

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

PRINTED: 02/24/2015
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
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	<p>Continued From page 215</p> <p>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 01/26/15, 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 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</p>	F 490		

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F 490	<p>Continued From page 216</p> <p>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 Stromectal, 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 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</p>	F 490	

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F 490	<p>Continued From page 217</p> <p>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 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</p>	F 490			

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F 490	Continued From page 218 01/30/15. 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. 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 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	F 490		

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F 490	<p>Continued From page 219</p> <p>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> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimite cream on 01/27/15</p>	F 490		
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F 490	<p>Continued From page 220</p> <p>Continued review revealed the cream was applied by licensed nursing staff.</p> <p>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.</p> <p>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 Elmitte 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.</p> <p>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 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</p>	F 490			

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F 490	<p>Continued From page 221 the application and removal of the cream.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectal tablets, according to the Physician orders, on 01/27/15.</p> <p>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 Stromectal.</p> <p>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.</p> <p>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.</p> <p>Interview with the Housekeeping Supervisor, on 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</p>	F 490		
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F 490	Continued From page 222 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. 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. 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 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	F 490			

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F 490	<p>Continued From page 223 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 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</p>	F 490		
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F 490	<p>Continued From page 224</p> <p>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 repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.</p>	F 490			

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F 490	<p>Continued From page 225</p> <p>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.</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, 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.</p> <p>16. Review of Physician orders for 01/28/15 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)</p>	F 490		
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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
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	<p>Continued From page 226</p> <p>week, and Stromectal 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 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</p>	F 490			

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F 490	<p>Continued From page 227</p> <p>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 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</p>	F 490		

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F 490	<p>Continued From page 228</p> <p>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.</p> <p>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.</p> <p>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%.</p> <p>Review of the "Pre-Hire Paperwork - Document Guide" revealed scabies education was included in the list of required documents.</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</p>	F 490			

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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.

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 December 2012, was reviewed.

Interview with the DON, on 02/06/15 at 1:50 PM, revealed she was responsible for infection control

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F 490	<p>Continued From page 230</p> <p>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 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</p>	F 490		

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F 490	Continued From page 231 ongoing monitoring. 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. 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. Interview with the DON, on 02/06/15 at 1:50 PM, 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	F 490			

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F 490	<p>Continued From page 232</p> <p>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> <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</p>	F 490			

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F 490	<p>Continued From page 233</p> <p>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 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>	F 490		
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F 490	<p>Continued From page 234</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 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>	F 490	

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F 490	<p>Continued From page 235</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 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</p>	F 490	
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F 490	Continued From page 236 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 490			
F 520 SS=K	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.	F 520	F520 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? On 1/26/15, body audits were completed on all in-house residents by assigned licensed 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, Elimite cream one application to begin 1/27/15 and to repeat in 7		

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F 520	<p>Continued From page 237</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to have an effective system to identify a Quality Assurance (QA) concern, and develop and implement appropriate plans of action.</p> <p>The facility's QA system's failure to develop and implement appropriate plans of action prevented the facility from ensuring effective measures were in place for appropriate identification, treatment, monitoring and prevention of contagious scabies outbreaks. Record review revealed Permethrin cream, 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, Residents #5, #6, #7 and #9. On 07/27/14, seventeen (17) additional resident (Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14, and Unsampled Residents A, B, C, D, E, F, G and H) were also treated with Permethrin for Scabies. However, there was no documented evidence on 07/27/14, the facility ensured implementation of the</p>	F 520	<p>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 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 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-</p>		

