

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>02/27/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>SALEM CROSSING</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>200 CONNIE AVE SALEM, IN 47167</b>		
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F 0000  Bldg. 00	<p>This visit was for the Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00253863</p> <p>Complaint IN00253863 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 20, 21, 22, 23, 26 and 27, 2018</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 14 Medicaid: 57 Other: 8 Total: 79</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 5, 2018.</p>	F 0000	<p>Please find the enclosed plan of correction for the survey ending February 27, 2018.</p> <p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p> <p>Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction.</p> <p>The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance; feel free to contact me with any questions.</p>	
F 0645 SS=D Bldg. 00	<p>483.20(k)(1)-(3) PASARR Screening for MD &amp; ID §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new</p>			

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 disclosed 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>residents with:</p> <p>(i) Mental disorder as defined in paragraph (k) (3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the</p>			

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	<p>admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>Based on record review, and interview, the facility failed to ensure documentation of the Pre-Admission Screening and Record Review (PASRR) was obtained for Level I assessment during 1 of 2 PASRR reviews. (Resident 71).</p> <p>Findings include:</p> <p>On 02/21/18 at 09:06 a.m., the review of Resident 71's chart indicated the Notice of Level of Care Determination, dated 03/07/17, was conducted at a previous facility, but the documentation was not available.</p> <p>On 02/21/18 at 03:35 p.m., the review of the diagnoses indicated, but was not limited to,</p>	F 0645	<p>1. Resident #71 was an inter-facility transfer from another long-term care facility. The other LTC facility had already sent Resident #71 records to an off-site storage facility and could not access the records, therefore a new PASRR Level I was completed on 2-22-18 with a Level of Care Short Assessment. The results indicated a PASRR Level II did not need to be triggered.</p> <p>2. All other residents have the potential to be affected by the alleged deficient practice. SSD completed facility-wide audit with</p>	03/16/2018

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	<p>dementia with behavior disturbance, major depressive disorder, schizophrenia, bipolar disorder, anxiety disorder, insomnia, and excoriation disorder (skin picking disorder).</p> <p>The review, on 02/22/18 at 02:05 p.m., of the Physician's Orders indicated, but was not limited to, depakote 375 mg (milligrams) PO (by mouth) twice daily, klonopin 0.5 mg PO twice daily, trazodone 100 mg PO at bedtime, hydroxyzine 25 mg at bedtime, wellbutrin XL 300 mg PO daily, and "May receive psych (psychiatric) services."</p> <p>On 02/22/18 at 02:10 p.m., the "Behavior Task" log for anxiety and insomnia assessments from 02/09/18 to 02/22/18 indicated the resident had 14 multiple episodes of anxiety and no episodes of insomnia.</p> <p>The "Behavior Symptom Monthly Summary Form", dated 02/12/18, indicated the klonopin 0.5 mg twice daily was started on 12/30/16. The resident's depakote 357 mg was started on 11/22/17 and given twice a day.</p> <p>The Psychiatric Services Exams were conducted on the following dates, 02/23/17, 05/23/17, 08/25/18, 11/22/17, and 12/13/17. The exam, dated 02/23/17, indicated the resident had depression and dysphoric(state of feeling uneasy). The resident had a diagnosis of insomnia, anxiety disorder, major neurocognitive disorder, and bipolar II disorder. The clinical record lacked documentation of psychiatric evaluations after 12/13/17.</p> <p>The 5 Day ARD (Assessment Reference Date), dated 01/17/18, indicated "none per chart" for (psychiatric treatment/hospitalizations/suicide attempts). The PASRR findings indicated no</p>		<p>no further issues noted.</p> <p>3. Social Services Job Description, Social Services Job Specific Orientation, Level I and Level II Update Quick Guide, Ascend Indiana PASRR Level I and Level of Care Screening Procedures for LTC Services Provider Manual were reviewed with no changes made (See Attachments A, B, C, and D). Executive Director or designee will in-service Social Services Director and Memory Care Facilitator on the items listed above by 3-16-18.</p> <p>4. SSD or designee will monitor weekly using PASRR CQI Audit Tool times 4 weeks, monthly times 4 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters (See Attachment E). The audits will be reviewed during the facility's QAPI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 90% or above.</p>	

