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		A. BUILDING 00 B. WING	07/02/2019

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RIVERWALK COMMUNITIES	401 S.E. 6TH STREET EVANSVILLE, IN 47713

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00299000. Complaint IN00299000 - Unsubstantiated due to lack of evidence. Survey dates: July 1 & 2, 2009 Facility number: 011274 Residential Census: 86 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 9, 2019.	R 0000		
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure safe food handling for 1 of 2 kitchen observations. Hand washing was not performed with glove removal, or when soiled items were touched during food preparation. (Kitchen) Findings include: On 7/1/19, during observations between 11:04 a.m. and 11:24 a.m., Dietary 1 was observed to remove their gloves, place the removed gloves in the trash	R 0273	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 8/01/2019 to	08/01/2019

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

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	can while touching the lid, apply new gloves without performing hand hygiene, and open a bag of french fries and put into the fryer. Dietary 1 removed their gloves, no hand hygiene was observed. Dietary 1 retrieved items from the walk in refrigerator, applied gloves, utilized a thermometer to obtain the temperature for the hamburgers, returned the hamburgers to the steamer, obtained temperatures for the Cole slaw, onion, lettuce, tomatoes, and removed their gloves, no hand hygiene was observed. Dietary 1 reapplied new gloves, and continued with meal tasks. On 7/2/19 at 9:58 a.m., Dietary 1 indicated they were to wash their hands when they walk in the kitchen, use gloves when handling ready to eat food, and wash their hands when taking their gloves off. They try to wash their hands after each task. On 7/2/19 at 11:24 a.m., the Assistant Director of Nursing provided the current facility policy, Handwashing/Hand Hygiene, undated. The Policy indicated, but was not limited to, employees must wash their hands...when coming on duty, before and after handling food (hand washing with soap and water), after removing gloves or aprons, and after completing duty.		the state findings of the State Residential Licensure Survey with a Complaint survey conducted on July 2, 2019. R 273 *The corrective action taken for those residents found to be affected by the deficient practice is that* no specific residents were identified during the survey however all residents have the potential to be affected by this deficient practice. All dietary staff members are now practicing thorough hand hygiene upon the removal of gloves and prior to applying clean gloves to start a new task. *The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that* all resident have the potential to be affected by this deficient practice. All dietary staff members are now practicing thorough hand hygiene upon the removal of gloves and prior to applying clean gloves to start a new task. *The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that* a mandatory in-service has been provided for all dietary staff on the facility policy related to hand	

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			hygiene during the preparation and serving of meals. *The corrective action taken to monitor to assure performance to assure compliance through quality assurance is* a Quality Assurance tool has been developed and implemented to monitor the dietary staff's practices during the preparation and delivery of meals to ensure proper hand hygiene is utilized. This tool will be completed by the Food Service Manager daily for five days, then weekly for four weeks, then monthly for three months and the quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance meetings to determine if any additional action is warranted.	
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, record review, and	R 0407	By submitting the enclosed	08/01/2019

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	interview, the facility failed to ensure proper sanitation of the glucometers between blood sugar reading for 3 of 3 observations of blood sugar readings. (Resident 81 , Resident 60, Resident 63) Findings include: 1. During an observation on 7/1/19 at 11:00 a.m., RN 1 was observed to obtain a blood sugar reading from Resident 63. RN 1 donned gloves without performing hand hygiene and obtained a Sani-wipe (germicidal wipe) and wiped off the table. RN 1 removed their gloves and performed hand hygiene. RN 1 donned a new set of gloves, gathered trash, and tossed it into the trash bin. They placed the binder on the table, unlocked the medication cart with keys, and opened the binder, still wearing the same gloves. RN 1 removed their gloves and donned new gloves, without performing hand hygiene. RN 1 unwrapped a Sani-wipe from the glucometer, added a test strip, and wiped Resident 63's finger with an alcohol swab. RN 1 obtained a blood sample, and documented the result in the binder, holding the pen with their gloved hand. RN 1 removed their gloves, performed hand hygiene, and donned new gloves. RN 1 wrapped the glucometer with a Sani-wipe. No wiping of the glucometer was observed. The glucometer was left to sit wrapped for approximately one minute. 2. During an observation on 7/1/19 at 11:10 a.m., RN 1 was observed to obtain a blood sugar reading from Resident 81. RN 1 unwrapped the glucometer and obtained a blood sample. RN 1 wrapped the glucometer in a Sani-wipe and sat it on the table. No wiping of the glucometer was observed.		material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 8/01/2019 to the state findings of the State Residential Licensure Survey with a Complaint survey conducted on July 2, 2019. R 407 *1.) The corrective action taken for those residents found to be affected by the deficient practice is that* the resident identified as resident # 63 is now receiving their accuchecks by nurses that are performing proper hand hygiene and glove usage during the procedure. The nurses are also properly sanitizing the glucometer in accordance with facility policy by thoroughly wiping down the glucometer and keeping it completely wet in accordance with the policy prior to performing the accuchecks. *2.) The corrective action taken for those residents found to be affected by the deficient practice is that* the resident identified as resident # 81 is now receiving their	

