

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

PRINTED: 12/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155508		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/07/2023	
NAME OF PROVIDER OR SUPPLIER  TRANSCENDENT HEALTHCARE OF BOONVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 725 S SECOND ST BOONVILLE, IN 47601			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00421569.</p> <p>Complaint IN00421569-Federal/state deficiencies related to the allegations are cited at F677, F686, F880.</p> <p>Survey dates: December 5, 6, 7, 2023.</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Census Bed Type: SNF/NF: 51 Total: 51</p> <p>Census Payor Type: Medicare: 7 Medicaid: 43 Other: 1 Total: 51</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 12, 2023.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective December 29, 2023 to the state findings of the Complaint Survey conducted on December 7, 2023.</p>		
F 0677 SS=D Bldg. 00	<p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on observation, interview, and record review, the facility failed to provide ADL</p>			F 0677	<p>F - 677 <i>The corrective action taken for</i></p>		12/29/2023

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

TITLE

(X6) DATE

Robin McCarty

Executive Director

12/26/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>(activities of daily living) care to 1 of 1 residents observed for ADL care. (Resident B)</p> <p>Finding includes:</p> <p>On 12/5/23 at 12:25 p.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, weakness generalized, chronic kidney disease, stage 3, diabetes mellitus. A quarterly MDS (Minimum Data Set) assessment, dated 8/20/23, indicated cognition intact, bathing total dependence.</p> <p>Care plans were reviewed and included, but were not limited to, [name] has an ADL self-care performance deficit r/t fatigue, impaired balance, weakness, date initiated 3/22/3. Interventions included but were not limited to, provide a sponge when full bath or shower cannot be tolerated, date initiated 3/22/23.</p> <p>On 12/6/23 at 9:33 a.m., CNA 1 and CNA 2 were observed to provide morning ADL care to Resident B. CNA 1 and CNA 2 removed Resident B's soiled brief, cleaned stool off Resident B's peri area and buttocks, put a new brief on and changed Resident B's clothing, and brushed her hair. No other areas were washed, deodorant not offered to the Resident. Oral care was not offered to the resident.</p> <p>On 12/6/23 at 10:01 a.m., CNA 2 indicated morning ADL care for a resident included, peri care, armpits, putting on deodorant, normally wash their face, dress them, some people like it different, on non shower days typically give a partial bath.</p> <p>On 12/7/23 at 10:03 a.m., Resident B indicated she has her teeth, her toothbrush and supplies were in</p>				<p><i>those residents found to have been affected by the deficient practice is that the resident identified as resident B is now receiving ADL care in accordance with facility policy and the resident's personal preference. The resident is now being provided a partial bath on non-shower days, which includes washing the face, armpits, hands, peri-area and any other body part in need of bathing as well as brushing the resident's teeth, combing their hair, applying deodorant and lotion.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that a housewide audit of all residents ADL needs has been conducted. Each resident is now receiving the ADL services as outlined in their plan of care and their personal preference.</i></p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all nursing staff on the facility's policies related to providing ADL care. The staff was re-educated on all the tasks that are to be completed for the residents while providing personal care, such as bathing, applying lotion/deodorant, brushing teeth, combing hair, dressing, etc.</i></p> <p><i>The corrective action taken to monitor to ensure the deficient</i></p>		

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F 0686 SS=D Bldg. 00	<p>a box on her bedside table, she is able to brush her own teeth. Resident B indicated she needs help with bathing, does not always get her showers, on non shower days staff do not clean her up much and don't offer her deodorant every day, that morning was the only time they ever asked her if she wanted to brush her teeth.</p> <p>On 12/7/23 at 11:12 a.m., the undated policy on Activities of Daily Living was reviewed and included, but was not limited to: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLS). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care)...</p> <p>This citation relates to Complaint IN00421569.</p> <p>3.1-38(b)(2)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop</p>				<p><i>practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor ADL services provided for the residents. This tool will monitor to ensure that each residents ADL needs are being provided in accordance with their plan of care and personal preference. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</i></p>		

