

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

PRINTED: 10/25/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/05/2011
NAME OF PROVIDER OR SUPPLIER  SPRING CREEK HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An abbreviated survey (KY #17157) was conducted on 10/04/11 through 10/05/11 to determine the facility's compliance with Federal regulatory requirements. KY #17157 was substantiated with deficiencies cited at the highest S/S of an "E."	F 000	This plan of correction is submitted as the facility's credible allegation of compliance.		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update	F 157	F157 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC.)  1. The corrective action accomplished for residents found to be affected by the deficient practice: a. Physician was notified 10/6/11 on Resident #2. Orders received by Station 4 treatment nurse. 2. Identification of other residents having the potential to be affected by the same deficient practice: a. All residents who reside in the facility had the potential to be affected by the deficient practice. b. Unit coordinators, DON, ADONs and Supervisors will monitor the 24 hour reports daily for physician notification of residents who have the potential to be effected by the deficient practice. 3. Measures and systemic changes to ensure that the deficient practice will not recur: a. Licensed nursing staff and C.M.A's were in-serviced by DON, ADON, Unit Coordinators and RN Supervisors regarding policy and procedure, "physician notification" and adherence to policy, completed on 10/26/2011.		

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

*Sandra J. Dill*

TITLE

*Deborah Newton RN DON*

(X6) DATE

*11-7-11*

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.

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F 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to consult with the resident's physician with a need to alter treatment significantly for one resident (#2), in the selected sample of six, related to a recommendation from a Dermatologist to initiate treatment for Scabies.</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Physician Notification," dated 08/03, revealed, "when the resident's condition changes, the physician is notified. Changes in condition may be, but are not limited to, a need to alter treatments significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment)."</p> <p>A record review revealed Resident #2 was admitted to the facility on 09/09/11 with diagnoses to include Heart Failure, Anemia and T6-T7 Paralysis.</p> <p>A review of the nurses' notes, dated 09/31/11 at 1:54 PM, revealed the Dermatologist recommended Resident #2 to be treated with Elimite (scabicide), due to other residents in the facility exhibiting a rash. The responsible party was notified of this recommendation; however, further review of the record revealed there was no evidence the physician was notified to obtain an</p>	F 157	<p>4. The facility plans to monitor its performance to ensure that solutions are sustained by:</p> <ol style="list-style-type: none"> <li>Unit Coordinators, DON, ADON's and Supervisors will daily monitor nursing staff adherence to following policy "physician notification" when resident's condition changes by monitoring 24 hour report forms.</li> <li>Weekly results will be given to Nursing Director.</li> <li>Results of findings and corrective actions will be reported at quarterly Quality Assurance Committee meetings.</li> <li>Action plans will be developed if indicated.</li> </ol> <p>"COMPLETION DATE"</p> <p>5. The facility declares compliance with F157 deficiency effective 10/28/2011</p>	10/28/2011	

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F 157	Continued From page 2 order for Elimite treatment.  An interview with Licensed Practical Nurse (LPN) #1, Unit Coordinator, on 10/04/11 at 2:58 PM, revealed she notified Resident #2's daughter about the Dermatologist's recommendation; however, it was the resident's physician who made the decision to initiate treatment. She was unable to provide documentation the physician was notified.  An interview with the Director of Nursing (DON), on 10/05/11 at 1:20 PM, revealed Scabies were identified and treatment was initiated on the same day for the residents who were affected. She stated Resident #2's physician was notified regarding Scabies treatment; however, she was unable to provide documented evidence regarding physician notification.  An interview with Resident #2's Dermatologist, on 10/05/11 at 2:30 PM, revealed the recommendation was not optional. He revealed he strongly recommended Scabies treatment for residents who were possibly affected, because in some cases, there could be a three month delay before symptoms developed.  An interview with Resident #2's physician, on 10/05/11 at 10:12 AM, revealed he expected the staff to contact him regarding recommendations, from a Dermatologist, for Scabies treatment. He expected someone from the facility to notify him, so that treatment could be initiated.	F 157			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility	F 281	F281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDES		

