

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 10/09/2024	
NAME OF PROVIDER OR SUPPLIER SEACOAST AT SUMMERS POINTE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1 SUNSET DRIVE, WINCHESTER, , 47394					
(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. This visit included the Investigation of Complaint IN00442063. Complaint IN00442063 - No deficiencies related to the allegations are cited. Survey dates: October 8 and 9, 2024 Facility number: 013838 Residential Census: 18 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed October 18, 2024.	R 0000	The Lodge at Summers Pointe submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. This provider respectfully requests that the 2567 Plan of Correction (POC) be considered the Letter of Credible Allegation and requests paper compliance in lieu of a Post Survey Review.				
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be required for each employee of a	R 0121	Community TB Screening Tool and community policy have been updated to include time administered and time	11/08/2024			

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facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:

(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.

(4) An employee with symptoms or

read.

An audit has been conducted to identify employees that were affected. All employees will receive new 2 step to ensure compliance

Nurses have been re-educated TB screening policy and procedure and new TB Screening Tool to include time administered and time read.

Administrator or designee will conduct an audit of new employee TB screening 2 times per week for 4 weeks, 1 time biweekly for 4 weeks, then monthly for 4 months. Results of audits will be brought to the QA Committee for further recommendations.

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signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.

Based on record review and interview, the facility failed to ensure mandatory tuberculin skin tests (TST) were administered and read timely according to professional standards 4 of 4 new employee files reviewed (LPN [licensed practical nurse] 3, CNA [certified nurse aide] 4, QMA [qualified medication aide] 5, and HHA [home health aide] 6).

Findings include:

Employee files were provided by the Administrator on 10/8/24 at 4:40 p.m. and reviewed on 10/9/24 at 2:02 p.m.

A Tuberculosis Skin Test Screening Record for LPN 3 indicated a first step tuberculosis (TB) test was performed on 8/24/24 and read on 8/26/24. A second step TB test was performed on 8/30/24 and read on 9/2/24. The tests administered did not include the times administered or read.

A Tuberculosis Skin Test Screening Record for CNA 4 indicated a first step TB test was performed on 5/24/24 and read on 5/26/24. A second step TB test was performed on 6/10/24

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and read on 6/12/24. The tests administered did not include the times administered or read.

A Tuberculosis Skin Test Screening Record for QMA 5 indicated a first step TB test was performed on 5/18/24 and read on 5/20/24. A second step TB test was performed on 5/25/24 and read on 5/27/24. The tests administered did not include the times administered or read.

A Tuberculosis Skin Test Screening Record for HHA 6 indicated a first step TB test was performed on 8/28/24 and read on 8/30/24. A second step TB test was performed on 9/4/24 and read on 9/6/24. The tests administered did not include the times administered or read.

During an interview, on 10/9/24 at 2:54 p.m., the DON (Director of Nursing) indicated TB tests should be read 48 to 72 hours after the test was given. The "Tuberculosis Skin Test Screening Record" did not have the times documented.

An undated, current facility policy, provided by the DON on 10/9/24 at 4:10 p.m., titled "Tuberculosis, Employee Screening for," indicated " ...All employees are screened for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease, using tuberculin skin test (TST)"

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The Mantoux Tuberculin Skin Testing Fact Sheet, dated 9/2020, was retrieved on 10/9/24 from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf. The guidance included: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test...."

Based on record review and interview, the facility failed to ensure mandatory tuberculin skin tests (TST) were administered and read timely according to professional standards 4 of 4 new employee files reviewed (LPN [licensed practical nurse] 3, CNA [certified nurse aide] 4, QMA [qualified medication aide] 5, and HHA [home health aide] 6).

Findings include:

Employee files were provided by the Administrator on 10/8/24 at 4:40 p.m. and reviewed on 10/9/24 at 2:02 p.m.

A Tuberculosis Skin Test Screening Record for LPN 3 indicated a first step

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A Tuberculosis Skin Test Screening Record for CNA 4 indicated a first step TB test was performed on 5/24/24 and read on 5/26/24. A second step TB test was performed on 6/10/24 and read on 6/12/24. The tests administered did not include the times administered or read.

A Tuberculosis Skin Test Screening Record for QMA 5 indicated a first step TB test was performed on 5/18/24 and read on 5/20/24. A second step TB test was performed on 5/25/24 and read on 5/27/24. The tests administered did not include the times administered or read.

A Tuberculosis Skin Test Screening Record for HHA 6 indicated a first step TB test was performed on 8/28/24 and read on 8/30/24. A second step TB test was performed on 9/4/24 and read on 9/6/24. The tests administered did not include the times administered or read.

