STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF ANDERSON	1118 W CROSS ST, ANDERSON, , 46011

(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 a State Residential Licensure Survey and this visit included a Residential COVID-19 Quality Assurance Walk Through. Survey dates: August 9 & 10, 2021 Facility number: 011806 Residential Census: 33 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 12, 2021.	R 0000		
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided.	R 0117	R 117 Personnel -What corrective action will be accomplished for those residents found to have been affected by the deficient practice?	09/03/2021

	The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on interview and record review, the facility failed to ensure one employee each shift was certified in first aid for 42 of 42 shifts reviewed. Findings include: On 8/10/21 at 9:13 a.m., two weeks of staffing schedules were reviewed to ensure an employee, who was certified in first aid, had been on duty each shift. The schedules reviewed were dated 7/25/21 to 8/7/21, which was a 14 day period. Each day had three (3) scheduled shifts. This resulted		Facility conducted audit of all nursing staff for those who have completed First Aid Training to prioritize those on each shift daily nursing shift. -How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practice. Director of Nursing will conduct First Aid training course for all nursing staff who are not currently certified to include all three nursing shifts. -What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? Director of Nursing or designee will audit daily nursing schedules to ensure at least one staff member is currently CPR and	

	in 42 shifts being reviewed. During an interview on 8/10/21 at 9:13 a.m., the Director of Nursing (D.O.N.) indicated no employees were certified in first aid. She indicated she had misunderstood the requirements for first aid training of staff members. During an interview on 8/10/21 at 11:57 a.m., the Administrator indicated she had misunderstood the requirement for first aid certification of staff and employees were not certified. Based on interview and record review, the facility failed to ensure one employee each shift was certified in first aid for 42 of 42 shifts reviewed. Findings include: On 8/10/21 at 9:13 a.m., two weeks of staffing schedules were reviewed to ensure an employee, who was certified in first aid, had been on duty each shift. The schedules reviewed were dated 7/25/21 to 8/7/21, which was a 14 day period. Each day had three (3) scheduled shifts. This resulted in 42 shifts being reviewed. During an interview on 8/10/21 at 9:13 a.m., the Director of Nursing (D.O.N.) indicated no employees were certified in first aid. She indicated she had		first aid certified on all three shifts- daily for 14 days, weekly for 4 weeks and then monthly ongoing. -What date will the systemic changes be completed? 9/03/2021	

	misunderstood the requirements for first aid training of staff members. During an interview on 8/10/21 at 11:57 a.m., the Administrator indicated she had misunderstood the requirement for first aid certification of staff and employees were not certified.			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure over the stove exhaust hood was kept clean, dish machine logs were completed during the sanitation of dishes and food served under sanitary conditions. Findings include: During a kitchen tour observation on 8/9/21 at 9:45 a.m., the following were observed:	R 0273	R 273 Food and Nutritional Services -What corrective action will be accomplished for those residents found to have been affected by the deficient practice? 1) Facility immediately cleaned kitchen exhaust hood and contacted exhaust hood cleaning service through Nelbud Hood Fire and Grease to schedule kitchen hood exhaust cleaning. Nelbud confirmed cleaning job to be completed on August 31st at 7:00pm. 2) Dishwasher temperature was immediately taken to ensure compliance and temperature logged.	08/31/2021

	1. The exhaust hood above the stove had large amounts of dust and grime build up. 2. The dish machine temperature logs sheet had one day of temperatures recorded for the month of August. A review of the dish machine temperature log sheet on 8/9/21 at 9:48 a.m., indicated August as the month. The fourth (4) of August had the a.m., temperature logged with the staff's initials included, no p.m., temperature information was included. The form lacked all other daily completions for 8/1/21 through 8/9/21. During the lunch service observation on 8/9/21 at 12:05 p.m., Cook 6 and Cook 7 served the lunch meal. Each cook used utensils to dip the food onto a plate and used the same gloved hand that had touched the utensils, to pick up the roll and a butter packet, and placed them on the plate with the food. During an interview on 8/9/21 at 9:48 a.m., the Dietary Manager indicated the dish machine temperature logs should had been completed for each shift every day. He was not aware that the logs were not being completed daily. He indicated he did not know when the exhaust hood was scheduled to be clean. He began his		3) Proper utensils were implemented to ensure safe food handling practices. This included using tongs when serving rolls. -How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by deficient practice. Immediate action was taken to clean kitchen exhaust hood and schedule kitchen exhaust hood to be professionally cleaned on August 31st, dishwasher temperature was taken to ensure dishwasher temperature reaches the proper temperatures for the wash and rinse cycles and proper utensils were implemented to ensure safe food handling practices. -What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?	

