

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

PRINTED: 12/04/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 11/05/2018	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH ALTERNACARE				STREET ADDRESS, CITY, STATE, ZIP COD 1104 E GRACE ST RENSSELAER, IN 47978			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: November 5, 2018.</p> <p>Facility number: 004199</p> <p>Residential Census: 8</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 11/9/18.</p>		R 0000				
R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to serve food under sanitary conditions related to staff touching food and nonfood items without changing gloves or handwashing. This had the potential to affect all 8 residents who resided in the facility and ate in the dining room.</p> <p>Finding includes:</p> <p>On 11/5/18 at 11:10 a.m., the following was observed in the kitchen: Cook 1 washed her hands and put on gloves, went to the steam table and removed the lids off of the food items, removed the plastic covering off the food, picked up a plate warmer, then picked up a plate and placed it on</p>		R 0273	<p>All dietary staff educated on the Proper Glove Usages and Hand Hygiene was completed by 11/16/18. The individual noted to be out of compliance with glove usage was counseled on 11/12/18. Policy titled Use of disposable gloves and infection control procedure was reviewed with dietary staff also. Weekly monitoring will be performed for compliance of gloves usage and hand hygiene for a duration of 3 months, then monthly audits x 3 months,</p>		11/16/2018	

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 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0349 Bldg. 00	<p>the plate warmer and used separate utensils to scoop the food onto the plate. She repeated the process of scooping food onto 2 more plates. She then picked up a plate warmer, picked up a plate, opened a plastic bag of buns and reached in with the same gloved hand, removed a bun, and scooped meat onto the bun. She then picked up another plate warmer and plate, touched the outside of the plastic bag again and reached in with her gloved hand and removed another bun and scooped meat onto the bun. Cook 1 was not observed washing hands or changing gloves. The kitchen staff picked up the plates, covered the plates, placed onto trays and loaded them onto a cart.</p> <p>Interview with Cook 1 on 11/5/18 at 11:20 a.m., indicated the food was being transported to the residential dining room to be served to the residents and she should have used a utensil or washed hands and changed gloves before removing buns from the bag.</p> <p>Interview with the Director of Food Service on 11/5/18 at 11:40 a.m., indicated Cook 1 should have washed hands and changed gloves or used a utensil to remove the buns from the bag.</p> <p>A policy titled, "Use of Disposable Gloves/Infection Control Procedure", received from the Director of Food Service as current, indicated "...2. Gloves must be changed:... before handling ready to eat foods. e. After touching any contaminated area (trash can lid, door handle, utensil handles, etc.)...."</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be</p>				<p>then quarterly x 2. Food Services Supervisor will be responsible for ensuring compliance with plan of correction.</p>		

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	<p>maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete.</p> <p>(2) Accurately documented.</p> <p>(3) Readily accessible.</p> <p>(4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure the resident's clinical record was complete and accurate related to notifying the Physician with changes in the resident's condition for 1 of 7 residents reviewed. (Resident 4)</p> <p>Finding includes:</p> <p>Resident 4's record was reviewed on 11/5/18 at 9:33 a.m. Diagnoses included, but were not limited to, hypertension (high blood pressure), senility, and arthritis.</p> <p>Review of Nurse Progress notes indicated the following:</p> <ul style="list-style-type: none"> - 4/18/18 at 1:35 p.m., indicated Resident 4 complained of left leg pain. - 4/19/18 at 4:30 a.m., Resident 4 complained of left leg pain and unable to bear weight. - 4/19/18 at 9:50 a.m., Resident 4 complained of left leg pain. - 4/25/18 at 9:00 p.m., the Physician was faxed an update. <p>There was no documentation to indicate the Physician was notified with the resident's change in condition for left leg pain for the above dates and times:</p> <p>A Nurse Progress note, dated 7/19/18 at 12:45 p.m., indicated a bandage had fallen off a scabbed area on the left leg. The wound was slightly red and had a yellow drainage from wound, a boarder</p>			R 0349	<p>Resident #4 has been evaluated by their primary care physician on 11/8/2018.</p> <p>All review of all charts was completed on 11-21-18 and there were no change of conditions that were noted to be out of compliance with reporting to MD</p> <p>All charts will be audited by noc nurse, every noc to ensure that any change of conditions have been reported to MD. See QA form attachment A. Nurse Manager will be notified immediately if it is noted that a change of condition has failed to be reported to MD.</p> <p>Chart audit of all charts will continue nightly x 2 weeks, then 3 x's a week x 2 weeks, then weekly x 4 weeks, then monthly x 2 months and then quarterly.</p> <p>Alternacare Nurse Manager will be responsible for overseeing auditing.</p>		11/21/2018