During an interview, on 10/9/24 at 2:54 p.m., the DON (Director of Nursing) indicated TB tests should be read 48 to 72 hours after the test was given. The

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"Tuberculosis Skin Test Screening Record" did not have the times documented.

An undated, current facility policy, provided by the DON on 10/9/24 at 4:10 p.m., titled "Tuberculosis, Employee Screening for," indicated " ...All employees are screened for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease, using tuberculin skin test (TST)"

The Mantoux Tuberculin Skin Testing Fact Sheet, dated 9/2020, was retrieved on 10/9/24 from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf. The guidance included: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test...."

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R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. Based on record review and interview, the facility failed to accurately screen for tuberculosis (TB) (Residents 12 and 17) and accurately document the administration and results of tuberculin skin tests (TST) (Resident 21) for 3 of 7 residents reviewed for tuberculosis screening and testing.	R 0410	Resident #12 and #17 have been assessed with no concerns identified. Chest xrays have been ordered for both residents to ensure compliance All residents have the potential to be affected. An audit was completed with no additional concerns identified. Licensed nurses re-educated on updated TB policy and procedure The Director of Nursing or designee will conduct an audit to ensure TB tests are administered and documented correctly for all new admissions 2 times a week x 4 weeks, 1 time biweekly x 4 weeks, then monthly x 4 months. Results of the audits will be brought to QA Committee meeting for review/recommendations	11/08/2024
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Findings include:

1. Resident 12's clinical record was reviewed on 10/9/24 at 9:32 a.m. Diagnoses included moderate persistent asthma.

Current physician orders included budesonide (corticosteroid used for asthma) inhalation suspension 0.5 mg (milligrams)/2 ml (milliliters) inhale orally two times a day.

Resident 12's clinical record lacked a TST or chest x-ray upon admission. The form "Checklist of Signs & Symptoms of TB Disease," completed on 9/2/23, provided by the Administrator on 10/9/24 at 1:35 p.m., indicated the resident was a positive reactor to the TST.

During an interview, on 10/9/24 at 2:57 p.m., the DON indicated Resident 12 was a positive reactor to the TST. She was unable to provide documentation of the previous positive reaction to the TST and the subsequent clinical evaluation for TB.

2. Resident 17's clinical record was reviewed on 10/9/24 at 10:08 a.m. Diagnoses included type 2 diabetes mellitus with other diabetic neurological complications, chronic obstructive pulmonary disease, and moderate persistent asthma.

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FORM APPROVED

OMB NO. 0938-0391

Current physician orders included budesonide-formoterol fumarate dihydrate (corticosteroid used for asthma) inhalation aerosol, 80-4.5 mcg (micrograms)/actuation (when inhaler is sprayed), 2 puffs inhale orally two times a day and insulin glargine, 100 units/ml, inject 30 units subcutaneously one time a day.

Resident 17's clinical record lacked a TST or chest x-ray upon admission. The form "Checklist of Signs & Symptoms of TB Disease," completed on 4/28/23, provided by the Administrator on 10/9/24 at 1:35 p.m., indicated the resident had an allergy to shellfish.

During an interview, on 10/9/24 at 2:57 p.m., the DON indicated Resident 17 had refused to be given a TST due to a severe allergy to shellfish, and he had not received additional TB screening.

The Indiana Department of Health Consumer Services and Health Care Regulation Long-term Care Division Program Letter titled "Tuberculosis Assessment and Testing of Long-term Care Residents," dated 8/11/21, was retrieved on 10/9/24 from <https://www.in.gov/health/files/DOH-TB-Assessment-and-Testing-of-New-Residents-8-11-21.pdf>. The guidance included: " ...A

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tuberculin skin test must be completed within three months prior to admission or upon admission unless there is documentation of a previous positive TB test. Testing can be by tuberculin skin test (TST) method or an Interferon Gamma Release Assay (IGRA) blood test. Note on residents with previous positive TB test: Persons with a documented previous positive TST or IGRA should not undergo repeat testing unless a test result is in question. A positive test should have been followed by a clinical evaluation for TB that included a chest radiograph (X-ray). Results of that evaluation should be acquired by the facility and be in the patient's record. There is no time limit on this evaluation. For example, if there is documentation from 10 years ago indicating the resident had a positive test, a normal/negative chest x-ray, and a completed evaluation clearing them of TB disease, that is acceptable. If documentation of this evaluation cannot be obtained, a clinical evaluation with a chest radiograph should be performed. In the absence of symptoms, this can be delayed up to one week following admission...."

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3. Resident 21's clinical record was reviewed on 10/9/24 at 11:17 a.m.

Resident 21's "Tuberculosis Skin Test Screening Record," provided by the Administrator on 10/9/24 at 1:35 p.m., indicated a first step TB test was performed on 3/2/24 and read on 3/4/24. A second step TB test was performed on 3/9/24 and read on 3/11/24. The form indicated "TB Skin Test are read in 72 hours (approximately)." The tests administered did not include the times administered or read.