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F 281	<p>Continued From page 3 must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure services provided met professional standards of quality for one resident (#4), in the selected sample of six, related to the failure to follow physician's orders for application of Elimate (scabicide) cream. The cream was to remain on the resident's skin and to be washed off after 24 hours. Documentation revealed the cream was applied on 09/24/11 at 1:08 AM, and washed off on 09/24/11 at 11:15 AM, after only ten hours.</p> <p>The findings include:</p> <p>A record review revealed Resident #4 was admitted to the facility on 08/01/06 with diagnoses to include Dementia, Status Post Epidural Bleed, Pelvic Fracture and Osteoporosis.</p> <p>A review of physician's orders, dated 09/23/11, revealed to, "apply Elimate cream, apply and leave on for 24 hours, then wash off (for Scabies)."</p> <p>A review of the nurses' notes, dated 09/24/11 at 1:08 AM, revealed Elimate creme was applied to Resident #4's head and body as ordered. Further review of a nurses' note, dated 09/24/11 at 11:15 AM, revealed Resident #4 received a shower. The bed linens were stripped, the bed was cleaned, and the pillow was replaced.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 10/05/11 at 5:05 PM, revealed, on</p>	F 281	<ol style="list-style-type: none"> <li>1. The corrective action accomplished for residents found to be affected by the deficient practice:             <ol style="list-style-type: none"> <li>a. Physician was contacted by Unit Coordinator on 9/23/11, regarding Resident #4, to obtain physician orders for Elimate Cream, and orders were fulfilled 9/24/11.</li> </ol> </li> <li>2. Identification of other residents having the potential to be affected by the same deficient practice:             <ol style="list-style-type: none"> <li>a. All residents who reside in the facility had the potential to be affected by the deficient practice.</li> <li>b. Unit coordinators, DON, ADONs and Supervisors will monitor the 24 hour reports daily for physician notification of residents who have the potential to be effected by the deficient practice.</li> </ol> </li> <li>3. Measures and systemic changes to ensure that the deficient practice will not recur:             <ol style="list-style-type: none"> <li>a. Facility has adopted a new policy regarding appropriate treatment for scabies.</li> <li>b. Medical Director has approved policy.</li> <li>c. Nursing assistants, certified nursing assistants, LPNs, CMAs, RNs, Social Services, Housekeeping, Dieticians, Activities, Maintenance, Food Service, Physical Therapy, Occupational Therapy, Speech Therapy and clerical staff have been in-serviced regarding scabies policy and procedure on 10/26/2011.</li> </ol> </li> <li>4. The facility plans to monitor its performance to ensure that solutions are sustained by:</li> </ol>	

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F 281	Continued From page 4 09/24/11 during the dayshift, she received a report regarding residents who required showers that morning due to receiving Elimite treatment the previous night. Treatment was usually applied late at night and a shower was given the next morning. She did not see any physician's orders related to leaving Scabies treatment on for 24 hours.  An interview with the Director of Nursing (DON), on 10/05/11 at 1:20 PM, revealed Elimite cream was usually ordered to leave on for six to eight hours; however, she expected the staff to follow the physician's orders with Elimite application. If it was to be left on for 24 hours, then she expected the staff to follow the physician's order.  An interview with Resident #4's physician, on 10/05/11 at 9:26 AM, revealed he ordered Elimite cream to be applied and washed off after 24 hours. He felt this had the potential to affect the effectiveness of the medication. He expected the staff to apply the Elimite cream and wash it off after 24 hours according to his orders.	F 281	a. DON will review timelines daily of orders received on infection control for tracking and trending to maintain compliance. b. Results of findings and corrective actions will be reported at quarterly Quality Assurance Committee meetings. c. Action plans will be developed if indicated.  "COMPLETION DATE" 5. The facility declares compliance with F281 deficiency effective 10/28/2011	10/28/2011
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441	F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  1. The corrective action accomplished for residents found to be affected by the deficient practice: a. Residents #4, #1, #5, #6 received order for scabicide treatment on 9/23/11 and orders were completed. b. Resident # 3 received scabicide treatment on 9/26/2011 and orders were completed. c. Resident #2 received scabicide	