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R 0406 Bldg. 00	<p>gauze dressing was applied to the area. There was no documentation to indicate the Physician was notified in the change of the wound or the yellow drainage.</p> <p>A Nurse Progress note, dated 10/3/18 at 4:30 a.m., indicated a skin lesion was noted to the back of Resident 4's left lower leg, 3-4 cm (centimeters) in size with a scaly appearance.</p> <p>A Nurse Progress note, dated 10/10/18 at 7:30 a.m., noted a raised scabbed area to the back of the resident's left lower calf, the Physician was faxed an update.</p> <p>There was no documentation to indicate the Physician was notified of the resident's new skin lesion until 7 days after the first observation.</p> <p>Interview with the DON, on 11/5/18 4:01 p.m., indicated the Physician should have been notified of the resident's changes in conditions.</p> <p>Interview with the Nurse Manager, on 11/5/18 at 4:05 p.m., indicated the Physician should have been notified on 10/3/18 when the nurse first observed the area.</p> <p>410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an infection control program was maintained related to not changing gloves during a dressing change of a resident's surgical wounds for 1 of 3 residents observed for wound treatments. (Resident 2)</p>			R 0406	<p>The nurse involved in the dressing change on 11/5/18 was educated on the proper procedure for infection control during dressing changes on 11/5/18.</p> <p>All nurses will have a review of</p>		12/12/2018

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	<p>Finding includes:</p> <p>On 11/5/18 at 10:22 a.m., LPN 1 was observed completing a dressing change to Resident 2's surgical wounds. The LPN gathered the supplies, washed her hands and applied gloves. She cleaned the resident's surgical wounds on both of the resident's arms with a wound wash and sterile gauze. She then proceeded to open up new bandages and applied a medication ointment to them. The medicated bandages was then applied to the resident's surgical wounds and covered with tape. The LPN did not change her gloves after cleaning the resident's wounds or before applying the new clean medicated bandages.</p> <p>Record review for Resident 2 was completed on 11/5/18 at 9:32 a.m. Diagnoses included, but were not limited to, stroke, type 2 diabetes, hypertension, and history of skin cancer.</p> <p>A Care Plan indicated the resident had skin cancer lesions. Interventions included to complete treatments as ordered to the removal sites and to watch for signs and symptoms or redness, drainage, or pain.</p> <p>The November 2018 Physician's Order Summary indicated an order for bacitracin (topical medication used to avoid or treat skin infections) to be applied topically to lesion wounds directed until healed.</p> <p>Interview with LPN 1 on 11/5/18 at 10:30 a.m., indicated she should have changed her gloves after cleaning the resident's wounds and before she applied the new, clean, medicated bandages.</p> <p>Interview with the Nurse Manager on 11/5/18 at</p>				<p>proper procedure for infection control during dressing change by 12/12/2018. This includes review of Mosby's procedures for Dry and Wet to dry dressing change (which includes the infection control components of dressing change), associated computerized test and return demo.</p> <p>Random dressing change/infection control observation will occur weekly (as treatment orders are available) x 1 month and then monthly x 5 months.</p> <p>Procedural review of dressing change will be added to the yearly nursing skills review.</p> <p>Alternacare Nurse Manager will be responsible for overseeing the completion of the above plan of correction.</p>		

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	11:31 a.m., indicated the nurse should have changed her gloves after cleaning the resident's wounds and before applying the clean bandages. The facility did not have a policy related to dressing changes.						