

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/06/2015
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NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF NICHOLASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SPARKS AVENUE NICHOLASVILLE, KY 40356
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Interview with the Speech Therapist (ST), on 02/06/15 at 1:45 PM, revealed Resident #16 reported to the ST, about one (1) week after his/her admission that he/she was itching. She stated she reported the resident's complaint to the nurse as well as to her manager. She could not remember the nurse; however, she stated her manager said she was aware of Resident #16's complaint of itching and had reported it to nursing as well.

Interview with the Therapy Director, on 02/06/15 at 3:05 PM, revealed she did not observe a rash on Resident #16, but the resident had complained of itching while in therapy. She stated she reported this during a morning meeting with the DON and Administrator. Continued interview revealed Resident #16 reported to the Therapy Director he/she had Scabies "along time ago" and the itching felt just like it did then. She further stated, she recalled, including the resident's statement in her report during the morning meeting.

Staff interviews revealed residents had been exhibiting itching and rashes from six (6) months up to one (1) and two (2) years.

Interview with State Registered Nursing Assistant (SRNA) #13, on 01/26/15 at 7:30 AM, revealed she was responsible for providing direct care to the facility's residents. Further interview revealed, residents had been itching, scratching and digging at their skin for at least one month; however, the rash had been in the facility for at least six (6) months to one (1) year. Further interview revealed, some of the residents had been treated for scabies in the past; however, not

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F 309	<p>Continued From page 150</p> <p>all at one time and at times, just one of the residents in a semi-private room would receive the treatment. Further interview revealed, contact isolation precautions were not consistently implemented or adhered to. Continued interview revealed, the residents would itch and dig at their skin to the point the residents had scabs and scratches on their skin, some to the point of bleeding. Further interview revealed, it was indirectly communicated to her to keep quiet and just do the job and not discuss the rashes. Further interview revealed, the facility had provided treatment for scabies to her once before; however, due to the facility denying any resident had scabies, and the fear of losing her job, SRNA #13, sought treatment for scabies by independent practitioners multiple times. Further interview revealed, she was very hesitant to talk with the State Surveyors for fear of losing her job because it was rumored threats had been made to terminate the employee that reported the issue.</p> <p>Interview with SRNA #6, on 01/26/15 at 1:14 PM, revealed the residents had been complaining of a rash and/or itching for at least one (1) year. Further interview revealed he had reported the rash and itching to the nurses. Continued interview revealed he had suffered from the same type of rash and itching as the residents; however, could not afford to seek medical treatment and reported the facility denied the residents had scabies and did not provide him treatment.</p> <p>Interview with SRNA #1, on 01/26/15 at 9:10 AM, revealed she was responsible for providing care to the facility's residents. Further interview revealed, the residents had been suffering with a rash "for awhile", further reported at least six (6)</p>	F 309		

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months. Continued interview revealed she had reported the resident's rash to the all of the nurses she worked with and that the treatments did not seem to be helping.

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Interview with LPN #1, on 01/26/15 at 11:50 AM, revealed residents have had a rash for "a long time". Further interview revealed the rash and itching had been reported to either the Physician and or the PA. Further interview revealed the PA usually came in to evaluate the rashes. Continued interview revealed, the treatment provided was not resolving the rash. Further interview revealed the non-resolving rashes had been reported to the DON.

Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the residents were receiving treatment for rashes. She stated the rashes had been reported to the Physician, Physician's Assistant and to the DON. Continued interview revealed, treatment was being provided; however, it was not resolving the rashes. Further interview revealed she was not aware if the facility was tracking and trending the resident rashes to determine patterns, clusters, effectiveness of treatment, or other data for infection control purposes. Continued interview, on 02/05/15 at 3:20 PM, revealed when residents had been treated for scabies in July 2014, August 2014, September 2014 or in January 2015, the rooms were cleaned but not thoroughly. Further interview revealed, the furniture was not cleaned or removed from the rooms and some of the residents that received treatment were placed in contact isolation precautions; however, it was not strict and the whole wing was not in isolation and not decontaminated.

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F 309	<p>Continued From page 152</p> <p>Interview with Registered Nurse (RN) #1, on 01/26/15 at 9:15 AM, revealed several of the residents currently had rashes and had previously been treated for scabies. Continued interview revealed, she did not know what the cause of the rash and itching was and the staff was not utilizing contact isolation precautions. She stated residents were receiving treatments for the rash and itching and "sometimes it helped". Further interview revealed the Physician, Physician's Assistant and Director of Nursing were aware of the rashes. Continued interview, on 01/30/15 at 3:20 PM, revealed the residents had complaints of itching and a rash "on and off since April 2014". Further interview revealed, Resident #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12 and #14, have all had unresolved rashes for several months.</p> <p>Interview with the Medical Director, on 01/26/15 at 10:19 AM, revealed he was aware several residents had rashes; however, he was not aware of how many. He stated his PA usually evaluated and treated residents with rashes. Per interview, revealed there were a "few" residents in the facility with a rash, and the rash "comes and goes for about four (4) months"; however, the etiology (cause) had not been identified. Continued interview revealed he was not aware the facility had fourteen (14) residents with rashes and thirteen (13) of those were residing on the B Wing. The Medical Director stated he needed to consult with the nursing staff, and stopped the interview and left the conference room. Continued interview at 11:15 AM, revealed he planned to send "a couple residents" for a Dermatologist consult on 01/26/15 and "a couple residents" on 01/27/15. The Medical Director revealed the number of resident rashes on the B Wing was an issue, and with the number of</p>	F 309			

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rashes there were, an investigation should have been initiated to determine if the etiology was of a contagious nature. According to the Medical Director, all residents with rashes did not need to consult a Dermatologist for diagnosis, and most of the residents in the facility were diagnosed with Contact Dermatitis, dry skin or Psoriasis.

Interview with the Physician's Assistant (PA), on 02/04/15 at 2:30 PM, revealed to confirm a resident had scabies, they needed a dermatology consult with microscopic scrapings to be positive. Further interview revealed, should the microscopic findings result as negative (no mite or egg observable), then they (the resident) "do not have scabies" or "the likelihood is very low the resident has it". Continued interview revealed she was not aware the facility had a Scabies policy.

Interview with the DON, on 01/23/15 at 11:25 AM, revealed a negative test for scabies was confirmation the resident did not have scabies. Further interview revealed, several residents had been treated for scabies. However, none of the residents had tested positive for scabies; therefore, there was no possibility of a scabies infestation. Further interview revealed, residents in the facility did have rashes; however, the Physician and PA were providing treatment. Continued interview on 01/29/15 at 10:06 AM, revealed in the past six (6) months, two (2) residents had went for a Dermatology consult. Further interview revealed both consults were initiated by the family not the facility. Further interview revealed the facility had not initiated any Dermatology consults related to the diagnosis and treatment of the ongoing and non-resolving rashes. Continued interview revealed upon the

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F 309	<p>Continued From page 154</p> <p>State Survey Agency entrance to the facility, she did not know the exact number of residents with a rash due to the facility's infection control program did not tract and trend for rashes or itching without a rash. Further interview revealed, had the facility tracked and trended the resident's rashes and itching, the facility may have identified this to be an ongoing and unsolved issue. However, the Physician and PA had not diagnosed any resident to have scabies and none of the residents tested, had a positive result prior to 01/26/15.</p> <p>Interview with the Administrator, on 01/28/15 at 4:01 PM, revealed two (2) of the three (3) residents sent for a Dermatology consult on 01/26/15 resulted positive for Scabies. Continued interview revealed there was an emergency Quality Assessment Committee meeting held, after the two (2) residents confirmed positive, with the decision to treat all residents on B Wing for scabies. Further interview revealed Resident #13, who resided on A Wing, would received treatment for scabies as well. Further interview revealed, since no resident on A wing had confirmed positive, no other residents on A Wing would be treated. Continued interview revealed, he was aware residents in the facility had rashes; however, he was not aware of the number of residents or the number of different treatments unsuccessfully implemented. Continued interview revealed the facility should have identified there was an issue and taken action to obtain a diagnosis and treatment for the residents; however, none of the residents had previously tested positive.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15</p>	F 309			

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F 309	Continued From page 155 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:  1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition.  2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies.  3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimite cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director.  4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each	F 309			

