

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

PRINTED: 11/01/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155703	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/10/2023
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE VILLAGE INC	STREET ADDRESS, CITY, STATE, ZIP COD 1111 CHURCH AVE JASPER, IN 47546
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00417072 and IN00418834 and a COVID-19 Focused Infection Control Survey. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>IN00417072: Federal/State deficiencies related to the allegations are cited at F880.</p> <p>IN00418834: No deficiencies are cited related to the allegations.</p> <p>Survey date: October 10, 2023</p> <p>Facility number: 003240 Provider number: 155703 AIM number: 201274720</p> <p>Census Bed Type: SNF: 23 SNF/NF: 4 Residential: 39 Total: 62</p> <p>Census Payor Type: Medicare: 3 Medicaid: 2 Other: 19 Total: 24</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 19, 2023.</p>	F 0000		
F 0880 SS=D	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melissa Joffee	RN	10/29/2023

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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Bldg. 00	<p>§483.80 Infection Control</p> <p>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.</p> <p>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 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> <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> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p>			

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	<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>§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. 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. Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented and maintained during 2 of 3 observations of care. Staff did not perform hand hygiene after removal of gloves during care and staff failed to properly sanitize an insulin pen prior to use. (Resident C, Resident D)</p> <p>Findings include:</p>	F 0880	<p>F880 POC</p> <p>The plan of correction (POC) is to serve as Brookside Village's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Brookside Village or its management company that the</p>	10/30/2023

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	<p>1. During an observation on 10/10/23 at 11:52 A.M., LPN 4 was assessing Resident C's blood sugar levels with a glucometer. After washing hands and donning (putting on) gloves, LPN 4 pricked Resident C's finger to obtain a blood drop for the glucometer machine, however the glucometer failed to read the blood sugar level. LPN then removed gloves and donned new gloves with no hand hygiene. LPN 4 again attempted to read Resident C's blood sugar level and the glucometer gave an error message. LPN 4 returned to the medication cart, removed gloves, pulled another glucometer machine from the cart and donned new gloves without performing hand hygiene. After reading Resident C's blood sugar level, LPN 4 went to administer Resident C's insulin by preparing 10 units via Humalog KwikPen. While preparing the insulin pen, LPN 4 failed to wipe the end of the pen with an alcohol wipe prior to screwing on the needle.</p> <p>2. During an observation on 10/10/23 at 1:27 P.M., CNA 8 and LPN 4 were assisting Resident D with incontinence care. CNA 8 pulled a stack of wet wipes from a package and provided peri care by pulling from the stack of wipes on 3 occasions. CNA 8 then applied cream and powder to Resident D's peri area. CNA 8 removed gloves and did not perform hand hygiene. CNA 8 assisted Resident D to pull her pants up and adjusted the resident in bed, pulled blankets over the resident, and then put the unused stack of wet wipes back into the original package. CNA grabbed a bag of trash and exited the room.</p> <p>During an interview on 10/10/23 at 1:40 P.M., CNA 7 indicated staff should perform hand hygiene after removing gloves.</p>		<p>allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p>The facility respectfully requests desk review for the following citation.</p> <p>F880 Infection Prevention and Control S/S E</p> <p>I The corrective actions to be accomplished for those residents found to have been affected by the practice.</p> <p>There were no negative resident outcomes by the alleged practice. The staff members found to have deficient practices in hand hygiene were immediately educated with return demonstration and understand when to perform hand hygiene, and staff members found to be involved with deficient practices in insulin pen use were immediately educated on insulin pen processes.</p> <p>II The facility will identify other residents that may potentially be affected by practice.</p>	

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	<p>On 10/10/23 the IP (infection preventionist) supplied a facility policy titled Hand Washing/Hand Hygiene Policy, dated 3/24/16 as well as an undated Insulin Pen Skills Validation form. The Hand Washing/Hand Hygiene Policy included, "...5. Employees must wash their hands for at least twenty seconds using antimicrobial or non-antimicrobial soap and water under the following conditions... v. After removing gloves... 6. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub... If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: b. Before donning sterile gloves... f. Before moving from a contaminated body site to a clean body site during resident care... j. After removing gloves... 8. The use of gloves does not replace handwashing/hand hygiene..." The Insulin Pen Skills Validation included, "...12. Pull off pen cap 13. Wiped [sic] rubber stopper with alcohol swab 14. Removed [sic] protective cover from disposable needle and screw on pen..."</p> <p>This Federal tag relates to complaint IN00417072.</p> <p>3.1-18(b) 3.1-18(l)</p>		<p>Current residents have the potential to be affected by the alleged deficient practice. Rounds were made to ensure staff were performing proper hand hygiene practices and understand when to perform hand hygiene. Audit completed to ensure insulin pens were correctly wiped with alcohol prior to needle being applied.</p> <p>III The facility will put into place the following systemic changes to ensure that the practice does not recur.</p> <p>Staff were educated regarding hand hygiene procedures with return demonstrations and understand when to perform hand hygiene. Nurses educated on proper insulin pen cleaning policy (Attachment D)</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>The SDC or designee will observe staff to ensure hand hygiene practices are performed correctly and staff understands when to perform hand hygiene 5 times per week for 4 weeks, then</p>		

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			<p>weekly for 4 weeks, then biweekly for 4 weeks then monthly for 9 months for a total of 12 months of monitoring using the Quality Improvement Tool F-880 audit tool. (Attachment F)</p> <p>The SDC or designee will audit insulin pen use 5 times per week for 4 weeks, then weekly for 4 weeks, then biweekly for 4 weeks then monthly 9 months for a total of 12 months of monitoring using the Quality Improvement Tool F-880 audit tool. (Attachment H)</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 6 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed if compliance is below 100%.</p> <p>V Plan of correction completion date.</p> <p>Date of compliance: October 30, 2023</p> <p>The Administrator will be responsible for ensuring the facility is complying by date of compliance listed. The plan of correction is to serve as Brookside Village's credible allegation of compliance.</p>	

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R 0000 Bldg. 00	<p>This visit was for a Residential COVID-19 Quality Assurance Walk Through. This visit included the Investigation of Complaints IN00418834 and IN00417072 and a Nursing Home COVID-19 Focused Infection Control Survey.</p> <p>Survey dates: October 10, 2023</p> <p>Facility number: 003240</p> <p>Residential Census: 39</p> <p>Brookside Village was found to be in compliance with 410 IAC 16.2-5.</p>	R 0000			