STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER BEACH TERRACE	4905 MELTON RD, GARY, , 46403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00361308, IN00361224 and IN00360757. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00361308 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00361224 - State deficiencies related to the allegations are cited at R406 and R407. Complaint IN00360757- Unsubstantiated due to lack of evidence. Survey dates: September 2 & 3, 2021 Facility number: 001140 Facility census: 133	R 0000		

	These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 9/10/21.			
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview, and record review, the facility failed to ensure infection control guidelines were in place and implemented, including those specific to properly prevent and/ or contain COVID -19, related to lack of staff and visitor screening procedures upon entry to the facility, unvaccinated staff members not wearing appropriate eye coverings and masks during resident care, residents not wearing masks when they were not socially distancing, staff not wearing masks correctly, staff failure to encourage and instruct residents to wear masks at all times and staff failure to redirect a wandering COVID-19 positive resident currently in isolation (Resident C) resulting in 13 of	R 0406	Every resident at Miller Beach Terrace is fully vaccinated. Any new resident that has come in not vaccinated we have made an appointment for and have/are taking them to be vaccinated. On September 29, 2021 a resident meeting was held informing the residents of recommendations of wearing masks indoors although all residents have been vaccinated. Meeting also covered, again, "Physical Distancing" and mask wearing in the community. The facility had no Covid-19 cases throughout the pandemic. The first case the facility had was on August 11, 2021, and, at that time, REDCAP was unavailable. Surveyor watched Office Manager attempt to access REDCAP unsuccessfully. Surveyor reported Miller Beach Terrace cases to REDCAP for facility. Facility is consistently attempting to redirect residents to maintain "physical distancing" and mask wearing. A new	09/29/2021

	the residents testing positive for COVID 19. This had the potential to affect all residents residing in the facility. Finding includes: Upon arrival at the facility at 8:10 a.m. on 9/3/2021, several residents were smoking outside the entrance door. No staff were present outside. Three residents were standing in a row directly next to each other. Three other residents were less then 6 feet across from the others. These residents were also smoking cigarettes. Two other male residents were sitting in chairs next to each other. They were not 6 feet apart front each other. No masks were in place while not socially distanced in a group. The Director of Nursing (DON) came downstairs to speak with the surveyor after entry on 9/2/21 due to the facility Administrator being on vacation. She indicated all residents and staff were COVID -19 tested on 8/24/21. Thirteen residents had tested positive. The physician was notified and the residents were moved to a hall on the second floor and remained in quarantine. Orders were given to administer Zithromycin 500 milligrams x 7 days and prednisone 5 milligrams twice a day.		service plan addressing "physical distancing" and mask wearing is being developed for those who refuse after continued attempts to follow. The facility has no policy in place regarding resident supervision while enjoying the fresh air and sunshine outside. Residents who are outside are following the no indoor smoking policy by smoking outside. Sunshine is immune boosting and essential for Vitamin D production, which many of our residents are deficient in. According to the LTC news letter, dated August 13, 2021, (copy enclosed) “fully vaccinated HCP and fully vaccinated residents may choose to unmask outdoors in small gatherings”. Surveyor watched employees while outside on their breaks encourage residents to “physically” distance and in proper mask wearing. Resident C has been diagnosed with dementia. We are currently looking for Nursing home placement for him. Resident C had no symptoms, no fever, was being monitored daily and his temperature was being taken twice per day. Resident C receives ice cream daily from	