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F 441	<p>Continued From page 5</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility's policy/procedure and interview, it was determined the facility failed to implement an Infection Control Program which assured investigation, tracking, and prevention of the spread of infestation of Scabies in the facility, for six residents (#1, #2, #3, #4, #5 and #6), in the selected sample of six. The facility identified Residents #1, #4, and #6 with a confirmed diagnosis of Scabies. Residents</p>	F 441	<p>treatment on 10/8/11 and orders were completed.</p> <p>d. Facility has adopted a new policy and procedure for the infection control program on 10/26/2011.</p> <p>e. The new policy and procedure includes: investigation, monitoring, and trending infections to include scabies.</p> <p>2. Identification of other residents having the potential to be affected by the same deficient practice:</p> <p>a. This was determined by skin assessments on all residents residing in the facility.</p> <p>3. Measures and systemic changes to ensure that the deficient practice will not recur:</p> <p>a. Nursing staff was in-serviced by DON, ADON, Unit Coordinators and RN Supervisors regarding new policy and procedure for investigations, monitoring and trending infections to include scabies completed on 10/26/2011.</p> <p>4. The facility plans to monitor its performance to ensure that solutions are sustained by:</p> <p>a. DON will review data regarding infection by auditing the investigations, monitoring and trending of infections.</p> <p>b. Results of findings will be discussed with the Infection Control Nurse and actions taken immediately if warranted.</p> <p>c. Infection control reports include scabies on tracking forms.</p> <p>d. Infection control data will be reviewed with Medical Director on a quarterly basis.</p> <p>e. Action plans will be developed if</p>	

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F 441	<p>Continued From page 6</p> <p>#3 and #5 were found to have symptoms consistent with Scabies, and Resident #2 was identified to be at risk for acquiring Scabies.</p> <p>The findings include:</p> <p>A review of the facility policy/procedure, "Infection Control Policies and Practices," undated, revealed, "The primary purposes of this facility's infection control policies and practices are to establish guidelines to follow in providing a safe, sanitary, and comfortable environment and to aid in preventing the development of diseases and infections. The objectives of our infection control policies and practices are to investigate, control, and prevent infections in the facility and maintain records of incidents and corrective actions related to infections."</p> <p>A review of the facility's policy/procedure, "Infection Control Plan," undated, revealed, "Surveillance of health care acquired infections, although not directly related to isolation of techniques, is a significant factor in preventing and controlling the transmission of infection within the organization."</p> <p>A review of the facility's policy/procedure, "Isolation Categories," undated, revealed, "In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient-care items in the patient's environment. Place the resident in a private room. When a private room is not</p>	F 441	<p>indicated.</p> <p>"COMPLETION DATE"</p> <p>5. The facility declares compliance with F441 deficiency effective 10/28/2011</p>	10/28/2011

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F 441	<p>Continued From page 7</p> <p>available and cohorting is not achievable, place the resident in a room with the patient(s) who has an active infection with the same organism but with no other infection (cohorting). In addition to wearing a gown, outlined under Standard Precautions, wear a gown (a clean, nonsterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room, or if the resident is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing."</p> <p>A review of the facility's in-service, dated 09/23/11, revealed, "We currently have some residents with Scabies. It spreads by skin to skin contact, therefore all staff need to wear gloves when providing care."</p> <p>1. A record review revealed Resident #1 was admitted to the facility on 03/02/09 with diagnoses to include Alzheimer's Disease, Hypertension (HTN) and Abdominal Aortic Aneurysm.</p> <p>A review of the physician's order, dated 09/23/11, revealed Elimite (scabicide) cream was ordered for a diagnosis of Scabies. Instructions revealed to apply the cream from head to toe and wash it off after eight hours.</p> <p>A review of the nurses' notes, dated 09/24/11 at 1:09 AM, revealed Elimite cream was applied as ordered; however, there was no documented evidence contact isolation was provided at the time of the physician's order, on 09/23/11, or at the time of application of the Elimite cream, on 09/24/11.</p>	F 441			