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F 309	Continued From page 156 department was notified of the precautions in place.  5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.  6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE.  7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.  8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.	F 309			

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F 309	<p>Continued From page 157</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment.</p> <p>14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each</p>	F 309		
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F 309	<p>Continued From page 158</p> <p>resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15,</p>	F 309		

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F 309	Continued From page 159 written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.  19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.  20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.  21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per	F 309			

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F 309	Continued From page 160 Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.  22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.  23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.  24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.  25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.  26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according	F 309			

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F 309	<p>Continued From page 161 to facility guidelines.</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a</p>	F 309		
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F 309	Continued From page 162 complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by	F 309		
F 441 SS=K	483 65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens	F 441	<b>F441</b>  What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Residents identified to have been found affected by the deficient practice include Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #16, A,B,C,D, E,F, G, H, and I. On 1/26/15, body audits were completed on all in-house residents by assigned RN and LPN staff. Orders were received from Medical Director to treat 31/31 residents on B Wing per scabies protocol. This included Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11 #12, #14, #15,A, B, D, E, F, G, H, J, and K. Orders received included contact isolation per protocol, Elimite cream one application to begin 1/27/15 and to repeat in 7 days and Stromectal tabs to be administered on day 1, 2, 8, 9, and 15. The 31/31 residents' responsible party/POA was notified of current skin condition and treatment orders by RN and Activities Director. On 1/26/15; all 31/31	

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F 441 Continued From page 163  
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:  
Based on observation, interview, record review and review of the facility's policies, and the Center for Disease Control (CDC) and Prevention guidelines it was determined the facility failed to maintain an effective Infection Control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. The facility failed to implement their Infection Control Policy including the Contact Isolation Policy to prevent, detect, investigate and control infections and to properly store, handle, process and transport linens to minimize contamination for the facility's residents to ensure decontamination of the facility and the eradication of scabies. Additionally, the facility failed to implement and adhere to the facility's "Scabies" policy regarding treatment and precautionary measures to be taken to ensure eradication of Scabies which resulted in cross contamination to uninfested residents, continued rashes, itching and discomfort for the facility's residents. The facility's failure affected fifteen (15) of sixteen (16) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #16) and nine (9) of nine (9) unsampled residents (Unsampled Residents A, B, C, D, E, F, G, H and I).

From 07/21/14 through 07/23/14, four (4)

F 441 residents were placed on contact isolation per facility guidelines. On 1/27/15 each of the 31/31 B Wing residents were treated with Elimate cream. Cream applied to all areas of the body from the neck down to the feet and toes by licensed nursing staff. The cream was left on for 8-14 hours. On 1/27/15-1/28/15 after completion of treatment, each resident was then bathed and provided a clean set of clothing. Bath/showers were given by CNAs and LPN, with the process overseen by 2 RNs. On 1/27/15, all 31/31 B Wing residents were started on Stromectal 3mg tabs per physician's orders. On 1/27/15 personal clothing, bed linens, privacy curtains and all other linen was removed from all 31/31 B Wing residents by laundry staff members and taken to laundry to be cleaned. Linens of B wing residents were washed separately from other residents in the center using the hot water and hot dryer cycles. Machine and dryer were disinfected with Clorox Healthcare Bleach Germicidal Cleaner. Non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center. These items held in quarantine for a total of 14 days per guidelines. On 1/27/15 furniture and

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F 441	Continued From page 164 residents were treated with Permethrin Cream (a cream prescribed for the treatment of Scabies). On 07/27/14, seventeen (17) additional residents were treated with the Permethrin Cream. However, the facility failed to initiate contact isolation for the seventeen (17) residents, failed to adequately decontaminate residents' rooms and common areas, and failed to ensure ongoing monitoring of residents to ensure the treatment was effective. There was no documented evidence the facility tracked and trended the residents with rashes, nor maintained a record of incidents and corrective actions to ensure there were no reinfestations. The facility failed to re-educate staff on the facility's Scabies Policy to ensure decontamination of residents' personal belongings, rooms, and common areas. As a result, the facility re-treated two (2) residents with the Permethrin cream in August 2014, three (3) residents in September 2014 and one (1) resident, for a third time, again in January 2015. Interviews and record reviews revealed multiple residents had unresolved rashes throughout the entire time. There was no evidence the facility performed surveillance and investigation to control the outbreak and cross-contamination using transmission-based precautions. (Refer to F-309)  The facility's failure to have an established Infection Control program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection to ensure decontamination of the facility and the eradication of scabies has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 01/30/15 and was determined to exist on 07/27/14. The facility was	F 441	equipment throughout the center, including common areas and dining rooms and 31/31 resident rooms on B Wing was disinfected with Clorox Healthcare Bleach Germicidal Cleaner by housekeeping staff and monitored by Housekeeping/Laundry Supervisor. On 1/27/15 the MDS Coordinator revised the plan of care for all residents receiving treatment to address the current problem, treatment and interventions including isolation precautions, monitoring for side effects and as needed medication to address itching or other side effects. On 1/28/15- two A- wing residents began treatment for rash identified upon further review of skin audits by Director of Nursing (this included Resident #13). PA notification resulted in orders for both residents including contact isolation, Elimite 5% cream repeat in one week and Stromectal 3mg tabs to be administered on day 1,2, 8,9, 15. Residents' rooms, clothing, personal items and all equipment were cleaned per protocol. Residents' responsible party/POA was notified by RN. Both residents were being treated for flu like symptoms and had not been in common areas since 1/23/15. Resident #16 was accompanied by center staff to a dermatology		

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F 441	<p>Continued From page 165 notified of the Immediate Jeopardy on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>Additionally, observation of the laundry area, on 02/05/15 during the validation of abatement of the Immediate Jeopardy revealed a bio-hazardous bag of contaminated linen sitting on the floor and directly touching clean and decontaminated residents' clothing and a bio-hazardous bag of trash, with a contact isolation gown partially out of the bag, on the floor next to and touching a cart containing clean and decontaminated items.</p> <p>Non-compliance continued to exist at a Scope and Severity of an "E", while the facility develops and implements a plan of correction and the facility's Quality Assurance monitors to ensure ongoing compliance.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy, titled "Policies and Practices - Infection Control" revised August 2007, revealed the facility's infection control policies and practices were to prevent, detect, investigate, control infections, establish guidelines for implementing Isolation Precautions, provide guidelines for the safe cleaning and</li> </ol>	F 441	<p>appointment on 2/4/15.</p> <p>Documentation in nurses' notes dated 2/4/15 support family notification of appointment and subsequent treatment orders. Resident #16 discharged to home as planned with plan of care of 2/5/15.</p> <p>On 2/4/15 Medical Director gave order to treat the remaining 34/36 A wing residents (this would include all remaining in the survey sample). Orders included contact isolation per protocol, Elimate 5% cream applied from neck down to toes, leave on 8-14 hours, repeat in one week and Stromectal 3 mg tags to be administered on day 1, 2, 8, 9 and 15. The remaining 34/36 resident rooms, clothing, personal items and equipment were cleaned per facility guidelines by nursing and housekeeping/laundry staff. Common areas cleaned per guidelines by housekeeping staff. In-service education in regards to proper storage of biohazard bags in the laundry area was given by the Administrator and Director of Clinical Operations beginning on 2/5/15 and extending through 2/6/15 for housekeeping, laundry and nursing staff.</p>	
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F 441	Continued From page 166 reprocessing of reusable resident care equipment and to maintain records of incidents and corrective actions related to infections. Continued review revealed all staff would be trained on the infection control policies and practices upon hire and periodically thereafter with the depth of training appropriate to the degree of direct resident contact and job responsibilities. Further review revealed inquires concerning the facilities infection control policies and practices should be referred to the Infection Control Coordinator or the Director of Nursing Services.  Review of the facility's policy, titled "Isolation - Categories of Transmission - Based Precautions", revised August 2012, revealed Standard Precautions would be utilized to provide care for residents at all times regardless of their suspected or confirmed infection status. Further review revealed Transmission Based Precautions would be used whenever measures more stringent than Standard Precautions were needed to prevent or control the spread of infection. Per the policy, three (3) types of Transmission Based Precautions had been established based on the Center for Disease Control and Prevention (CDC) which included Contact Precautions. Further review revealed Contact Precautions should be implemented for residents known or suspected to be infected with microorganisms that could be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Per CDC guidelines, Contact Precautions should be used for Scabies. Staff should utilize gloves and contact isolation gowns for resident care. Further review revealed if use of common resident care equipment was unavoidable, staff	F 441	How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the deficient practice.  What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? The Administrator and Director of Nursing were in-serviced regarding Scabies in long term care facilities including prevention and control, by the Director of Clinical Operations on 1/26/15, to ensure the management team was prepared to follow through with staff education. On 1/26/15, the Administrator and Director of Nursing initiated education for staff members on contact isolation including applying and removing PPE prior to entering/exiting residents' room. On 1/28/15, the Director of Nursing educated licensed nursing staff on how to accurately complete skin assessment, and repeated on 2/6/15 for licensed nursing staff. 1/27/15, personal		

