

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/01/2021
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey.</p> <p>Survey date: December 1, 2021</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Census Bed Type: SNF: 11 SNF/NF: 165 Total: 176</p> <p>Census Payor Type: Medicare: 39 Medicaid: 101 Other: 36 Total: 176</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 12/2/21.</p>	F 0000	The facility respectfully asks for a desk review	
F 0886 SS=D Bldg. 00	<p>483.80 (h)(1)-(6) COVID-19 Testing-Residents & Staff §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:</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.

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	<p>§483.80 (h)(1) Conduct testing based on parameters set forth by the Secretary, including but not limited to:</p> <ul style="list-style-type: none"> (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19. <p>§483.80 (h)(2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)(3) For each instance of testing:</p> <ul style="list-style-type: none"> (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test. <p>§483.80 (h)(4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests</p>			

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	<p>positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)(5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)(6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.</p> <p>Based on record review and interview, the facility failed to conduct COVID-19 testing for staff per guidelines for 3 of 3 staff records reviewed. (CNA 1, Business Office Manager and Front Desk Employee 1)</p> <p>Finding includes:</p> <p>The employee COVID-19 testing records for the month of November 2021 were reviewed on 12/1/21 at 3:10 p.m.</p> <p>CNA 1, an unvaccinated employee, was tested for COVID-19 on 11/4/21 and 11/8/21. The testing results indicated the employee was only tested one time each week.</p> <p>The Business Office Manager, an unvaccinated employee, was tested for COVID-19 on 11/1/21 and 11/8/21. The testing results indicated the employee was only tested one time each week.</p> <p>Front Desk Employee 1, an unvaccinated</p>	F 0886	<p>Munster Med-Inn</p> <p>Complaint Survey: 12/1/2021</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F886 COVID-19 Testing Residents & Staff</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>CNA 1, Business office manager, and Front Desk Employee 1 are in compliance with unvaccinated staff testing frequency guidelines based on community transmission level.</p>	12/07/2021

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	<p>employee, was tested for COVID-19 on 11/3/21, 11/8/21, and 11/14/21. The testing results indicated the employee was only tested one time each week.</p> <p>Interview with the Director of Nursing (DON) on 12/1/21 at 3:30 p.m., indicated she was testing according to the county positivity rate and not the transmission rate.</p> <p>The Indiana Department of Health document, "Long-term Care COVID-19 Clinical Guidance", updated 11/22/21, Level of COVID-19 community transmission Minimum Testing Frequency of Unvaccinated Staff: Low (blue) Not recommended Moderate (yellow) Once a week Substantial (orange) Twice a week High (red) Twice a week</p> <p>"The facility should test all unvaccinated staff at the frequency prescribed in the Routine Testing table based on the level of community transmission reported in the past week. Facilities should monitor its level of community transmission every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table above.</p> <ul style="list-style-type: none"> If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity level are met. If the level of community transmission decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least two weeks before reducing 		<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents and staff have the potential to be affected by the same alleged deficient practice. The facility has identified all vaccinated staff.</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; Extended Care Clinical Leadership re-inserviced the facility Administrator, Director of Nursing, Assistant Administrator and Assistant Director of Nursing regarding the CMS and IDOH guidelines related to the frequency of testing for unvaccinated staff. Unvaccinated staff will complete COVID-19 testing based on the county transmission level. The facility will ensure unvaccinated staff are tested. Staff that are unable to test on a scheduled testing day will be tested prior to working. Administrator/Designee will review the county transmission level twice weekly using the https://covid.cdc.gov/covid-data-tracker website and ensure the facility testing frequency is in compliance with the county</p>	

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	<p>testing frequency."</p> <p>According to the CDC COVID data tracker, the local county transmission rate had been high 11/1-12/1/21.</p> <p>3.1-18(b)</p>		<p>transmission level.</p> <p>Administrator/Designee will be responsible for communicating the testing frequency to the staff responsible for COVID-19 testing/swabbing.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>Administrator/Designee will randomly audit 3 unvaccinated staff weekly for compliance with covid testing frequency as per the transmission level.</p> <p>The Administrator/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p>Date by which systemic corrections will be completed: 12/7/2021</p>		