	No official line listing of COVID-19 infections throughout the pandemic was available, the above information of positive residents provided by the DON was written briefly on a regular sheet of paper. On 9/2/21 at 9:20 a.m., Resident C walked into a facility office the Surveyor was in. The office was behind the front desk. The Resident entered the room and did not speak. He stood next to the reach in cooler in the office. Staff had previously identified Resident C had tested positive for COVID-19 on 8/24/21. The Director of Nursing indicated the resident walked through the facility during the day and he was not placed on the COVID unit as he would never stay on the unit or in his room. On 9/2/21 at 11:00 a.m., Resident C again wandered into the same facility office. Facility staff had to be called to assist as the resident walked into the office for a second time. Staff redirected the resident out of the office. Resident C was not wearing a face mask either time he entered the office and was not asked to don one. The Resident Sign OUT/IN sheet was reviewed. Between 8/18/2021 and 8/19/21 a total of (48) residents had signed out to go to the store, gas stations or		the office that the surveyor was in. The first time Resident C entered the office he was wearing a face mask and office manager walked him out. When Resident C entered the office the second time he was wearing his face mask on his forehead. Acting DON was in the office with the surveyor and re positioned his face mask correctly. Resident C does not redirect easily and no matter how many times he was redirected to his room, he would not stay. Resident C does not socialize with other residents; he likes to wander around the building and he had no symptoms. On August 18, and August 19, the facility was not on lock down. Front desk personnel have been inserviced on the importance of residents signing in. Screening of residents is not done at the front desk. Receptionist responsible for monitoring entrance in to building and making sure residents are observing the sign in/out rules. Office manager to monitor one time weekly, ongoing. Our policy is problem based charting. We do not keep records regarding people not	

	other locations. The Sign out Sheet required the Resident's to write the time they returned to the facility on the sheets also. 13 of the residents who signed their time out did not sign the time they returned to the building. No Covid 19 screening was completed on their exit from the building nor their return inside. Resident temperatures were not taken prior to leaving or prior to returning. There was also no ongoing daily screening of residents documented. On 9/2/21, the Front Desk staff was observed wearing a surgical mask. The mask was not covering her nose. Residents walked by the front desk several times as they got off the elevator. They exited the building and had no mask or facial covering in place. The elevator was in direct view of the front desk. Residents would walk in to the facility and wait for the elevator without masks. The residents were not 6 feet apart. Front desk staff did not stop the residents to remind them of the need to wear a mask or facial covering prior to getting on the elevator or at any point. On 9/3/21 at 9:45 am., a male staff member was now at the front desk. His mask was not covering his nose. Residents walked past him to get on the elevator without masks. The staff member did not remind the		having a temperature. We keep records if people do have a temperature. Nurses will continue to monitor residents at least one (1) time per day during med pass. Part of this monitoring is visually assessing and asking each resident how they feel. No other residents were affected by Covid-19 due to our monitoring practices. Nurses responsible to monitor residents. Acting DON to monitor nurses during med pass to ensure assessing and monitoring are occurring. Acting DON will monitor five (5) days per week, visually, ongoing. Residents are not able to exit the building as we are on lock down. There is tape on the floor in front of the front desk to maintain the required six (6) feet of “Physical distancing”. Residents are still required as they go by the front desk to get their hands sanitized. The facility takes our Abuse Policy and Residents Rights very seriously. The facility feels forcing residents to wear a mask in their home would be a violation of the Residents right to freedom of choice. Residents, because they are vaccinated, have the choice to either wear a mask or not wear	

	residents to wear their masks. A male and a female resident were observed exiting their rooms into the hallway without a mask or facial covering. They also exited the door without being reminded of the need to wear a facial covering when they were out of their rooms. Residents were observed walking up the stairs and around other areas in the building with no facial coverings or masks in place throughout the survey. When interviewed on 9/2/21 at 2:40 p.m., the Director of Nursing (DON) indicated she was aware the CDC (Centers for Disease Control) had recent guidelines. She had not read all of them as the Administrator was not present and she was working on the floor. She indicated the Corporate owners of the facility called the facility during the survey and the management staff emailed the facility regarding COVID reporting. The DON indicated she had been the only Nursing management staff at the facility and the Administrator was on vacation. A Corporate letter was sent to the facility on 8/25/21 regarding COVID Reporting Requirements at the facility. Positive Test with symptoms to be followed by CDC guidelines. Fully Vaccinated and Positive test with no symptoms only required		a mask while in their home. See page eight (8) of the IDOH SOP. (Copy enclosed) We highly recommend to staff and residents that they wear masks per CDC guild lines regardless of vaccination status. We do not require masks except for the nursing department while providing essential direct resident care. On August 24, 2021, office manager called facility owner to let him know there were positive Covid-19 cases. Discussion between office manager and facility owner included reporting requirements. Both agreed that cases should be reported to REDCAP. Both knew that REDCAP was unavailable. Facility owner then called the State regarding reporting requirements and emailed requirements to facility. The requirements in the August 25, 2021, corporate letter sent to the facility from the State were followed. Positive cases were reported to the local health department. All cases will be reported to REDCAP (when available) and local health department as discussed in newsletter. Office Manager responsible for reporting any	