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F 441	<p>Continued From page 8</p> <p>2. A record review revealed Resident #4 was admitted to the facility on 08/01/06 with diagnoses to include Dementia, Status Post Epidural Bleed, Pelvic Fracture and Osteoporosis.</p> <p>A review of the physician's order, dated 09/23/11, revealed to, "apply Elimite cream, apply and leave on for 24 hours, then wash off (for Scabies)."</p> <p>A review of the nurses' notes, dated 09/24/11 at 1:08 AM, revealed Elimite cream was applied to Resident #4's head and body as ordered. Further review of the nurses' notes, dated 09/24/11 at 11:15 AM, revealed Resident #4 received a shower. The bed linens were stripped, the bed was cleaned, and the pillow was replaced.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, Unit Coordinator, on 10/05/11 at 5:05 PM, revealed, on 09/24/11 during the day shift, she received a report regarding residents who required showers that morning, due to receiving Elimite treatment the previous night. Treatment was usually applied late at night and a shower was given the next morning. She did not see any physician's orders related to leaving the Scabies treatment on for 24 hours.</p> <p>An interview with Resident #4's physician, on 10/05/11 at 9:26 AM, revealed he ordered Elimite cream to be applied and washed off after 24 hours. He felt this had the potential to on the effectiveness of the medication. He expected the staff to apply the Elimite cream and wash it off after 24 hours according to his orders.</p> <p>3. A record review revealed Resident #6 was</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>admitted to the facility on 05/05/09 with diagnoses to include Parkinson's Disease, Rheumatoid Arthritis, Chronic Back Pain and Congestive Heart Failure (CHF).</p> <p>A review of the physician's progress notes, dated 09/22/11 at 6:00 PM, revealed Resident #6 exhibited itching, as well as other residents on that hall who exhibited the same symptoms. The physician's assessment revealed a diagnosis of Scabies.</p> <p>A review of the physician's order, dated 09/23/11, revealed Elimite cream was to be applied and rinsed off after 15 minutes. A review of the nurses' notes, dated 09/23/11 at 10:44 AM, revealed the physician ordered Elimite cream treatment, and to repeat the treatment in seven days. A review of the nurses' notes, dated 09/24/11 at 1:01 AM, revealed Elimite cream was applied. No isolation was noted during the time frame of the physician's order, on 09/23/11 or the administration of the Elimite cream, on 09/24/11.</p> <p>4. A record review revealed Resident #3 was admitted to the facility on 05/26/11 with diagnoses to include T-12 Compression Fracture, Atrial Fibrillation, HTN and Osteoporosis.</p> <p>A review of the physician's order, dated 09/26/11, revealed to treat with Elimite cream related to complaints of itching and a small rash. The resident received treatment on 09/27/11; however, no contact isolation was noted during the time frame of the physician's order or the administration of the Elimite cream.</p> <p>5. A record review revealed Resident #5 was</p>	F 441		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/05/2011
NAME OF PROVIDER OR SUPPLIER  SPRING CREEK HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071		
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F 441	<p>Continued From page 10</p> <p>admitted to the facility on 12/26/08, with diagnoses to include Severe Cerebral Palsy with Severe Contractures and Seizure Disorder.</p> <p>A review of the physician's order, dated 09/23/11 at 12:35 PM, revealed Elimate cream was to be applied twice, one week apart related to a worsening rash and "wheals" on his/her abdomen.</p> <p>A review of the nurses' notes, dated 09/23/11 at 8:30 PM, revealed Elimate cream was applied, and a second dose was applied on 09/30/11. There was no documented evidence contact isolation was provided at the time of the physician's order or at the time of application of the Elimate cream on 09/23/11 and 09/30/11.</p> <p>6. A record review revealed Resident #2 was admitted to the facility on 09/09/11 with diagnoses to include Heart Failure, Anemia and T6-T7 Paralysis.</p> <p>A review of the nurses' notes, dated 09/31/11 at 1:54 PM, revealed the Dermatologist recommended Resident #2 to be treated with Elimate (scabicide), due to other residents in the facility exhibiting a rash. The responsible party was notified of this recommendation; however, further record review revealed there was no evidence the physician was notified to obtain an order for Elimate treatment.</p> <p>An interview with LPN #1, on 10/04/11 at 2:58 PM, revealed she notified Resident #2's daughter about the Dermatologist's recommendation; however, it was the resident's physician who made the decision to initiate treatment. She was</p>	F 441			