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	<p>pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, the facility failed to provide treatment or notify the physician of suspected deep tissue injury for 1 of 3 residents reviewed for pressure wounds. (Resident C)</p> <p>Findings include:</p> <p>On 12/6/23 at 9:00 a.m., Resident C's clinical record was reviewed. Diagnoses included, but were not limited to, diabetes mellitus due to underlying condition with diabetic polyneuropathy, chronic kidney disease, stage 4 (severe), unspecified multiple myeloma. An admission MDS (Minimum Date Set) assessment, dated 10/17/23, indicated Resident C's cognition was intact, self care-resident needed partial assistance from another person to complete activities, skin - no unhealed pressure, no deep tissue injury, not marked for diabetic foot ulcers.</p> <p>Care plans were reviewed and included, but were not limited to:</p> <p>[name] has an ADL (Activities of Daily Living) self-care performance deficit r/t activity intolerance, fatigue, impaired balance, SOB (shortness of breath), date initiated 10/10/23. Interventions included, but were not limited to, Skin inspection: [ name] requires skin inspection weekly. Observe for redness, open areas, scratches, cuts, bruises, and report changes to the nurse, date initiated 10/10/23.</p>			F 0686	<p>F - 686</p> <p><i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident C has now had a head-to-toe skin assessment completed to ensure that all skin conditions have been identified. The resident's physician has been updated on the current status of all identified skin conditions and treatments have been reviewed to ensure that they meet the resident's current skin needs. The resident's care plan has been reviewed to ensure all appropriate interventions are in place to address the resident's current skin needs. The TAR has been reviewed and the resident is receiving all the necessary treatments to aide in the healing as well as prevention of pressure wounds.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that a housewide head-to-toe skin assessment has now been completed on each resident to</i></p>		12/29/2023

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	<p>The resident has actual impairment to skin integrity of the left heel and right lateral foot r/t to suspected deep tissue injury, date initiated 10/25/23. Interventions included, but were not limited to, follow facility protocols for treatment of injury, date initiated 12/6/23, monitor/document location, size, and treatment to skin injury. Report abnormalities, failure to heal, s/sx of infection, maceration, etc. to MD, date initiated 12/6/23.</p> <p>The resident has a diabetic ulcer of the left great toe r/t diabetes, date initiated 10/10/23.</p> <p>A clinical admission progress note dated 10/10/23 at 11:58 p.m., included, but was not limited to: "Skin: Skin issue #001: New. Issue type: diabetic foot ulcer. Location: left toe(s). Painful: No. Skin issue #002: New. Issue type: Other skin issue. Location: penis. Other skin issue description: scab painful: No. Sin Issue #003: New: Issue type: Open lesion (other than ulcers, rashes, and cuts). Location: Buttocks-generalized. Painful: Yes-episodic pain.</p> <p>Skin color is WNL. Skin warm/dry to touch. Normal skin turgor. Skin notes: Scab on penis from previous foley cath. Small area to buttock, area is excoriated. Discoloration to bilateral lower extremities that was reported to be r/t PVD."</p> <p>A skin observation tool document effective date 10/11/23, was reviewed and indicated: Site- Right heel Type- Pressure Length- 2.8 Width- 2 Depth- 0 Stage- Suspected deep tissue injury</p>				<p>identify any skin issues. Their respective physicians have been notified of the current status of any identified skin issues and appropriate treatment orders have been obtained. The residents care plans have been reviewed and revised as needed to ensure that all appropriate interventions are in place to treat any skin conditions as well as interventions in place to prevent the development of any new skin issues. The MARs/TARS have been reviewed to ensure that the resident is receiving skin treatments in accordance with their current plan of care.</p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all nursing staff on the facility's policies related to pressure wound prevention/treatment. The staff was instructed on the importance of conducting weekly skin assessments to identify any potential skin issues. The staff was also re-educated on their responsibility of notifying the resident's respective physician of any changes in the residents' skin condition which may require a change in the plan of care.</i></p> <p><i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been</i></p>		

