| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | | A. BUILDING<br>B. WING | 12/06/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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 |
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| R 0000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaints IN00364180 and IN00363777. This visit included a Residential COVID-19 Quality Assurance Walk Through.<br><br>Complaint IN00364180 - Substantiated. State deficiencies related to the allegations are cited at R407.<br><br>Complainit IN00363777 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Survey dates: December 05 and 06, 2021<br><br>Facility number: 013297<br><br>Residential Census: 47<br><br>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.<br><br>Quality review was completed on December 13, 2021. | R 0000 | | |

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| R 0407 | Infection Control - Noncompliance<br><br>410 IAC 16.2-5-12(b)(1-4)<br><br>(b) The facility must establish an infection control program that includes the following:<br><br>(1) A system that enables the facility to analyze patterns of known infectious symptoms.<br><br>(2) Provides orientation and in-service education on infection prevention and control, including universal precautions.<br><br>(3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.<br><br>(4) Reporting communicable disease to public health authorities.<br><br>Based on observation, interview and record review, the facility failed to develop and implement written policies and procedures for infection control, to contain the spread of the Covid-19 virus, when the facility failed to ensure staff were wearing face masks correctly, staff performed hand hygiene after touching the outside of the face mask and failed to ensure all staff were screened for COVID-19 prior to entering the facility for 5 of 5 employees randomly observed for Infection Control. (Receptionist 1, CNA 3, Chef 4, Housekeeper 6 and CNA 8) | R 0407 | Q1. What corrective action(s) will be accomplished for those residents found to have bee affected by the deficient practice;<br><br>A1. No residents were affected with causing infectious disease development.<br><br>Q2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;<br><br>A2. Facility recognizes that all residents had potential to be affected by the alleged deficient practices.<br><br>Q3: What measures will be put into place or systemic changes will be made to ensure that the deficient practice does not recur;<br><br>A3a. . An in-service education to be held for staff in each department by 1/6/22. The in-service | 01/05/2022 |

Findings include:

1. During an observation, on December 05, 2021 at 8:45 a.m., a sign was posted in the facility lobby which indicated to see the receptionist, to have a temperature taken and to fill out the (COVID-19) questionnaire.

During an observation, on December 05, 2021 at 8:50 a.m., Receptionist 1 was observed, at the front desk, wearing a surgical mask which did not have a bottom strap to fully secure the mask around the side of the face and chin.

During an interview, on December 05, 2021 at 8:50 a.m., Receptionist 1 indicated she removed the strap because it gave her a rash and made her break out. During the interview, she was observed to adjust her mask and then answer the phone. She was not observed to have performed hand hygiene.

2. During an observation of the kitchen, on December 05, 2021 at 8:54 a.m., CNA 3 was observed with her facemask worn below her nose. At the same time, Chef 4 was observed preparing a takeout container of food. His mask was below his nose.

During an interview, on December 05, 2021 at 8:54 a.m., CNA 3 indicated the mask should have covered her mouth

will include but not limited to the following:

- COVID-19 Employee and Visitor Screening Protocol
- Handwashing
- Maintaining social distance
- How to safely wear and take off a mask
- Information on the Covid Vaccine and how to locate Vaccination centers
- Infection Control

Please find the in-service content titled EXHIBIT “A”

A3b. All employees to be instructed on the Covid-19 screening protocol process and how to screen prior to their shift. During receptionist hours, all employees, families, and vendors will have their temperature recorded by the

and nose.

3. During a random observation in the lobby, on December 05, 2021 at 9:13 a.m., Housekeeper 6 was observed to enter the building through the lobby doors, pass the reception station and without being observed to screen for COVID-19, took a left at the desk and proceeded into the community.

4. During a random observation, on December 05, 2021 at 9:15 a.m., CNA 8 was observed with her mask worn below her nose.

During an interview, at the time of the observation, CNA 8 indicated the mask was to be worn over her mouth and nose. CNA 8 was then observed to use her hands to adjust the mask to fit over her mouth and nose. She was not observed to have performed hand hygiene after touching the mask. She indicated she knew she needed to perform hand hygiene and walked away. She was not observed to perform hand hygiene after touching her mask.