During an interview, on 10/9/24 at 2:54 p.m., the DON (Director of Nursing) indicated TB tests should be read 48 to 72 hours after the test was given. The "Tuberculosis Skin Test Screening Record" did not have the times documented.

The Mantoux Tuberculin Skin Testing Fact Sheet, dated 9/2020, was retrieved on 10/9/24 from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf. The guidance included: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST

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results. A patient who does not return within 72 hours will need to be rescheduled for another skin test...."

A current, undated, facility policy, provided by the DON on 10/9/24 at 4:10 p.m., titled "Tuberculosis, Screening Residents for," indicated " ...This facility shall screen all residents for tuberculosis infection and disease (TB) ... Screening of new admissions or readmissions for tuberculosis infection and disease is in compliance with State regulations"

Based on record review and interview, the facility failed to accurately screen for tuberculosis (TB) (Residents 12 and 17) and accurately document the administration and results of tuberculin skin tests (TST) (Resident 21) for 3 of 7 residents reviewed for tuberculosis screening and testing.

Findings include:

1. Resident 12's clinical record was reviewed on 10/9/24 at 9:32 a.m. Diagnoses included moderate persistent asthma.

Current physician orders included budesonide (corticosteroid used for asthma) inhalation suspension 0.5 mg (milligrams)/2 ml (milliliters) inhale orally two times a day.

Resident 12's clinical record lacked a TST or chest x-ray upon admission. The form "Checklist of Signs & Symptoms of TB Disease," completed on 9/2/23, provided by the Administrator on 10/9/24 at 1:35 p.m., indicated the resident was a positive reactor to the TST.

During an interview, on 10/9/24 at 2:57 p.m., the DON indicated Resident 12 was a positive reactor to the TST. She was unable to provide documentation of the previous positive reaction to the TST and the subsequent clinical evaluation for TB.

2. Resident 17's clinical record was reviewed on 10/9/24 at 10:08 a.m. Diagnoses included type 2 diabetes mellitus with other diabetic neurological complications, chronic obstructive pulmonary disease, and moderate persistent asthma.

Current physician orders included budesonide-formoterol fumarate dihydrate (corticosteroid used for asthma) inhalation aerosol, 80-4.5 mcg (micrograms)/actuation (when

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and insulin glargine, 100
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subcutaneously one time a day.

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"Checklist of Signs & Symptoms
of TB Disease," completed on
4/28/23, provided by the
Administrator on 10/9/24 at 1:35
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During an interview, on 10/9/24
at 2:57 p.m., the DON indicated
Resident 17 had refused to be
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The Indiana Department of
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<https://www.in.gov/health/files/DOH-TB-Assessment-and-Testing-of-New-Residents-8-11-21.pdf>. The guidance included: "...A tuberculin skin test must be completed within three months prior to admission or upon admission unless there is documentation of a previous positive TB test. Testing can be

by tuberculin skin test (TST) method or an Interferon Gamma Release Assay (IGRA) blood test. Note on residents with previous positive TB test: Persons with a documented previous positive TST or IGRA should not undergo repeat testing unless a test result is in question. A positive test should have been followed by a clinical evaluation for TB that included a chest radiograph (X-ray). Results of that evaluation should be acquired by the facility and be in the patient's record. There is no time limit on this evaluation. For example, if there is documentation from 10 years ago indicating the resident had a positive test, a normal/negative chest x-ray, and a completed evaluation clearing them of TB disease, that is acceptable. If documentation of this evaluation cannot be obtained, a clinical evaluation with a chest radiograph should be performed. In the absence of symptoms, this can be delayed up to one week following admission...."

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Resident 21's "Tuberculosis Skin Test Screening Record," provided by the Administrator on 10/9/24 at 1:35 p.m., indicated a first step TB test was performed

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on 3/2/24 and read on 3/4/24. A second step TB test was performed on 3/9/24 and read on 3/11/24. The form indicated "TB Skin Test are read in 72 hours (approximately)." The tests administered did not include the times administered or read.

During an interview, on 10/9/24 at 2:54 p.m., the DON (Director of Nursing) indicated TB tests should be read 48 to 72 hours after the test was given. The "Tuberculosis Skin Test Screening Record" did not have the times documented.

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A current, undated, facility policy, provided by the DON on 10/9/24 at 4:10 p.m., titled "Tuberculosis, Screening

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Residents for," indicated " ...This facility shall screen all residents for tuberculosis infection and disease (TB) ... Screening of new admissions or readmissions for tuberculosis infection and disease is in compliance with State regulations"			
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	