	employment April 2021 and the exhaust hood had not been cleaned since he had been employed. During an interview on 8/9/21 at 2:05 p.m., the Administrator indicated the exhaust hood cleaning company should had come in July. She confirmed she did not contact the company before this survey to inquire a reason for the lack of the exhaust vent cleaning in July. During an interview on 8/9/21 at 12:13 p.m., Cook 6 indicated tongs should had been used to place the roll and butter on the plate. On 8/9/21 at 10:36 a.m., the Dietary Manager provided the Kitchen Cleaning Schedule and indicted he had not used this form before. "Daily Cleaning: ...Wipe off hood above stove... Weekly Cleaning: ... Hood above Stove..." On 8/9/21 at 10:36 a.m., the Dietary Manager provided the Dining Services Guidelines and Expectations dated, July 2, 2015, and indicated this is the current policy received today from the corporate office.		Dietary staff have been educated on Dining Services Guidelines and Expectations and Kitchen Cleaning Schedule, including equipment maintenance and safety. 1) Dining Manager or designee will audit the cleaning of kitchen exhaust hood daily for 7 days, weekly for 4 weeks and monthly ongoing to ensure deficient practice does not recur. 2) Dining Manager or designee will ensure dishwasher temperatures are properly logged each shift by auditing dishwasher temperature log daily for 30 days, weekly for 4 weeks and monthly ongoing. 3) Executive Director or designee will ensure safe food handling practices are maintained to ensure deficient practice does not recur by observing meals service daily for 7 days, weekly for 8 weeks and monthly ongoing.	

	"Policy: It is policy of Primrose to adhere to all applicable State and Local Requirements for the resident of the community... Procedure 5: Food safety and sanitation... A. Safe food handling: ... 19...Use tongs when serving rolls, pickles, etc.... B. Washing and sanitizing dishes/utensils: 1. Sanitation is a process by which an agent or substance is applied to a surface to destroy any germs that may cause an illness. Washing and sanitizing dishes and utensils are important procedures to prevent the spread of disease... b... Ensure that the machine reaches the proper temperatures (120-degree Fahrenheit) for the wash and rinse cycles. C. Equipment maintenance and safety: 1. The equipment in the kitchen has been designed to preserve, prepare, and serve safe and appealing food. Utensils, equipment...must be always kept clean and must be maintained..." Based on observation, interview and record review, the facility		-What date will the systemic changes be completed? 8/31/2021	

failed to ensure over the stove exhaust hood was kept clean, dish machine logs were completed during the sanitation of dishes and food served under sanitary conditions.

Findings include:

During a kitchen tour observation on 8/9/21 at 9:45 a.m., the following were observed:

1. The exhaust hood above the stove had large amounts of dust and grime build up.

2. The dish machine temperature logs sheet had one day of temperatures recorded for the month of August.

A review of the dish machine temperature log sheet on 8/9/21 at 9:48 a.m., indicated August as the month. The fourth (4) of August had the a.m., temperature logged with the staff's initials included, no p.m., temperature information was included. The form lacked all other daily completions for 8/1/21 through 8/9/21.

During the lunch service observation on 8/9/21 at 12:05 p.m., Cook 6 and Cook 7 served the lunch meal. Each cook used utensils to dip the food onto a plate and used the same gloved hand that had touched the utensils, to pick up the roll and a butter packet, and placed them

on the plate with the food.

During an interview on 8/9/21 at 9:48 a.m., the Dietary Manager indicated the dish machine temperature logs should had been completed for each shift every day. He was not aware that the logs were not being completed daily. He indicated he did not know when the exhaust hood was scheduled to be clean. He began his employment April 2021 and the exhaust hood had not been cleaned since he had been employed.

During an interview on 8/9/21 at 2:05 p.m., the Administrator indicated the exhaust hood cleaning company should had come in July. She confirmed she did not contact the company before this survey to inquire a reason for the lack of the exhaust vent cleaning in July.

During an interview on 8/9/21 at 12:13 p.m., Cook 6 indicated tongs should had been used to place the roll and butter on the plate.

