

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

PRINTED: 06/06/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155516		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/16/2018	
NAME OF PROVIDER OR SUPPLIER  PARKVIEW MEMORIAL HOSPITAL-CCC				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALLIA DR FORT WAYNE, IN 46805			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 10, 11, 14, 15, and 16, 2018</p> <p>Facility number: 001203 Provider number: 155516</p> <p>Census Bed Type: SNF: 24 Total: 24</p> <p>Census Payor Type: Medicare: 18 Medicaid: 1 Other: 5 Total: 24</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed May 18, 2018.</p>			F 0000	<p><b>Please consider paper compliance for these citations. Thank you</b> <b>Carolyn Davidson BSN, RN, HFA</b> <b>260-373-6524</b></p> <p>Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set for the statement of deficiencies. The plan of correction is prepared and/ or solely executed because it is required by the provisions of federal and state law.</p>		
F 0880 SS=F Bldg. 00	<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</p>						

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

TITLE

(X6) DATE

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>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other 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</p>						

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	<p>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 hand hygiene procedures were implemented. This had the potential to affect 16 of 24 residents who resided on the unit. The facility also failed to ensure transmission based/standard precautions procedures were followed for 3 of 11 residents reviewed utilizing isolation precautions. (Resident, 166, Resident 167, Resident 119, and Resident 71)</p> <p>Findings include:</p> <p>1. During an observation of the medication pass for a resident who was in contact isolation precautions, on 5/14/18 beginning at 10:55 a.m., Nurse 13 was observed to sign into the Pyxis (an automated medication dispenser system) to retrieve medications for a resident. Nurse 13 was not observed to perform hand hygiene prior to retrieving the medications from the Pyxis. A sign on the door to the resident's room, "STOP Contact Precautions...Perform hand hygiene before putting</p>			F 0880	<p>1. The infection prevention and control program was reviewed with corrections on the policy for Hand Hygiene. Completed 5/16/18. Infection rates were reviewed by the Infection Preventionist and there was no significant increase of infections within the last two weeks. All expired signage was removed on 5/18/18 and replaced with the correct isolation signs. Education for the correct isolation signs with the correct directions on what to do for the isolation patients was provided to all staff via posting in break rooms, and staff restrooms.</p> <p>2. Director of Nursing (DON) has reviewed of all residents in isolation precautions and updated isolation signage with the most current signage. Education/ observations will occur between</p>		06/15/2018

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	<p>on and after removing gloves...." Nurse 13 donned PPE (Personal Protective Equipment) gown and gloves from the over door PPE caddy. Nurse 13 was not observed to perform hand hygiene prior to donning the gloves. Nurse 13 entered the resident's room to administer IV (intravenous) antibiotic medication and oral medication. Nurse 13 indicated she accidentally threw the oral medication in the trash and would need to get another pill from the Pyxis. Nurse 13 was observed to remove the gown and gloves, and use hand sanitizer foam from the dispenser in the room by the door. Nurse 13 retrieved the medications from the Pyxis, returned to the resident's room, donned PPE gown and gloves, but was not observed to perform hand hygiene before donning the gown or gloves. Nurse 13 entered the room, signed into the computer, scanned the resident's ID (identification) bracelet, and the single dose medication package, opened the package, put the pill into the med cup and administered the oral medication to the resident. At 11:10 a.m., Nurse 13 was observed to remove the trash bag and tied it shut. She removed her gown and gloves, and disposed them in the large trash can in the room. Nurse 13 was not observed to perform hand hygiene after removing PPE gown and gloves. Nurse 13 left the room carrying the trash bag. Nurse 13 indicated she needed to dispose of the trash bag in the dirty utility room, and indicated since the pill was in the trash bag, she was putting the bag in the trash to be incinerated (destroyed by burning).</p> <p>During an observation of blood glucose (blood sugar) testing to check for insulin coverage on 5/14/17 at 11:32 a.m., for a resident in contact isolation. A sign on the door to the resident's room, "STOP Contact Precautions...Perform hand hygiene before putting on and after removing</p>				<p>6/4/18-6/15/18 to assure Isolation precautions are maintained and appropriate donning and removal of gown &amp; gloves, and hand hygiene for an isolation room. This will be completed by June 15, 2018. Educator and management staff will complete one-on-ones check-offs with all current staff on hand hygiene and review the most updated isolation sign to ensure knowledge of what is required for the isolation precautions.</p> <p>3. The Infection Preventionist reviewed both Hand Hygiene and Standard precautions policies and revised as necessary to ensure the policies mirror each other. These revisions went live on 5/16/18. Management/designee will observe one isolation room during business hours Monday through Friday for, proper PPE donning and removal of gloves, hand hygiene and check the isolation sign to ensure it is most current practice daily x 4 weeks, then 1 weekly x 1 month, then 2 audits for 1 month, then 1 audit for 3 months. Please see attachments(A) for isolation signage education, (B) for acknowledgement of proper PPE and Isolation Signs education, and (C) for acknowledgement of proper hand hygiene technique.</p> <p>4. Nursing managers/ designee will audit isolation room for, proper PPE donning and removal of gloves, hand hygiene and check</p>		