	isolation for (10) days. It was recommended that all residents wear a mask in public indoor setting. The IDOH "COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure," updated 7/21/21, indicated "...Unvaccinated HCP must wear face mask (medical) and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP (SNF/AL) who provide essential direct care within 6 feet of the resident, regardless of COVID-19 status, when there is moderate to substantial (high) community transmission...If the county positivity rates are > 5% with increased to moderate or high substantial community transmission then eye protection should be used by unvaccinated HCP for all residents within 6 feet when delivering essential direct care regardless of COVID 19 status..." The 7/30/2021 Long Term Care Newsletter, effective 7/29/21, indicated, " .... in light of the national increase in COVID-19 activity fueled by the Delta variant, the CDC issued the use of masks indoors and outdoors as the Delta Variant spreads easily. The State positivity rate had increased with a increase in County Positivity rate. Daily case counts continue to rise. It is advised to help residents and		Covid-19 positive cases via the REDCAP system and the local health department. Administrator to monitor by inspecting paperwork. Meeting was held with residents informing them that there were residents that were Covid-19 positive and that the State recommends residents wear a mask. Residents will still receive periodic inservices on masking and "physical distancing". Nurses will continue to monitor at least one (1) time per day during med pass. Part of this monitoring is visually assessing and asking each resident how they are feeling. Any negative answers will be noted in nurses notes. No other residents were affected by Covid-19 due to our monitoring practices. Acting DON to monitor nursing during med pass to ensure assessing and conversations are occurring. Acting DON will monitor five (5) days per week, visually, ongoing.	

	families. CDC recommends that all staff and visitors wear a mask in public indoor settings or area of high transmission, regardless of vaccination status. This state residential finding relates to Complaint IN00361224. Based on observation, interview, and record review, the facility failed to ensure infection control guidelines were in place and implemented, including those specific to properly prevent and/ or contain COVID -19, related to lack of staff and visitor screening procedures upon entry to the facility, unvaccinated staff members not wearing appropriate eye coverings and masks during resident care, residents not wearing masks when they were not socially distancing, staff not wearing masks correctly, staff failure to encourage and instruct residents to wear masks at all times and staff failure to redirect a wandering COVID-19 positive resident currently in isolation (Resident C) resulting in 13 of the residents testing positive for COVID 19. This had the potential to affect all residents residing in the facility. Finding includes: Upon arrival at the facility at 8:10 a.m. on 9/3/2021, several residents were smoking outside			

	the entrance door. No staff were present outside. Three residents were standing in a row directly next to each other. Three other residents were less then 6 feet across from the others. These residents were also smoking cigarettes. Two other male residents were sitting in chairs next to each other. They were not 6 feet apart front each other. No masks were in place while not socially distanced in a group. The Director of Nursing (DON) came downstairs to speak with the surveyor after entry on 9/2/21 due to the facility Administrator being on vacation. She indicated all residents and staff were COVID -19 tested on 8/24/21. Thirteen residents had tested positive. The physician was notified and the residents were moved to a hall on the second floor and remained in quarantine. Orders were given to administer Zithromycin 500 milligrams x 7 days and prednisone 5 milligrams twice a day. No official line listing of COVID-19 infections throughout the pandemic was available, the above information of positive residents provided by the DON was written briefly on a regular sheet of paper. On 9/2/21 at 9:20 a.m., Resident C walked into a facility			

