

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER MAJESTIC CARE OF SHERIDAN		STREET ADDRESS, CITY, STATE, ZIP 803 S HAMILTON ST SHERIDAN, IN 46069	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to use standard infection control practices during the care of a urinary catheter for 1 of 1 resident observed for urinary catheter care. (Resident B) Finding includes: During an observation of urinary catheter care, on 08/05/2020 at 10:00 a.m., with LPN 1, the following was observed. LPN 1 placed her supplies on a clean surface on the resident's over bed table, washed her hands and put on gloves. She then put soap and water on a cloth and began to clean the resident's perineal (genital) area and urinary catheter. When she cleansed the urinary catheter she made swipes with the cloth in both directions, going away from the meatus (opening in the penis where the catheter was inserted) and then towards the meatus. She did this several times. Without changing her gloves or washing her hands she then took a clean wet cloth and began to rinse the resident's perineum and catheter in the same manor. During an interview, at this time, LPN 1 indicated she should have cleansed the catheter wiping only away from the meatus and she should have also removed her contaminated gloves and washed her hands before reaching for a clean cloth to rinse the resident's catheter and perineal area. The record for Resident B was reviewed on 08/04/2020 at 1:00 p.m. [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. An undated facility document, titled Procedure 34: PERINEAL CARE, provided by the Director of Nursing on 08/05/2020 at 12:45 p.m., indicated .10 .Gently wipe four inches of catheter away from meatus out A facility policy, titled Standard Precautions dated 02/2018 and provided by the Director of Nursing on 08/05/2020 at 12:50 p.m., indicated .Remove gloves promptly after use, before touching non-contaminated items and wash hands immediately to avoid transfer of microorganisms A facility policy, titled Handwashing/Hand Hygiene dated 02/2018 and provided by the Director of Nursing on 08/05/2020 at 12:50 p.m., indicated .when to use Alcohol-Based Hand Rub .f. Before moving from a contaminated body site to a clean body site during resident care This Federal tag relates to Complaint IN 292. 3.1-18(a) 3.1-18(l)</p>		

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.