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	<p>Site - Left heel Type- Pressure Length- left blank Width- left blank Stage- Suspected deep tissue injury Notes: Resident has overall very dry flaky skin. Resident has scattered bruising and microabrasions to bilateral arms. Peri area very red. Bilateral heels mushy with non blanchable darkened areas.</p> <p>October 2023 physician orders were reviewed and included, but were not limited to:</p> <p>Dressing change -left toe: paint with betadine every shift, order date 10/21/23.</p> <p>Foot slope mattress for pressure reduction, order date 10/25/23.</p> <p>May use multi podus boots while in bed as resident allows every shift for skin breakdown prevention, order date 10/25/23.</p> <p>Pressure relieving/reduction mattress and device for chair every shift, order date 10/10/23.</p> <p>Turn and reposition approximately every 2 hours per braden scale every shift for prevention, order date 10/10/23.</p> <p>Weekly skin assessment every day shift every Tues for monitoring, order date 10/10/23.</p> <p>Barrier cream apply to buttock/coccyx topically every 3 hours as needed for wound prevention, incontinent episodes, order date 10/10/23.</p> <p>December 2023 physicians orders were reviewed</p>				<p>developed and implemented to monitor the care and services provided for residents with skin issues as well as to ensure that weekly skin assessments are being conducted in an effort to identify any potential skin issues, so that the physician can be notified promptly and appropriate treatment orders obtained. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</p>		

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	<p>and included, but were not limited to:</p> <p>Dressing change- 2 areas to Right lateral foot near 5th MT: Paint with betadine every shift, order date 11/2/23.</p> <p>Dressing change- Left lateral heel: Paint with betadine every shift, order date 11/2/23.</p> <p>Foot slope mattress for pressure reduction, order date 10/25/23.</p> <p>Pressure relieving mattress/reducing device for chair every shift, order date 10/10/23.</p> <p>Turn and reposition approximately every 2 hours per braden scale every shift for prevention, order date 10/10/23.</p> <p>Barrier cream apply to buttock/coccyx topically every 3 hours as needed for wound prevention, incontinent episodes, order date 10/10/23.</p> <p>Weekly skin assessment every day shift every Tues for monitoring, order date 10/10/23.</p> <p>The TAR (Treatment Administration Record) was reviewed for October, November, and December 2023 and weekly skin assessments were signed as done.</p> <p>Weekly pressure wound documents were reviewed and included, but were not limited to: 10/25/23</p> <p>Location: lateral left foot at 5th MT</p> <p>Pressure stage: suspected deep tissue injury</p> <p>Date Acquired: 10/24/23</p> <p>Length: 0.5 cm</p> <p>Width: 0.5 cm</p> <p>Depth: 0</p>						

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	<p>Comments: Resident keeps bilateral feet turned outward with pressure on lateral portions.</p> <p>Right foot at 5th MT joint Pressure stage: suspected deep tissue injury Date acquired: 10/24/23 Length: 1 cm Width: 1 cm Depth: 0 Comments: Resident keeps bilateral feet turned outward with pressure on lateral portions.</p> <p>Left Lateral heel Pressure stage: suspected deep tissue injury Date acquired: 10/24/23 Length: 3.5 cm Width: 4 cm Depth: 0 Comments: Resident keeps bilateral feet turned outward with pressure on lateral portions.</p> <p>11/22/23 Left lateral heel Pressure stage: unstageable Length: 3 cm Width: 4 cm Depth: 0.1 overall impression: worsening Comments: stable black eschar cap noted</p> <p>Right foot 5th MT joint Pressure stage: suspected deep tissue injury Length: 1.5 cm Width: 1.5 cm Depth: 0 overall impression: unchanged</p> <p>Lateral right foot at 5th MT joint Pressure stage suspected deep tissue injury Length: 0.5 cm</p>						