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F 441	<p>Continued From page 167</p> <p>should adequately clean and disinfect the equipment between resident use.</p> <p>Review of the CDC guidelines, updated 11/02/10, related to a Scabies diagnosis, revealed scabies outbreaks in long-term care facilities were frequently the result of a delayed diagnosis and treatment. Early detection, treatment, and implementation of appropriate isolation and infection control practices was essential in preventing scabies outbreaks. Further review revealed appropriate isolation and infection control practices should be used when providing hands-on care to residents who might have scabies. All persons (staff, relatives, residents, etc) having prolonged direct skin-to-skin contact with an infested person before he/she was treated should be identified and treated, and treatment should be offered to household members of staff who were receiving treatment. Continued review revealed epidemiologic and clinical information about confirmed and suspected scabies residents should be collected and used for systematic review in order to facilitate early identification of and response to potential outbreaks. Per the CDC guidelines, long-term surveillance for scabies was imperative to eradicate scabies from an institution.</p> <p>Review of the facility's policy, titled "Scabies" effective 08/01/12, revealed after a diagnosis of Scabies was often made from the signs and symptoms and treatment should be followed without scrapings. Continued review revealed the procedures included to establish contact isolation immediately, contact the physician, and obtain an order for treatment. Further review revealed the storage area for clean resident clothing should be cleaned before the decontamination process</p>	F 441	<p>clothing, bed linens, privacy curtains, and all other linen were removed from all 31/31 B Wing resident rooms by laundry staff members and taken to laundry to be cleaned. Linens of B wing residents were washed separately from the other residents in the center using the hot water and hot dryer cycles. Machine and dryer were disinfected with Clorox Healthcare Bleach Germicidal Cleaner. Non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center. These items remained in quarantine for a total of 14 days per guidelines. This process was overseen by the Housekeeping/Laundry Supervisor. On 1/27/15, furniture and equipment throughout the facility including common areas on both A &amp; B wing including dining rooms and 31/31 resident rooms were disinfected with Clorox Healthcare Bleach Germicidal Cleaner by housekeeping staff and monitored by Housekeeping/Laundry Supervisor. On 1/27/15 staff was notified that the facility would be making treatment available for all</p>		

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F 441	<p>Continued From page 168</p> <p>begins. Further review revealed one gown and one set of street clothes should be washed for each resident with the remainder of resident clothing in the clean storage area and not returned to the resident's room until the twenty-four (24) hour decontamination process had been completed. Per the facility's policy, two full sets of bed linens should be washed and set aside on a clean cart with a disinfected cover and kept in a separate area. Continued review revealed common areas should be cleaned before resident bathing/decontamination so the "treated" resident did not use the contaminated areas to prevent cross contamination.</p> <p>Interview with the Director of Nursing (DON), on 01/29/15 at 10:06 AM, revealed the facility utilized the Standards of Best Practice and the Center for Disease Control and Prevention (CDC) guidelines.</p> <p>Review of the clinical records revealed medical treatment for Scabies was administered to: Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14 and Unsampled Residents A, B, C, D, E, F, G and H in July, 2014. Record review revealed Resident #2 required a topical antibiotic ointment for his/her rash on 07/27/14 and Resident #11 on 08/01/14. Continued review revealed Residents #6 and #7 were treated for Scabies in August, 2014, subsequently, Resident #6 required treatment with an oral antibiotic on 09/10/14 and Resident #7 required oral antibiotic treatment on 12/01/14 from complications related to the rashes. Further review revealed Unsampled Resident B, C and I were treated for Scabies in September, 2014. Further review revealed Resident #9 was treated again during the hospitalization between 01/03/15 and</p>	F 441	<p>employees. Staff was instructed to notify the Director of Nursing or Administrator of any sign/symptom of scabies. A list of sign/symptoms was provided to staff. The Director of Nursing began to distribute Elimate cream on 1/27/15 along with verbal instructions. A log is being maintained by Director of Nursing of employees that accept treatment. The Director of Nursing distributed questionnaire on 2/3/15 to staff members to address the effectiveness of medication, continued signs and symptoms and potential need for additional staff treatment. Family members were informed of scabies treatment efforts via phone contact and signs posted to facility entrances resident doors to please see center staff during visit.</p> <p>On 1/28/15, the Director of Nursing educated licensed nursing staff on how to accurately complete skin assessment, and repeated on 2/6/15 for licensed nursing staff. On 1/30/15, the Administrator and Director of Nursing initiated education on "Scabies Fact sheet" and "Guidelines for scabies" by</p>		

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01/06/15, and again on 01/11/15 at the facility. Continued review revealed there was no documented evidence the residents were placed in contact isolation precautions, per the facility's policies and there was no documented evidence the residents were monitored for the effectiveness of the Scabies treatments to ensure eradication of the infestation per the facility's Infection Control Policy and CDC guidelines.

Interview and record review revealed no documented evidence the facility decontaminated common areas, educated staff, provided treatment to staff, or implemented an infection control surveillance program for monitoring, tracking and trending and identification of suspicious rashes per the facility's policy and procedures.

Review of the facility's Census and Condition, obtained upon entrance to the facility on 01/22/15, revealed the facility had assessed and identified five (5) residents to have a rash.

However, observation, on 01/22/15, revealed multiple residents (including Residents #1, #2, #3, #10 and #12) aggressively scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observation revealed no residents were in contact isolation.

Interview with the DON, who was the Interim Infection Control Nurse, on 01/23/15 at 11:25 AM, revealed residents in the facility did have rashes; however, the Physician and PA were providing treatment. She stated she documented on the Census and Condition there were five (5) residents with rashes.

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handouts and discussion. The "Scabies Fact sheet" will also be included in new employee orientation and annual infection control in-service as of 2/4/15. On 1/30/15, the Director of Clinical Operations in-serviced the Director of Nursing on infection control surveillance logs, tracking and trending of scabies/rash and the need for ongoing monitoring. On 1/30/15, the Director of Clinical Operations educated the MDS Coordinator on ensuring care plans for scabies/rashes include the specific problem, goal, interventions being taken, and monitoring for the effectiveness of interventions. The center established a Scabies Prevention and Control Plan as of 1/31/15 that includes: implementation of Scabies Guidelines based on CDC Guidelines, Maintain a high index of suspicion that scabies may be the cause of undiagnosed skin rash, and any unresolved rashes after initial course of treatment will be referred to dermatologist. The center implemented the "Scabies/Rash Tracking Log for residents with rashes and new admissions that is completed

