

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2024
NAME OF PROVIDER OR SUPPLIER  Edgewater Woods		STREET ADDRESS, CITY, STATE, ZIP CODE  1809 N Madison Ave Anderson, IN 46011	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40339</p> <p>Based on observation, interview, and record review, the facility failed to assure staff handled medications in a sanitary manner and performed hand hygiene during a medication administration observation on the [NAME] Lane Unit.</p> <p>Findings include:</p> <p>During a medication administration observation on the [NAME] Lane unit, on 3/21/24 at 8:48 a.m., RN 2 was preparing medications for a resident. She punched six capsules from the medication card into her bare hand. She opened each capsule with bare hands and emptied the contents into a medication cup. She proceeded to administer the medication to the resident with other crushed medications. RN 2 did not sanitize her hands following administration.</p> <p>At 8:59 a.m., RN 2 prepared an as needed pain pill for a resident and administered the medication. She failed to sanitize her hands.</p> <p>At 9:01 a.m., RN 2 prepared medications for a resident and administered the medications. Upon returning to the medication cart, LPN 3 spoke with RN 2 regarding sanitizing her hands. RN 2 performed hand hygiene using an alcohol based hand rub.</p> <p>During the observation, RN 2 indicated she should have been sanitizing her hands between preparing medications for residents. She indicated gloves should have been worn when opening capsules to administer medications ordered to be crushed.</p> <p>A current facility policy, revised 7/2023, titled, Medication Administration, provided by the DON on 3/22/24 at 3:15 p.m., indicated .Procedure Steps: .5. Medications are opened without contaminating</p> <p>A current facility policy, revised 5/2023, titled, Infection Prevention and Control Program Policy, provided by the Administrator following entrance conference on 3/22/24, indicated .Policy: The facility shall establish and maintain infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections Goals: .5. Maintain compliance with state and federal regulations related to infection prevention and control</p> <p>3.1-18(l)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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