STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1019 BELLE'S PLACE OF WABASH	3037 W DIVISION RD, WABASH, , 46992

(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 Complaint IN00371456. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00371456-Substantiated. State deficiency related to the allegation is cited at R0406. Survey dates: January 26 and 27, 2022 Facility number: 003466 Residential Census: 22 This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on January 31, 2022.	R 0000		
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control	R 0406	**The creation and submission of this plan of correction does not constitute**	03/01/2022

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 reviewed, the facility failed to ensure infection control practices were followed related CDC guidelines for Transition Based Precautions (TBP) isolation for 7 of 22 resident rooms reviewed for infection control (Resident B, C, D, E, F, G and H). The facility also failed to properly prevent and/or contain COVID-19 by wearing masks in a manner to cover nose and mouth. (Cook 1)

Findings include:

During the initial tour on 1/26/22 at 8:00 a.m., isolation signs were noted to indicate the following Personal Protective Equipment (PPE) was to be worn prior to entering Covid-19 rooms:

a. surgical mask

b. gloves

c. gown

d. eye protection.

During an observation on 1/26/22 at 8:15 a.m., Cook 1 was in the kitchen with her mask below her nose and mouth.

an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.

This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 3/1/2022

R 406 410 IAC 16.2-5-12(a) Infection Control - Offense (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. This RULE is not met as evidenced by: R 406 Based on observation, interview and record reviewed, the facility failed to ensure infection control practices were followed related CDC guidelines for Transition Based Precautions (TBP) isolation for 7 of 22 resident rooms reviewed for infection control (Resident B, C, D, E, F, G and H).

	1. The clinical record for Resident B was reviewed on 1/26/22 at 9:30 a.m. Diagnoses included, but were not limited to, Cerebrovascular Accident (CVA) and panic disorder. On 1/14/22, Resident B developed a cough and myalgia. A rapid antigen test was completed and was positive for Covid-19. Resident B was placed in isolation. 2. The clinical record for Resident C was reviewed on 1/26/22 at 9:50 a.m. Diagnoses included, but were not limited to, dementia, anxiety and hyperlipidemia. On 1/22/22, Resident C developed a cough, sore throat and runny nose. A rapid antigen test was completed and was positive for Covid-19 on 1/23/22. Resident C was placed in isolation. A progress note, dated 1/23/22 at 9:30 a.m., indicated the resident was sent to her room for quarantine, but was difficult to remain in room. Resident C was unable to understand the reason to stay in her room. 3. The clinical record for Resident D was reviewed on 1/27/22 at 9:29 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, diabetes mellitus and hypertension.		R 406 Infection Control **No residents were negatively affected by this deficiency although potential for harm did exist.** All BFM's will be re-educated on proper mask use to help prevent the spread of infection. Re-education to include when to put mask on, proper wearing of mask, how to remove mask and proper disposal of dirty masks as well as hand hygiene after doffing. Resident apartments will have "hand wash" station located in the kitchen area of their apartment and all staff will be instructed on proper hand hygiene prior to leaving resident apartment. RN-C or other designated employee will re-educate all staff on proper infection control protocol. All BFM's will be re-educated in proper donning/doffing of PPE and proper disposal. Staff to be audited monthly and PRN for proper use of all PPE including	

	On 1/17/22, Resident D developed a congestion and myalgia. A rapid antigen test was completed on 1/17/22 and was positive for Covid-19. Resident D was placed in isolation. 4. The clinical record for Resident E was reviewed on 1/27/22 at 9:58 a.m. Diagnoses included, but were not limited to, diabetes mellitus, depressive disorder and bipolar disorder. On 1/18/22, Resident E developed a congestion and myalgia. A rapid antigen test was completed and was positive for Covid-19. Resident E was placed in isolation 5. The clinical record for Resident F was reviewed on 1/26/22 at 10:15 a.m. Diagnoses included, but were not limited to, cognitive communication deficit, chronic kidney disease and macular degeneration. On 1/22/22, Resident F developed a runny nose. A rapid antigen test was completed and was positive for Covid-19. Resident F was placed in isolation		donning/doffing by RN-C or other designated staff member. Date of completion: March 1, 2022 and on-going. Any resident in isolation will have proper isolation signage attached to their apartment door indicating type of PPE to be used. Date of Completion: March 1, 2022 and on-going. N95 masks will be made available to all staff with proper instruction on when and how to use during times of isolation. Director, RN-C or other designated staff member will ensure N95 mask inventory is stocked and ready for use on a monthly basis by utilizing monthly inventory check off sheet. Divisional Director of Operations will audit inventory check off sheet at least quarterly to ensure sufficient amount of N95 masks are available for use. Date of completion: March 1, 2022 and on-going.	

6. The clinical record for Resident G was reviewed on 1/26/22 at 9:56 a.m. Diagnoses included, but were not limited to, diabetes mellitus, memory impairment and hypertension.

On 1/23/22, Resident G developed myalgia, sore throat and congestion. A rapid antigen test was completed on 1/23/22 and was positive for Covid-19. Resident G was placed in isolation

7. The clinical record for Resident H was reviewed on 1/26/22 at 10:30 a.m. Diagnoses included, but were not limited to, dementia and chronic kidney disease.