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F 441	Continued From page 170  Review of the revised Census and Condition, completed, on 01/26/15, after a resident skin assessment sweep for signs and symptoms of rashes after State Surveyor intervention, revealed the facility had assessed an additional nine (9) residents to also have rashes.  Further interview with the DON revealed after walking the B Wing hall, with the Physician, on 01/26/15, she had identified eight (8) residents to have rashes. Per interview, the facility completed a sweep of all facility residents, assessing the residents for signs and symptoms of scabies such as a rash, and had identified fourteen (14) residents. Continued interview revealed upon the State Survey Agency entrance to the facility, she did not know the exact number of residents with a rash due to the facility's infection control program did not monitor for rashes or itching without a rash.  Further observation during skin assessments for fifteen (15) of the sixteen (16) sampled residents on 01/22/15 through 02/04/15 revealed all residents had rashes and/or scabbing of varying degrees on their bodies.  Interview with State Registered Nursing Assistant (SRNA) #13, on 01/26/15 at 7:30 AM, revealed residents had been itching, scratching and digging at their skin for at least one month; however, the rash had been in the facility for at least six (6) months to one (1) year. She stated it was indirectly communicated to her to keep quiet and just do the job and not discuss the rashes. Further interview revealed contact isolation precautions were not consistently implemented or adhered to, per the facility's policy. Per interview,	F 441	by the Director of Nursing on weekdays and the RN Supervisor on weekends that is to be reviewed daily for 6 weeks by the Administrator, DNS or the RN Supervisor. Also, the "Skin Inspection Log" is completed by the Director of Nursing on weekdays and the RN Supervisor on weekends and will be reviewed by the Administrator, DNS or the RN Supervisor daily for 4 weeks, to identify an issues and interventions will be implemented and the Care Plans of residents being treated will be reviewed by the Administrator, DNS or RN Supervisor weekly for 8 weeks to review interventions.  How will the facility monitor performance to ensure solutions are sustained? The Director of Nursing will oversee 5 skin inspections weekly a for 6 weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and nurse will be re-educated. 30 scabies educational post tests will be given out to staff by Administrator or Human Resources weekly for 6 weeks and then monthly		

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F 441	<p>Continued From page 171</p> <p>the facility had provided treatment for scabies to her once before; however, due to the facility denying any resident had scabies, and the fear of loosing her job, SRNA #13, sought treatment for scabies by independent practitioners multiple times. Further interview revealed she was very hesitant to talk with the State Surveyors for fear of losing her job because it was rumored threats had been made to terminate the employee that reported the issue.</p> <p>Interview with SRNA #5, on 01/26/15 at 12.10 PM, revealed residents in the facility have had rashes on and off for approximately two (2) years and approximately one (1) year ago, she was aware of several residents treated for scabies. Continued interview revealed she had a rash approximately one (1) year ago and the facility did provide her with treatment. However, the facility never inquired to ensure the rash was resolved. Further interview revealed she did not remember contact isolation precaution being utilized consistently in the past when a resident received treatment for scabies.</p> <p>Interview with SRNA #6, on 01/26/15 at 1:14 PM, revealed the residents had been complaining of a rash and/or itching for at least one (1) year. Continued interview revealed he had suffered from the same type of rash and itching as the residents; however, could not afford to seek medical treatment and reported the facility denied the residents had scabies and did not provide him treatment.</p> <p>Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the residents were receiving treatment for rashes. Further interview revealed she was not aware if</p>	F 441	<p>for 6 months to ensure ongoing staff education and compliance. This sample will include residents from all shifts and weekends. Any employee who is unable to answer 100% of post test questions correctly will receive additional education by the Director of Nursing, Administrator or RN Supervisor. The Scabies Fact Sheet will be included in new employee orientation and the annual infection control in-service as of 2/4/15. Evaluation and monitoring of each resident receiving treatment will consist of skin inspection for resolution of prior rashes and observation of all residents at risk for new skin eruptions in 2-6 weeks per CDC guidelines. Skin inspections will be completed by licensed nursing staff on all residents twice weekly starting 1/31/15 for 6 weeks and then weekly thereafter. The physician will be notified at the time of findings and treatment will be initiated per physician orders. Review of surveillance tracking and trends of rashes will be presented by the Director of Nursing to the monthly QAPI committee for further measures and/or</p>		

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F 441	Continued From page 172 the facility was tracking and trending the resident rashes to determine patterns, clusters, effectiveness of treatment, or other data for infection control purposes. Continued interview, on 02/05/15 at 3:20 PM, revealed when residents had been treated for scabies in July 2014, August 2014, September 2014 or in January 2015, the rooms were cleaned but not thoroughly. Further interview revealed the furniture was not cleaned or removed from the rooms and some of the residents that received treatment were placed in contact isolation precautions; however, it was not strict and the whole wing was not in isolation and not decontaminated.  Interview with Registered Nurse (RN) #1, on 01/26/15 at 9:15 AM, revealed several of the residents currently had rashes and had previously been treated for scabies; however, staff was not utilizing contact isolation precautions per the facility's policy.  Interview with the DON, who was the Interim Infection Control Nurse, on 01/29/15 at 10:06 AM, revealed the facility employed an Infection Control Nurse in July of 2014 when the Physician's Assistant ordered Scabies treatment for seventeen (17) residents and the Infection Control Nurse should have implemented the Scabies policy at that time and again in August 2014 and September 2014 when other cases of Scabies were treated. Further interview revealed the facility's complete infection control program, policies, procedures and guidelines were not followed with each incident. Per interview, had the facility monitored for rashes or tracked and trended the residents' rashes and itching, the facility may have identified this to be an ongoing and unresolved issue. Continued interview	F 441	additional training on an on-going basis. The QAPI schedule has been set with the Medical Director to ensure monthly attendance.	3/10/15	

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F 441	<p>Continued From page 173</p> <p>revealed Contact Isolation was implemented with each incident; however, interview and record review revealed no evidence contact isolation was implemented, per the facility policy. Further interview revealed the facility's common areas were not decontaminated, all staff was not educated, staff was not offered and/or provided treatment, residents' roommates were not treated with each incident, and monitoring for effectiveness of the treatment with surveillance of suspicious rashes was not performed.</p> <p>Interview with the Medical Director, on 01/26/15 at 10:19 AM, revealed he was aware several residents had rashes; however, he was not aware of how many. He stated he was not aware that on 01/26/15, there was a total of thirteen (13) residents on the B Wing that had current rashes, but that he would check with nursing. He continued by stating he was not following all the residents with rashes and he would not have expected to be notified of each and every rash as he had a Physician's Assistant that the facility would notify about residents' rashes. Further interview revealed with the number of rashes, an investigation should have been implemented to determine if the etiology (cause) was of a contagious nature for infection control purposes.</p> <p>Interview with the Administrator, on 01/29/15 at 2:07 PM, revealed he was aware some residents had rashes; however, was not aware there were that many. Further interview revealed he did review the CDC guidelines for scabies in August 2014 after two (2) residents were treated for scabies; however, he did not question any identification, treatment or infection control practices because he did not have a medical background. He stated he was not aware the</p>	F 441		

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F 441	<p>Continued From page 174</p> <p>CDC guidelines recommended decontaminating residents' belongings and rooms as well as treating the common areas.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition.</li> <li>2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies.</li> <li>3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimite cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director.</li> <li>4. On 01/26/15, all B wing residents were placed</li> </ol>	F 441			

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F 441	<p>Continued From page 175</p> <p>on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place.</p> <p>5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.</p> <p>6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE.</p> <p>7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.</p> <p>8. On 01/27/15, all B wing residents were treated with Elimite cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours</p>	F 441		
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F 441	<p>Continued From page 176</p> <p>before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the</p>	F 441		

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F 441	<p>Continued From page 177</p> <p>local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment.</p> <p>14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.</p> <p>15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.</p> <p>16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.</p> <p>17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.</p>	F 441		
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F 441	<p>Continued From page 178</p> <p>18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per</p>	F 441		

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F 441	<p>Continued From page 179</p> <p>Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.</p> <p>22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.</p> <p>23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.</p> <p>24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.</p> <p>25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.</p> <p>26. On 02/04/15, the Medical Director gave</p>	F 441	

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F 441	<p>Continued From page 180</p> <p>orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines.</p> <p>27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.</p> <p>28. The facility's QA process will monitor implemented interventions as follows:</p> <p>The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.</p> <p>The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.</p> <p>The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".</p> <p>The State Survey Agency validated the</p>	F 441		

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F 441	<p>Continued From page 181</p> <p>implementation of the facility's AOC as follows:</p> <p>1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment.</p> <p>2. Review of the "Body Audit" forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/discoloration/bruises; open areas; edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location.</p> <p>Review of the Dermatologist's "Visit Notes", dated 01/28/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed diagnosis was treated prophylactically due to the resident's possible exposure to scabies.</p> <p>3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave</p>	F 441		

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F 441	<p>Continued From page 182</p> <p>orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply Permethrin (Elimite) 5% cream to body from neck down, leave on 8-14 hours then wash off, repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician Orders included direction for contact isolation, dry skin lotion, and Benadryl PRN (as needed) for itching, for each resident.</p> <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON.</p> <p>Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose.</p> <p>Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J.</p> <p>4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room</p>	F 441			

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F 441	<p>Continued From page 183</p> <p>doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled "Scabies in Long Term Care" and utilized the "Scabies Fact Sheet", for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials</p>	F 441		
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F 441	<p>Continued From page 184</p> <p>revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15.</p> <p>Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation.</p> <p>Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) "active" staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency</p>	F 441		

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F 441	<p>Continued From page 185</p> <p>staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated.</p> <p>Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an "Emergency" meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for the B wing residents.</p> <p>Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed.</p>	F 441		
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F 441	Continued From page 186  8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimate cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.  Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream.  Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the Elimate cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed.  Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each	F 441		

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F 441 Continued From page 187

resident was treated appropriately, according to the Physician's orders. She stated she monitored the process by reviewing the MARs, interviewing staff and residents, and making observations of the application and removal of the cream.

