

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

PRINTED: 10/18/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155252		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/22/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - WOODLANDS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4088 FRAME RD NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 in Investigation of Complaints IN00417150 and IN00417760. This visit included a COVID-19 Focused Infection Control survey.</p> <p>Complaint IN00417150: Federal/State deficiencies are cited at F880.</p> <p>Complaint IN00417760: No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 21 & 22, 2023</p> <p>Facility number: 000155 Provider number: 155252 AIM number: 100266830</p> <p>Census bed type: SNF/NF: 106 Total: 106</p> <p>Census payor type: Medicare: 8 Medicaid: 71 Other: 27 Total: 106</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review on September 28, 2023.</p>			F 0000			
F 0880 SS=D Bldg. 00	<p>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</p>						

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

TITLE

(X6) DATE

Maribeth Donaldson

Executive Director

10/12/2023

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>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 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</p>						

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	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained to mitigate the spread of COVID-19. Staff did not remove gloves after providing care, perform hand hygiene between glove changes, and failed to properly perform hand washing during 3 of 3 observations of care. (Resident C, Resident D, Resident F)</p> <p>Findings include:</p> <p>1. During an observation on 9/21/23 at 11:30 A.M., LPN 4 used a glucometer to read Resident C's blood sugar level. LPN 4 applied gloves, pricked</p>	F 0880	<p>We are requesting paper compliance/desk review for tag F880</p> <p>/p> LPN #4 and CNAs # 5 and 7 were on 9/22/23 on handwashing as indicated and completing handwashing according to facility policy.</p> <p>--How will other residents who may have the potential to be affected be identified? Staff on handwashing as indicated and completing handwashing according to facility policy by</p>		10/13/2023		

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	<p>Resident C's finger, obtained the blood sugar level, then went to the medication cart to dispose of the Lancet and clean the glucometer. LPN 4 removed the gloves, disposed of them, and donned (put on) a new pair of gloves to clean the glucometer without performing hand hygiene in between glove changes.</p> <p>2. During an observation on 9/22/23 at 9:40 A.M., CNA 5 was assisting Resident D to the restroom. CNA 5 donned gloves and assisted Resident D by pulling his pants and brief down and lowering him to the commode. After toileting, CNA 5 provided peri-care, then without changing gloves, assisted Resident D to wash his hands. CNA 5 then removed gloves and washed hands. CNA 5 scrubbed hands for 4 seconds before putting hands under the running water and continued to scrub and rinse for a total of 15 second handwashing time. CNA 5 used her bare hands to comb over the resident's hair with her fingers and then placed her hand on the resident's shoulder as they exited the restroom. CNA 5 pulled the trash bag from the restroom trash can, tied it, and with the trash bag in hand pushed Resident C in a wheelchair out into the hall. CNA 5 stopped at a hall utility room to drop the trash bag, then continued to a common area with Resident C. CNA 5 assisted Resident C back to a recliner in the common area, moved the wheelchair the resident's wheelchair and then left the common area. No hand hygiene was completed.</p> <p>3. During an observation on 9/22/3 at 11:23 A.M., CNA 5 and CNA 7 were assisting Resident F to the restroom. CNA 5 removed the old brief and handed Resident F a call light prior to stepping out of the restroom to provide privacy. CNA 5 and CNA 7 removed their gloves and did not perform hand hygiene. When Resident F indicated she</p>				<p>October 13 --How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what QA program will be put into place? DCE/Designee will monitor handwashing as indicated and handwashing according to facility policy 5x/ x 4 weeks, then 5x every other week x 4 weeks, and then 5x/month x 4 . We are requesting paper compliance/desk review for tag F880</p>		

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	<p>was ready, CNA 5 donned new gloves and provided peri-care. CNA 5 and CNA 7 assisted the resident back to her wheelchair, then without removing gloves, CNA 5 placed soap into her hand to assist Resident F in handwashing. CNA 5 removed gloves and placed new gloves on without performing hand hygiene.</p> <p>During an interview on 9/22/23 at 11:40 A.M., CNA 9 indicated that staff should change gloves after providing pericare and prior to performing a clean task and should perform hand hygiene between each glove change. CNA 9 indicated she sings "happy birthday" 3 times while washing hands and that staff should scrub hands with soap for 20 seconds prior to rinsing.</p> <p>On 9/22/23 at 12:25 P.M., the IP (Infection Preventionist) supplied a facility policy titled Hand Hygiene, dated 6/2023. 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 technique 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. d. Rinse hands with water... 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."</p> <p>This Federal tag relates to complaint IN00417150.</p> <p>3.1-18(b) 3.1-18(l)</p>						