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	<p>Width: 0.5 cm Depth: 0 overall impression: unchanged</p> <p>12/6/23 Lateral Right foot at 5th MT joint Pressure stage: suspected deep tissue injury Length: 0.5 cm Width: 0.5 cm Depth: 0 overall impression: unchanged</p> <p>Lateral right foot at 5th MT Pressure stage: suspected deep tissue injury Length: 0.5 cm Width: 0.5 cm Depth: 0 Overall impression: unchanged</p> <p>Left lateral heel Pressure stage: unstageable Length: 4 cm Width: 5 cm Overall impression: worsening</p> <p>Resident B had a hospital stay from 11/25/23 to 12/4/23.</p> <p>Progress notes were reviewed and included, but were not limited to:</p> <p>10/24/23 8:29 a.m., N Adv Skilled Evaluation "...Skin Issue #001: Needs Review. Skin Issue type: Diabetic foot ulcer. Location: Left toe(s). Painful: No. Skin Issue #002: Needs Review. Issue type: Other skin issue. Location: Penis. Other skin issue description: scab Painful: No. Skin Issue #003: Needs Review. Issue type: Open lesion (other than ulcers, rashes and cuts).</p>						

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	<p>Location: Buttocks-generalized. Painful: Yes-episodic pain..."</p> <p>11/4/23 9:02 a.m., N Adv Skilled Evaluation "...Skin: warm &amp; dry, skin color WNL and turgor is normal. Skin Issue #001: Needs Review: Issue type: Diabetic foot ulcer. Location: Left toe(s). Painful: No. Skin Issue #002: Needs Review: Issue type: Other skin issue. Location: Penis. Other skin issue description: scab Painful: No. Skin Issue #003: Needs Review. Issue type: Open lesion (other than ulcers, rashes and cuts). Location: Buttocks- generalized. Painful: Yes-episodic pain..."</p> <p>12/4/23 6:10 p.m. N ADV Clinical Admission ... "Skin Issue #001: New. Issue type: Lesion. Location: Right toe(s). Wound odor: No. tunneling: No. Undermining: No. Skin Issue #002: New. Issue type: Lesion. Location: Left heel..."</p> <p>A copy of an order summary for the foot slope mattress that was ordered to be used for the resident on 10/25/23 indicated the mattress was ordered on 11/1/23.</p> <p>A hospital patient summary report with an admit date and of 11/25/23 at 9:53 a.m. included, but was not limited to: OT Initial Evaluation Outcome Summary: Occupational Therapy "Pt w/ recurrent admissions since August 2023 and now residing in SNF for rehab presents w/ impaired strength, balance, activity tolerance and increased pain to R knee affecting functional independence in ADL and mobility below baseline...Pt observed with severe pressure ulcers</p>						

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	<p>in bilateral heel areas as well, unclear how often pt is being mobilized at SNF..." The OT note did not have date and time of evaluation.</p> <p>On 12/6/23 at 11:15 a.m., an observation was done of the Wound Nurse doing Resident C's skin treatments. The Wound Nurse indicated she was notified on 10/25/23 of the suspected deep tissue injuries to Resident C, and was told they were found on 10/24/23.</p> <p>On 12/6/23 at 12:40 p.m., the DON indicated she remembered Resident C had discrepancies on his wound treatments when he was admitted from the hospital, she did the skin observation tool document on 10/11/23 that identified Resident C's suspected deep tissue injuries to his heels, he was on therapy services and she thought he was given a bariatric mattress, there were some gaps in his documentation.</p> <p>On 12/7/23 at 12:02 p.m., the Administrator indicated Resident C's foot slope mattress was on backorder, the order was put in place when they were first alerted about his heels, she would check to see when the mattress was actually ordered.</p> <p>On 12/7/23 at 11:12 a.m., the Administrator provided an undated document titled " Pressure Ulcers/Skin Breakdown-Clinical Procedures" The document included, but was not limited to: 1. The nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers; for example. immobility, recent weight loss, and a history of pressure ulcer(s). 2. In addition, the nurse shall describe and document/report the following: a. full assessment...3. The staff and practitioner will examine the skin of newly admitted residents for evidence of existing pressure ulcers or other skin</p>						

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F 0880 SS=D Bldg. 00	<p>conditions...</p> <p>This citation relates to Complaint IN00421569.</p> <p>3.1-40(a)(2) 3.1-40(a)(3)</p> <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> <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</p>						

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	<p>persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility 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. Based on observation, interview, and record</p>			F 0880	F - 880		12/29/2023