9. Review of the MARs for the B wing residents revealed all were administered Stromectol tablets, according to the Physician orders, on 01/27/15.

Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectol.

10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered.

Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to "deep cleaning" of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed.

Interview with the Housekeeping Supervisor, on

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F 441	<p>Continued From page 188</p> <p>01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly.</p> <p>11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities "Scabies Guidelines". No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning.</p> <p>Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview</p>	F 441			

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F 441	<p>Continued From page 189</p> <p>revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, "anything washable". Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses.</p> <p>12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility's "Scabies Guidelines".</p> <p>13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report.</p> <p>Review of Health Department documents revealed the facility received general information related to scabies and the "Scabies Fact Sheet" in response to their report.</p> <p>14. Review of the Care Plans for fifteen (15) selected residents who were treated for scabies</p>	F 441		
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F 441	<p>Continued From page 190</p> <p>revealed a new care plan was developed for each resident on 01/26/15. Continued review revealed the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; and interventions directed to addressing the problem and meeting the goals. Interventions included specific treatment orders, contact isolation, cleaning of resident rooms and belongings, monitoring of skin, monitoring for side effects of the medication, comfort measures including PRN (as needed) medications for itching and dry skin, and notification of the Physician as indicated by resident assessments and response to treatment.</p> <p>15. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed all staff were offered the option to receive treatment for scabies. She stated the DON was tracking those employees who did accept treatment. Continued interview with the DCO revealed questionnaires were distributed to all staff on 02/03/15 to determine if staff with symptoms had been treated and if treatment was effective.</p> <p>Review of the log maintained by the DON revealed fifty-one (51) employees accepted treatment.</p> <p>Review of the completed questionnaires revealed fifty-one (51) had been returned as of 02/03/15. Three (3) additional completed questionnaires were submitted by staff on 02/06/15. Continued review revealed the questionnaires addressed the presence of symptoms of a rash in the past sixty (60) days, whether treatment had been accepted and if it was effective, whether staff required</p>	F 441		

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F 441 Continued From page 191  
repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.

Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimite cream to every staff member who requested it. She stated staff were educated on the symptoms of scabies and offered treatment during the training process. Continued interview revealed the questionnaires were designed to ensure the treatment was effective for those staff who accepted it, and to determine if there were other staff experiencing symptoms or desiring treatment.

Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, RN #1 on 01/30/15 at 3:20 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, LPN #1 on 02/04/15 at 2:10 PM, SRNA #4 on 02/05/15 at 4:38 PM, LPN #6 on 02/05/14 at 5:00 PM, SRNA #15 on 02/05/15 at 6:04 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Staff #26 on 02/06/15 at 2:00 PM and Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, revealed all had been offered treatment with Elimite cream for scabies, for symptoms of a rash/itching or prophylactically. All staff stated they were trained on scabies and how to use the cream if desired.

16. Review of Physician orders for 01/28/15

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F 441	<p>Continued From page 192</p> <p>revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive scabies treatment, including the Elimite cream to be applied on day 1 and repeated in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. In addition, the residents were to be placed on contact isolation precautions.</p> <p>Review of the MAR for Resident #13 revealed treatment was initiated as ordered.</p> <p>Interviews with Housekeeping Staff #11 on 10/29/15 at 2:19 AM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #6 on 01/29/15 at 4:37 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, LPN #2 on 01/30/15 at 3:43 PM, and SRNA #10 on 01/30/15 at 3:55 PM revealed Resident #13 and his/her roommate were in contact isolation, their room had been cleaned and disinfected and personal clothing, bed linens and privacy curtains had been bagged for laundering.</p> <p>17. Review of training records revealed the DON provided education to all licensed nursing staff related to completing a head-to-toe skin assessment on 01/28/15. Review of the training outline revealed topics covered included how and when skin assessments were to be completed, documentation of findings, and required notifications to family and Physician. Continued review revealed a question and answer session was provided and additional individual training was offered to all nursing staff.</p> <p>Interviews with RN #1 on 01/30/15 at 3:20 PM, LPN #2 on 01/30/15 at 3:43 PM, LPN #1 on 02/04/15 at 2:10 PM, and LPN #6 on 02/05/14 at 5:00 PM, revealed they had attended an inservice</p>	F 441			

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F 441	<p>Continued From page 193</p> <p>with the DON on 01/28/15 related to accurately performing a resident skin assessment. Continued interviews revealed the licensed staff were able to verbalize when skin assessments were to be completed, how to document their findings, and when and to whom notifications regarding the skin assessments were to be made.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be monitoring five (5) skin assessments on the units weekly for six (6) weeks. She stated any identified problems observed would be addressed by immediate re-education.</p> <p>18. Review of training records revealed the Administrator and the DON initiated training for all staff related to scabies. Educational handouts included the "Scabies Fact Sheet" and the "Guidelines for Scabies". Review of these documents revealed they were comprehensive in describing symptoms, treatment and monitoring for response. In addition, information included the accepted process for handling laundry and cleaning and disinfection of rooms. Emphasis was on preventing spread of the infestation in an institutional setting.</p> <p>Review of sign-in sheets revealed eighty (80) of eighty (80) staff received the education by 02/04/15. Three (3) staff were on leave and were required to complete the education prior to returning to work.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed she was responsible for scheduling and was tracking the staff members on leave to ensure they were in-serviced prior to returning to</p>	F 441		
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F 441 Continued From page 194

work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked prior to being trained. She stated no Agency staff had worked since the education was initiated.

Continued interview with the DCO revealed the facility developed written Post-Tests to be administered to ensure staff retention of knowledge gained during the in-services. She stated staff were required to score 100% on the tests. Re-education was to be provided on-the-spot until the employee demonstrated 100% knowledge of the questions. Further interview revealed thirty (30) tests were to be administered weekly for the next six (6) weeks, and then monthly for six (6) months. The DCO stated the intent was to reach every staff member more than once to ensure continued knowledge retention.

Review of completed post-tests revealed ten (10) tests were administered on 02/04/15, seventeen (17) on 02/05/15 and fourteen (14) on 02/06/15. Continued review revealed all tests were completed with 100% accuracy. Further review revealed two (2) newly hired staff that began the orientation process during the course of the State Agency survey completed the written post-tests with a score of 100%.

Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.