On 1/15/22, Resident H was given a rapid antigen test and was positive for Covid-19. Resident H remained asymptomatic. developed a cough and myalgia. A rapid antigen test was completed and was positive for Covid-19. Resident H was placed in isolation.

On 1/26/22 at 9:28 a.m., Cook 1 was noted to be in the kitchen talking to another staff person with her mask below her nose.

On 1/26/22 at 9:54 a.m., Cook 1 was observed to be blending food in the kitchen with her mask below her nose.

During an interview on 1/26/22

at 8:38 a.m., the Administrator indicated the facility did not have any N95 masks and only had KN95 masks. She does not believe they have ever had N95 masks since the start of Covid-19. They had been running low on gowns, but was able to get some from the health department. She did not check to see if they had any N95 masks available.

During an interview on 1/26/22 at 11:15 a.m., Cook 1 indicated she was having a hard time keeping her mask on her nose and/or mouth. She had taken loops from another mask and tied them on the mask ear loops in order to make it larger.

On 1/27/22 at 8:42 a.m., the following isolation rooms were observed to have the following PPE in a trash can outside of the rooms:

a. Room 103 a blue gown.

b. Room 105 gloves.

c. 304 gown and gloves.

d. 505 gown.

e. 301 gloves.

During an interview on 1/27/22 at 8:52 a.m., the Administrator indicated staff had received a video related to doffing PPE. They have been told to doff prior to exiting the room and not

outside of the room.

On 1/27/22 at 11:18 a.m., CNA was observed to be donning a gown and gloves. She indicated they used the same KN95 mask throughout the day and occasionally put a surgical mask over the KN95. She indicated they normally doff all PPE after they exit the room.

Review of a current facility policy, revised 08/19/20, titled "Bickford Senior Living...Quick Guide: Coronavirus COVID-19 in Your Branch What You Need to Know," which was provided by the Administrator on 1/26/22 at 10:02 a.m., indicated the following:

"Branch Preparation for COVID-19

...Any Resident presenting with flu like illness/suspected COVID-19 will have temperature and symptoms monitored 2x a day and recorded....

When the First Resident is Diagnoses with COVID-19

When you are notified that a Resident has been diagnoses with COVID-19, secure evidence of the diagnosis (copy of laboratory test, medical documentation, etc.,) or seek formal written notification from the local Health Department.

...3. Initiate Resident and

Branch, Droplet and Contact Precautions....

Quarantine Protocol

Bickford Senior Living may require if one Resident is diagnoses with COVID-19 the Branch may consider quarantine protocol....

7. BFM's [Bickford Family Members] to wear Personal Protective Equipment (PPE)....

a. N95 Masks will be worn by BFM's for all direct contact, care and service for all COVID presumptive/positive Residents, if available

This State tag relates to Complaint IN00371456.

Based on observation, interview and record reviewed, the facility failed to ensure infection control practices were followed related CDC guidelines for Transition Based Precautions (TBP) isolation for 7 of 22 resident rooms reviewed for infection control (Resident B, C, D, E, F, G and H). The facility also failed to properly prevent and/or contain COVID-19 by wearing masks in a manner to cover nose and mouth. (Cook 1)

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On 1/14/22, Resident B developed a cough and myalgia. A rapid antigen test was completed and was positive for Covid-19. Resident B was placed in isolation.

2. The clinical record for Resident C was reviewed on 1/26/22 at 9:50 a.m. Diagnoses included, but were not limited to, dementia, anxiety and hyperlipidemia.

On 1/22/22, Resident C developed a cough, sore throat and runny nose. A rapid antigen test was completed and was positive for Covid-19 on 1/23/22.

Resident C was placed in isolation.

A progress note, dated 1/23/22 at 9:30 a.m., indicated the resident was sent to her room for quarantine, but was difficult to remain in room. Resident C was unable to understand the reason to stay in her room.

3. The clinical record for Resident D was reviewed on 1/27/22 at 9:29 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, diabetes mellitus and hypertension.

On 1/17/22, Resident D developed a congestion and myalgia. A rapid antigen test was completed on 1/17/22 and was positive for Covid-19. Resident D was placed in isolation.

4. The clinical record for Resident E was reviewed on 1/27/22 at 9:58 a.m. Diagnoses included, but were not limited to, diabetes mellitus, depressive disorder and bipolar disorder.

On 1/18/22, Resident E developed a congestion and myalgia. A rapid antigen test was completed and was positive for Covid-19. Resident E was placed in isolation

5. The clinical record for Resident F was reviewed on 1/26/22 at 10:15 a.m. Diagnoses included, but were

	not limited to, cognitive communication deficit, chronic kidney disease and macular degeneration. On 1/22/22, Resident F developed a runny nose. A rapid antigen test was completed and was positive for Covid-19. Resident F was placed in isolation 6. The clinical record for Resident G was reviewed on 1/26/22 at 9:56 a.m. Diagnoses included, but were not limited to, diabetes mellitus, memory impairment and hypertension. On 1/23/22, Resident G developed myalgia, sore throat and congestion. A rapid antigen test was completed on 1/23/22 and was positive for Covid-19. Resident G was placed in isolation 7. The clinical record for Resident H was reviewed on 1/26/22 at 10:30 a.m. Diagnoses included, but were not limited to, dementia and chronic kidney disease.			

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This State tag relates to

	Complaint IN00371456.			

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