

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2019
NAME OF PROVIDER OR SUPPLIER FRIENDS FELLOWSHIP COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP COD 2030 CHESTER BLVD RICHMOND, IN 47374		
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F 0000 Bldg. 00	<p>This visit was for a State Licensure Survey. This visit included a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00304698.</p> <p>Complaint IN00304698 - Substantiated with findings written at F9999.</p> <p>Survey Dates: October 25 and 28, 2017</p> <p>Facility number: 001128</p> <p>Census bed type: NCC: 55 Residential 106 Total: 161</p> <p>Census payor type: Other: 161 Total: 161</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on November 1, 2019</p>	F 0000		
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included a State Licensure Survey. This visit included the Investigation of Complaint IN00304698.</p> <p>Complaint IN00304698 - Substantiated with</p>	R 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 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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R 0410 Bldg. 00	<p>findings written at F9999.</p> <p>Survey Dates: October 25 and 28, 2017</p> <p>Facility number: 001128</p> <p>Census bed type: NCC: 55 Residential 106 Total: 161</p> <p>Census payor type: Other: 161 Total: 161</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 1, 2019</p> <p>410 IAC 16.2-5-12(e)(f)(g) Infection Control - Noncompliance (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction</p>			

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	<p>to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>Based on record review and interview, the facility failed to ensure one resident received a tuberculin skin test timely after admission. This affected 1 of 7 residents reviewed for tuberculin skin tests. (Resident R12)</p> <p>Findings include:</p> <p>Resident R12's record was reviewed on 10/28/19 at 9:55 a.m. The record indicated Resident R12 was admitted on 2/4/19 and had diagnoses that included, but were not limited to, pulmonary emphysema, stroke, high blood pressure, asthma and congestive heart failure.</p> <p>Resident R12's "Immunization Record" indicated his first step tuberculin skin test was administered on 2/20/19, 16 days after admission. A second step tuberculin skin test was administered on 3/14/19 with no documentation that this second step skin test had been read.</p> <p>During an interview, on 10/28/19 at 4:34 p.m., the Director of Nurses indicated the first step tuberculin skin test is given the day of their admission, and she didn't think he was here on 9/4/19 but that was when the nursing assessment was done. She said there was no documentation the second step tuberculin skin test had been read, so he had to go through the whole process again.</p> <p>A policy and procedure for "Tuberculin Test (Mantoux) Residents" was provided by the Director of Nurses on 10/28/19 at 3:43 p.m. The</p>	R 0410	<p>A. Individual/Resident Impacted</p> <ul style="list-style-type: none"> Resident R12 admission date documented 2/4/19. Resident R12 initial 1st step Mantoux skin test was administered 2/20/19, 16 days after admission. The 2nd step Mantoux skin test was administered on 3/14/19 with no documentation of having 2nd step Mantoux skin test read at 48-72 hours. Resident R12 had to have the 1st and 2nd step Mantoux skin test completed again. Resident R12 received the 1st step Mantoux on 3/27/19 and it was read 3/29/19. The second step was administered on 4/6/19 and read 4/8/19. Results of both tests were negative. <p>B. Identification of other residents with potential to be affected.</p> <ul style="list-style-type: none"> All residents who are new admissions to Friends Fellowship Community have the potential to be affected by the deficient practice. Records of all residents admitted to the facility within the past 12 months will be audited to assure compliance. <p>C. System Changes</p> <ul style="list-style-type: none"> The root cause of the deficient practice is that the facility failed to schedule and complete a 1st and 2nd step Mantoux test for resident R12 in a 	01/15/2020

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	<p>policy included, but was not limited to, "Purpose: To determine if resident has been exposed to the tuberculosis bacillus...Procedure: 2. Check resident's history of past Mantoux tests...10. Within 48 to 72 hours, interpret Mantoux by measuring the area of induration (hardening, thickening of tissues), if present, in millimeters. If no induration is present, then test is read and documented as 0 mm induration...14. Schedule the 2nd step [tuberculin skin test] if appropriate, within 7 to 14 days and no more than 21 days of the initial test if the results were negative...."</p> <p>5-12(e) 5-12(f)</p>		<p>timely manner. The 1st step Mantoux is to be administered on day of admission. The 2nd step Mantoux is to be scheduled within 7-14 days and no more than 21 days of the initial Mantoux skin test as outlined in the revised Friends Fellowship Community Tuberculin test (Mantoux) policy and procedure for residents.</p> <p>The policy titled Friends Fellowship Community Tuberculin test (Mantoux) policy and procedure for residents was revised on 11/5/19 at 4:30pm (1630) to add Procedure for Admissions.</p> <p>i. Initial 1st step Mantoux skin test will be administered on day of admission.</p> <p>ii. Unit Director or designee will be notified after administration of initial Mantoux skin test.</p> <p>iii. Unit Director or designee will ensure initial Mantoux skin test has been administered and documented on day of admission.</p> <p>iv. Unit Director will ensure 2nd step Mantoux skin test is scheduled within 7-14 days and no more than 21 days of initial test as stated in Indiana State Operations Manual.</p> <p>v. Steps ii. and iii. will be completed after 2nd step Mantoux</p>	

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PRINTED: 11/22/2019

FORM APPROVED
OMB NO. 0938-039

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			<p>is administered.</p> <ul style="list-style-type: none"> · The validated Tuberculosis Instructor conducted mandatory in-service training on Tuberculin Test (Mantoux) policy and procedure for all nursing staff on 11/6/19 at 7:00am and 2:00pm (1400). D. Success Evaluation <ul style="list-style-type: none"> · Medical Records designee will conduct admission audits on all new admissions with 48 to 72 hours of admission to the facility. · Medical Records designee will complete and provide a quarterly compliance report to the Quality Assurance committee including but not limited to reviewing administration of Mantoux skin test. · The Medical Records designee will provide the first report to the Quality Assurance Committee on January 15, 2020 reviewing the 4th quarter Admission Audit Summary. 	