STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155264	A. BUILDING 00 B. WING	11/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-GOLDEN RULE	2330 STRAIGHT LINE PIKE RICHMOND, IN 47374

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F 0000 Bldg. 00	This visit was for a COVID-19 Focused Infection Control Survey. Survey dates: November 9 & 10 2021 Facility number: 000165 Provider number: 155264 AIM number: 100288220 Census Bed Type: SNF/NF: 83 Total: 83 Census Payor Type: Medicare: 17 Medicaid: 52 Other: 14 Total: 83 This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 16, 2021	F 0000	**Preparation, submission and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction was prepared and executed as a means to continuously improve the quality of care and comply with all applicable federal and state requirements.** **The facility respectfully requests a desk review of our responses to this survey.**	
F 0880 SS=E Bldg. 00	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 designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.			

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

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	The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §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; §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 (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or			

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	their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. 1.) Based on interview and record review, the facility failed to properly prevent/and or contain COVID-19 by not excluding an unvaccinated staff member that was showing signs and symptoms of SARS-CoV-2 (Covid-19) from work for 1 of 5 staff members reviewed for SARS-CoV-2 management and precautions. 2.) Based on observation, interview, and record review, the facility failed to properly prevent/and or contain COVID-19 by not providing transmission-based precautions signage for 11 of 24 residents in transmission-based precautions due to high exposure to SARS-CoV-2 and failed to properly dispose of used personal protective equipment during 1 of 2 infection control rounds. (Residents K, L, M, N, O, P, Q, R, S, T, and U)	F 0880	**F-880 Infection Control & Prevention** **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?** Residents Based on the content in the citation the facility is unable to identify Residents : H, I, J, K, L, M, N, O, P, Q, R, S, T and U Staff Based on the content in the citation the facility is unable to identify staff member: C.N.A. 4, LPN3, C.N.A. 3 · *Immediately implement specific plan for*	11/28/2021

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	Findings include: 1. An interview with Administrator (Admin) on 11/9/2021 at 11:30 a.m., indicated Maintenance Director had come to her office on 11/1/2021 prior to clocking in and said that he had been feeling ill over the weekend. Point of care antigen for SARS-CoV-2 tests were completed in her office and resulted as negative. Maintenance Director was allowed to work 11/1/2021 and 11/2/2021. Routine Polymerase Chain Reaction (PCR) testing was scheduled for 11/1/2021 due to the high county positivity rate and was completed the afternoon of 11/1/2021 for Maintenance Director. On 11/2/2021 evening she received notification that Maintenance Director had tested positive for SARS-CoV-2 per the PCR test collected on 11/1/2021. Maintenance Director was excluded from work starting 11/3/2021 and returned to work on 11/8/2021. The respiratory line list for November 2021, reviewed on 11/9/2021 at 3:30 p.m., indicated that Maintenance Director was exhibiting signs of cough, fever, and body aches with symptom onset of 10/29/2021. The screening logs for Maintenance Director, reviewed on 11/10/2021 at 12:08 p.m., indicated he screened in on 11/1/2021 at 6:54 a.m., on 11/2/2021 at 7:22 a.m., and on 11/8/2021 at 6:54 a.m. A CMS (Centers for Medicare and Medicaid Services) memorandum QSO-20-38-NH REVISED on 04/27/2021 indicated, " ...Staff who do not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work."		*resident/residents/area/others identified in the deficiency to correct.* Specific Staff The Executive Director was educated on the screening guidelines to include ensuring unvaccinated staff members that are showing signs and symptoms of Covid-19 are excluded from work or entering the facility. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken** All residents that reside at the facility have the potential to be affected by the alleged deficient practice The facility conducted an audit of all residents to ensure the resident/residents affected/potential affected has been isolated in Transmission Based Precautions according to CDC and IP recommendations with appropriate signage and PPE set up and receptacle for disposal of used PPE. The facility conducted a 7 day look back audit to ensure all staff are screened and screening documented and assessed at the beginning of their shift for fever and respiratory symptoms, including, but not limited to,	