Interviews with Housekeeping Staff #13 on

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F 441	<p>Continued From page 195</p> <p>01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to scabies. All interviewed stated they had received the "Scabies Fact Sheet" and "Scabies Guidelines" during the in-services. All were able to answer specific questions related to their role in managing an outbreak of scabies and their specific duties related to the facility's current action plan. In addition, specific questions from the written post-test were included in the interviews, with all those interviewed able to respond correctly.</p> <p>19. Review of in-service records, dated 01/30/15, revealed the DCO educated the DON related to infection control, with emphasis on maintaining surveillance logs, tracking the data and trending for any possible outbreak. Included in the training was a review of two (2) new monitoring tools, the "Scabies/Rash Tracking Log" and the "Skin Inspection Log". In addition, the facility's policy titled "Surveillance for Infections", dated</p>	F 441		
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F 441	<p>Continued From page 196 December 2012, was reviewed.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control surveillance in the facility. She stated the education, including the new tracking logs, gave her tools going forward to correctly identify potential concerns. She explained every resident in the building was currently being tracked because all had received treatment for scabies; however, in the future all new rashes or other skin issues could be tracked by using the forms. Continued interview revealed she also utilized a facility "map" and color-coded entries to identify any clusters of concern.</p> <p>Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the intent of the education was to ensure a series of rashes among multiple residents would not be missed as a potential outbreak in the future. She stated once the current issues were resolved, rashes would continue to be tracked in order to identify or exclude an infection-control concern.</p> <p>Review of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" revealed rashes were tracked by resident name and room number, date rash identified, treatment initiation and completion date and resolution of the rash. Review of the "Skin Inspection Log" revealed each resident was tracked, based on skin assessments performed by the licensed nurses, for new areas, Physician notifications, orders and resolution. In addition, the log included areas for review by the DON to ensure staff were compliant in following through on identified skin concerns.</p> <p>20. Review of in-service records revealed the</p>	F 441			

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F 441	<p>Continued From page 197</p> <p>DCO provided education to the MDS coordinator on 01/30/15 related to the Care Plan. Emphasis was on ensuring the Care Plan addressed specific problems, goals, interventions and ongoing monitoring.</p> <p>Interview with the MDS Coordinator, on 02/05/15 at 6:45 PM, revealed she had received training from the DCO related to required components of the Care Plan, including stating of the problem, goals and specific interventions, including interventions related to continued monitoring. She stated she developed a Care Plan for every resident who received treatment, first all residents on the B wing, then every resident on the A wing, and ultimately every resident in the facility. She further stated the Care Plans would continue to be revised as needed to reflect any changes in status or treatment for each resident. Continued interview revealed she began the Care Plan revisions on 01/26/15 and continued with each new resident as treatment was ordered. The MDS Coordinator stated she did not need to make additional changes after receiving training from the DCO, but was able to verify she was including all necessary components on the Care Plans after the training.</p> <p>21. Review of documented skin assessments revealed all residents were assessed twice weekly for any skin issues, including new or ongoing rashes, beginning 01/31/15. The findings of these assessments were entered on the "Skin Inspection Log" and reviewed daily by the DON for appropriate response to the findings, e.g. notification of the Physician and initiation of treatments as ordered.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM,</p>	F 441	

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F 441	<p>Continued From page 198</p> <p>revealed she reviewed the "Skin Inspection Logs" daily with the Administrator, to ensure ongoing compliance by the nursing staff related to documenting skin assessment findings and Physician notification when indicated with initiation of treatments as ordered. She stated any concerns identified upon review of the logs would result in immediate re-education of the staff responsible.</p> <p>22. Review of the "QAPI Business Action Plan" revealed a QA meeting was held on 01/31/15 and attended by the Administrator, the DON, the Regional Vice President, the DCO and the Medical Director. Continued review revealed discussion regarding the Immediate Jeopardy (IJ), with an outline of each federal tag. The stated goal was to achieve compliance related to failures which contributed to the IJ. An outline of all actions already taken by the facility and those which were ongoing, and who was responsible for coordinating the activities, was included in the outline and was reviewed by meeting attendees.</p> <p>23. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed either she or the Regional Vice President had been present in the building daily since 01/31/15 after the facility was notified of the IJ on 01/30/15. Review of training records, QA meetings, and documented interviews with State Survey Agency personnel provided evidence of her presence in the facility. She stated her primary role had been one of corporate oversight, and she had been closely involved in developing and ensuring implementation of the facility's action plan on a daily basis. The DCO further stated she had maintained collaboration with the corporate office via the Regional Vice President.</p>	F 441		

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F 441	<p>Continued From page 199</p> <p>24. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed the facility's "Scabies Prevention and Control Plan" was based on implementation of the "Scabies Guidelines". She stated the guidelines, along with the "Scabies Fact Sheet" had been a foundation for training of staff. Continued interview revealed the new "Scabies/Rash Tracking Log" would be important for tracking rashes in the future, and met the intent of maintaining a high index of suspicion for scabies as a possible cause of an undiagnosed skin rash. Continued interview revealed as treatment had been initiated for all residents in the building, everyone was being tracked for effectiveness of the treatment. She further stated any resident who failed the current treatment program would be referred to the Dermatologist for follow-up.</p> <p>Review of the "Scabies Guidelines" revealed it was comprehensive approach to the prevention, identification and treatment of scabies. Continued review revealed specific guidelines related to cleaning and disinfecting, and laundering, to prevent re-infestation or spread to other individuals.</p> <p>25. Review of Departmental Notes for 02/03/15 revealed the Responsible Party for each resident on the A wing was notified by telephone of scabies present in the building, and the facility's plan for treatment and contact isolation precautions. For those residents who were self-responsible, notification to the resident was made by Social Services.</p> <p>26. Review of the Physician orders dated 02/04/15 revealed all remaining residents on the A wing were to be treated for scabies, meaning</p>	F 441		
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F 441	<p>Continued From page 200</p> <p>that every resident in the facility had orders for treatment. Continued review revealed medication orders, and orders for contact isolation, were consistent with those for all other residents.</p> <p>Review of the MARs for those remaining A wing residents revealed treatment was initiated according to the Physician's orders.</p> <p>Observations, on 02/06/15 at 1:30 PM, 3:00 PM and 5:00 PM, revealed residents on the A wing were receiving baths or showers to remove the first application of Elimite cream. Continued observations revealed personal clothing, linens and privacy curtains were laundered, washable surfaces in the residents' rooms were disinfected, and non-washable items were wrapped in plastic and stored in the outbuilding, according to the facility's "Guidelines for Scabies".</p> <p>27. Clinical record review revealed Residents #1 and #10, with confirmed diagnoses of scabies on 01/26/15, had follow-up appointments scheduled with the Dermatologist for 02/06/15.</p> <p>28. Interviews and record reviews validated QA monitoring as follows:</p> <p>Review of the "Scabies/Rash Tracking Log" revealed all residents in the building were included, as all had received treatment for scabies. Continued review revealed the DON or the Administrator signed off on each resident entry daily, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed each resident would stay on the log for at least seven weeks, to ensure the treatment was effective and all symptoms of itching and</p>	F 441			

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F 441	<p>Continued From page 201</p> <p>rashes were resolved. She stated the extra weeks would allow identification of re-infestation, as symptoms take two (2) to six (6) weeks to manifest.</p> <p>Review of the "Skin Inspection Log" revealed each resident was added to the log when their bi-weekly skin assessment was completed, or any time a new skin concern was identified and an assessment was performed. Continued review revealed the DON or the Administrator signed off on the log each day, beginning on 02/02/15 and ongoing.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she and the Administrator reviewed the "Skin Inspection Log" daily to ensure the nursing staff was compliant in identifying, documenting and making appropriate notifications of new skin concerns. She stated the RN Supervisor would be responsible for reviewing the log on the weekends, and the DON and Administrator would review the weekend logs on Mondays. Continued interview revealed any concerns identified during the daily reviews would result in immediate re-education of the responsible staff.</p> <p>Review of the "Care Plan Audit Log" revealed the first weekly audit of Care Plans for residents being treated for scabies was completed and signed by the DON on 02/04/15. Currently, all resident Care Plans were reviewed as all residents received treatment.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she would be reviewing the Care Plans weekly for a total of eight (8) weeks to ensure new revisions were made as indicated by the resident's response to treatment. She stated any</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF NICHOLASVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
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F 441	Continued From page 202 identified concerns with her review of all logs would be addressed immediately by re-education. Continued interview revealed results from all audits would be presented at each monthly QA meeting for discussion.  Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed he had remained closely involved with the development and implementation of the facility's action plan related to the IJ. He stated, along with the DON and the DCO, he had ensured all staff was educated related to the facility's "Scabies Prevention and Control Plan". Continued interview revealed his role included reviewing audits daily, ensuring PPE and other needed supplies were readily available, speaking with families, and making observations to ensure the facility's plan was followed according to Physician orders and the written guidelines. The Administrator further stated all audits results would be reviewed at each QA meeting, with the next scheduled meeting being 02/09/15, and regular monthly meetings occurring on the first Monday of the month.	F 441		
F 490 SS=K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING  A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review	F 490	F490  What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Residents identified to have been found affected by the deficient practice include Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11,	