During an interview, on December 05, 2021 at 9:57 a.m., Receptionist 1 indicated all visitors and staff were to complete a COVID-19 assessment when they entered the facility.

receptionist and asked the series of screening questions before they are cleared to interact with the residents within the community. After hours, they will be required to use the QR code at the front desk to record temperatures and answer the series of screening questions.

Q4. How the corrective action(s) will be monitored to ensure that the deficient practice will not recur, i.e., what quality assurance will be put into place;

A4. The corrective action monitoring will be accomplished by the following: The data derived from the smart sheet QR code system and the daily screening sheets will be available to all Leaders supervising others within the respective departments. Leaders are required to monitor this information using an Audit Tool to ensure all employees have followed the screening process and are cleared for their respective shifts. Handwashing and mask donning audits will be completed by Leaders

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| | During an interview, on December 05, 2021 at 11:31 a.m., the Executive Director indicated the mask policy applied to all masks cloth and surgical.<br><br>During an interview, on December 06, 2021 at 1:21 p.m., the Executive Director was unable to verify a COVID-19 assessment had been completed for Housekeeper 6 when he entered the facility on December 05, 2021.<br><br>A Center for Disease Control document, titled "Use of Cloth Face Coverings to Help Slow the Spread of COVID-19," dated 04/04/20 and provided by the Executive Director on December 5, 2021 at 11:50 a.m., indicated "...face coverings should...fit snugly...comfortably against the side of the face...be secured with ties or ear loops...."<br><br>An undated Center for Disease Control document, titled "SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)," provided by the Executive Director on December 06, 2021 at 1:15 p.m., indicated "...MASK...fit snug to face and below chin...."<br><br>An undated Center for Disease Control document, titled "HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)," provided | | supervising others within the respective departments. Leaders are<br>required to provide re-education and further action as necessary. Individuals who have expressed masks causing<br>rashes will be given alternate mask options to remain within guidelines. These<br>measures will be discussed at daily stand up to ensure that audits and<br>education completed by Department Heads. All audits will be completed weekly<br>for 1 month and monthly for 3 months.<br><br>Please see EXHIBIT “B”<br><br>Q5. By what date will the systemic changes by completed;<br><br>A5. January 5, 2022 | |

by the Executive Director on December 06, 2021 at 1:15 p.m., indicated "...Front of mask...is contaminated...DO NOT TOUCH...If your hands get contaminated...immediately wash your hands or use alcohol-based hand sanitizer..."

A current facility policy, titled "Standard Precautions," dated as revised on 12/09/14 and provided by the Executive Director on December 06, 2021 at 1:15 p.m., indicated "...Hand hygiene...After touching...contaminated items...."

This State Finding relates to Complaint IN00364180.

Based on observation, interview and record review, the facility failed to develop and implement written policies and procedures for infection control, to contain the spread of the Covid-19 virus, when the facility failed to ensure staff were wearing face masks correctly, staff performed hand hygiene after touching the outside of the face mask and failed to ensure all staff were screened for COVID-19 prior to entering the facility for 5 of 5 employees randomly observed for Infection Control. (Receptionist 1, CNA 3, Chef 4, Housekeeper 6 and CNA 8)

Findings include:

1. During an observation, on

December 05, 2021 at 8:45 a.m., a sign was posted in the facility lobby which indicated to see the receptionist, to have a temperature taken and to fill out the (COVID-19) questionnaire.

During an observation, on December 05, 2021 at 8:50 a.m., Receptionist 1 was observed, at the front desk, wearing a surgical mask which did not have a bottom strap to fully secure the mask around the side of the face and chin.

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During an interview, on December 05, 2021 at 8:54 a.m., CNA 3 indicated the mask should have covered her mouth and nose.

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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 |
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