

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155608	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2022
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NAME OF PROVIDER OR SUPPLIER HEALTHCARE CENTER AT WITTENBERG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 E LUTHER DR CROWN POINT, IN 46307
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey.</p> <p>Survey dates: January 6, 2022.</p> <p>Facility number: 000515 Provider number: 155608 AIM number: 100290820</p> <p>Census Bed Type: SNF/NF: 95 SNF: 13 Total: 108</p> <p>Census Payor Type: Medicare: 17 Medicaid: 57 Other: 34 Total: 108</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/11/22.</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 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.</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>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <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</p>			

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	<p>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 and interview, the facility failed to ensure infection control guidelines were in place an implemented to properly prevent and or contain COVID-19, related to not wearing the proper mask in the rooms where positive COVID-19 residents resided (Red Zone) as directed by the CDC (Centers for Disease Control) for 1 of 7 halls randomly observed for infection control. (400 Hall, CNA 2)</p> <p>Finding includes:</p> <p>During an observation on 1/6/22 at 10:15 a.m. of the COVID-19 positive zone, LPN 2 and CNA 2 were wearing surgical masks in the hallway.</p> <p>On 1/6/22 at 10:17 a.m., CNA 2, while wearing surgical mask and face shield, entered Room 405 with a closed lid cup of water. She grabbed the gown that had hung in the bathroom, sanitized her</p>	F 0880	<p>Corrective action for those residents potentially affected by deficient practice:</p> <p>Residents were monitored for any signs or symptoms of worsening conditions, but none were identified as affected, as the deficiency was exclusively limited to the positive Covid unit and staff members had both recently tested positive for the Covid-19 virus.</p> <p>-Other residents having the potential to be affected by the deficient practice:</p> <p>No other residents were identified as having the potential for the deficient practice, as this was limited to the Red zone</p>	01/28/2022

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	<p>hands, donned the gown and placed his water on his bedside table. The CNA was within 6 feet of the COVID-19 positive resident, who was not wearing a mask.</p> <p>Interview with LPN 2 and CNA 2 on 1/6/22 at 10:20 a.m., indicated they were unaware they needed to wear an N95 mask while in the COVID-19 positive rooms since they had already had tested positive for the COVID-19 virus in the past.</p> <p>Interview with the Director of Nursing on 1/6/22 at 11:31 a.m., indicated all staff should be wearing an N95 mask in COVID-19 positive rooms.</p> <p>Per the "COVID-19 Infection Control Guidance in Long-term Care Facilities", updated 11/22/2021, the core principle of infection control indicated, "... Masks (covering mouth and nose) and Eye Protection: Direct and indirect care HCP should wear a medical procedure mask for the duration of their shifts. N95 respirator mask should be worn in COVID-19 units and with any resident who is symptomatic or in TBP (red or yellow zone) awaiting testing. While supplies are limited, masks should be conserved and only a single mask should be worn by HCP each shift. N95 mask may only be removed (doffed) five times before it should be discarded. Masks should be changed when visibly soiled or wet. When possible, by supply and lower transmission in the facility, mask use can return to conventional usage and NIOSH-approved N95 respirators....Continue universal source controls with well-fitting face mask use by all HCP (medical grade) and visitors (cloth is acceptable) and eye protection for HCP when delivering care</p>		<p>(Covid positive unit).</p> <p>--Measures put into place and systemic changes made: Education was provided to staff members who were found to be non-compliant with practice. All staff were educated on correct PPE for each area and donning and doffing were reviewed. Return demonstrations were performed with staff members targeted as appropriate. Education will be provided to all new employees as appropriate. Audits and rounds will be performed daily x 6 weeks and then 3 times weekly for remainder of 4 months.</p> <p>--Corrective action will be monitored: Audit tools will be reviewed daily and weekly for any patterns of non-compliance. Results of audits will be reviewed monthly at QAPI meetings and continued issues will be reviewed and further actions determined.</p>	

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	within 6 feet of the resident...." 3.1-18(a)(b)(1) 3.1-18(2)				