	office the Surveyor was in. The office was behind the front desk. The Resident entered the room and did not speak. He stood next to the reach in cooler in the office. Staff had previously identified Resident C had tested positive for COVID-19 on 8/24/21. The Director of Nursing indicated the resident walked through the facility during the day and he was not placed on the COVID unit as he would never stay on the unit or in his room. On 9/2/21 at 11:00 a.m., Resident C again wandered into the same facility office. Facility staff had to be called to assist as the resident walked into the office for a second time. Staff redirected the resident out of the office. Resident C was not wearing a face mask either time he entered the office and was not asked to don one. The Resident Sign OUT/IN sheet was reviewed. Between 8/18/2021 and 8/19/21 a total of (48) residents had signed out to go to the store, gas stations or other locations. The Sign out Sheet required the Resident's to write the time they returned to the facility on the sheets also. 13 of the residents who signed their time out did not sign the time they returned to the building. No Covid 19 screening was completed on their exit from the building nor their return			

	inside. Resident temperatures were not taken prior to leaving or prior to returning. There was also no ongoing daily screening of residents documented. On 9/2/21, the Front Desk staff was observed wearing a surgical mask. The mask was not covering her nose. Residents walked by the front desk several times as they got off the elevator. They exited the building and had no mask or facial covering in place. The elevator was in direct view of the front desk. Residents would walk in to the facility and wait for the elevator without masks. The residents were not 6 feet apart. Front desk staff did not stop the residents to remind them of the need to wear a mask or facial covering prior to getting on the elevator or at any point. On 9/3/21 at 9:45 am., a male staff member was now at the front desk. His mask was not covering his nose. Residents walked past him to get on the elevator without masks. The staff member did not remind the residents to wear their masks. A male and a female resident were observed exiting their rooms into the hallway without a mask or facial covering. They also exited the door without being reminded of the need to wear a facial covering when they were out of their rooms. Residents were observed			

	walking up the stairs and around other areas in the building with no facial coverings or masks in place throughout the survey. When interviewed on 9/2/21 at 2:40 p.m., the Director of Nursing (DON) indicated she was aware the CDC (Centers for Disease Control) had recent guidelines. She had not read all of them as the Administrator was not present and she was working on the floor. She indicated the Corporate owners of the facility called the facility during the survey and the management staff emailed the facility regarding COVID reporting. The DON indicated she had been the only Nursing management staff at the facility and the Administrator was on vacation. A Corporate letter was sent to the facility on 8/25/21 regarding COVID Reporting Requirements at the facility. Positive Test with symptoms to be followed by CDC guidelines. Fully Vaccinated and Positive test with no symptoms only required isolation for (10) days. It was recommended that all residents wear a mask in public indoor setting. The IDOH "COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure," updated 7/21/21, indicated "...Unvaccinated HCP			

	must wear face mask (medical) and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP (SNF/AL) who provide essential direct care within 6 feet of the resident, regardless of COVID-19 status, when there is moderate to substantial (high) community transmission...If the county positivity rates are > 5% with increased to moderate or high substantial community transmission then eye protection should be used by unvaccinated HCP for all residents within 6 feet when delivering essential direct care regardless of COVID 19 status..." The 7/30/2021 Long Term Care Newsletter, effective 7/29/21, indicated, " .... in light of the national increase in COVID-19 activity fueled by the Delta variant, the CDC issued the use of masks indoors and outdoors as the Delta Variant spreads easily. The State positivity rate had increased with a increase in County Positivity rate. Daily case counts continue to rise. It is advised to help residents and families. CDC recommends that all staff and visitors wear a mask in public indoor settings or area of high transmission, regardless of vaccination status. This state residential finding relates to Complaint IN00361224.			

