STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT HOBART	1420 ST MARYS CIRCLE, HOBART, , 46342

(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 IN00378036 and IN00381989. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00378036 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00381989 - Substantiated. State deficiency related to the allegations is cited at R407. Survey date: July 5, 2022 Facility number: 002627 Residential Census: 92 This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 7/7/22.	R 0000	This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. This plan of correction is being submitted as required by the regulations. The Administrator will ensure all corrective action in the following Plan of Correction has been completed.	

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 record review and interview, the facility failed to ensure infection control guidelines were in place and implemented, including those to properly prevent and or contain COVID -19, related to employees not screened for COVID-19 prior to working for 3 of 4 employees reviewed for screening (Employees 1, 3, and 4). The facility also failed to ensure Agency Staff used were tested for COVID-19 prior to working at the facility, for 21 of 21 agency staff who worked in the Memory Care Unit and/or COVID-19 Unit. This had the potential to affect 27 residents	R 0407	1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? All residents will be tested for Covid. 2. What residents are affected by the deficient practice and the corrective action to be taken: All resident have the potential to be affected and all residents will be tested for covid. 3. What measures will be put into place to ensure the deficient practice does not recur? a. Each weekday the employee rooster will be printed and compared to the covid screening form to ensure all employees are being screened daily for the next 60 days. Any employee failing to comply will be counseled. All employees will be in-serviced on making sure they are screened each time they report to work. Contract nursing agencies will be contacted and informed all staff need to be screened prior coming to work. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? Executive director will review the daily cross checks to ensure compliance.	08/19/2022

	who reside in the Memory Care Unit and/or COVID-19 unit. Findings include: 1. During a Confidential Interview, an employee indicated a temperature was obtained prior to working. When asked if she had to answer questions about symptoms of COVID-19, the employee indicated, "sometimes". Review of the staff screening forms, dated July 3- 5, 2022, indicated Employee 1, Employee 3, and Employee 4 had not been screened for COVID-19 prior to working their shifts at the facility. An interview with the Assistant Director of Nursing (ADON) on 7/5/22 at 1:42 p.m., indicated not all employees had been screened prior to working on July 3 - 5, 2022. The facility COVID-19 policy, dated 6/9/22 and received from the Administrator as current, was reviewed on 7/5/22 at 12:21 p.m., and indicated the staff were to be screened for COVID-19 at the start of every shift. 2. During a Confidential Interview, an Agency Employee indicated they had not had a COVID-19 test completed in the past two weeks.		5. All changes will be completed by August 19, 2022	

Review of the Resident Line Surveillance form on 7/5/22 at 10:00 a.m., indicated the first positive

COVID-19 resident was diagnosed on 5/14/22 on the Memory Care Unit and between 5/14/22 and 5/30/22, there had been 23 residents who had tested positive for COVID-19 and placed on the COVID-19 Unit in the Memory Care Unit.

Staff Schedules were reviewed from 5/27/22 through 6/8/22 during the COVID-19 outbreak dates on 7/5/22 at 3 p.m. Between 5/27/22 and 6/8/22, there were 20 Agency Staff scheduled on the Unit.

During an interview on 7/5/22 at 1:44 p.m., the ADON indicated the facility had just started using Agency Staff during the COVID-19 outbreak. The facility scheduled specific Agency Staff for the Memory Care Unit/COVID-19 Unit. The Agency Employees had not been tested nor had the Agency been contacted for the COVID-19 status of the employees.

On 7/5/22 at 3:09 p.m., the Administrator indicated the Agency Employees should have been tested every time they came in to work their shift since they worked in other facilities.

This state residential finding

relates to Complaint IN00381989.

Based on record review and interview, the facility failed to ensure infection control guidelines were in place and implemented, including those to properly prevent and or contain COVID -19, related to employees not screened for COVID-19 prior to working for 3 of 4 employees reviewed for screening (Employees 1, 3, and 4). The facility also failed to ensure Agency Staff used were tested for COVID-19 prior to working at the facility, for 21 of 21 agency staff who worked in the Memory Care Unit and/or COVID-19 Unit. This had the potential to affect 27 residents who reside in the Memory Care Unit and/or COVID-19 unit.

Findings include:

1. During a Confidential Interview, an employee indicated a temperature was obtained prior to working. When asked if she had to answer questions about symptoms of COVID-19, the employee indicated, "sometimes".

Review of the staff screening forms, dated July 3- 5, 2022, indicated Employee 1, Employee 3, and Employee 4 had not been screened for COVID-19 prior to working their shifts at the facility.

An interview with the Assistant Director of Nursing (ADON) on 7/5/22 at 1:42 p.m., indicated not all employees had been screened prior to working on July 3 - 5, 2022.

The facility COVID-19 policy, dated 6/9/22 and received from the Administrator as current, was reviewed on 7/5/22 at 12:21 p.m., and indicated the staff were to be screened for COVID-19 at the start of every shift.

2. During a Confidential Interview, an Agency Employee indicated they had not had a COVID-19 test completed in the past two weeks.

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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