

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155676	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER MILNER COMMUNITY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 370 E MAIN ST ROSSVILLE, IN 46065	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure proper hand hygiene was practiced during resident care for 1 of 1 resident randomly observed for infection control. (Resident 1) Findings include: During a random observation, on 07/27/20 beginning at 10:51 a.m., CNA 1 and CNA 2 were observed providing incontinence care to Resident 1. CNA 1 donned clean gloves and picked up a bedside mat from the floor, moved it out of the way of the Hoyer Lift (a mechanical device used to lift residents) removed her gloves and donned new gloves. CNA 2 was also wearing gloves. The CNAs transferred the resident using a Hoyer Pad, which was wet and moved her to her bed. During the observation it was noted, the Broda Chair's (a type of wheel chair) seat was wet with urine. The resident was cleaned and changed, both CNAs changed gloves during the task, but neither performed hand hygiene between glove changes even though peri care was preformed and items wet with urine were handled. After the task was completed, CNA 1 removed and discarded her gloves, indicated she needed to get a new Hoyer pad and left the room. CNA 2 removed and discarded his gloves and remained at the bedside. Upon the return of CNA 1, both donned new gloves and used the Hoyer lift to place the resident back in the wheel chair. CNA 1 then placed a neck pillow on the resident and removed her gloves and CNA 2 removed his gloves. Both CNAs then exited the room without performing hand hygiene. During an interview, on 7/27/20 at 11:04 a.m., CNA 1 indicated they should have preformed hand hygiene between glove changes. A facility policy, titled Hand Washing Policy and Procedure, dated as revised in 2/17, provided by the Director of Nursing on 07/27/20 at 12:00 p.m., indicated .Hand washing will be done before and after direct resident care, before and after the removal of gloves and on completion of each task A facility policy, titled Glove Use For Nursing, dated as revised on 02/09/16, provided by the Director of Nursing on 07/27/20 at 12:00 p.m., indicated .Gloves are not a substitute for hand washing 3.1-18(l)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.