

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10410 ALLISONVILLE ROAD, FISHERS, , 46038			
(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. Survey dates: December 15 and 16, 2021 Facility number: 013039 Residential Census: 102 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on December 17, 2021	R 0000			
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	R 0407	What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Director of Nursing immediately educated nursing staff on appropriate PPE (personal protective equipment) to be worn when entering room of resident on transmission-based precautions. Education took place on 12/15/2021. C.N.A. number 2 was provided counseling/ disciplinary action for not following	01/03/2022	

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, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 by not ensuring staff wore the appropriate PPE (personal protective equipment) into the room of a resident, who was in TBP (transmission based precautions,) for 1 of 3 residents reviewed for infection control. (Resident 81)

Findings include:

The clinical record for Resident 81 was reviewed on 12/15/21 at 12:06 p.m. The diagnoses included, but were not limited to, COPD (chronic obstructive pulmonary disease.)

A tour of the facility was conducted with the DON (Director of Nursing) on 12/15/21 at 10:55 a.m. During the tour, Resident 81's door was observed with a droplet plus isolation sign on the door. It read, "Make sure their eyes, nose and mouth are fully covered before room entry.

infection control policy & proper use of personal protective equipment. Resident 81 did receive negative PCR test results on 12/17/2021.

How will the facility identify other residents having the potential to be affected by the same deficient practice & what corrective action will be taken? All residents have the potential to be affected by this deficient practice. Director of Nursing immediately educated nursing staff on proper personal protective equipment to be worn when caring for residents on transmission-based precautions on 12/15/2021. C.N.A. number 2 was provided counseling/ disciplinary action for not following infection control policy & proper use of personal protective equipment.

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice did not recur? All nursing staff re-educated by 1/03/2022 on COVID19 infection control policy as it pertains to utilization of proper personal protective equipment when caring for residents on transmission-based precautions.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. A CQI tool will be initiated by 1/03/2022 as a monitoring tool. The tool will be completed at least 5 days per week x 4 weeks, weekly x 4 weeks, then on monthly basis until compliance is maintained for 6 consecutive months by the Director of Nursing/

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

N-95 respirator is required for aerosol generating procedures." There was a PPE bin just outside of her room door. The DON opened the bin. The bin contained gowns and gloves, but no N-95 masks.

An interview was conducted with the DON during observation of Resident 81's door. She indicated Resident 81 presented with a dry cough earlier that morning, so she was POC (point of care) tested for Covid-19. She tested Covid-19 negative to the rapid POC test and was awaiting PCR (polymerase chain reaction) test results.

The 12/13/21, 12:12 p.m. progress note read, "POC completed d/t [due to] exposure, negative. No s/s [signs/symptoms] COVID at this time."

The 12/15/21, 7:12 a.m. progress note read, "Resident presents with chronic cough, has dx [diagnosis]: COPD. Resident given inhaler and resident improved. Afebrile, resident POC negative, PCR awaiting..."

An observation was made on 12/15/21 at 2:13 p.m. CNA (Certified Nursing Assistant) 2 entered resident 81's room with a surgical mask and eye protection. He was not wearing

designee. If threshold of 100% is not met, the results will be reviewed at monthly safety meeting and an action plan will be developed and/ or disciplinary action. The CQI tool will be overseen by the Director of Nursing and Executive Director/ designee.

an N-95 mask, gown, or gloves.

An interview was conducted with CNA 2 on 12/15/21 at 2:20 p.m., when he exited Resident 81's room. He indicated he'd worked at the facility for 3 year, and while inside Resident 81's room, he assisted her with making a phone call. He only wore a surgical mask and eye protection into Resident 81's room, not a gown, gloves, or N-95 mask. Resident 81 was in droplet plus precautions, but "hers is not a Covid situation. I'm not sure why she's in droplet precautions." He stated, "We put the gown and gloves on all the bins, but we don't always have to use them."

An interview was conducted with the DON on 12/15/21 at 2:58 p.m. She indicated Resident 81 was in droplet plus precautions due to her dry cough, and whoever went into her room would be the designated staffperson to go in there. Droplet plus precautions included wearing an N-95 mask, eye protection, gown, and gloves into the room. The 12/13/21 progress note referencing exposure was in regards to a Covid-19 positive employee.

On 12/15/21 at 3:16 p.m., the ADON (Assistant Director of Nursing) provided a droplet plus precautions sign. It read "Put on

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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