

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

PRINTED: 03/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2020	
NAME OF PROVIDER OR SUPPLIER ROSEWOOD MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 5200 S BURLINGTON DR MUNCIE, IN 47302			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00311138.</p> <p>Complaint IN00311138 - Substantiated. State Residential Findings related to the allegations are cited at R149 and R407.</p> <p>Survey date: January 31, 2020</p> <p>Facility number: 000312</p> <p>Residential Census: 33</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 7, 2020.</p>		R 0000				
R 0149 Bldg. 00	<p>410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to treat and prevent bedbugs throughout the facility, including the common area, hallways and residents' rooms and also failed to ensure a resident and his room were free from active bedbugs for 1 of 3 residents reviewed for infection control (Resident B).</p> <p>Findings include:</p> <p>During an observation on 1/31/20 at 9:02 a.m.,</p>		R 0149	<p>R149 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B was moved from his room for a week while the room was treated by pest control company and inspected for a week. The helmet of resident B was treated and disinfected. This was returned to the resident the same day after no</p>		03/16/2020	

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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	<p>Resident B was standing outside his room. He resided in a room alone and the bed near the window was put up on the side. White powder was noted under both beds and on the bed frame.</p> <p>The clinical record for Resident B was reviewed on 1/31/20 at 10:40 a.m. Diagnoses included, but were not limited to, psychosis, seizure disorder, intellectual and developmental disabilities.</p> <p>During an interview on 1/31/20 at 8:15 a.m., Housekeeper 1 indicated the facility currently had bedbugs. They have been treating with a light powder that they apply everywhere. A resident was just found to have bedbugs under his helmet and on his skin so they just treated his room.</p> <p>During an interview on 1/31/20 at 8:33 a.m., the Director of Nursing (DON) indicated they recently hired a company come in and treat for bedbugs. They had a protocol in cleaning the beds, putting down powder and spraying to treat the bedbugs.</p> <p>During an interview on 1/31/20 at 9:04 a.m., the DON was asked to provide the Infection Control Book. She indicated she did not know where it was. She had been the DON for approximately 8 months. The book was found at the nurses' station.</p> <p>During review of the Infection Control Book at 9:10 a.m., the last entry was done October 2018.</p> <p>On 1/31/20 at 9:46 a.m., the DON indicated she was not aware that she needed to document, track and trend infections throughout the building. They have been writing the information related to infections in the resident charts. She indicated</p>		<p>evidence of bugs were found. The Administrator and Director of Nursing will review and revise the pest control policy and Bed Bug prevention and treatment policy to ensure the facility is in compliance with state guidelines.</p> <p>-How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected. A room by room inspection will be completed by the Housekeeping Supervisor. Any room showing evidence of Bed Bugs will be treated in accordance to the facility pest control protocol.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>Rooms will be inspected daily and charted by housekeeping to ensure proper policies are being followed in accordance with State guidelines. All staff will be in-serviced on the pest control policy and Bed Bug treatment and prevention policy by 3/16/20. They will be in serviced yearly thereafter.</p> <p>-How the corrective action(s) will be monitored to ensure the</p>				

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	<p>they recently treated several residents for pink eye (infection of the eye's conjunctiva).</p> <p>On 1/31/20 at 9:55 a.m., the Administrator was asked to provided the facility Infection Control Program. He indicated he was unaware of the infection control program, but said he had a pest control policy. They were currently doing their own treatment with a spray and powder daily in each room. He recently had people in here and said they probably do have a few bedbugs, but not an infestation.</p> <p>During the initial tour of the facility with the Director of Nursing (DON) on 1/31/20 at 10:05 a.m., white powder was noted throughout the facility in resident rooms, under beds, on bed frames, trim in hallways and the common area. The DON indicated it was the protocol for treating for bedbugs.</p> <p>During an interview on 1/31/20 at 11:00 a.m., the Administrator indicated he talked to the DON and guess the paperwork related to the infection control log was late and he did not have any meeting notes related to infection control.</p> <p>On 1/31/20 at 12:12 p.m., an employee from the contracted pest control company arrived to treat the room of a resident who was just found to of had bedbugs in his helmet and on his skin. He indicated the facility has been dealing bedbugs for approximately 2 years. They do spray when they find them with their own spray, but the spray and powder the facility was using was not purchased through their company. The powder the facility was using must be within about 2' of a bedbug to kill it. The facility was putting clothing and personal items in a trash bag and sprinkling powder on top, so if a bedbug was</p>			<p>deficient practice will not recur, i.e., what quality assurance program will be put into place; Housekeeping Supervisor will keep log of daily inspections of rooms. The housekeeping supervisor will inform the Administrator and start the Bed Bug treatment and prevention policy if evidence of bugs are found. The Administrator or designee will audit the housekeeping inspection log weekly for 60 days and monthly ongoing thereafter to ensure continued proper procedure is being followed.</p> <p>-By what date the systemic changes will be completed. 3/16/19</p>			