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F 490	<p>Continued From page 203</p> <p>and review of the facility's policy and procedures it was determined the facility's Administration failed to have an effective system to ensure the facility was administered to promote the highest practicable physical, mental, and psychosocial well-being for fifteen (15) of sixteen (16) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #16) and nine (9) of (9) nine unsampled residents (Unsampled Residents A, B, C, D, E, F, G, H and I) with rashes and/or diagnosis of Scabies. The facility's Administration failed to ensure policy and procedures were implemented to prevent, detect, investigate and control infections; to monitor the effectiveness of treatment for rashes and/or Scabies; and, to ensure decontamination of the facility and the eradication of Scabies. (Refer to F-309 and F-441)</p> <p>Interview and record review revealed a treatment for Scabies (a very contagious microscopic human itch mite which caused an intense itching skin irritation) was prescribed and initiated from 07/21/14 through 07/23/14, for four (4) residents. On 07/27/14, seventeen (17) additional residents were treated for Scabies. However, there was no documented evidence on 07/27/14 the facility ensured the "Scabies" Policy was followed to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. Continued review revealed two (2) residents were retreated for Scabies in August 2014 and two (2) residents were retreated in September 2014 plus (1) new resident. Additionally, one resident was retreated for Scabies again on 01/02/15, and a another resident was treated for Scabies on 01/03/15. Staff interview revealed numerous residents were identified with rashes during this time period.</p>	F 490	<p>#12, #13, #14, #16, A, B, C, D, E, F, G, H and I.</p> <p>On 1/26/15, body audits were completed on all in-house residents by assigned RN and LPN staff. Orders were received from Medical Director to treat 31/31 residents on B Wing per scabies protocol. Orders received included contact isolation per protocol, Elimate cream one application to begin 1/27/15 and to repeat in 7 days and Stromectal tabs to be administered on day 1, 2, 8, 9, and 15. The 31/31 B Wing residents' responsible party/POA were notified of current skin condition and treatment orders by RN and Activities Director. On 1/26/15; all 31/31 B Wing residents were placed on contact isolation per facility guidelines. On 1/27/15 each of the 31/31 B Wing residents were treated with Elimate cream. Cream applied to all areas of the body from the neck down to the feet and toes by licensed nursing staff. The cream was left on for 8-14 hours. On 1/27/15-1/28/15 after completion of treatment, each resident was then bathed and provided a clean set of clothing. Bath/showers were given by CNAs and LPN, with the process overseen by 2 RNs. On 1/27/15, all 31/31 B Wing residents were started on Stromectal</p>	

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F 490	<p>Continued From page 204</p> <p>However, there was no documented evidence the facility identified the multiple rashes and repeated Scabies treatments as a concern, when it failed to follow its "Scabies Guidelines" to eradicate the condition and prevent re-infestation.</p> <p>The facility's failure to have an effective system in place to ensure it was administered effectively to promote the highest practicable well-being of all residents was likely to cause serious injury, harm, impairment or death. Immediate Jeopardy was identified on 01/30/15, and found to exist on 07/27/14. The facility was notified of the Immediate jeopardy on 01/30/15.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the "Scabies Guidelines", revised August 2012, revealed the purpose was to treat residents infected with the Scabies mite, and prevent the spread of Scabies to other residents and staff. Continued review revealed the facility's Infection Control Committee should coordinate interdepartmental planning to promote a rapid and effective treatment program.</p> <p>Review of the policy titled "Infection Control",</p>	F 490	<p>3mg tabs per physician's orders. On 1/27/15 personal clothing, bed linens, privacy curtains and all other linen was removed from all 31/31 residents by laundry staff members and taken to laundry to be cleaned. Linens of B wing residents were washed separately from other residents in the center using the hot water and hot dryer cycles. Machine and dryer were disinfected with Clorox Healthcare Bleach Germicidal Cleaner. Non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center. These items held in quarantine for a total of 14 days per guidelines. On 1/27/15 furniture and equipment throughout the center, including common areas on both A and B Wings including dining rooms and 31/31 resident rooms on B Wing was disinfected with Clorox Healthcare Bleach Germicidal Cleaner by housekeeping staff and monitored by Housekeeping/Laundry Supervisor. On 1/27/15 the MDS Coordinator revised the plan of care for all residents receiving treatment to address the current problem, treatment and interventions including isolation precautions, monitoring for side effects</p>	

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F 490	<p>Continued From page 205</p> <p>revised August 2007, revealed its purpose was to facilitate the maintenance of a "safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections". Continued review revealed infection control objectives included maintaining records of incidents and corrective actions related to infections. Further review revealed the Administrator had adopted the infection control policies and practices, to reflect the need for preventing the transmission of infection, according to current professional guidelines and recommendations.</p> <p>On 01/22/15, the facility submitted its Census and Condition form which indicated five (5) residents in the building had a rash. However, after the State Survey Agency observed multiple residents itching and scratching during the initial tour on 01/22/15, the facility conducted a skin assessment of every resident and identified a total of fourteen (14) residents to have a rash (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14). In addition, on 02/04/15 the State Survey Agency observed a skin assessment for Resident #16 and identified another rash.</p> <p>Record review and interview revealed a total of twenty-one (21) residents were treated for Scabies in July 2014; two (2) residents were treated again in August 2014; and, two (2) residents were treated again in September 2014 and one (1) resident was newly treated. There was no documented evidence the facility utilized isolation procedures to prevent the spread of infection or performed adequate cleaning and disinfection of resident rooms and common areas. In addition, staff interviews revealed no</p>	F 490	<p>and as needed medication to address itching or other side effects.</p> <p>On 1/28/15- two A- wing residents began treatment for rash identified upon further review of skin audits by Director of Nursing (this included Resident #13). PA notification resulted in orders for both residents including contact isolation, Elimite 5% cream repeat in one week and Stromectal 3mg tabs to be administered on day 1,2, 8,9, 15. Residents' rooms, clothing, personal items and all equipment were cleaned per protocol. Residents' responsible party/POA was notified by RN. Both residents were being treated for flu like symptoms and had not been in common areas since 1/23/15. Resident #16 was accompanied by center staff to a dermatology appointment on 2/4/15. Documentation in nurses' notes dated 2/4/15 support family notification of appointment and subsequent treatment orders. Resident #16 discharged to home as planned with plan of care of 2/5/15. On 2/4/15 Medical Director gave order to treat the remaining 34/36 A wing residents (this would include all remaining in the survey sample). Orders included contact isolation per protocol, Elimite 5% cream applied</p>	
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F 490	<p>Continued From page 206</p> <p>education was provided related to the rashes and/or Scabies. In addition, record review revealed no documented evidence residents affected were monitored to ensure the effectiveness of treatment; therefore potentially exposing other residents who could have been in contact with the Scabies mites.</p> <p>Interview with the DON, on 02/05/15 at 12:50 PM, revealed in July 2014, twenty-on (21) residents were treated for Scabies. Further interview revealed two (2) residents were treated for Scabies in August, and three (3) residents received treatment in September. The DON stated the residents treated in July, August and September were placed on contact isolation. However, staff interviews revealed isolation was not consistently implemented. Further interview and their rooms were cleaned; however, she acknowledged there was no facility-wide cleaning of common areas, staff was not offered treatment, no special laundering was conducted, and personal belongings and furniture which could not be disinfected were not removed according to facility practice guidelines. Additionally, she could provide no documented evidence any education for staff, residents or families was provided. In addition, the DON could not say why no one, including herself, felt the ongoing problem of rashes and repeated Scabies treatments required further action.</p> <p>Interview with the corporate Director of Clinical Operations (DCO), on 02/06/15 at 2:48 PM, revealed she had been assigned to the facility since August 2014. She stated she was not aware of the twenty-one (21) residents treated for Scabies in July 2014, but did know about two (2) residents treated in August 2014, or the three (3)</p>	F 490	<p>from neck down to toes, leave on 8-14 hours, repeat in one week and Stromectol 3 mg tags to be administered on day 1,2, 8,9 and 15. The remaining 34/36 resident rooms, clothing, personal items and equipment cleaned per facility guidelines by nursing and housekeeping/laundry staff. Common areas cleaned per guidelines by housekeeping staff.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b> All residents have the potential to be affected by the deficient practice.</p> <p><b>What measures will be put into place or systemic changes made to ensure the deficient practice will not recur?</b> The Administrator and Director of Nursing were in-serviced regarding Scabies in long term care facilities including prevention and control, by the Director of Clinical Operations on 1/26/15, to ensure the management team was prepared to follow through with staff education. On 1/26/15, the Administrator and Director of Nursing</p>		