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	<p>gloves...." Nurse 13 was observed to use a small amount of foam sanitizer from wall dispenser outside the room door, then donned PPE gown and gloves, and entered the room with the supplies to test the resident's blood glucose. The CNA (Certified Nurse's Aide) was assisting the resident to ambulate back to bed, the resident complained of feeling dizzy, and the nurse assisted the CNA to get resident back into bed. After the nurse assisted the resident to position in bed, the nurse removed the gloves and washed her hands with soap and water. Nurse 13 was observed to lather her hands with the soap for 12 seconds before rinsing her hands with water and drying with clean paper towel. Nurse 13 donned new gloves and checked the residents blood glucose. Nurse 13 then moved the overbed table with resident's lunch meal on it, over the resident's bed, assisted the resident to raise the head of the bed and moved the meal tray to the lower level of the overbed table. Nurse 13 was not observed to change her gloves after testing the residents blood, nor before touching the overbed table, nor before moving the meal tray. Nurse 13 removed the gown and gloves, put them into the large trash can in the room, used foam sanitizer from dispenser on the wall by the door, and left the room with the glucometer (machine to test blood sugar). Nurse 13 was observed to clean the glucometer with Sani-Cloth (a germicidal wipe). She was observed to don gloves prior to cleaning the glucometer. After the glucometer was cleaned the nurse removed the gloves and returned the glucometer to the charging cradle at the nurse's station Module 1. Nurse 13 was not observed to perform hand hygiene after removing the gloves.</p> <p>During an observation of blood glucose testing and administration of insulin to a resident on 5/14/18 at 11:55 a.m., Nurse 13 entered resident's</p>				<p>the isolation sign for compliance with the system audit tool then will be reviewed in QAPI and by Administrator for trends to determine if further education or monitoring is needed. If employee is noted to be non-compliance corrective action will be taken. See attachment D for Isolation/Precautions audit. 5. Date of compliance: June 15, 2018</p>		

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	<p>room, removed PPE gloves from the wall caddy in the room by the door, performed hand hygiene prior to donning gloves, performed the testing of blood glucose and administered Insulin to the resident. Nurse 13 removed the gloves and left the room carrying the glucometer in her hand, unlocked the cabinet that contained the Sani-Cloths, donned gloves, cleaned the glucometer, and returned the glucometer to the charging cradle at the nurse's station Module 2. Nurse 13 then removed the gloves and washed her hands with soap and water, she lathered her hands for 10 seconds before rinsing with water and drying her hands.</p> <p>During an observation of medication pass for a resident on 5/14/18 at 12:05 p.m., Nurse 14 indicated the resident was in isolation for C-Diff (Clostridium Difficile, a bacteria which causes diarrhea to life-threatening inflammation of the colon, spread by touch or by direct contact with contaminated objects and surfaces). A sign on the door to the room indicated, "ENHANCED CONTACT PRECAUTIONS...STOP...Clean hands with alcohol-based hand foam/gel or soap and water before putting on gloves and gown...Clean hands with soap and water after removing gloves and gown...." Nurse 14 was observed to don the PPE gown and gloves from the door caddy and entered the room. Nurse 14 was not observed to perform hand hygiene prior to donning the gown or gloves. Nurse 14 administered an IV antibiotic medication to the resident, removed gown and gloves, and washed her hands with soap and water. She was observed to lather her hands for 10 seconds before she rinsed with water, dried with clean, dry paper towel, turned off the water with a new paper towel and left the room.</p> <p>During an observation of the medication pass for</p>						

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	<p>a resident in Contact Isolation Precautions on 5/15/18 at 9:10 a.m., Nurse 15 was observed to sign into the Pyxis to retrieve the medications for the resident, but did not perform hand hygiene prior to removing the medications from the Pyxis. A sign on the door to the resident's room, "STOP Contact Precautions...Perform hand hygiene before putting on and after removing gloves...." Nurse 15 was observed to use foam sanitizer for hand hygiene prior to donning PPE gown and gloves from the over door caddy and entered the room. Nurse 15 used her gloved hand to erase the white board and wrote her name on the board, and checked the resident's vital signs (blood pressure, pulse, temperature and oxygen saturation). Nurse 15 was not observed to change her gloves after using her gloved hand to erase the white board and before checking the resident's vital signs. The nurse signed into the computer, documented the resident's vital signs, picked up a thermometer probe cover from the floor and discarded the probe cover in the trash can. Nurse 15 was not observed to change her gloves or perform hand hygiene after she picked up the probe cover from the floor. Nurse 15 then scanned the resident ID bracelet, 7 single dose medication packages, and 1 topical patch package. She opened each of the medication packages, dispensed the medications into a medication cup and gave the cup to the resident to take the medication orally. She then opened the medication patch and applied the patch to the resident's skin. Nurse 15 did not change gloves or perform hand hygiene before opening the medication packages. The resident requested the nurse to check their bandage on their left thigh. The nurse observed the bandage on the resident, then emptied the urine from the resident's urinal into the toilet, rinsed it with water and returned the urinal to the bedside. At 9:25 a.m., Nurse 15 was observed to removed 1 glove</p>						

