressing change, she would perform hand hygiene and don new gloves.</p> <p>The current facility policy, with a revision date of 08/15/22, titled "Standard Precautions Infection Control" was provided by the Director of Nursing (DON) on 03/10/25 at 2:15 P.M. The policy indicated, " ...a. During the delivery of resident care services, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of</p>						

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	<p>pathogens from contaminated hands to surfaces ...".</p> <p>The current facility policy, with a revision date of September 2013, titled "Dressings, Dry/Clean" was provided by the Director of Nursing (DON) on 03/10/25 at 2:15 P.M. The policy indicated, " ...6. Put on clean gloves. Loosen tape and remove soiled dressing. 7. Pull glove over dressing and discard into plastic or biohazard bag. 8. Wash and dry your hands thoroughly. 9. Open dry dressing(s) by pulling corners of the exterior wrapping outward, touching only the exterior surface. 10. Label tape or dressing with date, time and initials. Place on clean field. 11. Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze). 12. Wash and dry your hands thoroughly. 13. Put on clean gloves. 14. Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage. 15. Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward). 16. Use dry gauze to pat the wound dry. 17. Apply the ordered dressing and secure with tape or bordered dressing per order ...Label with date and initials to top of dressing ...".</p> <p>This citation relates to Complaint IN00454176.</p> <p>3.1-18(a)</p>						