

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155486	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2022
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NAME OF PROVIDER OR SUPPLIER MIDDLETOWN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 131 S 10TH ST MIDDLETOWN, IN 47356
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00373872.</p> <p>Complaint IN00373872- Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: March 10, 11 and 14, 2022</p> <p>Facility number: 000343 Provider number: 155486 AIM number: 100289600</p> <p>Census Bed Type: SNF/NF: 18 Total: 18</p> <p>Census Payor Type: Medicare: 6 Medicaid: 8 Other: 4 Total: 18</p> <p>Middletown Nursing and Rehabilitation Center is in substantial compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the Investigation of Complaint IN00373872.</p> <p>Quality review completed on March 18, 2022</p>	F 0000	<p>F 0000</p> <p>This plan of correction is submitted to serve as a credible allegation of compliance in association with stated completion dates. Preparation and/or execution of this plan of correction does not constitute an admission or agreement, the provider of conclusion set facts on the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by state and federal law.</p>	
F 0888 SS=C Bldg. 00	<p>483.80(i)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff</p> <p>§483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are</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>fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents:</p> <ul style="list-style-type: none"> (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement. <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. <p>§483.80(i)(3) The policies and procedures</p>			

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	<p>must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all</p>			
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	<p>documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this</p>			

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	<p>section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; Based on interview and record review, the facility failed to properly prevent and/or contain Covid-19, as the facility failed to develop and/or implement policies and procedures to ensure all direct hire staff and contracted staff are fully vaccinated for Covid-19.</p> <p>Findings include:</p> <p>On 3-10-22 at 2:20 p.m., the Executive Director (ED) provided a copy of a policy entitled, "Employee Infection and Vaccination Status." This policy was indicated to have been reviewed on 12-21-2021. It indicated, "Prior to or upon an employee's duty assignment, the facility will assess the employees' vaccination against infectious conditions, screening for tuberculosis, and recent history of communicable diseases. History of infectious diseases will be documented in the employee's health record and vaccinations will be documented on the 'Employee Record of Vaccination.'</p> <p>1. Reportable Conditions: Employees must report the following conditions to the Director of Nursing (or designee)...h. Any symptoms indicated by CDC [Centers for Disease Control] or IDOH [Indiana Department of Health] that are associated with Covid-19...</p> <p>4. Employees will be current with mandated vaccines...Per IDOH and CDC, employees must be fully vaccinated with the Covid-19 vaccine.</p> <p>5. Employees will also be offered vaccinations per state or local agency policies/regulations.</p>	F 0888	<p>Tag F 888</p> <p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Any employee not following facility policy could affect any resident. As a facility we have strived to follow all CDC and IDOH guidelines to protect not only our residents, but also our staff from Covid-19. To ensure that our facility continues to follow all updated guidelines from CDC and IDOH, Middletown Nursing and Rehabilitation Center will update our policy to reflect all changes.</p> <p>HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE WILL BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>All residents have the potential to be affected by this deficiency. Middletown Nursing and Rehabilitation Center always puts the care and safety of residents first. Middletown Nursing has always done our best to follow all CDC and IDOH guidelines and per</p>	03/30/2022	