R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on observation, record review and interview, the facility failed to establish an Infection Control program which included a system that enables the facility to analyze patterns of known infectious symptoms, provides orientation and in-service education on infection prevention and control including universal precautions, offers health information to residents, and reports communicable disease to public health authorities related to no line listing of infections, no recent infection control inservicing for staff or residents and not reporting COVID-19 positive	R 0407	Inservice was held on September 07, 2021 reminding staff about the importance of staff being present at the front desk and screening of employees and visitors. At 8:05 a.m., on September 03, 2021, CNA was answering a call light and the maintenance man was locking the gate as the facility was on lock down. We do not have a policy requiring resident supervision while outside enjoying the fresh air and sunshine. Residents are allowed to move freely around the grounds and the parking lot. Sunshine is immune boosting and essential for Vitamin D production, which many of our residents are deficient in. According to the LTC news letter, dated August 13, 2021, (copy enclosed) “fully vaccinated HCP and fully vaccinated residents may choose to unmask outdoors in small gatherings”. Signs have been posted on doors using the “red, yellow and green light” system per IDOH. On August 24, 2021, families were notified by nursing department of Covid-19 cases and closing of the facility to any	09/29/2021

	staff and resident cases to the Indiana Department of Health (IDOH) as required. This had the potential to affect all residents in the facility. Finding includes: Upon entering the facility at 8:05 a.m., no staff were present at the front desk and no screening was completed prior to entry. Several residents were outside on the facility property. More then 7 residents were observed with no masks or facial covering in place. Three residents were standing side by side smoking cigarettes. The residents would move around freely on the grounds and the parking lot. No staff members were present to monitor social distancing. There were no signs posted on the doors announcing ongoing COVID-19 updates for the residents, families and staff, including any notice of a current outbreak.		visitors. Residents were informed of positive test results and that the facility had to go on lock down. Due to high county numbers facility is still on lock down and residents are being kept up to date. Office manager responsible for posting of signage on doors. Administrator to monitor daily, five times weekly, visually, ongoing. Facility was unaware of what a line listing was until the Infection Prevention person visited after isolation was over. Should the facility have any future outbreaks of Covid-19 the line listing will be utilized. Nursing department responsible for line listing. We do not keep records regarding people not having a temperature. We keep records if people do have a temperature. Our policy is problem based charting. Surveyor never asked for copies of inservices. We take education of our employees very seriously. We have had multiple inservices regarding Covid-19 and infection control this year; the last one being held on August 17, 2021. At no time did surveyor ask for Covid-19 testing logs. Residents will still receive periodic inservices on masking and "physical distancing". On August	

	The Director of Nursing (DON) came downstairs to speak with the surveyor upon entry due to the facility Administrator being on vacation. She indicated all residents and staff were COVID -19 tested on 8/24/21. Thirteen residents had tested positive. The physician was notified and all 13 of the residents were moved to a hall on the second floor and remained in quarantine. No line listing of COVID-19 infections for residents or staff throughout the pandemic was available, the above positive resident information provided by the DON was written briefly on a regular sheet of paper. No screening was in place for residents who would exit the facility. No logs or records of monitoring for elevated temperatures or other signs of COVID-19 daily were provided. There was no record or documentation of ongoing staff and resident education related to COVID 19. Review of facility protocol and policies related to monitoring symptoms of probable COVID-19 indicated ongoing Infection Control inservicing had not been completed or documented. There was no documentation of the facility following the ongoing CDC or IDOH recommendations for		24, 2021, when positive cases were discovered, Office manager had an emergency meeting with the residents in the dining room in order to inform residents that the facility had positive cases and in order to recommend that residents wear masks. On September 29, 2021, a resident meeting was held informing the residents of recommendations of wearing masks indoors although all residents have been vaccinated. Meeting also covered, again, "physical distancing" recommendations per CDC and IDOH guidelines and mask wearing in the community. On August 24, 2021, when positive cases were discovered, Office Manager contacted the new facility owner regarding reporting procedures (see attached). The owner contacted the state and the attachment is what was sent to the owner. We followed all instructions. In the IODH SOP, on page three (3), it states to report any possible Covid-19 illness in residents or employees to the local health department. Residents will still receive periodic inservices on masking and physical distancing and Nurses will continue to monitor residents at least one (1) time per day during med pass. Part of this monitoring is visually	

testing, monitoring and tracking Infections related to COVID-19.

Interview with the DON on 9/3/21 at 12:30 p.m., indicated the facility had not been reporting any of the staff or residents with COVID+ testing results to Redcap or IDOH and no Infection Control inservices were completed for all staff and residents regarding the current outbreak or updated guidance.