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	<p>from her right hand, used the computer mouse and signed out of the computer without performing hand hygiene prior to touching the computer. Nurse 15 then removed the gown and the other glove, used foam sanitizer on her hands and left the room.</p> <p>On 5/15/18 at 9:27 a.m., Nurse 15 was observed to don gloves and clean the blood pressure machine with Sani-Cloths. The nurse pushed the blood pressure machine to the niche in the hallway, plugged in the machine to charge, removed the gloves, and washed her hands with soap and water. She lathered her hands with soap for 5 seconds and then rubbed her hands in and out of the running water for 5 seconds, then dried her hands with a clean, dry paper towel, and turned off the water with a new paper towel.</p> <p>During an observation of medication pass for a resident on 5/15/18 at 9:50 a.m., Nurse 15 was observed to sign into the Pyxis to retrieve the medications for the resident. Nurse 15 was not observed to perform hand hygiene prior to removing the medications from the Pyxis. The nurse used foam sanitizer upon entering the room, administered the medications to the resident, gathered the trash from the resident's overbed table, and put it into the trash can. Nurse 15 was observed to wash her hands with soap and water. She lathered, rinsed and dried her hands in 10 seconds for the entire process.</p> <p>During an observation of medication pass for a resident on 5/15/18 at 10:10 a.m., Nurse 15 was observed to sign into the Pyxis to retrieve the medications for the resident. Nurse 15 was not observed to perform hand hygiene prior to removing the medications from the Pyxis. Nurse 15 was observed to use foam sanitizer upon</p>						



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	<p>entering the resident's room, scanned the resident's ID bracelet, and the single packaged medications. The nurse indicated she needed medication cups. Nurse 15 left the room without performing hand hygiene, retrieved medication cups, and returned to the resident's room with the medication cups. The nurse did not perform hand hygiene when she returned to the room. She proceeded to open the medication packages, dispensed into the medication cup, and gave the medication cup to the resident to take orally. The resident requested for the nurse to check her bandages on her belly. The nurse retrieved gloves from the wall caddy and donned the gloves. She was not observed to perform hand hygiene prior to donning the gloves. The nurse checked the resident's colostomy bag and abdominal dressing (bandages), she then adjusted the resident blanket, the moved the overbed table near the resident, and moved the water mug with a straw on the overbed table. Nurse 15 then removed the gloves, used the computer mouse to sign out and left the room with the blood pressure machine, walked across the hall to use the foam sanitizer from the dispenser on the wall. Nurse 15 indicated they had recently painted the unit and not all of the dispensers for the sanitizer were hung back up yet. She returned the blood pressure machine to the niche in the hallway and plugged blood pressure machine into the outlet to charge. Nurse 15 did not clean the blood pressure machine.</p> <p>During an observation of blood glucose testing and administration of insulin to a resident on 5/15/18 at 11:45 a.m., Nurse 1 was observed to gather supplies to test the resident's blood glucose, entered the room, used foam sanitizer, and put the supplies on the computer tray. Nurse 1 then washed her hands with soap and water.</p>						

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	<p>She lathered for 8 seconds, then rubbed her hands in and out of the water, dried her hands with clean, dry paper towel and turned off the water with a new paper towel. The hand washing process took 15 seconds. Nurse 1 then donned gloves, indicated she was nervous and forgot to clean the glucometer machine. She removed the gloves, did not perform hand hygiene and left the room. The nurse returned with the glucometer and put it on the computer tray. Nurse 1 washed her hands with soap and water, lathered her hands for 15 seconds, rinsed with water and dried with a clean, dry paper towel, then turned off the water with a new paper towel. She donned gloves and performed the blood glucose testing. Nurse 1 removed her gloves and left the room, carrying the glucometer machine to the nurse's station. She did not perform hand hygiene after she removed the gloves in the resident's room. The nurse retrieved the Sani-Cloths from a drawer, donned gloves, cleaned the glucometer and returned it to the changing cradle in the nurses station in the South Hall. Nurse 1 removed her gloves, washed her hands in the sink, lathered her hand for 5 seconds and continued to rub her hands under the running water for 10 seconds before drying her hands with a clean, dry paper towel and turned off the water with a new paper towel.</p> <p>During an observation of medication pass for a resident, Nurse 16 was observed enter resident's room, use foam sanitizer on her hands, move the resident's walker using both of her bare hands, move the wheelchair touching both handles with her bare hands. Nurse 16 then signed into the computer, scanned the resident's ID bracelet, and scanned the vial of heparin (a blood thinner, administer by an injection). She then retrieved and donned gloves, did not perform hand hygiene prior to donning the glove, proceeded to open the</p>						

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	<p>syringe package, drew up the heparin in the syringe, and injected the heparin. Nurse 16 removed her gloves and documented in the computer, and used foam sanitizer on her hands as she left the room.</p> <p>During an observation of medication pass for a resident in Contact Isolation, on 5/16/18 at 9:00 a.m. A sign on the door to the resident's room, "STOP Contact Precautions...Perform hand hygiene before putting on and after removing gloves...." After Nurse 17 administered the resident's medications, she removed her gown and gloves, washed her hands with soap and water, lathered her hands for 13 seconds, rinsed her hands with water, dried her hands with a clean, dry paper towel, turned off the water with a new paper towel, and left the room.</p> <p>An interview with the Infection Preventionist on 5/16/18 at 1:50 p.m., indicated the staff were educated on hand hygiene and infection control at hire and at least annually or more often. She indicated when hand washing with soap and warm water, hands should be lathered for 15-20 seconds before rinsing with water, hands should be dried with clean paper towel and the water should be turned off with a paper towel. She indicated hand hygiene should be done before and after glove use and upon entering and exiting a resident's room. The Infection Preventionist indicated hand washing with soap and water should be done before and after glove use for Enhanced Contact Precautions. She indicated Enhanced Contact Precautions were used for resident with unknown reason for diarrhea and C-Diff because alcohol based sanitizers were not effective against the C-Diff microorganism. The Infection Preventionist also indicated disposable gloves should be always be changed after touching a contaminated</p>						

