STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155214	A. BUILDING 00 B. WING	02/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ST ANTHONY HOME - CROWN POINT	203 FRANCISCAN DR CROWN POINT, IN 46307

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00250881. Complaint IN00250881 - Substantiated. Federal/state deficiencies related to the allegations are cited at F880 . Survey date: February 1, 2018 Facility number: 000120 Provider number: 155214 AIM number: 100274780 Census Bed Type: SNF/NF: 146 SNF: 16 NCC: 3 Total: 165 Census Payor Type: Medicare: 18 Medicaid: 106 Other: 41 Total: 165 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 2/5/18.	F 0000	F000 St. Anthony Home (“the provider”) submits this Plan of Correction (“POC”) in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1)are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services (“CMS”), the state of Indiana or any other entity; or (2) to serve, in any way to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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			407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.	
F 0880 SS=E Bldg. 00	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 the development and transmission of communicable diseases and infections. §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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must			

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	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 under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.			

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	The facility will conduct an annual review of its IPCP and update their program, as necessary. Based on observation, record review, and interview, the facility failed to ensure infection control practices were followed, related to employee handwashing and items contaminated from the floor placed on resident furniture, for 3 of 5 CNA's observed for handwashing and infection control practices, which had the potential to affect 55 residents who resided on the third floor B, C, and D halls. (CNA 1, CNA 2, and CNA 3) Finding includes: During an observation on 02/01/18 at 9:10 a.m., CNA 1 assisted a Resident F from the shower room in a wheelchair. CNA 1 was carrying a plastic bag with linens. She entered the Soiled Utility Room and placed the bags in a bin, walked out of the Soiled Utility Room without washing her hands or using alcohol gel rub. CNA 1 then assisted the resident to her room and walked out of the room without washing her hands. Unit Manager 1 then instructed the CNA to wash her hands. During an observation on 02/01/18 at 9:12 a.m., there was a plastic bag with items on the floor in front of Resident C's doorway,	F 0880	We request consideration for Desk compliance F tag 880 1:1 No adverse reactions were noted from not following infection control policy related to handwashing, by 3 C.N.A.S. and handling of contaminated items for residents B, C, D, E, and F by C.N.A. 1, 2 and 3. Contaminated items were appropriately removed and area disinfected immediately. 1:2 The facility conducted an annual review of its IPCP and updated the program as needed. Hand sanitizers were also placed in all the soiled hold rooms in the facility for staff uses. 1:3 Unit Manager immediately in-serviced the identified C.N.A.S. regarding infection control practices which included when handwashing should occur, the use of hand sanitizer, proper placement of contaminated items, proper disinfecting of contaminated areas, as well as disposal of linen according to infection control practices when caring for the residents. (see attachment #1)	03/02/2018

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	Unit Manager 1 indicated it was trash and informed CNA 2 to pick the bag up off the floor. CNA 2 picked the bag up off the floor and then placed it on the over the bed table located in the room. Resident C was in the bathroom sitting in a wheelchair. CNA 2 assisted the resident from the bathroom, removed her gloves and then removed the bags from the room and placed them in the Soiled Utility Room. CNA 2 did not wash her hands when leaving the resident's room or when leaving the Soiled Utility Room and did not sanitize the table. CNA 2 indicated at the time of the observation, she did not have alcohol gel in her pocket. She then began to make the bed in Resident C's room. After the bottom sheet was placed on the bed, she indicated she needed to change the pillow cases and walked over by the dresser and placed a clean brief, which was lying on the floor, on top of the dresser and walked out of the room to the Clean Linen Room and obtained the pillow cases. There was no hand washing when she left Resident C's room and she did not sanitize the table. CNA 2 came back to the room, put gloves on and removed the soiled pillow cases and placed the clean ones on the pillows. She then took the soiled linen to the Soiled Utility Room and exited without washing her hands. CNA 2 then went to Resident B's room, entered the room and walked out,		The Director of Staff development/designee in-serviced the staff on the infection control practices which included when handwashing should occur, the use of hand sanitizer, proper placement of contaminated items, proper disinfecting of contaminated areas as well as disposal of linen according to the infection control practices when caring for the residents. The Director of staff development/designee will conduct (5) random audits per shift per week for various disciplines(see attachment #2) to ensure proper handwashing is being performed. The Director of staff development/designee will conduct (5) random audits per shift per week for various disciplines to ensure proper handling of contaminated items. 1.4 Director of nursing/designee will report audit findings to the QAPI Committee monthly for (6) six months beginning March 2018. The QAPI Committee will monitor data presented for any trends and determine if further auditing is warranted. 1.5 Systemic changes will be completed by March 2, 2018.	

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	then went into Resident E's room, moved the bedside table and exited the room. She the walked down the hall to the Nurses Station, obtained a key to the restroom and entered the restroom. During an interview immediately after the observation, Unit Manager 1 indicated CNA 2 had not washed her hands nor washed the over the bed table in Resident C's room. She indicated both CNA 1 and CNA 2 were scheduled on C-wing today, which had 20 residents on the hallway. During an observation on 02/01/18 at 9:34 a.m. CNA 3 was in Resident D's room, making the bed, When completed, she took the bag with the soiled linen, walked out of the room, stopped by the lounge to turn a light on for residents in the lounge, then took the soiled linen to the Soiled Utility Room, exited the room and went to the nurses station to wash her hands. CNA 3's hands were not washed when she exited Resident D's room. CNA 3 was assigned to the B and D halls. A facility policy titled "Hand-washing", dated 11/2016 and received from the Director of Nursing as current, indicated "To have guidelines in place as part of infection control practices regarding			

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	hand-washing...Hand-washing should be performed anytime the hands are accidentally soiled, after glove removal, and between resident contacts. This Federal tag relates to Complaint IN00250881. 3.1-18(l)			