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	<p>Level II status (mentally ill, depressive disorder, recommendations). The referral agency indicated a referral was needed for counseling or psychiatric services and to utilizes the in-house psychiatric services.</p> <p>During an interview, on 02/21/18 at 02:14 p.m., the MDS (Minimum Data Set) Coordinator indicated the records were at the resident's previous facility.</p> <p>During an interview, on 02/22/18 at 09:16 a.m., the MDS Coordinator, indicated a new level of care was required because the paperwork could not be obtained. "Normally the level I was done before they are admitted."</p> <p>On 02/22/18 at 01:38 p.m., during an interview with the Memory Care Facilitator (MCF), she indicated when the resident was admitted to the Cottage with her family member, she had mild dementia. She received psychiatric evaluations once a month.</p> <p>During an interview, on 02/27/18 at 10:17 a.m., with the Licensed Practical Nurse (LPN) 2, she indicated the resident was monitoring for anxiety and insomnia. "She had some depression and bipolar disorder. Interventions are one on one, distractions with activities."</p> <p>On 02/22/18 at 1:43 p.m., the MDS Coordinator provided a copy of the Pre-Admission Screening (PAS) indicated, but was not limited to, the following: "PAS paperwork is used to...Assure persons with major mental illness continue recommended treatment in the nursing facility...Maintaining PreAdmission Forms after Admission Level 1 Screen. The nursing facility is responsible for submitting a Level 1 screen for any resident who: Experiences significant change</p>			

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F 0745 SS=D Bldg. 00	<p>in condition. Requires a continued NF stay beyond the approval end date. Requires an updated Level 1 screen because of a change in medication, diagnoses, etc. Level 1's should continue to be reviewed as part of the care planning process to ensure accuracy and update as needed. Level of Care (LOC) Full/Long form. The nursing facility is responsible for submitting a LOC Long form for any resident who: Becomes Medicaid active for nursing facility reimbursement. Significant change in condition (ie status change) that indicates the person has experienced: A medical improvement and may need a lower level of care. A medical decline and may require a higher level of care. A behavioral/psychiatric episode that my result in needing alternative services/support. Needs to extended their stay longer than the approved length of stay. The Level 1 is to be completed with clinical information form the following: Social Services Director/Assistant: Will complete the sections of the Level 1 and Level of Care assessments that involve psychiatric/behavioral or discharge planning questions. Clinical Representative (DNS or designee): Will complete the sections of the Level 1 and Level of Care assessments that involve clinical information."</p> <p>3.1-16(d)(1)(A) 3.1-16(d)(1)(B)</p> <p>483.40(d) Provision of Medically Related Social Service §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>Based on observation, record review, and interview, the facility failed to provide medically</p>	F 0745	1. Resident #2 first expressed that she preferred to keep lower	03/16/2018

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	<p>related Social Services to meet the physical, mental, and psychosocial needs of a resident who needed teeth extracted in order to make new dentures per her request. (Resident 2) This deficient practice affected 1 of 3 residents reviewed for dental services.</p> <p>Findings include:</p> <p>During an interview with Resident 2, on 02/20/18 at 10:58 A.M., she indicated she had a broken tooth in her upper plate and a few teeth left on the bottom and really needed to get new teeth made. "They ground down twice my upper teeth and now the are too short and hurt my lip when I chew." The resident was noted to have a missing tooth to her upper denture and a few teeth on the bottom with top denture noted to have short teeth.</p> <p>On 2/26/18 at 1:15 p.m., the Social Worker indicated she was unaware the resident was having any problems with her teeth/dentures and would refer the resident to the dentist at their next visit to the facility in March.</p> <p>On 2/26/18 at 1:45 p.m., the Social Worker presented a copy of the 11/15/17 dental visit note. "Additional Notes: Patient wants remaining teeth extracted and then wants new dentures upper full and lower full, after teeth extracted - Re-eval new dentures."</p> <p>At 2:30 p.m., the Social Worker indicated "I don't think anyone has approached her or made any arrangements for her to have the remaining teeth extracted."</p> <p>On 2/27/18 at 11:00 a.m., the Assistant Director of Nursing presented a copy of the Social Worker's</p>		<p>natural teeth and declined extraction, but then decided she wanted extractions completed by an outside vendor. Social Services made referral to a community dentist and appointment scheduled for 3-29-18.</p> <p>2. All residents have the potential to be affected. All resident's dental visits were audited and any resident requiring follow-up was addressed and documented in the resident's medical record.</p> <p>3. Social Service Director Job Description and Dental Services Policy reviewed with no changes made (See Attachments A and F). The Executive Director or designee will in-service the Social Service Director and Memory Care Facilitator on the above items by 3-16-18. SSD and MCF will monitor dental services with MDS assessment calendar to ensure dental services are provided per policy to meet resident needs. SSD and MCF will review dental recommendations after each dental visit and provide weekly follow-up and document in the resident's medical record until all recommendations have been completed. SSD and MCF will also complete an electronic Dental Tracker (See Attachment G).</p> <p>4. SSD or designee will monitor weekly using Dental Services CQI Audit Tool times 4 weeks, monthly times 4 months,</p>	