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	<p>Employees will be provided educational materials to make informed decisions for non-mandated vaccinations. If declined, a declination form will be completed and placed in the employees health record...</p> <p>7. Documentation of vaccinations will include the licensed healthcare provider and employee when being administered. Vaccinations that are declined by the employee will be on the applicable declination form and placed in the employee's health record. Covid-19 vaccinations may be declined by the employee due to health reasons (in which their doctor must indicate why each vaccine is detrimental to their health) or provide a written religious exemption to the Administrator."</p> <p>The facility's staff Covid-19 vaccination policy and procedure did not address the following criteria:</p> <ul style="list-style-type: none"> -lack of clarification of all contracted staff are subject to the same policies and procedures related to Covid-19 staff vaccination status as the direct hire staff. -does not specify what clinical precautions and considerations are required for those who have received, at a minimum, a single-dose Covid-19 vaccine, or the first dose of the primary vaccination series for a multi-dose Covid-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents. -does not have a process to ensure the implementation of additional precautions, intended to mitigate the transmission and spread of Covid-19, for all staff who are not fully vaccinated for Covid-19. -does not specify the process for tracking and securely documenting the Covid-19 vaccination or recommended booster status of all staff. -does not specify the process for tracking and 		<p>this deficiency has shown that we have been following the guidelines. To ensure that we continue our path forward we will ensure that our policy reflects our efforts toward great care and safety as well as guidelines put forth by CDC and IDOH in regards of Covid-19.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:</p> <p>To ensure that our facility continues to follow all updated guidelines from CDC and IDOH, Middletown Nursing and Rehabilitation Center will update our policy to reflect all changes. Special requirements have been added to our policy in order to keep our residents safe from unvaccinated staff (direct hire and contracted), such as wearing an N-95 mask, submit to weekly covid-19 testing, social distance when and appropriate, etc. Vaccines will continue to be offered to all staff to ensure 100% vaccination status. All contracted staff must also submit vaccination cards to the Administrator, Office Manager or Infection Preventionist.</p> <p>HOW THE CORRECTIVE ACTIONS WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY</p>	

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	<p>securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff Covid-19 vaccination requirements.</p> <p>-does not specify the process for ensuring that all documentation, which confirms recognized clinical contraindications to Covid-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.</p> <p>-does not specify the process for ensuring the tracking and secure documentation of the vaccination status of staff for whom Covid-19 vaccination must be temporarily delayed, as recommended by the CDC.</p> <p>-does not specify the contingency plans for staff who are not fully vaccinated for Covid-19.</p> <p>In an interview on 3-10-22 at 1:45 p.m., with the ED, he indicated the facility's current policy and procedure is the only policy available that he can think of having to do with employee vaccines and Covid. He indicated, "For any of the staff that are on exceptions, they are just wearing the surgical masks and no face shields or eye protection." The ED was queried regarding receiving the QSO-22-09-ALL, dated 1-14-22, and the accompanying Attachment A, specific to all staff vaccination information for Covid-19. The ED indicated he was not familiar with this information. The ED was provided this document for review and to copy, if desired. He indicated he does receive the IDOH-LTC [long-term care] Newsletter.</p> <p>In an interview on 3-10-22 at 2:49 p.m., with the</p>		<p>ASSURANCE PROGRAM WILL BE PUT INTO PLACE: All corrective actions will be monitored by Administrator, Office Manager, Infection Preventionist and DON; each supervisor having different roles or aspects to assure the deficient practice does not happen again.</p> <p>BY WHAT DATE THE SYSTEMIC CHANGES WILL BE COMPLETED: Our policy was updated to reflect all the new guidelines from CDC and IDOH on Wednesday, March 30, 2022. Please see attachment #1. We respectfully request paper compliance for Tag F 888.</p>	

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

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FORM APPROVED
OMB NO. 0938-039

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	<p>Business Office Manager (BOM), she indicated she is the person who tracks the staff Covid-19 vaccines, which she indicated included both direct hire staff and any contracted staff. She clarified the facility has not utilized any agency nursing staff for quite some time. She submits the information to NHSN (National Health Care Safety Network) weekly. In an associated interview with the BOM on 3-14-22 at 2:05 p.m., she indicated she has not had any formal policies on what to include in the tracking of staff Covid-19 vaccines but has been following the instructions with different updates that have been provided from IDOH and CMS (Centers for Medicare and Medicaid).</p> <p>In an interview with the ED on 3-14-22 at 10:10 a.m., he indicated the policy provided on 3-10-22 is currently the only policy or procedure being utilized by the facility. The ED indicated the facility's Business Office Manager (BOM) is the person who has been tracking the Covid vaccine status of direct hire staff and contracted staff, as well as submitting the NHSN information each week.</p> <p>In an interview with the Infection Preventionist (IP) 3-14-22 at 10:40 a.m., she indicated she recently transitioned to her new position as the facility's IP and is just learning the types of things she needs for this position, and does not feel qualified to answer questions regarding the position at this time.</p> <p>This Federal tag relates to the Covid-19 Focused Infection Control Survey.</p> <p>3.1-18(a)</p>			