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	<p>hiding in a book, it would just not come out, therefore not be within the 2' of the powder.</p> <p>Review of a current facility policy, dated 10/2008, titled "[Name of facility] POLICY SAFETY AND SANITATION STANDARDS, " provided by the DON on 1/31/20 at 12:27 p.m., indicated the following:</p> <p>"...shall be clean, orderly and in a state of good repair, both inside and out and shall provide reasonable comfort for all residents.</p> <p>...This facility will maintain...free of hazards that may adversely affect the health and welfare of the residents or the public.</p> <p>A second undated facility policy, titled "Infection control," provided by the DON on 1/31/20 at 12:36 p.m., indicated the following:</p> <p>"[Name of facility] will establish and maintain an infection control practice designed to provide a safe, sanitary, and a comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>...will utilize an infection control program that included the following:</p> <p>(1) A system that enables the facility to analyze patterns of know infectious symptoms.</p> <p>A. This is done through our Infection Control Binder found at the Nurses Desk. This Monitors patterns of known infections through the month.</p> <p>(2) Provide orientation and in-service education on infection prevention....</p> <p>(3) Offering health information to residents, including, but not limited to, infection transmission...."</p> <p>No further information was provided before exit on 1/31/20.</p> <p>This State tag relates to Complaint IN00311138.</p>						

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R 0407 Bldg. 00	<p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.</p> <p>Based on observation, interview and record review, the facility failed to establish an infection control program. This deficiency had to potential to affect 33 of 33 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an interview on 1/31/20 at 8:15 a.m., Housekeeper 1 indicated the facility currently had bedbugs. They have been treating with a light powder that they apply everywhere. A resident was just found to have bedbugs under his helmet and on his skin so they just treated his room.</p> <p>On 1/31/20 at 8:33 a.m., the Director of Nursing (DON) indicated they recently hired a company come in and treat for bedbugs. They had a protocol in cleaning the beds, putting down powder and spraying to treat the bedbugs.</p> <p>At 9:04 a.m., the DON was asked to provide the Infection Control Book. She indicated she did not know where it was. She had been the DON for approximately 8 months. The book was</p>		R 0407	<p>R407What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The Administrator and Director of Nursing will review and revise the current infection control policy to ensure the facility is in compliance with state guidelines. The infection control book will be updated by nursing staff and reviewed by the Director of Nursing on a weekly basis for 60 days. The infection control book will then be reviewed on a monthly basis thereafter. -How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All resident infections will be</p>		03/16/2020	

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	<p>found at the nurses' station.</p> <p>During review of the Infection Control Book at 9:10 a.m., the last entry was done October 2018.</p> <p>On 1/31/20 at 9:46 a.m., the DON indicated she was not aware that she needed to document, track and trend infections throughout the building. They have been writing the information related to infections in the resident charts. She indicated they recently treated several residents for pink eye (infection of the eye's conjunctiva).</p> <p>On 1/31/20 at 9:55 a.m., the Administrator was asked to provided the facility Infection Control Program. He indicated he was unaware of the infection control program. They were currently doing their own treatment with a spray and powder daily in each room. He recently had people in here and said they probably do have a few bedbugs, but not an infestation.</p> <p>During the initial tour of the facility with the Director of Nursing (DON) on 1/31/20 at 10:05 a.m., white powder was noted throughout the facility in resident rooms, under beds, on bed frames, trim in hallways and the common area. The DON indicated it was their protocol for treating for bedbugs.</p> <p>During an interview on 1/31/20 at 11:00 a.m., the Administrator indicated he talked to the DON and the paperwork related to the infection control log was late and he did not have any meeting notes related to infection control.</p> <p>On 1/31/20 at 12:12 p.m., an employee from the contracted pest control company arrived to treat the room of a resident who was just found to of had bedbugs in his helmet and on his skin. He</p>		<p>documented in the infection control book to ensure that the infection control program is maintained according to state guidelines.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>All staff will be in serviced on the infection control policy and universal precautions by 3/16/20. These in-services will be done on a yearly basis thereafter.</p> <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; and</p> <p>The Director of Nursing or designee will audit the Infection Control book once a week for 60 days and monthly thereafter, and observe nursing staff monthly to ensure continued proper procedure is being utilized and report findings to the Administrator. The Director of Nursing or designee will present a Nosocomial Infection report to the administrator monthly as well.</p> <p>-By what date the systemic changes will be completed.</p> <p>3/16/20</p>				

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	<p>indicated the facility has been dealing bedbugs for approximately two years. They do spray when they find them with their own spray, but the spray and powder the facility was using was not purchased through their company. The powder the facility was using must be within about two inches of a bedbug to kill it. The facility was putting clothing and personal items in a trash bag and sprinkling powder on top, so if a bedbug was hiding in a book, it would just not come out, therefore not be within the two inches of the powder.</p> <p>Review of a current facility policy, dated 10/2008, titled "[Name of facility] POLICY SAFETY AND SANITATION STANDARDS, " provided by the DON on 1/31/20 at 12:27 p.m., indicated the following:</p> <p>"...shall be clean, orderly and in a state of good repair, both inside and out and shall provide reasonable comfort for all residents.</p> <p>...This facility will maintain...free of hazards that may adversely affect the health and welfare of the residents or the public.</p> <p>A second undated facility policy, titled "Infection control," provided by the DON on 1/31/20 at 12:36 p.m., indicated the following:</p> <p>"[Name of facility] will establish and maintain an infection control practice designed to provide a safe, sanitary, and a comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>...will utilize an infection control program that included the following:</p> <p>(1) A system that enables the facility to analyze patterns of know infectious symptoms.</p> <p>A. This is done through our Infection Control Binder found at the Nurses Desk. This Monitors patterns of known infections through the month.</p>						

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	<p>(2) Provide orientation and in-service education on infection prevention....</p> <p>(3) Offering health information to residents, including, but not limited to, infection transmission...."</p> <p>No further information was provided before exit on 1/31/20.</p> <p>This State tag relates to Complaint IN00311138.</p>						