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	<p>surface and when going from a dirty to a clean area. She further indicated hand hygiene should be done before, after and in-between glove use.</p> <p>A current policy, titled, Hand Hygiene, with a printed day of 5/10/18, was provided by the DON (Director of Nursing) on 5/15/18 at 3:40 p.m. The policy indicated, "...To assure compliance with CDC (Center for Disease Control) guidelines for proper hand hygiene of healthcare workers....Indications for hand washing and hand antisepsis...a. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water...b. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations...c. Decontaminate hands before having direct contact with patients...f. Decontaminate hands after contact with patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)...g. Decontaminate hands after contact with body fluids or secretions, mucus membranes, non-intact skin, and wound dressing if hands are not visibly soiled...h. Decontaminate hands after removing gloves...3. Hand-hygiene technique...b. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet...."</p> <p>A current policy, titled, Standard Precaution...Isolation Precautions, with a printed dated of 5/16/18, was provided by the Infection</p>						

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	<p>Preventionist on 5/16/18 at 2:50 p.m. The policy indicated, "...B. Hand Hygiene-Performed as Follows: 1. Before touching a patient. a. Whether or not gloves are worn...4. After touching a patient including, but not limited to, a. Contact with a patient's intact skin/non intact skin. b. Moving from a contaminated body site to a clean body site c. After removing gloves or other PPE...5. After touching patient surroundings including, but not limited to, a. Medical equipment b. Hand rails, bed rails, nurse-call buttons, over-bed table, etc. c. Patient's personal belongings...C. Gloves 1. Gloves are used to prevent contamination of HCW (Health Care Worker) hands...2. Adhere to principles of working from "clean to dirty" a. Upon contamination, remove gloves and perform HH (Hand Hygiene) b. If an item or surface in the room becomes contaminated due to contact with dirty gloves, be sure to disinfect the item or surfaced following use...5. HH must precede donning of gloves 6. HH must follow removal of gloves...."</p> <p>2. The record review for Resident 167 began 5-11-2018 at 1:28 p.m. Diagnoses included but were not limited to hypertension, stage 3 chronic kidney disease, urinary retention, congestive heart failure, physical deconditioning, Clostridium difficile (an infection in the intestines that causes diarrhea), and delirium.</p> <p>Resident 167 was admitted 5-7-2018 and the admission MDS (Minimum Data Set) assessment was incomplete. The MDS Coordinator provided copies on 5-16-2018 at 2:05 p.m., of sections C, D and E which had been completed. Resident 167 had a BIMS score of 13/15, which indicated the resident was cognitively intact. The PHQ-9 score was 2, which indicated the resident had minimal depression and hallucinations were marked.</p>						

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	<p>A review of lab report dated 5-8-2018 indicated the stool sample was "...positive for Clostridium difficile (toxin A) by DNA amplification...."</p> <p>A review of the infectious disease notes dated 5-10-2018, indicated Resident 167 had a history of Clostridium difficile (C diff) on 1-7-2018 and was treated with vancomycin oral antibiotic. Resident 167 had a second episode of C diff on 2-3-2018 and a 3rd episode on 4-15-2018, with both being treated with oral antibiotics.</p> <p>A review of the current physician orders indicated Resident 167 was getting vancomycin 25 mg/ml (milligrams/milliliters) oral solution 125 mg 4 times a day per oral route for Clostridium difficile colitis.</p> <p>A care plan for Resident 167 for contact precautions had a start date of 5-9-2018, with the following interventions: Place resident in a private room. Place appropriate signage at entrance to patient room. Perform hand hygiene before and after caring for each patient and between each task and before and after glove use. Wear isolation gown and gloves upon every entry to the patient room. Discard single use items. Clean reusable equipment between patients.</p> <p>A care plan for Resident 167 for infection had a start date of 5-9-2018, with the following interventions: Nursing will monitor for signs and symptoms of infection. Staff will encourage fluid intake. Staff will use standard precautions. Isolation precautions will be use as ordered.</p>						

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	<p>Resident 167's face page in the EMR (electronic medical record) indicated "...infection...C Diff...Isolation...Ehn (Enhanced) Con (Contact)...."</p> <p>An observation on 5-10-2018 at 1:47 p.m., indicated 2 signs were posted on Resident 167's door, along with a caddy containing gloves, gowns and masks. The "Enhanced Contact Precautions Stop" sign indicated the following: "...Visitors please see nurse before entering room...ALL who enter MUST wear the following protective gear...."</p> <p>A picture of gloves and a gown was observed on the sign. Further instructions indicated "...clean hands with alcohol-based hand foam/gel or soap and water before putting on gloves and gown...Wear a gown and gloves upon every entrance to the patient room...remove gown and gloves before leaving the patient room...clean hands with soap and water after removing gloves and gown...." The second sign posted "Enhanced Contact Precautions in addition to Standard Precautions" indicated the following: "...Patient Placement - Place patient in a private room.</p> <p>Hand Hygiene - Use alcohol-based hand foam/gel or soap and water to clean hands before putting on gloves. Use soap and water to clean hands after removing gloves.</p> <p>Everyone who enters the room must wear a gown and gloves upon entry. Remove gown and gloves before leaving the room.</p> <p>Place sign at the entrance to the patient room.</p> <p>Enter an order for Enhanced Precautions in the EMR.</p> <p>Communicate precautions at every transfer of care...Dedicate use of non-critical patient care equipment to a single patient.</p> <p>Clean and disinfect any common equipment after</p>						