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	A publication from CDC (Centers from Disease Control and Prevention) entitled "Symptoms of Covid-19" revised 2/22/2021, indicated the symptoms of SARS-CoV-2 included, but were not limited to, fever or chills, cough, shortness of breath, fatigue, muscle of body aches, and/or nausea and vomiting. An Indiana State Health Department Long-term Care Covid-19 Clinical Guidance, revised on 9/28/21, indicated, "Staff with symptoms of COVID-19 should be tested immediately and be restricted from work until isolation is completed if it is a COVID-19 case, or until COVID-19 has been ruled out according to Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (CDC 1.15.21)". The referenced document, Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities (CDC 1.15.21), is a flow chart that indicated if an Health Care Personnel is symptomatic and an antigen is negative, a confirmatory NAAT (Nucleic Acid Amplification Test) is indicated. A policy entitled, "Returned to Work Criteria for Healthcare Personnel with Confirmed or Suspected COVID-19 Infection", was provided by DON on 11/9/2021 at 3:30 p.m. The policy indicated, " ...The criteria for HCP returning to work using a symptom-based strategy consists of: a. HCP [Health Care Personnel] with mild to moderate illness who are not moderately to severely immunocompromised: i. At least 10 days have passed since symptoms first appeared and ii. At least 24 hours have passed since last fever without the use of fever-reducing medications and iii. Symptoms (e.g., cough shortness of breath) have improved ..."		shortness of breath, new or changed cough and sore throat. Ensure screening for other symptoms of COVID-19, including, but not limited to change in taste or smell and gastrointestinal symptoms. That staff were not permitted to work if presenting with symptoms of illness. Follow CDC and facility policy. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur** Staff educated on the guidelines for Donning/Doffing PPE and PPE specific to zones with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown and eye protection and proper disposal of used PPE. Staff educated on the guidelines for proper signage for Zones (Green, Yellow, Red and AGP) **How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then audits will continue based on QAPI recommendation. If none	

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	2. An interview with the Director Of Nursing (DON) on 11/20/2021 at 11:25 a.m., during infection control tour, indicated that Residents K, L, M, N, O, P, Q, R, S, T, and U should be in yellow transmission-based precautions due to exposure to a health care personnel starting 11/9/2021. An observation made on 11/10/2021 at 11:25 a.m., indicated there was no signage or indications on the unit or doors for Residents K, L, M, N, O, P, Q, R, S, T, or U to be in yellow transmission-based precautions due to high-risk exposure to a positive health care personnel. The only precaution signage found on the unit was right of the storage room, indicated this unit was in a green zone. The sign indicated staff needed to wear a universal surgical mask, face shield or goggles, and gloves. The DON removed this signage from the wall at this time. An interview with DON, on 11/10/2021 at 11:28 a.m., indicated she did not know why the signage had not been updated, but she would have staff post the correct transmission-based precaution signage for these residents immediately. An interview with CNA 4, on 11/10/2021 at 11:30 a.m., indicated she was aware the residents were in yellow transmission-based precautions and did not know why the signage had not changed. She had access to personal protective equipment, including gowns, N-95, face shields, and gloves, in the on-unit storage room. An observation made on 11/10/2021 at 12:12 p.m., showed CNA 4 was in the process of placing yellow transmission-based precaution signs on residents' doors and support staff were		noted, then will complete audits based on a prn basis. **By what date the systemic changes be completed:** **11-28-2021**	

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	placing isolation carts with personal protective equipment throughout the hall. Per signage provided by Administrator on 11/10/2021 at 12:08 p.m., yellow transmission-based precautions are contact/droplet precautions that staff would utilize an N95, face shield/goggles, gloves, and down for resident care. An N95 filtering facepiece respirator, commonly abbreviated N95 respirator, is a particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it filters at least 95% of airborne particles. A policy entitled, "Isolation- Categories of Transmission-Based Precautions", was provided by Admin on 11/10/2021 at 12:08 p.m. The policy indicated, " ...Signs - The facility will implement a system to alert staff to the type of precautions resident requires ..." Admin provided a copy of the green, yellow, and red stop light signage from the State Health Department as their standard signage for transmission-based precautions related to SARS-CoV-2. 3. An interview with the DON on 11/9/2021 at 2:01 p.m., indicated that the facility had plenty of personal protective equipment and were not needing to re-use supplies at this time. During an infection control rounding completed on 11/10/2021 at 11:40 a.m., it was observed that two used blue disposable gowns were hanging outside of Resident H's room from the banister. In Resident I's room two disposable			

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	blue gowns were observed to be hanging to the right of the door from the same hook without. There were no isolation barrels to collect used personal protective equipment for Residents H, I, or J in yellow transmission-based precautions. An interview with LPN 3 (Licensed Practical Nurse) on 11/10/2021 at 11:47 a.m., indicated she was unsure what happened to the barrels and was not aware of the gowns in the hallway, but she was going to look for them. An interview with CNA 2 on 11/10/2021 at 11:51 a.m., indicated the blue gowns outside of Resident 's room was therapy or housekeeping and they were going to reuse them. An observation at 11:57 a.m., LPN 3 had found the isolation barrels in the soiled utility room, placed liners, and began distributing them to the three isolation rooms (Resident H, I, and J) on her assignment. An interview with Administrator, on 11/10/2021 at 12:08 p.m., indicated the facility follows the guidance of the State Health Department and Centers for Disease Control for infection control, including transmission-based precaution zoning and utilization of personal protective equipment. A procedure entitled, "Sequence for Removing Personal Protective Equipment", was provided by Administrator on 11/10/2021 at 12:08 p.m. The document indicated, " ...Gown ...Fold or roll into a bundle and discard ..." 3.1-18(j) 3.1-18(k)			

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