

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

PRINTED: 07/05/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155674	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/15/2023
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NAME OF PROVIDER OR SUPPLIER ST CHARLES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3150 ST CHARLES ST JASPER, IN 47546
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00407341 and IN00410128.</p> <p>Complaint IN00410128- Federal/state deficiencies related to the allegations are cited at F880. Complaint IN00407341-No deficiencies cited related to allegations.</p> <p>Survey dates: June 14, 15, 2023</p> <p>Facility number: 002628 Provider number: 155674 AIM number: 200299110</p> <p>Census Bed Type: SNF/NF: 40 SNF: 28 Residential: 30 Total: 98</p> <p>Census Payor Type: Medicare: 9 Medicaid: 26 Private: 26 Other: 7 Total: 68</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 21, 2023.</p>	F 0000		
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jon Howard	Executive Director	07/03/2023

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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	<p>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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p>			

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	<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 followed for 3 of 4 observations of resident care. Handwashing was not completed between dirty to clean tasks. Gloves were not changed between dirty and clean tasks. Glucometers were not properly cleaned. (Resident F, Resident C)</p> <p>Findings include:</p> <p>1. On 6/15/23 at 10:59 A.M., Resident F was observed for incontinence care. CNA 20 and CNA</p>	F 0880	<p>Deficiency ID: F880 Completion Date: 6/30/23 Plan of Correction Text: 1. Residents F and C suffered no ill effects from the alleged deficient practice. CNA #16, #20, and #28 were immediately educated on infection control practice including handwashing between dirty and clean tasks. LPN #8 was immediately educated on proper cleaning of glucometer.</p>	06/30/2023
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	<p>28 put gloves on when they entered the room with the lift. CNA 20 pulled the privacy curtain. Resident F was sitting up in a wheelchair. CNA 20 and CNA 28 attached the lift straps to the lift. CNA 20 used the controls and raised Resident F out of wheelchair, moved her over the bed while CNA 28 guided the lift seat and centered her over the bed. CNA 20 lowered the resident, removed the lift straps and pushed the lift to the other side of the room. CNA 20 pulled Resident F's pants down, unfastened the soiled incontinence pad, pushed the incontinence pad down, used wipes to peri care of the resident. CNA 20 threw the wipes in the trash bag, and rolled Resident F to right side touching her right arm and right leg. CNA 28 held Resident F over while CNA 20 cleaned Resident F's backside with wipes, removed the soiled incontinence pad from under the resident, put it in trash bag, placed a clean incontinence pad under Resident F, applied barrier protectant cream, and rolled her to her left side. CNA 20 removed her gloves and went to the bathroom to wash her hands and put on clean gloves. CNA 28 pulled up the clean incontinence pad, rolled Resident F to her back and fastened the incontinence pad. Resident F's pants were soiled so CNA 28 removed the pants and went to the closet to get clean pants. CNA 20 and CNA 28 put the pants on Resident F. CNA 28 turned Resident F to the left side to pull pants up and turned her to her right side to pull the pants up the rest of the way. CNA 28 then removed her gloves, sanitized, and put on clean gloves. CNA 20 pushed the lift to the bed and attached lift to straps on the lift pad, and lifted Resident F off the bed. CNA 28 helped guide the lift seat and centered her over the wheelchair. CNA 20 lowered resident to the wheelchair. CNA 20 and CNA 28 removed the lift straps from the lift. CNA 20 brushed Resident F's hair, placed a blanket over her legs, pushed her to</p>		<p>2. All residents have the potential to be affected. Handwashing education completed with nursing staff. Education with nursing staff on proper cleaning of glucometer.</p> <p>3. As a measure of ongoing compliance: The DHS or designee will observe 2 random nursing staff for proper handwashing daily x6 weeks, then weekly x3 weeks, then every other week x3 weeks, then monthly x3 months.</p> <p>As a measure of ongoing compliance: The DHS/designee will observe 1 random licensed staff daily x6 weeks, then weekly x3 weeks, then every other week x3 weeks, then monthly x3 months for proper cleaning of glucometer after use.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action weekly in QAPI meetings until achieved compliance, then at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted We respectfully request a desk review.</p>	

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	<p>the beside of her bed, and put the call light in her lap. CNA 28 made the resident's bed. CNA 20 removed the trash bag from the trash can and tied it shut. CNA 20 and CNA 28 failed to change gloves and perform hand hygiene between dirty and clean tasks.</p> <p>2. During an observation on 6/15/23 at 9:13 A.M., CNA (Certified Nurse Aide) 16 and CNA 20 transferred Resident C from a wheelchair to the bed with a mechanical lift and performed incontinence care. CNA 16 put on gloves, attached the lift pad to the lift, touched the resident to help position them in the bed, pulled the privacy curtain shut, and removed Resident C's soiled incontinence pad. CNA 16 performed perineal (peri) care, placed a clean incontinence pad under the resident, assisted Resident C to turn and touched the residents left leg and left arm, fastened the incontinence pad, and pulled up Resident C's pants. CNA 16 then attached the lift pad to the lift, removed the trash bag with the soiled incontinence pad from the trash can, helped position the resident into the wheelchair and removed the lift pad. CNA 16 then opened the door and pushed the lift out into the hallway. CNA 16 failed to change gloves and perform hand hygiene between dirty and clean tasks.</p> <p>During an interview on 6/15/23 at 11:29 A.M., the ADON (Assistant Director of Nursing) indicated if multiple surfaces are touched, gloves should be changed before performing peri care, and gloves should be changed between dirty and clean tasks even if they are not visibly soiled because there could still be residue on them.</p> <p>3. During an observation on 6/15/23 at 11:18 A.M., LPN (Licensed Practical Nurse) 8 used a glucometer to obtain Resident F's blood glucose level. LPN 8 used an alcohol swab to clean the</p>			

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	<p>machine when she was finished and immediately placed the glucometer into a clear bag. LPN 8 then removed gloves and washed hands for 10 seconds.</p> <p>During an interview on 6/14/23 at 1:39 P.M., CNA 26 indicated that hands should be lathered with soap for 40 seconds.</p> <p>During an interview on 6/15/23 at 11:30 A.M., RN (Registered Nurse) 12 indicated glucometers should be cleaned after every use with sani wipes and left out to dry for 2 minutes.</p> <p>A current Guideline for Handwashing/Hand Hygiene policy, revised 2/9/17, was provided by the DON on 6/15/23 at 12:11 P.M., and indicated "Health Care Workers (HCW) shall use hand hygiene at times such as: ... d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc." The DON indicated there was not a separate policy on glove use, and glove use was mentioned in the Hand Hygiene policy.</p> <p>A current Glucometer Cleaning and Control Test Guidelines policy, dated 12/31/22, was provided by the DON (Director of Nursing) on 6/15/23 at 12:11 P.M., and indicated "...Clean glucometer surface...by wiping with a cloth dampened with soap and water or isopropyl alcohol..." At that time, the DON indicated that she was unaware that the policy differed from the instructions in the (name of glucometer) user manual.</p> <p>A current (name of glucometer) User Instruction Manual was provided by the DON on 6/15/23 at 12:11 P.M., and indicated "...The meter should be</p>			

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	<p>cleaned and disinfected after use on each patient..." It listed 4 different cleaning agents and Isopropyl alcohol was not listed as an appropriate cleaning agent for the glucometer.</p> <p>This Federal tag relates to complaint IN00410128.</p> <p>3.1-18(l) 3.1-18(b)</p>				