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	<p>each use.</p> <p>Examples of Conditions Requiring Enhanced Contact Precautions...C. diff (Clostridium difficile) incontinent or uncontrolled...unexplained diarrhea...."</p> <p>During an observation of Resident 167's room on 5-10-2018 at 12:00 p.m., the Administrator and NP (Nurse Practitioner) 4 were observed to each don a gown and gloves prior to entering the resident's room. Neither the Administrator or NP 4 were observed to use the hand foam prior to donning the gown and gloves. At 12:04 p.m., NP 4 was observed to use hand foam when she exited the room. NP 4 was not observed to wash her hands as she was observed to walk by 2 hand washings sinks on her way to her office.</p> <p>An observation of Resident 167 on 5-14-2018 at 10:56 a.m., indicated she was in her room in her wheelchair and remained on enhanced contact isolation.</p> <p>An observation of Resident 167's room on 5-16-2018 at 10:18 a.m., indicated a therapy staff exited the room and was observed to use alcohol based hand sanitizer to clean her hands. The therapy staff was not observed to wash her hands. The therapy staff was observed to enter another resident's room (1513) and closed the door.</p> <p>During an interview with the resident on 5-10-2018 at 1:47 p.m., Resident 167 indicated she was aware she had an infection but could not remember what it was.</p> <p>An interview with Occupational Therapist (OTR) 6 on 5-15-2018 at 9:43 a.m., indicated for Resident 167 who was on enhanced contact precautions for</p>						



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	<p>C diff, she would wash her hands, don a gown and gloves before entering the resident's room. OTR 6 indicated when leaving the room, she would remove her gown and gloves, use the hand foam by the door and then would go straight to the nearest sink in the hall to wash her hands.</p> <p>An interview with Nurse 7 on 5-15-2018 at 1:28 p.m., indicated for Resident 167, she was on enhanced contact precautions due to C-diff and gown and gloves would be donned prior to entering the resident's room. The nurse indicated once care was complete, the gown and gloves would be discarded in the trash in the room and hand washing would be completed after leaving the room. The nurse indicated the resident was not allowed out of her room until after she was bathed and only with therapy. She indicated the resident's stool was still a pudding consistency.</p> <p>An interview with the DON (Director of Nursing) on 5-15-2018 at 2:05 p.m., indicated a resident would be on enhanced precautions for C-diff or an unexplained reason for diarrhea, especially if they were on antibiotics. The enhanced precautions indicated staff must wash their hands with soap and water after removing the gown and gloves.</p> <p>3. The record review for Resident 166 began on 5-14-2018 at 3:17 p.m. Diagnoses included but were not limited to, right foot ulcers, arthritis, coronary artery disease, chronic atrial fibrillation, chronic renal disease, diabetes, hypertension, idiopathic cardiomyopathy (ejection fraction of left ventricle approximately 30%), ischemic cardiomyopathy, and osteomyelitis in 2015 which resulted in a left foot amputation.</p> <p>A review of the H and P dated 4-27-2018 indicated Resident 166 was admitted to the unit on</p>						

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	<p>4-27-2018 for strengthening and rehabilitation therapies, worsening of right foot ulcers and increased shortness of breath. Resident 166 had procedures on his right lower leg for peripheral arteriogram, angioplasty and ultrasound below the knee during a prior hospitalization. The ultrasound on 3-21-2018 showed the dorsalis pedal pulse was not visualized. When Resident 166 returned to the hospital prior to the admission to the unit, the right foot dressings were saturated with purulent drainage.</p> <p>A review of a lab result from the right foot wound dated 4-16-2018, indicated the culture grew Staphylococcus aureus (MRSA), Enterococcus faecalis and Pseudomona aeruginosa. Resident 166 was placed on IV (intravenous) antibiotics aztreonam and linezolid through 5-6-2018.</p> <p>The MDS admission assessment dated 5-4-2018 indicated Resident 166 had a BIMS of 15/15, which indicated the resident was cognitively intact. The resident required a limited assist of 1 person for bed mobility, walking in corridor and locomotion on unit, dressing and bathing. He required a limited of 2 for transfers and toileting and an extensive assist of 1 person for personal hygiene. Resident 166 was not steady, but able to stabilize with staff assistance for moving from a seated to standing position, walking, turning around, moving on/off toilet and surface to surface transfers only. The resident had a diabetic foot ulcer(s) and applications of dressings to feet were marked.</p> <p>A care plan for Resident 166 for contact precautions had a start date of 4-27-2018, with the following interventions: Place resident in a private room. Place appropriate signage at entrance to patient</p>						