The IDOH "LTC Facility COVID-19 Data Submission Guidelines", dated 12/21/20, indicated,

".... Importantly, the state requires that facilities report to the following systems, which are focused on patient-level testing information:

- Long-term Care COVID-19 Reporting form (required for for all SNF/NF [skilled care] and RCF/AL [Assisted Living])

- COVID-19 Point of Care (POC) Test Reporting form (Certified nursing homes [SNF/NFs] are exempt from this reporting beginning October 28, 2020 and should begin reporting point-of-care testing to NSHN directly; required for all RCF/AL [Assisted Living])

- Death Reporting Line for COVID-19-related deaths ...."

This state residential finding

assessing and asking each resident how they feel. Our policy is problem based charting. No other residents were affected by Covid-19 due to our monitoring practices. Nurses responsible to monitor residents. Acting DON to monitor nurses during med pass to ensure assessing and conversation are occurring. Acting DON will monitor five (5) days per week, visually, ongoing.

The facility had no Covid-19 positive cases throughout the pandemic. The first case the facility had was on August 11, 2021 and, at that
time, REDCAP was unavailable. Residents that were quarantined on the Red Hall
each had a quarantine sign on their door. Facility was unaware of what a line
listing was until the Infection Prevention person visited after isolation was
over. Surveyor watched office manager try to access the REDCAP site
unsuccessfully. Surveyor then reported positive cases.

relates to Complaint IN00361224.

Based on observation, record review and interview, the facility failed to establish an Infection Control program which included a system that enables the facility to analyze patterns of known infectious symptoms, provides orientation and in-service education on infection prevention and control including universal precautions, offers health information to residents, and reports communicable disease to public health authorities related to no line listing of infections, no recent infection control inservicing for staff or residents and not reporting COVID-19 positive staff and resident cases to the Indiana Department of Health (IDOH) as required. This had the potential to affect all residents in the facility.

Finding includes:

Upon entering the facility at 8:05 a.m., no staff were present at the front desk and no screening was completed prior to entry. Several residents were outside on the facility property. More then 7 residents were observed with no masks or facial covering in place. Three residents were standing side by side smoking cigarettes. The residents would move around freely on the grounds and the parking lot. No

staff members were present to monitor social distancing. There were no signs posted on the doors announcing ongoing COVID-19 updates for the residents, families and staff, including any notice of a current outbreak.

The Director of Nursing (DON) came downstairs to speak with the surveyor upon entry due to the facility Administrator being on vacation. She indicated all residents and staff were COVID -19 tested on 8/24/21. Thirteen residents had tested positive. The physician was notified and all 13 of the residents were moved to a hall on the second floor and remained in quarantine.

No line listing of COVID-19 infections for residents or staff throughout the pandemic was available, the above positive resident information provided by the DON was written briefly on a regular sheet of paper.

No screening was in place for residents who would exit the facility. No logs or records of monitoring for elevated temperatures or other signs of COVID-19 daily were provided. There was no record or documentation of ongoing staff and resident education related to COVID 19.

Review of facility protocol and

policies related to monitoring symptoms of probable COVID-19 indicated ongoing Infection Control inservicing had not been completed or documented. There was no documentation of the facility following the ongoing CDC or IDOH recommendations for testing, monitoring and tracking Infections related to COVID-19.

Interview with the DON on 9/3/21 at 12:30 p.m., indicated the facility had not been reporting any of the staff or residents with COVID+ testing results to Redcap or IDOH and no Infection Control inservices were completed for all staff and residents regarding the current outbreak or updated guidance.

The IDOH "LTC Facility COVID-19 Data Submission Guidelines", dated 12/21/20, indicated,

".... Importantly, the state requires that facilities report to the following systems, which are focused on patient-level testing information:

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- COVID-19 Point of Care (POC) Test Reporting form (Certified nursing homes [SNF/NFs] are exempt from this reporting beginning October 28,

	2020 and should begin reporting point-of-care testing to NSHN directly; required for all RCF/AL [Assisted Living]) - Death Reporting Line for COVID-19-related deaths ...." This state residential finding relates to Complaint IN00361224.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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