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	<p>review, the facility failed to ensure infection control practices were done for 1 of 3 resident's observed for care. Hand hygiene was not done and gloves were not changed. (Resident B)</p> <p>Finding includes:</p> <p>On 12/5/23 at 12:25 p.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, weakness generalized, chronic kidney disease, stage 3, diabetes mellitus. A quarterly MDS (Minimum Data Set) assessment, dated 8/20/23, indicated cognition intact, bathing total dependence.</p> <p>Care plans were reviewed and included, but were not limited to, [name] has an ADL self-care performance deficit r/t fatigue, impaired balance, weakness, date initiated 3/22/3. Interventions included but were not limited to, provide a sponge when full bath or shower cannot be tolerated, date initiated 3/22/23.</p> <p>On 12/6/23 at 9:33 a.m., an observation of morning ADL care was observed by CNA 1 and CNA 2 for Resident B. CNA 1 performed hand hygiene, donned gloves, took off the soiled brief, cleaned stool off Resident B's peri area, CNA 2 assisted CNA 1 by holding apart the labia that was covered in stool. CNA 1 removed gloves, washed her hands and donned new gloves, CNA 2 did not change her gloves. CNA 1 and CNA 2 rolled Resident B to her side, CNA 1 cleaned stool off the buttocks using several washcloths, put the soiled cloths in a trash bag, tied the bag, rolled up the incontinent pad under the resident, put a new pad under the resident, took the fitted sheet off the ends of the mattress, rolled the resident to her side and both put a new brief on. CNA 1 took the Foley Catheter bag and hung it on the bed, CNA 1</p>				<p><i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident B is now receiving care by staff members who are practicing acceptable standards of infection control including the use of gloves and hand hygiene. The CNAs identified as CNA 1 and CNA 2 has been re-educated on the facility's infection control program including hand hygiene and glove usage. CNA 1 and CNA 2 are now providing care in accordance with acceptable standards of infection control practices.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. A housewide audit of all nursing staff members while providing care has been conducted to ensure that all staff members are providing care and services in accordance with acceptable standards of infection control practices including hand hygiene and glove usage. No additional concerns were identified.</i></p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all nursing staff on the facility's infection control</i></p>		

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	<p>picked up a trash bag, finished taking the sheet off the bed, put it in the bag. CNA 2 put pants on the resident, CNA 1 moved the bedside table, took gloves off and donned new gloves, no hand hygiene was performed. CNA 2 put socks on the resident, CNA 1 took the residents shirt off and put a new one on, CNA 2 rolled the resident to her side, CNA 1 pulled her pants up, both pulled her shirt down, CNA 2 got the walker and moved it to the bedside, both put a shoe on Resident B. CNA 2 put the gait belt on the resident, both transferred her to the wheelchair, both performed hand hygiene after taking gloves off after the tasks were done.</p> <p>On 12/6/23 at 10:04 a.m., CNA 1 indicated gloves are typically changed when they get soiled, do hand hygiene if gets something on gloves, but if nothing gets on gloves she doesn't do hand hygiene, just changes gloves.</p> <p>On 12/7/23 at 11:12 a.m., the Administrator provided the current undated policy on handwashing/hand hygiene. The policy included, but was not limited to: 2. All personnel shall follow hardwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...7. Use alcohol-based hand rub containing at least 65% alcohol; or alternatively soap (antimicrobial or non- antimicrobial) and water for the following situations: ...b. before and after direct contact with a residents; e. before and after handling an invasive device (e.g; urinary catheters, IV access sites)...before moving form a contaminated body site to a clean body site during resident care...after removing gloves...Applying and removing gloves- 1. perform hand hygiene before applying non-sterile gloves ...</p>				<p>program, including hand hygiene and glove usage. Each staff member has now successfully provided a return demonstration on glove usage and hand hygiene. <i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the effectiveness of the facility's infection control practices with a focus on hand hygiene and glove usage. This tool will monitor staff performance to ensure gloves are being changed properly and that hand hygiene is being performed in accordance with facility policy and acceptable standards of infection control practices. This tool will be completed by the Director of Nursing and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility's Quality Assurance meetings to determine if any additional action is warranted.</i></p>		

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