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F 520	<p>Continued From page 238</p> <p>"Scabies" Policy, to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. The facility's Quality Assurance failed to identify this as a problem. Therefore, Residents #6 and #7 were again treated for Scabies, in August 2014. Additionally, on 09/10/14, Resident #6 was also treated with Stromectol (an oral medication for treatment of Scabies) and on 01/03/15 with Permethrin cream for Scabies. Also, Resident #9 was treated again while hospitalized between 01/03/15 and 01/06/15 for Scabies, and again at the facility on 01/11/15.</p> <p>Observation during initial tour, revealed multiple residents actively 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. Observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all had rashes of varying degrees on their bodies. The facility's QA system failed to identify, develop and implement plans of action to address: infection control surveillance for scabies or suspicious rashes; the early identification of signs and symptoms for scabies; appropriate procedures for infection control, treatment of suspicious rashes and scabies and the monitoring for the effectiveness of any medications administered for suspicious rashes or scabies to ensure eradication of a contagious infestation. (Refer to F-309, F-441 and F-490)</p> <p>The facility's failure to develop and implement an action plan for the facility's infection control and surveillance of suspicious rashes and or scabies, the early identification of signs and symptoms of</p>	F 520	<p>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 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). PA notification resulted in orders for both residents including contact isolation, Elimate 5% cream repeat in one week and Stromectol 3mg tabs to be administered on day 1,2, 8,9, 15. Residents' rooms, clothing, personal items and all equipment were cleaned per protocol.</p>		

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F 520 Continued From page 239
scabies, appropriate procedures for infection control of potentially contagious disease and infestations, treatment of suspicious rashes and scabies; and, the monitoring for the effectiveness of any medications administered for suspicious rashes or scabies to ensure eradication of a contagious infestation was likely to cause risk for serious injury, harm, impairment or death. Immediate Jeopardy was identified on 01/30/15 and determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15.

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.

The findings include:

Review of the facility's, Quality Assurance and Process Improvement Meeting" guidelines, Template 2014, revealed the mission of the Quality Assessment and Process Improvement (QAPI) was to improve every life touched by providing exceptional healthcare and exceeding expectations. Further review revealed, the purpose was to monitor core processes to identify trends and variations through appropriate analysis of data from multiple data sources. Further review revealed, a Performance Improvement Project (PIP) was a concentrated

F 520 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.
On 2/4/15 Medical Director gave order to treat the remaining 34/36 A wing residents). Orders included contact isolation per protocol, Elimite 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 cleaned per facility guidelines by nursing and housekeeping/laundry staff. Common areas cleaned per guidelines by housekeeping staff.

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? On 1/30/15, the Director of Clinical Operations in-serviced the Director of

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F 520	<p>Continued From page 240</p> <p>effort on a particular problem in one area of the facility or facility wide; it involved gathering information systematically to clarify issues or problems, and intervening for improvements. Further review revealed the facility would conduct PIPs to examine and improve care or services in areas that the facility identified as needing attention. Continued review revealed, the guidelines addressed utilizing Infection Control Surveillance Documents for Patterns and Trends.</p> <p>Review of the facility's policy, titled "Policies and Practices - Infection Control", dated August 2007, revealed the Quality Assessment and Assurance Committee, through the Infection Control Committee, should oversee implementation of infection control policies and practices, and help department heads and managers ensure that they are implemented and followed. Continued review revealed, inquiries concerning the infection control policies and facility practices should be referred to the Director of Nursing Services.</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 facility's policy, titled "Scabies" effective 08/01/12, revealed procedures which included to establish contact isolation procedures immediately, contact the physician and obtain an order for treatment. The common areas should be cleaned before the resident's bathing/decontamination so the</p>	F 520	<p>Nursing on infection control surveillance logs, tracking and trending of scabies/rash and the need for ongoing monitoring. The Scabies/Rash surveillance log includes Resident name, wing/bed, date identified, diagnosis, treatment #1 date, treatment #2 date, 1st oral dose, last oral dose, date resolved and reviewed. The skin inspection log includes resident name, the name of the nurse that completed assessment, side effects, new areas, physician notification, new orders, compliant with treatment, education provided, review and resolution. The center established a Scabies Prevention and Control Plan as 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 to be reviewed daily for 6 weeks by the Administrator, DNS or the RN</p>		

