STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND EMERALD PLACE	4010 S IRONWOOD DR, SOUTH BEND, , 46614

(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 IN00371536. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00371536 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: Februrary 7 & 8, 2022 Facility number: 013555 Residential Census: 49 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on 2/15/22.	R 0000		
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an	R 0407	On 2/18/2022 Executive Director (ED) provided	02/18/2022

	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 observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented, including those to prevent and/or contain COVID-19, related to the use of personal protective equipment for 1 of 1 housekeeper interviewed and 2 of 2 facility staff observed entering and exiting a room labeled red zone. (Housekeeper 2, CNA 3, CNA 4) Finding includes: During an interview with housekeeper 2 on 2/7/2022 at 2:02 P.M., she indicated that she wore gloves, gown, face shield and a surgical mask when cleaning a RED zone room.		Education in an All staff meeting to Housekeeper 2, CNA 3, and CNS 4 on Proper personal equipment(PPE) usage, donning, and doffing when entering and exiting a labeledred zone to prevent Covid On 02/18/2022, ED conducted observational audit of current employees to ensure proper PPE usage when entering and exiting a room labeledred zone, without additional issues identified. On 2/18/2022 ED and Care Service Manager (CSM) educated current staff on PPE usage, donning and doffing when entering and exiting a room labeledred zone to prevent or contain COVID-19, Infection control, disease transmission, and handwashing ED or designee will conduct audit of 5 staff members weekly for four weeks, 5 staff members biweekly for four weeks, and 5 staff monthly for one month to ensure appropriate PPE usage and appropriate donning and doffing of PPE when entering and exiting a roomlabeled red zone.	

	During an interview with the Administrator on 2/8/2022 at 9:39 A.M., she indicated that when a housekeeper cleaned a RED zone room, she should not wear a surgical mask but an N-95. On 2/8/22 at 9:56 A.M., during a tour wiht the Resident Care Coordinator, two staff were observed eentering Room 205 a room labeled with RED zone signage. The staff were observed wearing gowns, gloves, and N95 mask but not face shield. During an interview, conducted at that time the Resident Care Coordinator indicated they should have put on face shields to enter the room. On 2/8/2022 at 10 A.M., CNA 3 and CNA 4 were observed exiting Room 205 fully dressed in personal protective equipment (PPE). During an interview, with CNA 3 and CNA 4 at that time, each indicated that they should have worn a face shield into the room and removed their PPE before leaving the room. During an interview with the Administrator on 2/8/2022 at 1:17 P.M., she indicated that the 2 CNAs should have removed their PPE prior to exiting the room. On 2/7/2022 at 2:25 P.M., the		Results of the audit will be discussed during MonthlyQI Meetings. The QI Committeewill determine if continued auditing is necessary based on three consecutive moths of compliance. Monitoring will be ongoing. Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

Administrator provided a policy titled, "Personal Protective Equipment Providing Care to Residents with COVID-19 (confirmed or suspected)," updated 7/5/2021, and indicated the policy was the one currently used by the facility. The policy indicated " ...When interacting with these residents you should always wear full PPE Gown, Mask (N95), Face Shield and Gloves. 1. Apply PPE before entering resident's apartment. 2. Remove all PPE except mask before leaving the resident's apartment (dispose of PPE within the apartment) 3. Remove and dispose of gown and gloves after each use. Ensure trash can is placed right inside apartment door for easy end-of-day retrieval. 4. Employee may use the same N95 mask for the full shift ...."

Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented, including those to prevent and/or contain COVID-19, related to the use of personal protective equipment for 1 of 1 housekeeper interviewed and 2 of 2 facility staff observed entering and exiting a room labeled red zone. (Housekeeper 2, CNA 3, CNA 4)

Finding includes:

During an interview with housekeeper 2 on 2/7/2022 at 2:02 P.M., she indicated that she wore gloves, gown, face shield and a surgical mask when cleaning a RED zone room.

During an interview with the Administrator on 2/8/2022 at 9:39 A.M., she indicated that when a housekeeper cleaned a RED zone room, she should not wear a surgical mask but an N-95.

On 2/8/22 at 9:56 A.M., during a tour wiht the Resident Care Coordinator, two staff were observed eentering Room 205 a room labeled with RED zone signage. The staff were observed wearing gowns, gloves, and N95 mask but not face shield. During an interview, conducted at that time the Resident Care Coordinator indicated they should have put on face shields to enter the room.

On 2/8/2022 at 10 A.M., CNA 3 and CNA 4 were observed exiting Room 205 fully dressed in personal protective equipment (PPE). During an interview, with CNA 3 and CNA 4 at that time, each indicated that they should have worn a face shield into the room and removed their PPE before leaving the room.

	During an interview with the Administrator on 2/8/2022 at 1:17 P.M., she indicated that the 2 CNAs should have removed their PPE prior to exiting the room. On 2/7/2022 at 2:25 P.M., the Administrator provided a policy titled, "Personal Protective Equipment Providing Care to Residents with COVID-19 (confirmed or suspected)," updated 7/5/2021, and indicated the policy was the one currently used by the facility. The policy indicated " ...When interacting with these residents you should always wear full PPE Gown, Mask (N95), Face Shield and Gloves. 1. Apply PPE before entering resident's apartment. 2. Remove all PPE except mask before leaving the resident's apartment (dispose of PPE within the apartment) 3. Remove and dispose of gown and gloves after each use. Ensure trash can is placed right inside apartment door for easy end-of-day retrieval. 4. Employee may use the same N95 mask for the full shift ...."				

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