

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/16/2021
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaint IN00366783. This visit included a COVID-19 Focused Infection Control Survey and a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00366783 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 15 and 16, 2021.</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Census Bed Type: SNF/NF: 80 SNF: 7 Residential: 24 Total: 111</p> <p>Census Payor Type: Medicare: 6 Medicaid: 62 Other: 19 Total: 87</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 11/22/21.</p>	F 0000		
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p>			

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	<p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which 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; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and or contain COVID -19, related to staff not wearing the appropriate personal protective equipment (PPE) before entering a resident's room who was under isolation precautions and not performing hand hygiene after glove use for a random observation for infection control. (GracePoint 2 Hall)</p> <p>Finding includes:</p>	F 0880	<p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the</p>	12/09/2021

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	<p>On 11/15/21 at 10:30 a.m., Housekeeping 1 was observed in Room 271 cleaning. The resident was present in the room and seated in his wheelchair at the bedside. The signs on the room door indicated the resident was in yellow transmission-based precautions (contact and droplet isolation). Housekeeping 1 was wearing an N95 mask, a face shield, and gloves. She was not wearing a gown. Housekeeping 1 then removed her gloves and exited the room. She did not perform hand hygiene after removing the gloves. She obtained a vacuum from another room and re-entered the resident's room. She did not don a gown or gloves prior to entering the room. She used hand sanitizer then put gloves on and began vacuuming. She then exited the room, with her gloves still on, and placed the vacuum next to room 273 down the hall. She then re-entered room 271 and continued to clean. She did not don a gown or change her gloves prior to entering the room. After she was done, she removed her gloves, exited the room, and continued to room 273 to begin cleaning. She did not perform hand hygiene after removing the gloves.</p> <p>Interview with Housekeeping 1 on 11/15/21 at 10:40 a.m., indicated she had not worn a gown while cleaning the room. She had used one earlier but had forgotten the other times. She had seen the signs posted on the door but thought the resident was no longer in isolation.</p> <p>Interview with the DON on 11/15/21 at 3:13 p.m., indicated the resident was on yellow transmission-based precautions. Housekeeping 1 should have worn a gown when entering the room and performed hand hygiene appropriately.</p> <p>A facility policy, titled "Novel Coronavirus</p>		<p>insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance.</p> <p>F880 Infection Prevention & Control 483.80(a)(1)(2)(4)(e)(f) Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice: On 11/15/21 at 11 AM, the housekeeping staff under the direction of the housekeeping supervisor completed deep cleaning for rooms 271 and 273.</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken: On 11/16/21, the Director of Nurses, nurse managers, Administrator, infection prevention nurse, and housekeeping supervisor completed environmental rounds to identify other Residents having the potential to be affected by the alleged deficient practice.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p>		

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	<p>Prevention and Response Policy", indicated " ...4.4...Newly admitted/readmitted residents who are unvaccinated will be considered as potentially exposed or infected and quarantined for 14 days ...implement standard, contact and droplet precautions, wear gloves, gown, eye protection, and N95 respirator per conventional capacity if possible ..."</p> <p>The Indiana State Department of Health COVID-19 Infection Control Guidance in Long Term Care Facilities, updated 9/28/21, indicated "...Unknown Covid-19 status (Yellow Zone)... HCP will wear single gown per resident, gloves, N95 respirator mask and eye protection (face shield/or goggles). Gowns and gloves should be changed after every resident encounter with hand hygiene performed..."</p> <p>3.1-18(a)</p>		<p>On 12/01/2021, the DON, IP, and Executive Director, with consultation from the Medical Director, conducted a Long-Term Care Infection Control Self-Assessment and Root-Cause Analysis in determining the underlying cause for the alleged deficiency. The self-assessment and RCA determined a possible break-down in training of the non-nursing personnel without health care experience regarding transmission-based precautions, hand hygiene, and utilization of appropriate PPE. The IP, DON, or designee will provide in-service education to the nursing and ancillary services staff on Transmission Based Precautions as well as understanding the isolation precaution signage. This training program will also be provided for all new hires with additional training sessions provided to any new personnel without health care experience within two (2) weeks of hire.</p> <p>The IP, DON, or designee will conduct directed in-service education to the facility staff on hand hygiene and donning/doffing of PPE. This education program will address hand hygiene (hand washing and ABHS) with return demonstrations and when to perform hand hygiene. The education will also focus on how and when to don/doff PPE with</p>	

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			<p>return demonstrations, including mask, respirator devices, gloves, gown, and eye protection. The IP, housekeeping supervisor or designee will ensure hand hygiene items, including soap and water, or ABHS, is always available.</p> <p>How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place): The IP, DON, or designee will conduct daily visual rounds throughout the facility for six (6) weeks to ensure staff practice appropriate Infection Control practices, including transmission-based precautions, hand hygiene and proper donning/doffing of PPE. After six (6) weeks, random visual rounds will be conducted four (4) times per week for four (4) weeks, then two (2) times per week for twelve (12) weeks. The IP, DON, or designee will monitor the systemic change identified in the RCA by conducting daily staff competences for hand hygiene, PPE and compliance with transmission-based precautions for six (6) weeks to ensure compliance with the Transmission Based Precautions and isolation signage. After six (6) weeks, random daily TBP monitoring will</p>	