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	3. During an observation on 7/2/19 at 10:45 a.m., LPN 1 was observed to obtain a blood sugar reading from Resident 60. LPN 1 obtained a blood sample. LPN 1 wiped the glucometer with a Sani-Wipe, swiping the front of the glucometer only, and wrapped the glucometer in the Sani-wipe. LPN 1 sat the glucometer on the table. During an interview on 7/1/19 at 11:09 a.m., RN 1 indicated glucometers were to be sanitized by wrapping them in a wet Sani-wipe, and the wipe only had to, " make contact," with the glucometer for 2 (two) minutes. During an interview on 7/2/19 at 10:49 a.m., LPN 1 indicated staff should use a Sani-Wipe to clean the glucometers, but if they were not available to use an alcohol swab. They further indicated the glucometer should be wiped and wrapped in the wipe and left to sit for about a minute. During an interview on 7/2/19 at 10:53 a.m., the ADON indicated the glucometers should not be sanitized with alcohol swabs, and Sani-Wipes should always be used to clean them. She further indicated they should be wiped and left to sit wet to dry for two minutes. During an interview on 7/2/19 at 1:25 p.m., with the Administrator, they indicated the facility had 6 (six) residents who were immunocompromised. Two of these residents were diabetic and received daily blood sugar checks. He further indicated the facility had purchased 6 (six) new glucometers today for each of these residents, so they could be used specifically for just those individual residents. They indicated the facility purchased new glucometers for those that were not currently receiving blood sugar checks to be proactive for their future needs. They further indicated all staff		accuchecks by nurses that are performing proper hand hygiene and glove usage during the procedure. The nurses are also properly sanitizing the glucometer in accordance with facility policy by thoroughly wiping down the glucometer and keeping it completely wet in accordance with the policy prior to performing the accuchecks. *3.) The corrective action taken for those residents found to be affected by the deficient practice is that* the resident identified as resident # 60 is now receiving their accuchecks by nurses that are performing proper hand hygiene and glove usage during the procedure. The nurses are also properly sanitizing the glucometer in accordance with facility policy by thoroughly wiping down the glucometer and keeping it completely wet in accordance with the policy prior to performing the accuchecks. *The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that* all residents requiring accuchecks are now receiving their accuchecks by nurses that are properly performing infection control practices related to hand hygiene, glove usage and the	

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	was inserviced today regarding the cleaning of the glucometers and the use of individual glucometers for the immunocompromised residents. A review of the manufacturer's instructions of the Sani-Wipe (germicidal disposable wipe), reviewed on 7/2/19 at 11:00 a.m., indicated, " Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes...let air dry." The facility lacked a written specific policy for glucometer cleaning. The ADON provided the glucometer cleaning procedure, undated, on 7/2/19 at 11: 24 a.m., it indicated, " ...Sanitize glucometer for min (minimum) of two minutes. Leave wrapped and return to cart.		proper sanitizing of glucometers in between each resident. As mentioned in the survey those residents who have been identified as being immunocompromised have their own individual glucometers which are also being sanitized in accordance with the manufacturer guidelines. *The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that* the facility has reviewed and revised the policy on glucometer sanitation. A mandatory in-service has been provided for all licensed nurses on the facility policy related to hand hygiene, glove usage and the sanitation of glucometers in accordance with acceptable standards of infection control practices. *The corrective action taken to monitor to assure performance to assure compliance through quality assurance is* a Quality Assurance tool has been developed and implemented to monitor the licensed nurses' performance in the task of performing accuchecks and the cleaning and sanitizing of glucometers. This tool will be completed by the Director of Nursing and/or her designee weekly for four weeks, then	