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F 520	<p>Continued From page 241</p> <p>"treated" resident did not use the contaminated areas to prevent cross contamination.</p> <p>Review of the Quality Assurance Meeting Agenda, for 09/25/14, 10/30/14, 11/24/14, and 01/08/15, provided by the facility, revealed there was no documented evidence the facility initiated an action plan for suspicious rashes, implemented a surveillance process for suspicious rashes or monitored the treatments to ensure eradication of the infestation of scabies.</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>Observation, on 01/22/15, revealed multiple residents scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observations revealed no residents were in contact isolation, as per policy. Also, observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all of the residents had rashes of varying degrees on their bodies.</p> <p>Interview and record review revealed residents in the facility were treated for scabies in July, 2014</p>	F 520	<p>Supervisor. This is completed by the Director of Nursing on weekdays and the RN Supervisor on weekends. Also, the 'Skin Inspection Log' 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. The "Skin Inspection Log" is completed by the Director of Nursing on weekdays and RN Supervisor on weekends. 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 additional training on an on-going basis.</p> <p>How will the facility monitor performance to ensure solutions are sustained? The Director of Nursing will oversee 5 skin inspections weekly for 6 weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and nurse will</p>	
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F 520	<p>Continued From page 242</p> <p>and residents had rashes for at least six (6) months to one (1) or two (2) years. 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 education was provided related to the rashes and/or Scabies. Record review revealed no documented evidence that 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 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 Director of Nursing. Further interview revealed, treatment was being provided; however, it was not resolving the rashes. Continued interview, on 01/29/15 at 11:25 PM, revealed the WC thought the rashes had been going on for eight (8) months or longer. On 02/05/15 at 3:20 PM, the WC stated the residents had been treated for scabies in the recent past. However, the rooms had not been cleaned thoroughly, as the furniture was not cleaned or removed from the rooms. Some of the residents, who had received treatment were placed in contact isolation precautions; but, the whole wing had not been in isolation or decontaminated.</p> <p>During an interview with the Director of Nursing, on 01/29/15 at 10:06 AM, she stated she co-chaired the QA Committee with the Administrator. The DON stated she was aware several residents had rashes; however, she was</p>	F 520	<p>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. 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</p>		

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F 520	<p>Continued From page 243</p> <p>not aware of how many rashes were in the facility. Continued interview revealed, the Infection Control Nurse was terminated in November and she (the DON) had been the interim Infection Control Nurse. Continued interview revealed, the Infection Control Committee/Quality Assurance Committee did not address or discuss the treatment of residents for scabies related to the treatments provided in July 2014, August 2014, September 2014 or January 2015. Further interview revealed, infection control issues were discussed however, since there was not a confirmed case of scabies, she did not list it to be discussed during the Committee meeting and she did not track and trend for patterns or monitor for the effectiveness of the medications. Further interview revealed, the facility should have monitored the treatments and appearance of the rashes after the facility treated the residents in July 2014. She further stated the facility should have tracked and trended the rashes to ensure the eradication of the scabies.</p> <p>Further interview with the DON, on 02/05/15 at 12:50 PM, revealed in July 2014, eighteen (18) residents were treated for scabies, two (2) residents were treated in August, and three (3) residents in September received treatment. She stated the issue of scabies was not forwarded for any Quality Assurance (QA) action and no audits or ongoing monitoring to rule out treatment failure, re-infestation, or spread to other residents was performed. The DON further stated the former Staff Development Coordinator was in charge of QA activities at that time, and she did not bring the concern to QA meetings. In addition, the DON could not say why no one, including herself, felt the ongoing problem of rashes and repeated scabies treatments required</p>	F 520	<p>rashes 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. Monthly QA minutes shall be reviewed by the Regional Management Team. The QAPI meeting schedule has been created with the Medical Director to ensure his monthly attendance and oversight. The monthly meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Staff Development Coordinator, Medical Records Director, Activity Director and Social Services Director, Housekeeping/Laundry Supervisor, Maintenance Supervisor, Business Office Manager and Dietary Manager.</p>	3/10/15
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F 520	<p>Continued From page 244 further action.</p> <p>Interview with the Administrator, on 01/29/15 at 4:01 PM, revealed he was hired by the facility on August 1, 2014 and he co-chaired the QA Committee with the DON. Further interview revealed he was aware two (2) residents were treated in August 2014; three (3) in September 2014 and one (1) in January 2015. He stated he did not have a clinical background and did not question if contact isolation should have been implemented, or if the facility should be decontaminated, the effectiveness of the treatment and the appearance of the rash should have been monitored, or the physician's orders.</p> <p>Additional interview with the Administrator, on 01/30/15 at 2:46 PM, revealed he was responsible for ensuring the facility's policies and procedures were followed, and the QA and Infection Control programs were effective. He further stated the former Staff Development Coordinator (SDC) was in charge of QA until November 2014. 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.</p> <p>Further interview with the Administrator, on 02/06/15 at 2:48 PM, revealed he assumed control over the QA process in January 2015 after the former SDC left employment and no longer headed that committee. He stated he had reviewed the QA minutes from July 2014 to the present and found no evidence of any discussion of scabies, rashes or skin concerns. He acknowledged, in view of the number of residents with itching and rashes, and the multiple scabies</p>	F 520		