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F 490	Continued From page 207 residents treated in September 2014. She further stated the facility did not follow its protocol related to Scabies, including the failure to ensure disinfection of common areas used by the residents and failure to provide education to staff.  Interview with the Administrator, on 01/29/15 at 2:07 PM, on 01/30/15 at 2:46 PM, and on 02/06/15 at 2:48 PM, revealed he assumed his role at the facility in August 2014. He stated he was responsible for ensuring the facility's policies and procedures were followed. He stated he had no knowledge of the twenty-one (21) residents treated for Scabies in July 2014. The Administrator stated although he knew that residents were treated in August and September 2014 for Scabies, there had been no infection control tracking to determine if the treatment was effective. Further interview revealed, he did review the CDC guidelines for Scabies in August 2014 after two (2) residents were treated for Scabies; however, he did not question any identification, treatment or infection control practices because he did not have a medical background. Continued interview revealed there was no discussion of a Scabies concern at the monthly meetings from August 2014 to January 2015, until after the State Agency Survey was initiated. The Administrator stated the facility did not follow its guidelines for handling Scabies cases when no education was provided to staff. Further interview revealed, to the Administrator's knowledge, there had been no confirmed cases of Scabies until the present time. However, he acknowledged that even with a negative biopsy, an individual could still have Scabies, with the potential for spreading the infestation to other residents.	F 490	initiated education for staff members on contact isolation including applying and removing PPE prior to entering/exiting residents' room. As of 1/31/15, 78/80 active employees received education. The remaining staff were contacted and notified to see the DNS or Administrator prior to next shift. On 1/27/15, the Housekeeping/Laundry Supervisor in-serviced 8/8 Housekeeping/Laundry staff members in regards to cleaning contaminated scabies isolation room per cleaning company guidelines. On 1/27/15, personal clothing, bed linens, privacy curtains, and all other linen were removed from all 31/31 residents by laundry staff members and taken to laundry to be cleaned. Linens of B wing residents were washed separately from the other residents in the center using the hot water and hot dryer cycles. Machine and dryer were disinfected with Clorox Healthcare Bleach Germicidal Cleaner. Non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center. These items remained in quarantine for		

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F 490	Continued From page 208 The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following:  1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition.  2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies.  3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; Elimate cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectal tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director.  4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and	F 490	a total of 14 days per guidelines. This process was overseen by the Housekeeping/Laundry Supervisor. On 1/27/15, furniture and equipment throughout the facility including common areas on both A & B wing including dining rooms and 31/31 resident rooms were disinfected with Clorox Healthcare Bleach Germicidal Cleaner by housekeeping staff and monitored by Housekeeping/Laundry Supervisor. On 1/27/15 staff was notified that the facility would be providing treatment to each employee. Staff was instructed to notify the Director of Nursing or Administrator of any sign/symptom of scabies. A list of sign/symptoms was provided to staff. The Director of Nursing began to distribute Elimate cream on 1/27/15 along with verbal instructions. A log is being maintained by Director of Nursing of employees that accept treatment. The Director of Nursing distributed questionnaire on 2/3/15 to staff members to address the effectiveness of medication, continued signs and symptoms and potential need for additional staff treatment. On 1/28/15,		

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F 490	Continued From page 209 on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place.  5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the "Scabies Fact Sheet". The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff.  6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE.  7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15.  8. On 01/27/15, all B wing residents were treated with Elimate cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire	F 490	the Director of Nursing educated licensed staff on how to accurately complete skin assessments. On 1/30/15, the Administrator and Director of Nursing initiated education on "Scabies Fact sheet" and "Guidelines for scabies" by handouts and discussion. The "Scabies Fact sheet" will also be included in new employee orientation and annual infection control in-service as of 2/4/15. The center implemented the "Scabies/Rash Tracking Log for residents with rashes and new admissions that is completed on weekdays by the Director of Nursing and the RN Supervisor on weekends to be reviewed daily for 6 weeks by the Administrator, DNS or the RN Supervisor. Also, the 'Skin Inspection Log" is completed by the Director of Nursing on weekdays and the RN Supervisor on weekends and will be reviewed by the Administrator, DNS or the RN Supervisor daily for 4 weeks, to identify an issues and interventions will be implemented and the Care Plans of residents being treated will be reviewed by the Administrator, DNS or RN Supervisor weekly for 8 weeks to review		

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F 490	<p>Continued From page 210 process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN.</p> <p>10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines.</p> <p>11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor.</p> <p>12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor.</p> <p>13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment.</p>	F 490	<p>interventions. The center established a Scabies Prevention and Control Plan as of 1/31/15 that includes: implementation of Scabies Guidelines based on CDC Guidelines, Maintain a high index of suspicion that scabies may be the cause of undiagnosed skin rash, and any unresolved rashes after initial course of treatment will be referred to dermatologist.</p> <p><b>How will the facility monitor performance to ensure solutions are sustained?</b> The Director of Nursing will oversee 5 skin inspections weekly at random for 6 weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and nurse will be re-educated. 30 scabies educational post tests will be given out to staff by the Administrator and Human Resources weekly for 6 weeks and then monthly for 6 months to ensure ongoing staff education and compliance. This sample of employees will include representatives from all shifts and weekends. Any employee who is unable to answer 100% of post</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/06/2015
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NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF NICHOLASVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SPARKS AVENUE NICHOLASVILLE, KY 40356
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F 490	Continued From page 211 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of itching, and monitoring for treatment side effects.  15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing Elimite cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment.  16. On 01/28/15, two (2) residents on the A wing began treatment for a rash identified on review of the skin audits by the DON. Treatment included contact isolation, application of Elimite cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol.  17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated.  18. On 01/30/15, the Administrator and the DON initiated training on the "Scabies Fact Sheet" and the "Guidelines for Scabies" through handouts	F 490	test questions correctly will receive additional education by the Director of Nursing, Administrator or RN Supervisor. The Scabies Fact Sheet will be included in new employee orientation and the annual infection control in-service starting on 2/4/15. Evaluation and monitoring of each resident receiving treatment will consist of skin inspection for resolution of prior rashes and observation of all residents at risk for new skin eruptions in 2-6 weeks per CDC guidelines. Skin inspections will be completed by licensed nursing staff on all residents twice weekly starting 1/31/15 for 6 weeks and then weekly thereafter. The physician will be notified at the time of findings and treatment will be initiated per physician orders. Review of surveillance tracking and trends of rashes, Skin Inspection Log reviews and care plan reviews will be presented by the Director of Nursing to the monthly QAPI committee for further measures and/or additional training on an on-going basis. The monthly meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Staff	
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490	<p>Continued From page 212 and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the "Scabies Fact Sheet" will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work.</p> <p>19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the "Scabies/Rash Tracking Log" and the "Skin Inspection Log" was included in the training.</p> <p>20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring.</p> <p>21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and</p>	F 490	<p>Development Coordinator, Medical Records Director, Activity Director and Social Services Director, Housekeeping/Laundry Supervisor, Maintenance Supervisor, Business Office Manager and Dietary Manager. The Medical Director and consulting pharmacist attend the QAPI meeting quarterly, at a minimum. However, the QAPI schedule has been created in conjunction with the Medical Director to ensure monthly attendance. The members of the QAPI Committee will make recommendations regarding further monitoring and continued compliance. The Administrator will review results of all post-tests, and rash surveillance tracking to ensure compliance with the plan of care.</p>	3/10/15
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F 490	Continued From page 213 weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects.  22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward.  23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration.  24. On 01/31/15, the facility established a "Scabies Prevention and Control Plan" which included the following: implementation of the "Scabies Guidelines" based on CDC guidelines, promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment.  25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer.  26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms.	F 490			

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F 490	Continued From page 214 clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines.  27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office.  28. The facility's QA process will monitor implemented interventions as follows:  The Administrator, DON or RN Supervisor will review the "Scabies/Rash Tracking Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting.  The Administrator, DON or RN Supervisor will review the "Skin Inspection Log" daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting.  The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for scabies weekly for eight (8) weeks, then monthly in the QAPI meeting.  The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's "Scabies Prevention and Control Plan".  The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with	F 490			