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F 441	<p>Continued From page 11</p> <p>unable to provide documentation the physician was notified.</p> <p>An interview with the Director of Nursing (DON), on 10/05/11 at 1:20 PM, revealed Resident #2's physician was notified regarding scabies treatment; however, she was unable to provide documented evidence regarding physician notification.</p> <p>An interview with Resident #2's Dermatologist, on 10/05/11 at 2:30 PM, revealed the recommendation was not optional. He revealed he strongly recommended Scabies treatment for residents who were possibly affected, because in some cases, there could be a three month delay before symptoms developed.</p> <p>An interview with Certified Nurse Aide (CNA) #1, on 10/05/11 at 10:20 AM, revealed she was not informed about the signs/symptoms of Scabies and had consulted the "Internet" to gain knowledge of Scabies.</p> <p>Interviews with CNA #2 and LPN #1, on 10/05/11 at 4:30 PM and 5:05 PM, respectively, revealed they were not in-serviced on Scabies.</p> <p>Interviews with seven CNAs (#3, #4, #5, #6, #7, #8 and #9), on 10/05/11 at 9:41 AM, 10:32 AM, 10:44 AM, 11:10 AM, 2:27 PM, 4:32 PM, and 4:49 PM, respectively, revealed they only used gloves during provision of care for residents with a positive diagnosis and/or symptoms of Scabies. CNA #9 stated she utilized a gown if needed. Since it was skin-to-skin contact, she was cautious during the provision of care.</p>	F 441		

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F 441	<p>Continued From page 12</p> <p>An interview with the Assistant Director of Nursing (ADON), on 10/05/11 at 3:38 PM, revealed the in-service for Scabies was focused on one nurse's station; however, she was unable to provide evidence of the in-service sign-in sheet. She revealed there were no other identified cases since 09/23/11. She was instructed by the DON and the Infection Control Nurse to educate the staff to use gloves, not gowns, during skin-to-skin contact.</p> <p>An interview with the Infection Control Nurse, on 10/05/11 at 1:20 PM, revealed she was contacted by the facility if any residents exhibited signs/symptoms of a Scabies infection. Nurses were responsible for coordinating, tracking and trending infections. She was unable to provide documentation of tracking and trending, but did provide a list of residents who were treated. She did not complete skin assessments on the whole floor, just as needed. She stated the facility had a system to ensure all staff were educated. She considered Scabies to require contact isolation which meant to wear gowns and gloves. Nurses were responsible to ensure the staff on the floor were knowledgeable about isolation. She stated the Scabies infection was isolated to one hall and those on that hall were treated. She revealed she was unaware Resident #3, a resident in another area of the facility, was treated for a Scabies infection. She stated the origin of the infection could possibly be a staff member, but she was unable to confirm this information.</p> <p>An interview with the Dermatologist, on 10/05/11 at 2:30 PM, revealed he spoke with the DON regarding recommendations for treatment as well as provided her with information related to</p>	F 441			

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F 441	<p>Continued From page 13</p> <p>"Scabies Prevention and Control Guidelines Acute and Sub-Acute Care Facilities."</p> <p>An interview with the DON, on 10/05/11 at 1:20 PM, 3:44 PM, and 5:00 PM, revealed she expected the staff to notify her of any signs or report any cases of Scabies. Scabies were identified and treatment was to be initiated on the same day for the residents who were affected. She revealed Elimite cream was usually ordered to leave on for six to eight hours; however, she expected the staff to follow the physician's orders with Elimite application. If it was to be left on for 24 hours, then she expected the staff to follow the physician's order. She stated residents were not isolated prior to treatment being initiated. She acknowledged the Dermatologist provided information on Scabies, but she decided to wait until the next unit meeting to provide the information to her staff.</p>	F 441		