

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

PRINTED: 05/15/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155650		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/31/2017	
NAME OF PROVIDER OR SUPPLIER  LINCOLNSHIRE HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00223158 and IN00225272.</p> <p>Complaint IN00223158 - Substantiated. Federal/State deficiencies related to the allegations are cited at F441.</p> <p>Complaint IN00225272 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 30 &amp; 31, 2017</p> <p>Facility number: 000577 Provider number: 155650 AIM number: 100266950</p> <p>Census bed type: SNF/NF: 84 Total: 84</p> <p>Census payor type: Medicare: 12 Medicaid: 59 Other: 13 Total: 84</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000			

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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F 0441 SS=F Bldg. 00	<p>Quality review completed on 4/3/17.</p> <p>483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(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 (facility assessment implementation is Phase 2);</p> <p>(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>						

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	<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 followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on record review and interview, the facility failed to ensure housekeeping staff were properly educated on sanitizing rooms when residents required isolation, specifically when diagnosed with Clostridium difficile (C-diff) infections, for 3 of 4 Housekeeping staff interviewed who worked throughout the facility.</p>			F 0441	<p><b>F441</b></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p>		04/07/2017

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	<p>(Housekeeper 1, Housekeeper 2, and the Housekeeping Supervisor). This had the potential to affect all residents in the facility.</p> <p>Finding includes:</p> <p>During an interview on 03/31/17 at 8:10 a.m., Housekeeper 1 stated she used bleach to clean resident rooms for residents in isolation. She was unaware of what type of cleaning was needed for cleaning rooms with C-diff. Her cleaning procedure was to spray the bleach on the mattress, toilet, and other items in the room, leave the bleach on for "few seconds", then wipe off.</p> <p>During an interview on 03/31/17 at 8:15 a.m., Housekeeper 2 indicated the Nurses or Supervisor would inform them when a resident had C-diff. She sprayed a cloth with the bleach, then wiped down the mattress, toilet, and sink, and then wiped them off with a dry cloth. She used furniture polish on the dressers and the over bed tables.</p> <p>During an interview on 03/31/17 at 11:40 a.m., the Housekeeping Supervisor indicated the staff were to spray the mattress with bleach and use bleach wipes for the headboard and bedside table, spray the toilet and sink with</p>		<p>Residents' isolation rooms will be sanitized in accordance to the facility's Infection Prevention and Control Program and to the manufacturer's instructions for the respective cleaning product.</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> <p>All residents have the potential to be affected by the same alleged deficient practice. An audit was completed for all isolation rooms.</p> <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> <p>All of the Housekeeping Department staff have been in-serviced on the importance of ensuring that residents' isolation rooms will be sanitized in</p>				

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	<p>bleach, wait three seconds then clean off.</p> <p>During an interview on 03/31/17 at 11:25 a.m., the Corporate RN Consultant indicated resident infections were tracked and patterned monthly. There was one resident with the diagnosis of C-diff in the months of January, February, and March.</p> <p>An undated facility policy, titled, "Clostridium Difficile Prevention Guide", received as current from the Housekeeping Supervisor on 03/31/17 at 11:50 a.m., indicated, "... spores can persist on surfaces for months...use Clorox Healthcare Bleach Germicidal Wipes to clean and disinfect furniture and high-touch areas including: door handles, both bathroom and room entrances, light switches ... Change disinfecting wipe when unable to achieve appropriate wet contact and when visibly soiled ... Use ... germicidal wipes to clean and disinfect all hard nonporous bathroom surfaces...leave the toilet for last..."</p> <p>The manufacturer's instructions for the bleach wipes, received from the Housekeeping Supervisor on 03/31/17 at 1 p.m., indicated, "...unfold a clean wipe and thoroughly treat surface. Allow surface to remain treated for four (4) minutes. Let air dry..."</p>		<p>accordance to the facility's Infection Prevention and Control Program and to the manufacturer's instructions for the respective cleaning product. An Isolation Cleaning Quiz will be developed, and all housekeeping staff will be required to receive a perfect score. A mock isolation cleaning will be completed by all current and future housekeeping staff.</p> <p>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The Housekeeping Supervisor/designee will observe the sanitizing of isolation rooms, if any, 4x weekly for one month and 2x weekly for an additional two months, to ensure the sanitizing is in accordance to the facility's Infection Prevention and Control Program and to the manufacturer's instructions</p>				

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	<p>The manufacturer's instructions for the Clorox Healthcare Bleach, indicated, "... When disinfecting C. difficile spores, always clean surfaces prior to disinfecting. To disinfect. let stand for 1 minute. To kill C. difficile spores, let stand for 3 minutes. wipe with a clean damp cloth. Allow to air dry."</p> <p>This Federal Tag relates to Complaint IN00223158.</p> <p>3.1-18(b)(2) 3.1-18(b)(4)</p>			<p>for the respective cleaning product.</p> <p>The Housekeeping Supervisor/designee will present a summary of the audits to the Quality Assurance committee monthly for three months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and presented quarterly at the QA meeting. Monitoring will be ongoing.</p> <p>Compliance Date: April 7, 2017</p>			