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F 0791 SS=D Bldg. 00	<p>Job Description. Review of this Job Description included, but was not limited to, "Summary of Position Functions: The Social Service Director provides medically related social services to attain or maintain the highest practical physical, mental and psychosocial well being of each resident,...Essential Position Functions:...Reviews resident's needs and care plan with progress notes indicating implementation of methods to respond to identified need. Provides assistance to residents and spouses to utilize community resources through referral when the services are not provided by the facility..."</p> <p>3.1-34(a)</p> <p>483.55(b)(1)-(5) Routine/Emergency Dental Svcs in NFs §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident:</p> <ul style="list-style-type: none"> <li>(i) Routine dental services (to the extent covered under the State plan); and</li> <li>(ii) Emergency dental services;</li> </ul> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident-</p> <ul style="list-style-type: none"> <li>(i) In making appointments; and</li> <li>(ii) By arranging for transportation to and from the dental services locations;</li> </ul> <p>§483.55(b)(3) Must promptly, within 3 days,</p>		and then quarterly until continued compliance is maintained for 2 consecutive quarters (See Attachment H). The audits will be reviewed during the facility's QAPI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 90% or above.	

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	<p>refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>Based on observation, record review, and interviews, the facility failed to ensure residents received follow up dental care services in that 2 residents had no follow up to requested extractions and new dentures. (Residents 2 and 42) This deficient practice affected 2 of 3 residents reviewed for dental services.</p> <p>Findings include:</p> <p>1. During an interview with Resident 2, on 02/20/18 at 10:58 A.M., she indicated she had a broken tooth in her upper plate, a few teeth left on the bottom, and really needed to get new teeth made. "They ground down twice my upper teeth and now the are too short and hurt my lip when I chew." The resident was noted to have a missing tooth to her upper denture, a few teeth on the</p>	F 0791	<p>1. Resident #2 first expressed that she preferred to keep lower natural teeth and declined extraction, but then decided she wanted extractions completed by an outside vendor. Social Services made referral to a community dentist and appointment scheduled for 3-29-18. Resident #42 is scheduled for dental visit in facility on 3-20-18.</p> <p>2. All residents have the potential to be affected. All resident's dental visits were audited and any resident requiring follow-up was addressed and documented in the resident's medical record.</p>	03/16/2018

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	<p>bottom with top denture noted to have short teeth.</p> <p>On 2/26/18 at 1:45 p.m., the Social Worker presented a copy of the 11/15/17 dental visit note. "...Patient wants remaining teeth extracted and then wants new dentures upper full and lower full, after teeth extracted - Re-eval new dentures."</p> <p>At 2:30 p.m., the Social Worker indicated "I don't think anyone has approached her or made any arrangements for her to have the remaining teeth extracted."</p> <p>A care plan, dated 7/30/15, with a review date of 1/30/18 indicated "Resident utilizes a denture/bridge or partial. Type: upper only. Goal: Resident will have clean properly fitting upper denture.</p> <p>Approach: Assure that upper denture is fitting properly...Observe for any chewing difficulties...Obtain dental consult as needed..."2. During an interview, on 02/20/18 at 10:40 a.m., Resident 42 indicated it was hard to chew. "A long time ago, I lost my lower dentures. They [family] are trying to get me a dentist."</p> <p>During a review, on 02/20/18 at 11:00 a.m., the resident's Care Plan indicated the resident utilized a denture/bridge or partial. The resident had upper dentures and her own teeth on bottom.</p> <p>Interventions indicated "Assure that device is fitting properly. Instruct resident in proper dental care/cleaning of device. Provide assist for oral care as needed."</p> <p>The Progress Note, dated 12/07/17, indicated "Left message this morning with ...in-house dental service, to inquire about next scheduled visit. Resident [Resident 42] stated yesterday afternoon</p>		<p>3. Social Service Director Job Description and Dental Services Policy reviewed with no changes made (See Attachments A and F). The Executive Director or designee will in-service the Social Service Director and Memory Care Facilitator on the above items by 3-16-18. SSD and MCF will monitor dental services with MDS assessment calendar to ensure dental services are provided per policy to meet resident needs. SSD and MCF will review dental recommendations after each dental visit and provide weekly follow-up and document in the resident's medical record until all recommendations have been completed. SSD and MCF will also complete an Appointment Tracking Log (See Attachment G).</p> <p>4. SSD or designee will monitor weekly using Dental Services CQI Audit Tool times 4 weeks, monthly times 4 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters (See Attachment H). The audits will be reviewed during the facility's QAPI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 90% or above.</p>	