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F 520 Continued From page 245
 treatments administered over the course of a few months, a QA concern should have been identified for further review. The Administrator stated although several residents were treated in August and September for scabies, there had been no infection control tracking to determine if the treatment was effective. Continued interview revealed the Administrator acknowledged 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.

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.

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F 520	Continued From page 246 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 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 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.	F 520		

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F 520	<p>Continued From page 247</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 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 process was overseen by two (2) RNs.</p> <p>9. On 01/27/15, all B wing residents received their first dose of Stromectal 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</p>	F 520		

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F 520	<p>Continued From page 248</p> <p>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 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</p>	F 520	

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F 520	<p>Continued From page 249</p> <p>contact isolation, application of Elimate cream with repeat application in one (1) week, and Stromectal 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, 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</p>	F 520		
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F 520	<p>Continued From page 250</p> <p>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 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</p>	F 520		
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F 520	<p>Continued From page 251</p> <p>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 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)</p>	F 520		

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F 520	<p>Continued From page 252</p> <p>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:</p> <ol style="list-style-type: none"> 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. 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. 	F 520	

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F 520 Continued From page 253

Review of the Dermatologist's "Visit Notes", dated 01/26/15, 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.

3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave 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.

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.

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

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F 520	Continued From page 254 questions and she answered as they arose. 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. 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 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. 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.	F 520		

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F 520	<p>Continued From page 255</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 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,</p>	F 520		
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F 520	<p>Continued From page 256</p> <p>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 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</p>	F 520			

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F 520	<p>Continued From page 257</p> <p>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> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with Elimite cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff.</p> <p>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.</p> <p>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 Elimite 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</p>	F 520		
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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 520	<p>Continued From page 258</p> <p>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.</p> <p>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 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.</p> <p>9. Review of the MARs for the B wing residents revealed all were administered Stromectal tablets, according to the Physician orders, on 01/27/15.</p> <p>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 Stromectal.</p> <p>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.</p>	F 520			

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F 520	<p>Continued From page 259</p> <p>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.</p> <p>Interview with the Housekeeping Supervisor, on 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</p>	F 520		
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F 520	<p>Continued From page 260</p> <p>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 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</p>	F 520		

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F 520	<p>Continued From page 261</p> <p>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 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</p>	F 520			

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F 520	<p>Continued From page 262 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 repeat treatment or now desired to accept treatment for the first time, and whether staff needed additional education related to scabies.</p> <p>Interview with the DON, on 02/06/15 at 1:50 PM, revealed she had provided the Elimate 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.</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, 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</p>	F 520			

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F 520 Continued From page 263
#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 Elimate 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 revealed on the A wing, Resident #13 and his/her roommate who was not sampled, were to receive scabies treatment, including the Elimate 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.

Review of the MAR for Resident #13 revealed treatment was initiated as ordered.

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.

17. Review of training records revealed the DON provided education to all licensed nursing staff

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F 520	Continued From page 264 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. 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 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. 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. 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	F 520			

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F 520	<p>Continued From page 265</p> <p>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 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.</p> <p>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.</p> <p>Review of completed post-tests revealed ten (10)</p>	F 520		

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F 520	Continued From page 266 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 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	F 520			

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F 520	<p>Continued From page 267</p> <p>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 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>	F 520		
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F 520	<p>Continued From page 268</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 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</p>	F 520		

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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 520	<p>Continued From page 269 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, 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</p>	F 520			

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F 520	<p>Continued From page 270</p> <p>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> <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</p>	F 520		

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F 520	<p>Continued From page 271 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 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>	F 520		
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F 520 Continued From page 272
28. Interviews and record reviews validated QA monitoring as follows:

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.

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 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.

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.

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

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F 520	<p>Continued From page 273 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 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.</p> <p>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.</p>	F 520		
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