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			<p>be conducted four (4) times per week for four (4) weeks, then two (2) times per week for twelve (12) weeks.</p> <p>Findings from the visual rounds monitoring and competency audits will be presented to the Quality Assurance Committee for review and recommendations in maintaining substantial compliance with infection prevention and control practices.</p> <p>By what date the systemic changes for the alleged deficiency will be completed: 12/09/21</p> <p>Performing Hand Hygiene Using Soap and Water Goal: The hands will be free of visible soiling and transient microorganisms will be eliminated.</p> <ol style="list-style-type: none"> 1. Gathers any necessary supplies. Removes jewelry if possible. 2. Stands in front of the sink; does not allow clothing to touch the sink during the washing procedure 3. Turns on water, adjusts force. Regulates temperature until warm. 4. Wet the hands and wrist area. Keep hands lower than elbows to allow water to flow toward fingertips. 5. Applies handwashing agent and thoroughly dispenses over hands. 6. Vigorously rubs hands together for 20 seconds generating friction 	

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			<p>on all surfaces including under fingernails.</p> <p>7. Rinses thoroughly with arms extended downward.</p> <p>8. Pats hands dry with a paper towel, and discards immediately.</p> <p>9. Uses another clean towel to turn off the faucet. Discard towel immediately without touching other clean hand.</p> <p>Satisfactory – Successfully completed task Needs Improvement – Needs more practice</p> <p>Performing Hand Hygiene Using ABHR (Alcohol Base Hand Rub)</p> <p>Employee _____ Date _____</p> <p>Satisfactory Needs Improvement</p> <p>COMPETENCY</p> <p>COMMENTS</p> <p>1. Applies product to palm of hand</p>	

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			<p>2. Rubs hand together, covering all surfaces of hand and fingers</p> <p>3. Rubs ends and fingers for at least 20 seconds or until dry</p> <p>4. Wet the hands and wrist area. Keep hands lower than elbows to allow water to flow toward fingertips.</p> <p>5. Followers manufactures recommendation regarding amount to use</p> <p>Satisfactory – Successfully</p>	

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			<p>completed task Needs Improvement – Needs more practice</p> <p>Following a review of this procedure, I find that the associate:</p> <p>Has performed satisfactorily Needs more work</p> <p>Infection Control Environmental Rounds Hand Hygiene</p> <p>Comments Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food, and medication preparation areas ¿ Yes ¿ No</p> <p>Alcohol-based hand rub is readily accessible and placed in appropriate locations. Some examples may include:</p> <ul style="list-style-type: none"> • Entrances to resident rooms, • At the bedside (as appropriate for resident population), • Staff workstation, and/or • Other convenient locations <p>¿ Yes ¿ No</p>	

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			<p>Personnel performs hand hygiene (even if gloves are used):</p> <ul style="list-style-type: none"> • Before contact with the resident • Before performing an aseptic task (e.g. insertion of an invasive device (e.g. urinary catheter <p>¿ Yes ¿ No</p> <p>Personnel performs hand hygiene:</p> <ul style="list-style-type: none"> • After contact with the resident • After contact with blood, body fluids, or visibly contaminated surfaces • After contact with objects and surfaces in the resident's environment • After removing personal protective equipment (e.g., gloves, gown, face mask) <p>¿ Yes ¿ No</p> <p>When being assisted by healthcare personnel, resident hand hygiene is performed:</p> <ul style="list-style-type: none"> • Prior to resident leaving room if on transmission-based precautions • After toileting • Before meals <p>¿ Yes ¿ No</p> <p>Standard Precautions</p>	

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			<p>Comments</p> <p>Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms). ¿ Yes ¿ No</p> <p>Gloves are worn if there is contact with blood or body fluid, mucous membranes, or non-intact skin. ¿ Yes ¿ No</p> <p>Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin. ¿ Yes ¿ No</p> <p>Gloves are changed and hand hygiene performed before moving from a contaminated body site to a clean body site during resident care. ¿ Yes ¿ No</p> <p>Gown are worn for direct resident contact if the resident has uncontained secretions or excretions. ¿ Yes ¿ No</p> <p>Face masks are worn if contact with residents with new acute</p>	

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			<p>cough or respiratory symptoms (e.g. influenza-like illness). ¿ Yes ¿ No</p> <p>PPE is appropriately discarded after resident care prior to leaving room, followed by hand hygiene ¿ Yes ¿ No</p> <p>Transmission Based Precautions</p> <p>Comments Residents with known or suspected infections, or with evidence of symptoms that represent an increased risk for transmission, are placed on the appropriate transmission-based precautions. ¿ Yes ¿ No</p> <p>Hand hygiene is performed before entering resident care environment. ¿ Yes ¿ No</p> <p>Signs indicating a resident is on transmission-based precautions are clear and visible. ¿ Yes ¿ No</p> <p>Gloves and gowns are donned upon entry into the environment (e.g. room or cubicle) of resident</p>	