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	<p>room.</p> <p>Perform hand hygiene before and after caring for each patient and between each task and before and after glove use.</p> <p>Wear isolation gown and gloves upon every entry to the patient room.</p> <p>Discard single use items.</p> <p>Clean reusable equipment between patients.</p> <p>An observation of Resident 166's room door on 5-10-2018 upon entrance to the facility, indicated a contact isolation sign on the door with enhanced contact isolation.</p> <p>An observation of Housekeeper 2 on 5-10-2018 at 11:14 a.m., indicated the housekeeper donned a gown and gloves prior to entering Resident 166's room. When Housekeeper 2 was observed to leave Resident 166's room, she used the hand foam to clean her hands. The enhanced contact precautions sign indicated to wash hands with soap and water after removing gloves.</p> <p>An observation of Dietary Staff 3 on 5-10-2018 at 11:17 a.m., indicated the dietary staff donned a gown and gloves prior to entering Resident 166's room. When Dietary Staff 2 was observed to leave Resident 166's room, she used the hand foam to clean her hands. The enhanced contact precautions sign indicated to wash hands with soap and water after removing gloves. Dietary Aide 2 was then observed to push her computer cart down the hall and then delivered a meal tray from the meal tray cart to a resident in room 1522.</p> <p>An observation of Physical Therapist (PT) 9 on 5-14-2018 at 11:18 a.m., indicated PT 9 was observed to push the mist therapy machine out of Resident 166's room after providing mist therapy for his right foot wounds. PT 9 used hand foam</p>						

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	<p>prior to leaving the room and pushed the mist machine down the hall. The machine was not observed to be disinfected at the entrance of the room and was pushed down the hall to the therapy room. PT 9 was observed to walk by a sink across the hall and down a bit from room Resident 166's room and was not observed to wash her hands.</p> <p>During an observation of the wound care for Resident 166 on 5-14-2018 at 11:20 a.m., Nurse 10 donned gown and gloves, and provided the treatment per physician orders. Nurse 10 was observed to dispose the trash in the bin and the placed the dirty laundry in the bathroom. Nurse 10 was observed to remove her gown and gloves and used the hand foam at the door entrance. Nurse 10 left the room was observed to use her work phone, return to the nurse station and then attended another resident in another room. No hand washing was observed after leaving Resident 166's room and prior to entering another resident's room.</p> <p>An interview with Resident 166 on 5-14-2018 at 11:19 a.m., indicated over the weekend the resident was having loose stools.</p> <p>An interview with OT 11 on 5-15-2018 at 9:40 a.m., indicated for Resident 166, she used hand foam prior to donning gown and gloves, changed gloves in between tasks while providing care and then removed her gown and gloves prior to leaving the room. OT 11 indicated she then would use the hand foam.</p> <p>An observation of a Dietary Staff on 5-15-2018 at 9:47 a.m., indicated the dietary staff donned a gown and gloves prior to entering Resident 166's room. No hand hygiene was observed to be used</p>						

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	<p>prior to the dietary staff donning the gloves.</p> <p>An interview with Nurse 7 on 5-15-2018 at 1:26 p.m., indicated Resident 166 was on contact precautions for MRSA. Nurse 7 indicated prior to entering the room, a gown and glove would be donned and when care was complete, the gown and glove was removed and discarded in the trash in the room. The nurse indicated she would then use the hand foam and then wash her hands. She indicated the resident would be allowed to come out of his room as long as the foot wounds were covered.</p> <p>An interview with CNA 8 (Certified Nurse Aide) on 5-15-2018 at 2:10 p.m., indicated for Resident 166, a gown and gloves were donned prior to entering the room and providing care. After care provided, CNA 8 indicated she would remove the gown and gloves, and use hand foam or wash hands in the sink in the hallway nearest the room.</p> <p>An interview with PT 12 on 5-15-2018 at 2:15 p.m., indicated for Resident 166 she would use hand foam, then don gown and gloves. She indicated the mist machine would be taken into the room and cleaned down with antiseptic wipes (not bleach wipes, as this resident had MRSA). PT 12 indicated the entire machine was wiped down including the cord. PT 12 indicated she would prepare for the treatment by removing the resident's dressing and then discard the dressing and gloves. PT 12 indicated she would then don clean gown and gloves, and provide the mist treatment. After completion of the treatment, PT 12 indicated she would clean the machine in the room, remove her gown and gloves, place a sanitizing wipe on the floor for each wheel once the door was opened and roll the cart out of the room so the wheels would go over the wipes. She</p>						

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	<p>indicated she would use hand foam on her hands prior to leaving the room.</p> <p>A copy of the contact precaution signs for Resident 166's room door was provided by the DON on 5-15-2018 at 2:39 p.m. The signs for Resident 166's room indicated the resident was on "Contact Precautions" only and not "Enhanced Contact Precautions" as observed earlier during the survey. The DON indicated a resident would be on enhanced precautions for C-diff or an unexplained reason for diarrhea, especially if they were on antibiotics. The DON was unable to explain why or when the different signage was placed.4. During an interview with a resident in room 1522 on 5-11-2018 at 10:05 a.m., CNA 5 entered the room without donning a gown or glove, or performing hand hygiene. The resident was sitting in his wheelchair next to his bed. Room 1522 door was observed to have a contact isolation sign on the door and a caddy with gowns and gloves. CNA 5 was observed to ask the resident if he wanted some more ice. CNA 5 was observed to touch the resident's wheelchair handle with her hand, picked up the resident's water cup with her other hand, took the cup to the bathroom, filled it, and returned the cup to the room, then exited without performing hand hygiene. 5. A review of Resident 119's medical record on 5/14/2018 at 12:05 p.m., indicated a BIMS (Brief Interview of</p>						

