STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF ZIONSVILLE WEST	6800 CENTRAL BOULEVARD, ZIONSVILLE, , 46077

(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 IN00367369. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00367369 - Substantiated. State deficiencies related to the allegations are cited at R0273. Survey dates: November 23 and 24, 2021 Facility number: 014059 Residential Census: 48 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on December 7, 2021.	R 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Independence Village of West Zionsville, that the allegations contained in this survey report are accurate or reflect accurately the provision of service to residents of Independence Village of West Zionsville.	
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f)	R 0273	What corrective action(s) will be accomplished for those residents found to have	01/03/2022

	(f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure dietary staff covered their hair while in the kitchen and failed to ensure staff performed sanitary handwashing for 1 of 1 kitchen observation. This had the potential to effect 48 of 48 residents who received food that was prepared in the kitchen. Findings include: On 11/23/21 at 11:15 a.m., during a kitchen tour, Dietary Aide 9 and Dietary Aide 10 were observed in the kitchen without hairnets nor hair restraints. On 11/23/21 at 11:20 a.m., Dietary Aide 9 put on a hairnet, washed her hands, then turned off the water faucet with her bare hand. On 11/23/21 at 11:22 a.m., Dietary Aide 10 put on a hairnet, washed her hands, then turned off the water faucet with her bare hand. On 11/23/21 at 11:25 a.m., Dietary Aide 11 came into the kitchen without a hairnet nor a hair restraint and indicated he had forgot to put on a hat or		been affected by the deficient practice? - Staff were immediately educated on the standard operating procedure of hairnets. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? - Any employee found to be out of compliance will be removed from the food service department, appropriate corrective action to follow. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? - Executive Chef and Dining Room Manager will ensure that all employees are screened to ensure that they are wearing a hair net upon clocking in for their shift. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?	

	hairnet before entering the kitchen. The Dietary Manager (DM), on 11/23/21 at 11:28 a.m., indicated the facility followed the Indiana Retail Food Establishment Sanitation Requirements. Staff should wear a hairnet or hair restraint while they are in the kitchen and staff should turn off the water faucet with a paper towel when they wash their hands. On 11/23/21 at 3:15 p.m., the Director of Nursing (DON) indicated, all staff should wash their hands when soiled and turn off the faucet with a paper towel. At that time she provided and identified a document as a current facility policy titled, "Standard Operating Procedure World Health Organization Handwashing," dated 4/27/2018, which indicated, "...How to handwash?...Wet hands with water...Apply enough soap to cover all hand surfaces...Rub hands palm to palm...Right palm over left dorsum with interlaced fingers and vice versa...Palm to palm with fingers interlaced...Backs of finger to opposing palms with fingers interlocked...Rotational rubbing of left thumb clasped in right palm and vice versa...Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa...Rinse		-Executive Director or designee will randomly screen the food service department for compliance. By what date the systemic changes will be completed? - January 3, 2022	

hands with water...Dry hands thoroughly with a single use towel...Use towel to turn off faucet...."

The DON, on 11/24/21 at 10:30 a.m., provided and identified a document as the current facility policy titled, "Indiana Retail Food Establishment Sanitation Requirements," which indicated, "...Food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting: ...exposed food...clean equipment, utensils, and linens; and...unwrapped single-service and single-use articles...."

This State Residential finding relates to Complaint IN00367369.

Based on observation, interview, and record review, the facility failed to ensure dietary staff covered their hair while in the kitchen and failed to ensure staff performed sanitary handwashing for 1 of 1 kitchen observation. This had the potential to effect 48 of 48 residents who received food that was prepared in the kitchen.

Findings include:

On 11/23/21 at 11:15 a.m., during a kitchen tour, Dietary Aide 9 and Dietary Aide 10 were

observed in the kitchen without hairnets nor hair restraints.

On 11/23/21 at 11:20 a.m., Dietary Aide 9 put on a hairnet, washed her hands, then turned off the water faucet with her bare hand.

On 11/23/21 at 11:22 a.m., Dietary Aide 10 put on a hairnet, washed her hands, then turned off the water faucet with her bare hand.

On 11/23/21 at 11:25 a.m., Dietary Aide 11 came into the kitchen without a hairnet nor a hair restraint and indicated he had forgot to put on a hat or hairnet before entering the kitchen.

The Dietary Manager (DM), on 11/23/21 at 11:28 a.m., indicated the facility followed the Indiana Retail Food Establishment Sanitation Requirements. Staff should wear a hairnet or hair restraint while they are in the kitchen and staff should turn off the water faucet with a paper towel when they wash their hands.