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	<p>that she didn't wear her lower plate sometimes because it didn't fit the way it used to..."</p> <p>The Progress Note, dated 01/29/18, indicated "MCF [Memory Care Facilitator] received a message from the nurse on 1/28/18: POA (Power of Attorney) wants the resident [Resident 42] to see in-house dentist, and would like for her to get bottom dentures. POA also requested the top dentures be adjusted for a better fit. Resident has denied needing dentures in the past. however, is willing to see the dentist per her children's requests. Resident's information/consent was faxed to ...[in house dentist]."</p> <p>On 02/22/18 at 03:12 p.m. the review of the Physician's Orders indicated, but was not limited to, "May be seen by ...Dentist."</p> <p>The clinical record lacked documentation of a dental appointment and/or a dental assessment for Resident 42.</p> <p>During an interview, on 02/20/18 at 11:07 a.m., LPN 3 indicated there were no indications of the family not wanting the resident to receive dentures. She contacted the Social Services Director indicating she took care of dental appointments.</p> <p>On 02/22/18 at 03:24 p.m., during an interview with MCF, she indicated the dentist came to the building every 3 months.</p> <p>During an interview, on 02/26/18 at 3:58 p.m., the Executive Director indicated the staff usually did not document dental visits in the Progress Notes.</p> <p>On 2/27/18 at 11:00 a.m., the Assistant Director of Nursing provided a copy of the facility's current policy titled "Dental Services/Missing Dentures".</p>			

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F 0880 SS=D Bldg. 00	<p>Review of this policy at this time included, but was not limited to, "...The facility obtains needed dental services, including routine and emergency dental services, assists in providing these services and makes prompt referrals for dental services as needed...The facility will obtain contracted outside dental services to meet the routine and emergency dental needs of each resident...The facility will assist in scheduling and transporting residents to dental appointments as needed..."</p> <p>3.1-24(1) 3.1-24(3) 3.1-24(b)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; 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.</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</p>			

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	<p>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:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</li> </ul> <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.</p>			

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	<p>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, interview, and record review, the facility failed to ensure appropriate transmission-based precautions for a resident who was on droplet isolation precautions.</p> <p>(Resident 52) This deficient practice affected 1 of 2 residents observed for isolation precautions.</p> <p>Findings include:</p> <p>During an observation, on 02/20/18 at 01:05 p.m., CNA (Certified Nursing Assistant) 1 was observed entering Resident 52's room with her lunch tray. The resident was in isolation for droplet precautions. CNA 1 did not wash her hands, use hand sanitizer or place on the PPE (Personal Protective Equipment) before entering the resident's room. The CNA walked out of the resident's room and walked to the drink cart, picked up a glass, scooped up some ice, and poured a glass of tea for the resident. She entered the resident's room delivered the glass of tea to the resident, walked out of the resident's room, walked up to the drink cart, obtained sugar, and walked back into the resident's room. No handwashing, hand gel or use of PPE were observed when the CNA walked in and out of the resident's room. LPN (Licensed Practical Nurse) 1 walked up to the resident's door and informed the CNA 1 she needed to wash her hands. The CNA then went into bathroom to wash her hands prior to leaving the resident's room after delivering the sugar packet.</p>	F 0880	<p>1. Resident #52 was not harmed and will be monitored for signs and symptoms of infection. DNS/designee in-serviced staff member with one-to-one in-servicing on Transmission-Based Precaution Guidelines, Hand Hygiene, and Gowning.</p> <p>2. All residents have the potential to be affected. The Clinical Education Coordinator or designee will complete Hand Hygiene, Gowning (Isolation), and Gloves Skills Validations with nursing staff members by 3-16-18.</p> <p>3. Transmission-Based Precaution Guidelines Policy and Procedures, Hand Hygiene Skills Validations, Gowning (Isolation) Skills Validations and Gloves Skills Validations were reviewed with no changes made (See Attachments I, J, K, and L). The CEC or designee will in-service all nursing staff on the above policy and skills validations by 3-16-18.</p> <p>4. CEC or designee will complete the Infection Control Review CQI tool weekly for 4 weeks, then bi-monthly times 4 weeks, then monthly times 3</p>	03/16/2018