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	<p>Mental Status) of 15 out of 15, meaning cognitively intact. Diagnoses included, but were not limited to: revision of the left hip, infection in the left hip, and acute endocarditis (infection of the endocardium, the inner lining of the heart). A Physician's Order, dated 4/30/2018 indicated Resident 119 should be in Contact Isolation. During an interview on 5/11/2018 at 10:18 a.m., Resident 119 indicated that some of the staff did not take the isolation precautions serious. Resident 119 could not recall the dates but at times the CNA's (Certified Nurse Aide) had not worn gloves or gowns in his room. He further indicated one CNA mentioned they had no one important on the outside so they did not feel the need to wear a gown or gloves. Resident 119 had a PICC (Peripherally Inserted Central Catheter) and on a date he could not recall, an RN (Registered Nurse) and a nurse trainee were in his room trying to fix the occlusion in his PICC line. The nurse trainee had a gown and gloves on, but the RN did not have gloves or a gown on and the trainee mentioned to the RN "You are doing that with no gloves ?" During an interview on 5/15/2018 at 3:22 p.m., the DON (Director of Nursing) indicated the CNA should have gowned and gloved prior to entering the room, and once the resident had said something to her, she should have</p>						

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	<p>responded by donning the gown and gloves. She further indicated the RN should have been gowned and gloved before working with the resident and his PICC line. Contact Precaution signs, dated 2/2008 were observed on Resident 119's room door, on 5/11/2018 at 9:55 a.m. The STOP sign indicated to see the nurse before entering the room, and to wear a gown and gloves. The sign also indicated the following: Use hand sanitizer before putting gloves on and after removing gloves. Wear gloves when entering the room and remove gloves before leaving the patient's room. Wear gown when entering the patient room if you anticipate contact with the patient or environment, and remove the gown before leaving room. The second sign indicated "Contact Precautions In addition to Standard Precautions". During an interview on 5/16/2018 at 1:01 p.m., the Infection Preventionist indicated the signs on Resident 119's room door were not the most current, the most current signs were dated 8/2013, but were still correct that Contact precautions should still be followed in addition to Standard precautions.6. On 5/10/18 at 10:09 a.m., the Executive Director provided a copy of the current policy and procedure for "Infection Control," with an approval date of April 2018. The policy included the following: "...will adhere</p>						



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	to infection control initiatives to prevent the development of and control the spread of infections and communicable conditions in residents, visitors, and health care workers...Actions recommended by the Director of Nursing (DON) and/or IP (Infection Preventionist) will be carried out by the nursing staff...Employees will participate in infection control training upon hire and annually thereafter...This will include training on handwashing...Additional infection control training and education that is specific to the CCC's (Continuing Care Center) resident population and issues will be provided as indicated...All employees are to wash hands or use alcohol hand sanitizer upon entering/exiting a resident room, as well as, between soiled to clean tasks...Hand washing is used for an patient in Enhanced Contact Precautions...Ancillary departments, such as imaging, Therapy Services, Dietary...must be alerted to the special precautions necessary for the specific type of isolation..." On 5/14/18 at 11:31 a.m., Dietary Staff 18 was observed to push a cart of meal trays down the hall and stop outside of Resident 71's room. Resident 71's closed door was observed to have two signs on it. One sign indicated "STOP, Contact Precautions, Please wear the following...Perform hand hygiene before putting gloves on..." The other sign posted						

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	<p>on the door indicated "...Use Hand Hygiene: Use hand sanitizer before putting gloves on..." She was observed top put a gown and gloves on without using hand sanitizer and/or washing her hands prior to glove application. She was then observed to remove the meal tray from the cart and carry it into the room. On 5/14/18 at 11:41 a.m., 2 of the 11 rooms on the unit were observed to have "Enhanced Contact Precaution" signs on the door in addition to the "Contact Precaution" signs. The remaining 9 isolation rooms were observed to have two signs which indicated "Contact Precautions." On 5/15/18 at 2:42 p.m., the DON was interviewed. She indicated the type of isolation utilized was determined based on the type of infection and/or pathology the resident had. She indicated diagnoses included, but not limited to, clostridium difficile, as criteria for residents to be placed on "Enhanced Contact Precautions." She indicated for Contact Isolation, hand hygiene included hand sanitizer before putting gloves on and after removing gloves. She indicated for "Enhanced Contact Precautions" hand hygiene included hand sanitizer and/or soap and water before putting gloves on but specifically the use of soap and water after gloves were removed. On 5/15/18 at 3:45 p.m., the DON provided a current copy of the policy "Transmission Based Precautions</p>						