On 11/23/21 at 3:15 p.m., the Director of Nursing (DON) indicated, all staff should wash their hands when soiled and turn off the faucet with a paper towel. At that time she provided and identified a document as a current facility policy titled, "Standard Operating Procedure

	World Health Organization Handwashing," dated 4/27/2018, which indicated, "...How to handwash?...Wet hands with water...Apply enough soap to cover all hand surfaces...Rub hands palm to palm...Right palm over left dorsum with interlaced fingers and vice versa...Palm to palm with fingers interlaced...Backs of finger to opposing palms with fingers interlocked...Rotational rubbing of left thumb clasped in right palm and vice versa...Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa...Rinse hands with water...Dry hands thoroughly with a single use towel...Use towel to turn off faucet...." The DON, on 11/24/21 at 10:30 a.m., provided and identified a document as the current facility policy titled, "Indiana Retail Food Establishment Sanitation Requirements," which indicated, "...Food employees shall wear hair restraints, such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting: ...exposed food...clean equipment, utensils, and linens; and...unwrapped single-service and single-use articles...." This State Residential finding			

	relates to Complaint IN00367369.			
R 0407	Infection Control - Noncompliance 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 observations, interviews, and record reviews, the facility failed to properly prevent and/or contain COVID-19 when the facility failed to ensure implement signage for droplet/contact isolation precautions rooms to ensure staff and visitors utilized personal protective equipment (PPE) for 2 of 3 residents reviewed for infection control (Residents B and C). Findings include:	R 0407	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? - Proper signage immediately placed on door and standard operating procedure was reviewed with staff. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? - All residents were potentially affected by the same deficient practive. Employees were educated on proper signage. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur? - More routine infection control in-services to be provided to employees. How the corrective action(s) will be monitored to ensure the deficient practice will	01/03/2022

	On 11/23/21 at 10:40 a.m., the Director of Nursing (DON) indicated Resident B had tested positive for COVID-19 on 11/9/21 and Resident C had tested positive for COVID-19 on 11/15/21 and were both isolated to their rooms with droplet/contact isolation precautions (infection prevention and control measures used to prevent the spread of diseases or germs that are spread in tiny droplets caused by coughing, sneezing or body fluids). On 11/23/21 at 4:30 p.m., during a tour of the facility, Licensed Practical Nurse 6 indicated Resident B and Resident C were in droplet/contact isolation precautions due to testing positive results for COVID-19. Staff wore an N95 face mask and goggles or face shield while in the facility and donned (put on) personal protective equipment (PPE) of an isolation gown and gloves when they entered the isolation rooms. Resident B's and Resident C's rooms were observed with personal protective equipment of isolation gowns and gloves on a chair outside of the residents' rooms but lacked the droplet/contact isolation room stop sign signage on the residents' doors. On 11/24/21 at 9:45 a.m. DON		not recur, i.e., what quality assurance program will be put into place? - Continued education will be provided and continuous monitoring of appropriate signage to be conducted by Wellness Director or designee. By what date the systemic changes will be completed? - January 3, 2022	

indicated droplet/contact isolation room signage was placed on all the isolation room doors last night. Staff should have placed the droplet/contact precautions signage on all the isolation room doors when the residents tested positive for COVID-19. The DON provided a copy of the droplet/contact precautions sign that was placed on the residents' doors and indicated the facility followed CDC guidance for COVID-19 and infection control of placing stop signs on all isolation rooms.

Based on observations, interviews, and record reviews, the facility failed to properly prevent and/or contain COVID-19 when the facility failed to ensure implement signage for droplet/contact isolation precautions rooms to ensure staff and visitors utilized personal protective equipment (PPE) for 2 of 3 residents reviewed for infection control (Residents B and C).

Findings include:

On 11/23/21 at 10:40 a.m., the Director of Nursing (DON) indicated Resident B had tested positive for COVID-19 on 11/9/21 and Resident C had tested positive for COVID-19 on 11/15/21 and were both isolated to their rooms with droplet/contact isolation

precautions (infection prevention and control measures used to prevent the spread of diseases or germs that are spread in tiny droplets caused by coughing, sneezing or body fluids).

On 11/23/21 at 4:30 p.m., during a tour of the facility, Licensed Practical Nurse 6 indicated Resident B and Resident C were in droplet/contact isolation precautions due to testing positive results for COVID-19. Staff wore an N95 face mask and goggles or face shield while in the facility and donned (put on) personal protective equipment (PPE) of an isolation gown and gloves when they entered the isolation rooms. Resident B's and Resident C's rooms were observed with personal protective equipment of isolation gowns and gloves on a chair outside of the residents' rooms but lacked the droplet/contact isolation room stop sign signage on the residents' doors.

On 11/24/21 at 9:45 a.m. DON indicated droplet/contact isolation room signage was placed on all the isolation room doors last night. Staff should have placed the droplet/contact precautions signage on all the isolation room doors when the residents tested positive for COVID-19. The DON provided a

	copy of the droplet/contact precautions sign that was placed on the residents' doors and indicated the facility followed CDC guidance for COVID-19 and infection control of placing stop signs on all isolation rooms.			

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