STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF CARMEL	13390 N ILLINOIS STREET, CARMEL, , 46032

(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 IN00362667. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00362667 - Substantiated. State deficiencies related to the allegations are cited at R407. Survey date: September 20, 2021 Facility number: 013297 Residential Census: 52 This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed on September 23, 2021.	R 0000		
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an	R 0407	Staff education and ongoing education for basic Infection Control policies related to COVID-19	10/15/2021

	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 interview and record review, the facility failed to maintain an infection prevention and control program when 2 of 3 residents reviewed for COVID-19 monitoring were not adequately screened for signs or symptoms of the COVID-19 virus. (Residents B and C) Findings include: 1. The record for Resident B was reviewed on 09/20/21 at 1:00 p.m. Diagnoses included, but were not limited to, Alzheimer's Disease, anemia and seasonal allergies.		Ongoing monitoring of residents 2x/day For R407: 1. Describe what the facility did to correct the deficient practice for each resident cited. - Community will record resident temperature, o2 levels, heart rate and blood pressure of residents. 2. Describe how the facility reviewed all residents who had the potential to be affected by the same deficient practice and describe what action the facility took to correct the deficient practice. - Community to audit resident charts for discrepancies in recorded vital signs.	

	The resident's temperature, oxygen saturation, respiratory rate and blood pressure were not documented in the medical record for the last 14 days reviewed. 2. The record for Resident C was reviewed on 09/20/21 at 1:30 p.m. Diagnoses included, but were not limited to, Diabetes Mellitus, hypertension and CHF (congestive heart failure). The resident's temperature, oxygen saturation, respiratory rate and blood pressure were not documented in the medical record for the last 14 days reviewed. During an interview, on 09/20/21 at 3:20 p.m., Unit Manager 1 indicated screening for Covid-19 for residents consisted of only a temperature documented daily. She could not provide daily documentation of both Resident B and C temperatures for the past 14 days and it should have been completed and documented. A current document, titled "Covid-19 Response Plan," dated 07/15/21 and provided by Unit Manager 2 on 9/20/21 at 3:32 p.m., indicated "...Resident Screening - Resident symptoms and vital signs are screened at least once daily. Vital signs include a least: Temperature, Pulse Oximetry		3. Describe the steps or systemic changes the facility will make to ensure the deficient practice will not occur again, including any in-services, but this should also include any system change you made. - Community to implement company plan to ensure vitals are taken daily. 4. Describe how the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Monitoring should include: - DON or ADON will oversee vital signs being taken daily by staff. Will use company COVID-19 policy to monitor vital daily signs being taken.	

readings...Documentation of symptom and vital signs monitoring should be entered into the resident's electronic health record...."

This State finding relates to Complaint IN00362667.

Based on interview and record review, the facility failed to maintain an infection prevention and control program when 2 of 3 residents reviewed for COVID-19 monitoring were not adequately screened for signs or symptoms of the COVID-19 virus. (Residents B and C)

Findings include:

1. The record for Resident B was reviewed on 09/20/21 at 1:00 p.m. Diagnoses included, but were not limited to, Alzheimer's Disease, anemia and seasonal allergies.

The resident's temperature, oxygen saturation, respiratory rate and blood pressure were not documented in the medical record for the last 14 days reviewed.

2. The record for Resident C was reviewed on 09/20/21 at 1:30 p.m. Diagnoses included, but were not limited to, Diabetes Mellitus, hypertension and CHF (congestive heart failure).

The resident's temperature, oxygen saturation, respiratory

rate and blood pressure were not documented in the medical record for the last 14 days reviewed.

During an interview, on 09/20/21 at 3:20 p.m., Unit Manager 1 indicated screening for Covid-19 for residents consisted of only a temperature documented daily. She could not provide daily documentation of both Resident B and C temperatures for the past 14 days and it should have been completed and documented.

A current document, titled "Covid-19 Response Plan," dated 07/15/21 and provided by Unit Manager 2 on 9/20/21 at 3:32 p.m., indicated "...Resident Screening - Resident symptoms and vital signs are screened at least once daily. Vital signs include a least: Temperature, Pulse Oximetry readings...Documentation of symptom and vital signs monitoring should be entered into the resident's electronic health record...."

This State finding relates to Complaint IN00362667.

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