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	<p>(TBP)" dated May 2017. The policy included the following: "...Transmission based precautions have been developed to prevent the spread of communicable diseases in the health care setting based on mode of transmission...These precautions are designed for patients documented or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission...three main types of Transmission Based Precautions: Contact...Enhanced Contact...Droplet...Airborne...Contact/Enhanced Contact...Precautions...which are used to prevent the spread of infectious agents transmissible by direct and/or indirect contact with patients, the patient's environment and the health care environment, Examples...Enhanced Contact Precautions...Clostridium Difficile (C diff)...Modified Contact Precautions: (MRSA) methicillin resistant staphylococcus aureus...PPE (Personal Protective Equipment)...A variety of barriers used alone or in combination to protect mucous membranes, skin and clothing from contact with infectious agents...PPE includes gowns, gloves, masks, respirators, eye/face shields and goggles...Communication of Transmission of Based Precautions...If</p>						

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	<p>Enhanced Contact Precautions are being initiated, nursing is also to place a "do not use" reminder sign on each of the ABHS (alcohol based hand sanitizer) dispensers in the patient's room...Healthcare worker Hand Hygiene and PPE in a TBP room...Hand Hygiene...hand hygiene practices...prior to donning of PPE and immediately following the removal of PPE...In an Enhanced Contact Precautions room, hand hygiene MUST be done with soap and water only; alcohol based hand sanitizer is NOT to be used in Enhanced Contact Precaution rooms...PPE...along with standard precautions...the following PPE is to be worn into the rooms of patients under each of these TBP..Contact/Enhanced Contact Precautions: gown and gloves...Patient Equipment in the Transmission Based Precautions Patient Room...When unit supply levels do not allow for dedicated equipment, all equipment that is brought out of the isolation room must be disinfected as per standard precaution guidelines..."On 5/16/18 at 1:05 p.m., the IP was interviewed. She indicated upon hire and annually, all employees, both clinical (nurses, certified nursing assistants, etc.) and ancillary staff (dietary, therapy, anyone who was not a nurse) received training regarding isolation precautions. She indicated the training included, but was not limited to, what an</p>						

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F 9999  Bldg. 00	<p>isolation sign looks like, what precautions were needed for the various types of isolation, cleaning of patient care items and reusable equipment. The IP indicated reusable equipment was to be cleaned "at the point of exit of the room" and not down the hall from the isolation room. She indicated staff were to perform hand hygiene prior to donning gloves and after glove removal. She indicated she stressed to staff, "gloves don't necessarily protect their hands," thus the importance of handwashing. She indicated staff were instructed to always wear the Personal Protection Equipment as indicated when entering an isolation room as "they never know when they will need to assist the residents."</p> <p>3.1-14 Personnel (t)(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure employee records had completed tuberculin testing for 1 out of 10 employee records reviewed. This had the potential to affect 24 residents residing at the facility.</p> <p>A record review of employee records on 5/16/2018 at 10:30 a.m., indicated LPN (Licensed Practical</p>			F 9999	<p>1. The LPN 1 completed the TB draw 5/16/18. Results were negative. There was no negative outcome noted.</p> <p>2. Occupational Health ran a report to identify any current employees out of compliance, all current employees are compliant with TB screens being negative.</p> <p>3. Systematic review of transfer of employees were reviewed and process practices have been adjusted. Talent Acquisition will complete New Co-Worker checklist for Continuing Care Center and a section to the</p>		06/15/2018

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	<p>Nurse) 1 had a start work date of 11/12/2017 and the tuberculin test on file was dated 7/21/2016.</p> <p>During an interview on 5/16/2018 at 1:06 p.m., the ED (Executive Director) indicated there was no annual or initial tuberculin testing in 2017 for LPN 1. She further indicated LPN 1 would not return to work until the tuberculin test was completed.</p> <p>On 5/16/2018 at 2:30 p.m., a current facility policy, dated 4/2018, TB (Tuberculosis) Control Plan, provided by the Infection Preventionist titled TB Control Plan indicated the following: "...Prior to starting work for Parkview Health, unless contraindicated, all non-co-worker personnel must submit proof of negative TB (Tuberculosis) screening, IGRA (Interferon Gamma Release Assay) or TST (Tuberculin Skin Test), in the last 12 months, and proof is mandated every calendar year thereafter. Any co-worker who has not completed the annual TB Control Program requirements within the 12- month time frame will not be allowed to work until appropriate TB surveillance documentation has been submitted to POHC/EHS (Parkview Occupational Health Center/Employee Health Services...".</p>				<p>checklist requirements will have a line for TB screen placed on the paper to be reviewed before starting. In addition to the New Co-worker checklist the Transfer Offer checklist will also have an area to be checked off prior to employees transferring into Continuing Care Center. Please see attachment (E) with the adjustments to confirm TB test was completed prior to starting, and attachment (F) for the changes made to the transferring of employment checklist #9 to read Confirmation of TB Test.</p> <p>4. Occupational Health will monitor all new hires and transfers for Continuing Care Center and will send any findings identified out of compliance to the Administrator and DON. If out of compliance employees will not be able start working until compliance is met. Administrative Secretary will track employee tuberculin testing and results for compliance with each new hire and transfer employees on a weekly basis x 4 weeks, twice monthly x 2 months and monthly x 3 and then quarterly in QAPI. All audits sheets will be given to the Administrator for review and to monitor any negative trends. See attachment G for Tuberculin Test Audit.</p> <p>5. Date of compliance: June 15, 2018</p>		