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	<p>On 02/26/18 at 09:55 a.m., during an interview with LPN 1, she indicated "If we have a resident on isolation we wash our hands before entering the room and put on our PPE that sits outside of the door. If it was droplet isolation we have to put on the gown, gloves and mask before going in the room. We do this every time we have to go in and out of the room. Once we are done in the resident's room, we remove our PPE and put it in a red bag in the room, and before leaving the room, we wash our hands."</p> <p>During an interview, on 02/26/18 at 02:19 p.m., with the Staff Educator, she indicated "The signs on the resident's door will indicate what type of PPE needs to be worn for different types of isolation. The PPE cart was sitting outside of the resident's room. The staff was inserviced with handouts on what type of isolations there are and why the resident was in isolation. For droplet isolation the staff need to wear a gown, mask, and gloves before entering the room. They will need to sanitize their hands before entering and leaving the residents room. The staff was inserviced every month on proper hand washing."</p> <p>On 02/27/18 at 09:30 a.m., during an interview with CNA 2, she indicated "If a resident is on droplet isolation, we would need to wash our hands, put on a gown, gloves, and a mask before going in the resident's room. When we are done with resident care, we remove the gown, gloves, and mask, put them in a bag in the room, and wash our hands before leaving the resident room. We do this every time we go in the room if the resident is on isolation".</p> <p>During an interview, on 02/27/18 at 09:36 a.m., the DNS (Director of Nursing Services) indicated "If</p>		months, then quarterly for at least 6 months (See Attachments M). The audits will be reviewed during the facility's QAPI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 90% or above.	

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	<p>we have a resident on droplet isolation the staff should wear a gown, mask, and gloves before entering the resident's room. They need to wash their hands before entering. When they are done with resident care they will bag the linens and put the gown, mask, and gloves in a plastic bag that was in the room and wash their hands before leaving the resident's room. They will do this any time before entering and leaving the isolation room."</p> <p>A review of the Policy and Procedures on 02/22/18 at 08:47 a.m. for Transmission-Based Precaution Guidelines indicated "... Droplet Precautions refers to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Use for resident (s) known or suspected to be infected with pathogens transmitted by respiratory droplets that are produced when coughing, sneezing, and/or talking. In addition to standard precautions the following should be included: Use of Personal Protective Equipment-Mask: Put on mask (according to procedure) upon entry to room. Remove mask and dispose. Preform hand hygiene. Hand hygiene: Hand washing - washing hands with soap and water. Hand decontamination - use of alcohol-based hand rub (ABHR). Preform Hand hygiene: Before having direct contact with a resident, after contact with blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressing, after contact with intact skin. If hands will be moving from contaminated-body site to a clean-body site during care, after contact with objects or equipment in the resident's environment, after removing gloves. Gloves: Wear gloves when it can be anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or</p>			

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	<p>potentially contaminated intact skin. Providing direct resident care, cleaning environment or equipment. Change gloves during care if hands will move from contaminated site to a clean site. Remove gloves using proper technique. Do not use the same pair of gloves for the care of more than one resident. Do not wash gloves or reuse gloves. Gown: Wear gown to protect and prevent soiling or contaminated of clothing (used for cleaning of heavily soiled or contaminated areas). Remove gown (according to procedure). Preform hand hygiene before leaving room. Do not reuse gowns, even if repeated contacts with the same resident. Transmission-Based Precautions: refers to the actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) to prevent or control infections..."</p> <p>3.1-18(l)</p>			