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			<p>on Contact Precautions ¿ Yes ¿ No</p> <p>Dedicated or disposable noncritical resident care equipment (e.g., blood pressure cuffs) is used, or if not available, then the equipment is cleaned and disinfected according to manufacturers' instructions prior to use on another resident. ¿ Yes ¿ No</p> <p>In rooms with residents on Contact Precaution, objects and environmental surfaces that are touched frequently (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for health care use at least daily and when visibly soiled. ¿ Yes ¿ No</p> <p>Environmental Cleaning and Disinfection Comments The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.) ¿ Yes ¿ No</p> <p>Environmental Services perform routine cleaning of resident rooms, nurses station, work areas based</p>	

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			<p>on a schedule. ¿ Yes ¿ No</p> <p>During environmental cleaning services personnel wear appropriate PPE to prevent exposures to infections, chemical or agents. ¿ Yes ¿ No</p> <p>Environmental surfaces in resident care areas are cleaned and disinfected using EPA-registered disinfectant when spills occur, and when surfaces become visibly contaminated and on a regular basis, daily. ¿ Yes ¿ No</p> <p>High touch surfaces are cleaned and disinfected more frequently than minimal touch surfaces. Examples of high touch surfaces include bed rails, commode, bathroom, toilets. ¿ Yes ¿ No</p> <p>Separate clean cloths are used to clean each room and the corridor ¿ Yes ¿ No</p> <p>Cleaners and disinfectants are used per manufacturers guidelines. ¿ Yes ¿ No</p> <p>Mop heads and cleaning cloths are laundered daily. ¿ Yes ¿ No</p>	

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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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			<p>Soiled linens are bagged or otherwise contained at the point of collection in leak-proof containers or bags, and are not sorted or rinsed in the location of use. ¿ Yes ¿ No</p> <p>The receiving area for contaminated/soiled linen is clearly separated from clean laundry areas. ¿ Yes ¿ No</p> <p>The facility should be using the fabric manufacturer's recommended laundry cycles, water temperatures, and chemical/detergent products. ¿ Yes ¿ No</p> <p>The facility has handwashing stations in areas where non-bagged, soiled linen is handled. ¿ Yes ¿ No</p> <p>For laundry services are contracted out and performed offsite, the contract must show evidence that the contractor's laundry service meets healthcare industry laundry standards. ¿ Yes ¿ No</p> <p>Personal Protective Equipment Competency</p>	

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			<p>PROCEDURE YES NO COMMENTS Donning of Personal Protective Equipment (in order)</p> <p>1. Gown is donned first and tied at waist and neck</p> <p>2. Mask is applied with</p> <ul style="list-style-type: none"> · Elastic band positioned at middle of head; or · Bands looped behind both ears; or · Securely tied at back of middle of head <p>3. Goggles or Face Shield</p> <ul style="list-style-type: none"> · Placed over face and eyes and adjusted to fit <p>4. Gloves applied and extend to cover wrist of isolation gown</p> <p>Removal of Personal Protective Equipment (in order) Gloves:</p>	

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			<ol style="list-style-type: none"> 1. Grasps outside of glove with opposite gloved hand and peels off 2. Holds removed glove in gloved hand 3. Slides fingers of ungloved hand under remaining glove at wrist 4. Peels glove off over first glove 5. Discards gloves in waste container <p>Goggles/Face Shield:</p> <ol style="list-style-type: none"> 1. Handled by head band or ear pieces 2. Placed in waster container <p>Gown</p>	

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			<ol style="list-style-type: none"> 1. Unfasten ties 2. Pulls away from neck and shoulders, touching inside of gown only 3. Turn gown inside out 4. Folds or rolls into a bundle and discards <p>Mask or Respirator</p> <ol style="list-style-type: none"> 1. Grasps bottom, then top ties or elastics and removes 2. Disposes of properly 3. Does not touch the front of the mask or respirator (contaminated) 4. If using respirator, respirator is 	

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R 0000 Bldg. 00	<p>This visit was for a Residential COVID-19 Quality Assurance Walk Through. This visit included Investigation of Nursing Home Complaint IN00366783 and a Nursing Home COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00366783- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 15 and 16, 2021.</p> <p>Facility number: 001198</p>	R 0000	<p>removed after leaving resident room and closing the door.</p> <p>5. Employee used the proper technique and order to don and remove PPE?</p> <p>6. PPE was removed at doorway or anteroom?</p> <p>7. Hand hygiene performed after removal of all PPE</p>	

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-039

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	Residential Census: 24 Crown Point Christian Village was found to be in compliance with 410 IAC 16.2-5 in regard to the Residential COVID-19 Quality Assurance Walk Through. Quality review completed on 11/22/21.				