On 8/9/21 at 10:36 a.m., the Dietary Manager provided the Kitchen Cleaning Schedule and indicted he had not used this form before.

"Daily Cleaning:

	...Wipe off hood above stove... Weekly Cleaning: ... Hood above Stove..." On 8/9/21 at 10:36 a.m., the Dietary Manager provided the Dining Services Guidelines and Expectations dated, July 2, 2015, and indicated this is the current policy received today from the corporate office. "Policy: It is policy of Primrose to adhere to all applicable State and Local Requirements for the resident of the community... Procedure 5: Food safety and sanitation... A. Safe food handling: ... 19...Use tongs when serving rolls, pickles, etc.... B. Washing and sanitizing dishes/utensils: 1. Sanitation is a process by which an agent or substance is applied to a surface to destroy any germs that may cause an illness. Washing and sanitizing dishes and utensils are important procedures to prevent the spread of disease...			

	b... Ensure that the machine reaches the proper temperatures (120-degree Fahrenheit) for the wash and rinse cycles. C. Equipment maintenance and safety: 1. The equipment in the kitchen has been designed to preserve, prepare, and serve safe and appealing food. Utensils, equipment...must be always kept clean and must be maintained..."			
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. A. Based on interview and record review, the facility failed	R 0407	R 407 Infection Control -What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Facility immediately conducted COVID screening for all residents including documenting temperatures, signs, and symptoms of COVID-19. Facility also implemented all unvaccinated employees to wear eye protection with face shield or goggles as a standard safety measure during essential direct care of residents.	08/31/2021

	to monitor residents for signs and symptoms of COVID-19 and failed to implement eye protection for staff following a COVID-19 infection in the facility. Findings include: A. The COVID-19 screening information was reviewed on 8/10/21 at 9:35 a.m., from 7/20/21 to 8/9/21. The record contained temperatures for all residents and lacked any documentation for signs and symptoms of COVID-19 (i.e., cough, shortness of breath, muscle aches, loss of taste or smell, and vomiting or diarrhea.). During an interview on 8/10/21 at 10:24 a.m., the Director of Nursing (DON) indicated the signs and symptoms were not documented on the resident COVID-19 screening forms. The staff should have been entering this information daily. A current facility policy, titled, "Coronavirus Disease 2019 (COVID -19) Preparedness/Prevention Plan July, 2021," left on the table following lunch on 8/9/21 at 1:42 p.m., included, but was not limited to, "Resident, Visitor, and Third-Party Screening and Management of COVID-19...Existing residents		-How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the deficient practices. Residents were screened for signs and symptoms of COVID-19 and documentation completed for each. Nursing staff were educated on the Coronavirus Disease (COVID-19) Preparedness/Prevention Plan to ensure staff understand the importance of properly screening residents for COVID-19. Unvaccinated staff who provide essential direct care to residents were issued eye protection. All unvaccinated employees were educated on current Indiana State Department of Health guidance on COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure to include healthcare professionals wearing proper face masks and eye protection when there is moderate to high community transmission.	

	will be monitored for COVID-19 signs and symptoms..." B. During medication pass observation on 8/9/21 at 1:55 p.m., QMA 5 was observed providing medications to four residents. She had a surgical face mask and lacked eye protection. Review of the staff vaccination record indicated QMA 5 was unvaccinated. During a random observation on 8/9/21, CNA 8 was observed speaking with a resident across from the nurses station and leaning down close to the resident's face. She moved the resident down the hall and entered the resident's room. CNA 8 had on a surgical mask and lacked eye protection. Review of the staff vaccination record, indicated CNA 8 was unvaccinated. During a dining room observations on 8/9/21 and 8/10/21, the following was observed. 1. CNA 6 was pushing a resident in a wheelchair into the dining room and serving lunch to residents on 8/9/21 and 8/10/21. She had on a surgical face mask and lacked eye protection. Review of the staff vaccination record indicated CNA 6 was unvaccinated. 2. Dietary Aide 7 was observed serving lunch to residents on		-What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? Director of Nursing or designee will audit resident COVID-19 screenings to ensure documentation includes signs and symptoms daily for 14 days, weekly for 8 weeks and monthly ongoing to ensure deficient practice does not recur. Executive Director or designee will monitor unvaccinated employees to ensure proper eye protection is worn during essential direct care of residents daily for 7 days and weekly ongoing during moderate to high community transmission. -What date will the systemic changes be completed? 8/31/2021	

8/10/21. He had on a surgical face mask and lacked eye protection. Review of the staff vaccination record indicated Dietary Aide 7 was unvaccinated.