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			monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance meetings to determine if any additional action is warranted.	
R 0414 Bldg. 00	410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, record review, and interview, the facility failed to ensure proper hand hygiene during medication administration for 3 of 5 residents observed during medication administration. (Resident 13, Resident 81, Resident 24) Findings include: 1. During an observation on 7/1/19 at 9:08 a.m., QMA 2 was observed to administer medications to Resident 13. QMA 1 obtained medications from the medication cart, popped them out of the cards and into a medication cup, handed the cup to Resident 13, and poured a cup of water. QMA 2 handed the cup of water to Resident 13, holding it by the rim with their bare hands. QMA replaced the medication cards into the cart, and documented the medication administration in the MAR (Medication Administration Record). No hand hygiene was observed prior to or after the medication administration. 2. During an observation on 7/1/19 at 11:10 a.m., RN 1 was observed to obtain a blood sugar	R 0414	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective 8/01/2019 to the state findings of the State Residential Licensure Survey with a Complaint survey conducted on July 2, 2019. R 414 *1.) The corrective action taken for those residents found to be affected by the deficient practice is that* the resident identified as resident # 13 is now receiving their medications by a QMA/Nurse who	08/01/2019

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	reading from Resident 81. RN 1 performed hand hygiene and donned gloves. RN 1 removed their gloves, performed hand hygiene, and donned new gloves. RN 1 added a test strip to the glucometer, wiped Resident 81's finger with an alcohol swab, and obtained a blood sample. RN 1 documented the results in the binder, holding the pen with their gloved hand. 3. During an observation on 7/2/19 at 7:22 a.m., QMA 1 was observed to administer medications to Resident 24. QMA 1 was observed to perform hand hygiene, open the MAR, and then open the medication cart. QMA 1 obtained the medication cards, popped the medications into a medication cup, and hand the cup to Resident 24. QMA 1 was observed to document the medication administration in the MAR, close the medication cart, lock the cart, and pour a cup of water. QMA 1 handed the cup of water to Resident 24, holding it by the rim with their bare hands. No hand hygiene was observed prior to or after the medication administration. During an interview on 7/1/19 at 9:15 a.m., QMA 2 indicated staff should perform hand hygiene prior to medication administration, after touching the environment or resident, and after medication administration. During a review of the current policy, " Handwashing/Hand Hygiene," undated, provided by the ADON (Assistant Director of Nursing) on 7/2/19 at 11:24 a.m., it indicated, " Employees must wash their hands for at least forty-sixty seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: ...Before and after direct resident contact...upon and after coming in contact with a resident's intact skin...after handling soiled equipment or		is practicing proper infection control practices in the administration of medication. Water is being provided to the resident to take their medications without touching the rim of the glass of water. *2.) The corrective action taken for those residents found to be affected by the deficient practice is that* the resident identified as resident # 81 is now receiving their accuchecks by nurses that are performing proper hand hygiene and glove usage during the procedure. *The corrective action taken for those residents found to be affected by the deficient practice is that* the resident identified as resident # 24 is now receiving their medications by a QMA/Nurse who is practicing proper infection control practices in the administration of medication. Water is being provided to the resident to take their medications without touching the rim of the glass of water. *The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that* all residents are now receiving their medications by licensed nurses or QMAs who are practicing acceptable infection control	

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	utensils...after removing gloves or aprons...In most situations, the preferred method of hand hygiene is with an alcohol based rub...before and after direct contact with residents...before preparing or handling medications...after contact with a resident's intact skin...after contact with objects in the immediate vicinity of the resident...after removing gloves...The use of gloves does not replace handwashing/hand hygiene."		standards in the administration of medication including serving glasses of water without touching the rim of the glass of water. *The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that* a mandatory in-service has been provided for all licensed nurses and QMAs on the facility's practice related to medication administration. The focus of this in-service was on ensuring that proper infection control practices were being performed in the administration of all medications, including the delivery of a glass of water to the resident without touching the rim of the glass. *The corrective action taken to monitor to assure performance to assure compliance through quality assurance is* a Quality Assurance tool has been developed and implemented to monitor the administration of medication to ensure proper infection control practices were being followed. This tool will be completed by the Director of Nursing and/or her designee weekly for four weeks, the monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality	

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			Assurance meetings to determine if any additional action is warranted.	