STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TRADITIONS OF COLUMBUS	4300 WEST GOELLER BLVD COLUMBUS, IN 47201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. Survey dates: July 27, 2022 Facility number: 015179 Residential Census: 56 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on July 28, 2022.	R 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review. **In response to R 407 410 IAC 16.2-5-12(b)(1-4) Infection Control Deficiency** **Deficiency:** **(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, infectious transmission and immunizations.** **(4) Reporting communicable disease to public health authorities.**	

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

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			What corrective actions will be accomplished for those residents found to have been affected by the finding: No negative outcome was identified. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will take place: No resident was adversely affected though the potential for adverse outcome did exist. A full audit of insulin dependent residents was initiated by Director of Wellness. -Completed 7/28/22 **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur. How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** All clinical med passers were required to attend a mandatory nursing Inservice with the focus on insulin prepping and administration and proper mask usage. Documentation of attendance of Inservice will be kept by Executive Director. All new clinical staff/ med passers will be educated on insulin prepping/ administration	

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			with their new employee job specific orientation. Non-Clinical Staff to be educated on proper mask usage per CDC guidelines. The Executive Director or Manager on Duty for weekends will do an audit for proper mask usage daily x30days, weekly x90days, monthly x90days and PRN thereafter. Documentation to be kept by Executive Director. -Completed 8/4/22 and ongoing **What date the systemic changes will be completed:** 8/4/22	
R 0407 Bldg. 00	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. Based on observation, interview, and record review, the facility failed to follow appropriate infection control practices related to insulin pen usage (Resident 125) and wearing masks appropriately during food services (Server 4,	R 0407	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or	08/04/2022

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	Server 5, Cook 2, and Cook 3) for 7 of 11 Infection Control observations. Findings include: 1. During an observation on 07/27/22 at 11:00 A.M., LPN (Licensed Practical Nurse) 6 indicated Resident 125 checked her own blood sugar and reported the reading to the nurse. The resident would receive insulin based on a sliding scale before meals. The resident indicated her blood sugar was 316. LPN 6 retrieved a clear plastic bag that contained two Novolin R insulin pens labeled with the resident's name. She indicated she would use the insulin pen that was already in use, the other pen had not been opened yet. LPN 6 reviewed the resident's insulin order and determined she needed 10 units of insulin before lunch. LPN 6 took the cap off the previously used insulin pen, attached the needle to the pen, drew up 10 units of insulin, and handed the pen to the resident who then injected the insulin into her skin on the left side of her abdomen. LPN 6 did not cleanse the top of the insulin pen prior to attaching the needle, did not prime the insulin pen prior to drawing up the required amount of insulin, and did not cleanse or offer the resident an alcohol wipe to cleanse her skin prior to the insulin administration. During an interview on 07/27/22 at 11:05 A.M., LPN 6 indicated she didn't normally cleanse the top of an insulin pen with alcohol before attaching the needle. If the insulin was in a vial she would prime the needle before administration, but if it was a pen, they didn't have to prime it. At this facility they didn't cleanse the skin with alcohol prior to administering insulin, they used to do it that way, but they didn't anymore.		any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests Desk Review in lieu a Post Survey Review. **In response to R 407 410 IAC 16.2-5-12(b)(1-4) Infection Control Deficiency** **Deficiency:** **(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, infectious transmission and immunizations.** **(4) Reporting communicable disease to public health authorities.** **What corrective actions will be accomplished for those residents found to have been affected by the finding:** No negative outcome was identified. How will you identify other	

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	During an interview on 07/27/22 at 11:26 A.M., the DON (Director of Nursing) indicated prior to administering insulin with a pen the nurse should dial up the right amount of insulin, cleanse the top of the pen with alcohol before attaching the needle, and cleanse the resident's skin with alcohol before administering the insulin. Also, the insulin pen should be primed to ensure there was no air in the pen before administration. The current facility policy, titled "Insulin Injections Indiana and Ohio", and dated 06/14, was provided by the Administrator on 07/27/22 at 1:38 P.M. The policy indicated, "...when using previously opened insulin, wipe the top with alcohol swab..." On 07/27/22 at 2:20 P.M., the Administrator provided a document retrieved from the insulin manufacturer's website, titled "Instructions For Use Novolin R FlexPen", dated December 2019. The instructions indicated, "...pull off the pen cap...wipe the rubber stopper with an alcohol swab...before each injection small amounts of air may collect in the cartridge during normal use...To avoid injecting air and to make sure you take the right dose of insulin...turn the dose selector to select 2 units...with the needle pointing up...Tap the cartridge gently with your fingers to make any air bubbles collect at the top of the cartridge...press the push button all the way in...the dose selector returns to 0...A drop of insulin should appear at the needle tip...turn the dose selector to the number of units you need to inject...wipe the skin with an alcohol swab and let the area dry...insert the needle into your skin..." 2. During an observation of the Main Dining Room on 07/27/22 at 9:30 A.M., Server 4 and Server 5 were serving residents wearing their surgical masks under their noses.		residents having the potential to be affected by the same deficient practice and what corrective action will take place: No resident was adversely affected though the potential for adverse outcome did exist. A full audit of insulin dependent residents was initiated by Director of Wellness. -Completed 7/28/22 **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur. How will the corrective actions be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:** All clinical med passers were required to attend a mandatory nursing Inservice with the focus on insulin prepping and administration and proper mask usage. Documentation of attendance of Inservice will be kept by Executive Director. All new clinical staff/ med passers will be educated on insulin prepping/ administration with their new employee job specific orientation. Non-Clinical Staff to be educated on proper mask usage per CDC guidelines. The Executive Director or Manager on Duty for weekends will do an audit for proper mask usage daily x30days, weekly	

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	During an observation of the kitchen on 07/27/22 at 9:42 A.M., Cook 2 was wearing her surgical mask under her chin while preparing food in the kitchen. During an observation on 07/27/22 at 10:12 A.M., Server 4 and Server 5 were in the dining room conversing with residents with their surgical masks under their noses. During an observation on 07/27/22 at 10:14 A.M., Cook 2 had her surgical mask under her chin in the kitchen in the food preparation area. During an observation on 07/27/22 at 11:00 A.M., Cook 2 and Cook 3 were in the kitchen bending over the steam table. Cook 2 had her surgical mask under her chin, moved it to cover her mouth, then proceed to obtain the steam table temperatures. Cook 3 had her surgical mask under her nose and was working over the steam table. During an observation on 07/27/22 at 11:34 A.M., Cook 3 had her surgical mask under her nose standing over steam table in the kitchen area. During an interview on 07/27/22 at 1:46 P.M., Cook 2 indicated staff should wear their masks covering their nose and mouth. Cook 3 indicated she had recently had sinus surgery and it hurt to have her mask over her nose and left it covering only her mouth during the interview. During an interview on 07/27/22 at 1:48 P.M., the Dietary Manager indicated the staff should wear their masks covering their nose and mouth while in the building. The current Infection Control - Food Safety		x90days, monthly x90days and PRN thereafter. Documentation to be kept by Executive Director. -Completed 8/4/22 and ongoing **What date the systemic changes will be completed:** 8/4/22	

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	policy, dated 06/2014, was provided by the facility upon entrance. The policy indicated, " ...Purpose ...To provide food that is free from contamination that risks the health and well being of the residents and staff ..."			