STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND TERRACE OF NEW PALESTINE LLC	4400 TERRACE DRIVE, NEW PALESTINE, , 46163

(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 IN00369323 and a Residential Covid-19 Quality Walk Through Survey. Complaint IN00369323 - Substantiated. State Residential Finding related to the allegations is cited at R0407. Survey dates: December 27 and 28, 2021 Facility number: 013896 Residential Census: 86 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on December 29, 2021	R 0000	R0000 – The Plan of Correction constitutes the written allegation of compliance for the deficiency cited. This Plan of Correction is not an admission that the deficiency cite exists or was correctly cited. This Plan of Correction is submitted to meet the requirements established by the State and Federal law. Woodland Terrace of New Palestine desires this Plan of Correction to be considered the community's Allegation of Compliance and requests a desk review. Compliance is effective 12/28/21.	
R 0407	Infection Control - Noncompliance	R 0407	R 407 1. What corrective action	01/21/2022

	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 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 potentially prevent and/or contain Covid-19 in the facility by failing to ensure each staff member conducted self-screening for Covid-19 signs and symptoms prior to beginning work. Findings include: On 12-28-21 at 12:10 p.m., in an interview with the Director of Nursing (DON), she indicated the nursing staff are "really good to screen in," related to self-screening for signs and symptoms of possible Covid-19, prior to beginning their work for the day. She indicated the		(s) will be accomplished for those residents found to have been affected by the deficient practice: All residents could have been affected by the deficient practice; however, none of the residents were affected. Upon learning of lapses in screening, the Executive Director (ED) and Health and Wellness Director (HWD) immediately communicated to department leaders the requirement that all team members are required the complete designated electronic infectious illness screening prior to beginning their shift. Additionally, staff who were identified to have failed to complete the screen were directed to immediately complete the screen with verification of completion by the ED and HWD. Completion Date: 12/28/2021	

	facility utilizes an electronic system which allows the staff to use a mobile application to self-screen on their cellular telephones. On 12-28-21 from 12:50 p.m. to 1:30 p.m., the Executive Director (ED) assisted with reviewing corporate records for the nursing staff who had electronically self-screened for signs and/or symptoms of Covid-19, prior to beginning their shifts for the dates of 12-27-21 and 12-28-21. The screening information was only reviewed for the nursing department. The following information was identified: -12-27-21: 25 nursing staff were working with 9 staff identified as having screened into the electronic Covid-19 system prior to work, resulting in in a rate of 36% screening in and 64% not screening in prior to beginning their work day. 12-28-21: 10 nursing staff were working with 2 staff identified as having screened into the electronic Covid system prior to work, resulting in a rate of 20% screening in and 80% not screening in prior to beginning their work day. In an interview on 12-28-21 at 1:38 p.m., with the ED, she indicated the facility follows the regulations and the		2. How the community will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: . All residents had the potential to be affected by the deficient practice. No residents tested positive for COVID-19, for the period of 12/13/2021 through 12/28/2021. . A notice was sent to all team members reminding them of the infectious illness screening requirements with reminders also posted in the community team member breakroom. Completion Date: 12/28/2021. . The infectious illness screening report will be monitored daily by the ED or	

