

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

PRINTED: 07/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155363		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/28/2023	
NAME OF PROVIDER OR SUPPLIER WILLOWDALE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 404 W WILLOW RD DALE, IN 47523			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00411241 and IN00411185 .</p> <p>Complaint IN00411241 - Federal/state deficiency related to the allegations are cited at F880.</p> <p>Complaint IN00411185 - Federal/state deficiency related to the allegations are cited at F880.</p> <p>Survey dates: June 27, 28, 2023</p> <p>Facility number: 000254 Provider number: 155363 AIM number: 100266270</p> <p>Census Bed Type: SNF/NF: 32 Total: 32</p> <p>Census Payor Type: Medicare: 2 Medicaid: 24 Other: 6 Total: 32</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 29, 2023.</p>			F 0000	<p><u>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</u></p> <p>- <u>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit on or after 7/13/23.</u></p>		
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 comfortable environment and to help prevent</p>						

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

TITLE

(X6) DATE

Kristy Denton

HFA

07/10/2023

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>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 the least restrictive possible for the resident</p>						

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	<p>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 and interview, the facility failed to ensure infection control practices were in place for 2 of 2 residents observed during incontinence care. Staff failed to sanitize hands between dirty to clean tasks, staff touched items with their gloves before perineal care was performed, and staff washed hands using a 3 second lather. (Resident G, Resident D)</p> <p>Findings include:</p> <p>1. During an observation on 6/28/23 at 7:19 A.M., CNA (Certified Nurse Aide) 17 and CNA 19 performed incontinence care on Resident G. CNA 17 and CNA 19 donned gloves. CNA 17 used her</p>			F 0880	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>· Nursing staff are performing proper hand hygiene techniques with glove changes. Skills validation for incontinent care was completed for staff G and D.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>		07/12/2023

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	<p>gloved hands and used the remote to raise the bed up. CNA 19 used her gloved hands to move the bedside table, opened the door of the closet and grabbed a brief, opened a drawer and grabbed barrier cream. CNA 17 removed the straps on the brief and wiped the resident with 2 wipes with the same gloves. Then, Resident G was rolled to her left side and CNA 19 wiped the resident with 3 wipes and removed the soiled brief and applied barrier cream. At that time, Resident G voided. CNA 19 removed gloves and failed to sanitize or wash hands before new gloves were donned. CNA 19 wiped resident and applied barrier cream. CNA 17 and CNA 19 removed gloves and pulled the resident up in the bed using the draw sheet, covered Resident G up with her blankets, CNA 19 opened a drawer and put the wipes in it. CNA 19 washed hands using a 3 second lather.</p> <p>2. On 6/28/23 at 8:11 A.M., CNA 13 and CNA 15 performed incontinence care on Resident D. Upon entering the room, both aides washed their hands at the sink and put gloves on. CNA 13 went to the right side of the bed and pulled the bedside table away from the resident and pulled the privacy curtain. CNA 15 went to the left side of the bed, pulled the privacy curtain and using the bed controller lowered the head of the bed. Neither CNA changed gloves before starting incontinence care. While Resident D was lying on her back, CNA 13 unfastened the brief. Resident D turned to her left side. CNA 15 held the resident while CNA 13 pulled the brief down, used two wipes to clean her back side and removed the soiled brief. CNA 13 threw the brief and wipes in the trash bag, removed her gloves, went to the sink to wash her hands and put on clean gloves. CNA 15 put a clean brief under Resident D, had her turn to her back, cleaned the front perineal area with two wipes, placed the wipes in the trash bag, pulled the clean brief up, removed gloves, and went to</p>				<ul style="list-style-type: none"> All residents at the facility have the potential to be affected by the alleged deficient practice. An audit of each unit during personal care to be completed by 7/12/23 to determine compliance Skills validations for hand hygiene and incontinence care for nursing staff will be completed on or by 7/12/23 to determine compliance <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Nursing staff will be in-serviced by DNS/designee by 7/12/23 on appropriate infection control procedures with hand hygiene when changing gloves Hand hygiene and incontinence care skills validations will be completed by DNS/designee for Nursing staff by 7/12/23. Rounds will be completed daily by DNS/designee daily to ensure that nursing staff are utilizing appropriate infection control procedures to include hand hygiene techniques with glove changes <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The DNS/designee will be</p>		

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	<p>the sink to wash her hands. CNA 13 fastened the brief. Resident D turned to her left side. CNA 13 covered the resident with blankets, gave her the call light, pushed the curtain back and raised the head of the bed. CNA 13 removed her gloves and put them in the trash bag, went to the sink, and washed her hands. CNA 15 removed the trash bag from the trash can, tied it in a knot and put a clean trash bag into the trash can. CNA 13 carried the trash bag out of the room.</p> <p>During an interview on 6/29/23 at 8:31 A.M., the (IP) Infection Preventionist indicated hands should be lathered for 40 seconds, and the total handwashing time should be 60 seconds. The IP indicated that staff should perform hand hygiene from dirty to clean tasks. The IP indicated she would expect staff to change gloves if they touched items before performing care.</p> <p>On 6/28/23 at 9:11 A.M., a current Hand Hygiene Policy, revised 12/2021, provided by the IP, indicated "...Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a resident. Before moving from work on a soiled body site to a clean body site on the same resident...."</p> <p>This Federal tag relates to complaints IN00411185 and IN00411241.</p> <p>3.1-18(l)</p>				<p>responsible for the completion of an Infection Prevention and Control QAPI Tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		