3. QMA 5 was observed serving lunch to residents on 8/9/21 and 8/10/21. She had on a surgical face mask and lacked eye protection.

4. CNA 8 was observed serving lunch to residents on 8/9/21 and 8/10/21. She had on a surgical face mask and lacked eye protection.

During an interview on 8/10/21 at 10:24 a.m., the DON indicated the staff use full personal protective equipment when caring for the COVID 19 positive resident who was in isolation. The facility followed Centers for Disease Control (CDC) guidance regarding unvaccinated staff and county positivity rate. She was unaware of the CDC directive to wear eye protection for unvaccinated staff during resident care based on county positivity rates which was 9.34% on 8/4/21.

"COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure,"(7/23/21) was retrieved on 8/10/21 from the Indiana State Department of Health (ISDH). The guidance

included, but was not limited to, the following:

"COVID-19 Negative (Green)...Unvaccinated HCP {healthcare providers} 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 ."

A. Based on interview and record review, the facility failed to monitor residents for signs and symptoms of COVID-19 and failed to implement eye protection for staff following a COVID-19 infection in the facility.

Findings include:

A. The COVID-19 screening information was reviewed on 8/10/21 at 9:35 a.m., from 7/20/21 to 8/9/21. The record contained temperatures for all residents and lacked any documentation for signs and symptoms of COVID-19 (i.e., cough, shortness of breath, muscle aches, loss of taste or smell, and vomiting or diarrhea.).

During an interview on 8/10/21 at 10:24 a.m., the Director of Nursing (DON) indicated the

signs and symptoms were not documented on the resident COVID-19 screening forms. The staff should have been entering this information daily.

A current facility policy, titled, "Coronavirus Disease 2019 (COVID -19) Preparedness/Prevention Plan July, 2021," left on the table following lunch on 8/9/21 at 1:42 p.m., included, but was not limited to,

"Resident, Visitor, and Third-Party Screening and Management of COVID-19...Existing residents will be monitored for COVID-19 signs and symptoms..."

B. During medication pass observation on 8/9/21 at 1:55 p.m., QMA 5 was observed providing medications to four residents. She had a surgical face mask and lacked eye protection. Review of the staff vaccination record indicated QMA 5 was unvaccinated.

During a random observation on 8/9/21, CNA 8 was observed speaking with a resident across from the nurses station and leaning down close to the resident's face. She moved the resident down the hall and entered the resident's room. CNA 8 had on a surgical mask and lacked eye protection. Review of the staff vaccination

record, indicated CNA 8 was unvaccinated.

During a dining room observations on 8/9/21 and 8/10/21, the following was observed.

1. CNA 6 was pushing a resident in a wheelchair into the dining room and serving lunch to residents on 8/9/21 and 8/10/21. She had on a surgical face mask and lacked eye protection. Review of the staff vaccination record indicated CNA 6 was unvaccinated.

2. Dietary Aide 7 was observed serving lunch to residents on 8/10/21. He had on a surgical face mask and lacked eye protection. Review of the staff vaccination record indicated Dietary Aide 7 was unvaccinated.

3. QMA 5 was observed serving lunch to residents on 8/9/21 and 8/10/21. She had on a surgical face mask and lacked eye protection.

4. CNA 8 was observed serving lunch to residents on 8/9/21 and 8/10/21. She had on a surgical face mask and lacked eye protection.

During an interview on 8/10/21 at 10:24 a.m., the DON indicated the staff use full personal protective equipment when caring for the COVID 19

positive resident who was in isolation. The facility followed Centers for Disease Control (CDC) guidance regarding unvaccinated staff and county positivity rate. She was unaware of the CDC directive to wear eye protection for unvaccinated staff during resident care based on county positivity rates which was 9.34% on 8/4/21.

"COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure,"(7/23/21) was retrieved on 8/10/21 from the Indiana State Department of Health (ISDH). The guidance included, but was not limited to, the following:

"COVID-19 Negative (Green)...Unvaccinated HCP {healthcare providers} 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 ."

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