	recommendations of the State's Covid-19 Standard Operating Procedures. She indicated the facility has signs on the front door and at the receptionist's desk explaining everyone must screen-in when they come into the community, for both visitors and staff. She indicated the department managers are supposed to be monitoring their staff to ensure each employee has screened-in prior to beginning their shift. She indicated she was unsure the facility has any kind of written policy regarding this. The Indiana Department of Health's "Long-term Care Covid-19 Clinical Guidance," updated 11-22-21, indicated, "Long-term care centers should take preventive measures every day to contain the spread of Covid-19. Screening could be done by an individual or by implementing an electronic monitoring system in which an individual can self-report before entering the facility. Screen all healthcare personnel (HCP) each shift, and screen all visitors and vendors entering the facility for known diagnosis or symptoms of Covid-19 and for any history of being a close contact or exposed to Covid-19 positive or symptomatic person in the preceding 14 days." This Residential tag relates to Complaint IN00369323 and to		designee for all shifts to verify team members have properly conducted the screen prior to beginning their shift. Team members who fail to complete the screening will be directed to immediately complete the screen with disciplinary action implemented for team members who fail to adhere to screening protocols. Completion Date: 1/21/2022 3. What measures will be put in place or what systemic changes the community will make to ensure that the deficient practice does not recur: . As provided above, infectious illness screening is in use and will continue for the remainder of the pandemic or until otherwise directed by the Indiana State Department of Health. See above for corrective actions implemented in an effort to prevent	

	the Residential Covid-19 Quality Walk Through Survey. 2.5-12(b)(1) 2.5-12(b)(2) Based on interview and record review, the facility failed to potentially prevent and/or contain Covid-19 in the facility by failing to ensure each staff member conducted self-screening for Covid-19 signs and symptoms prior to beginning work. Findings include: On 12-28-21 at 12:10 p.m., in an interview with the Director of Nursing (DON), she indicated the nursing staff are "really good to screen in," related to self-screening for signs and symptoms of possible Covid-19, prior to beginning their work for the day. She indicated the facility utilizes an electronic system which allows the staff to use a mobile application to self-screen on their cellular telephones. On 12-28-21 from 12:50 p.m. to 1:30 p.m., the Executive Director (ED) assisted with reviewing corporate records for the nursing staff who had electronically self-screened for signs and/or symptoms of Covid-19, prior to beginning their shifts for the dates of 12-27-21 and 12-28-21. The		reoccurrence of the deficient practice. Completion Date: 12/28/2021 4. How the corrective actions will be monitored to ensure the deficient practice will not recur. What quality assurance program will be put in place:	

	screening information was only reviewed for the nursing department. The following information was identified: -12-27-21: 25 nursing staff were working with 9 staff identified as having screened into the electronic Covid-19 system prior to work, resulting in in a rate of 36% screening in and 64% not screening in prior to beginning their work day. 12-28-21: 10 nursing staff were working with 2 staff identified as having screened into the electronic Covid system prior to work, resulting in a rate of 20% screening in and 80% not screening in prior to beginning their work day. In an interview on 12-28-21 at 1:38 p.m., with the ED, she indicated the facility follows the regulations and the recommendations of the State's Covid-19 Standard Operating Procedures. She indicated the facility has signs on the front door and at the receptionist's desk explaining everyone must screen-in when they come into the community, for both visitors and staff. She indicated the department managers are supposed to be monitoring their staff to ensure each employee has screened-in prior to beginning their shift. She indicated she was unsure the facility has any kind of written		. The ED or designee will be responsible for monitoring the infectious illness report throughout the day to verify team member screening compliance and follow-up with the team member or direct the team member's department manager to follow-up with the team member to immediately complete the screen, to include disciplinary action for team members for repeated non-compliance. The ED and HWD will explore creating a SMART goal to monitor compliance in conjunction with the quality assurance and improvement program committee. Completion Date: 1/21/2022	

	policy regarding this. The Indiana Department of Health's "Long-term Care Covid-19 Clinical Guidance," updated 11-22-21, indicated, "Long-term care centers should take preventive measures every day to contain the spread of Covid-19. Screening could be done by an individual or by implementing an electronic monitoring system in which an individual can self-report before entering the facility. Screen all healthcare personnel (HCP) each shift, and screen all visitors and vendors entering the facility for known diagnosis or symptoms of Covid-19 and for any history of being a close contact or exposed to Covid-19 positive or symptomatic person in the preceding 14 days." This Residential tag relates to Complaint IN00369323 and to the Residential Covid-19 Quality Walk Through Survey. 2.5-12(b)(1) 2.5-12(b)(2)				

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