STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER BIRCH OF KOKOMO	408 S WASHINGTON STREET, KOKOMO, , 46901

(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 Complaints IN00367301, IN00363649, IN00362070 and Complaint IN367794. This visit included a Residential COVID-19 Quality Assurance Walk Through survey. Complaint IN00367301 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00363649 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00362070 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00367794 - Substantiated. State deficiencies related to the allegations are cited at R0407. Survey dates: January 26 and	R 0000	**Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction for this survey.** **Please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance by a desk review. Should additional information be necessary to confirm said compliance, please feel free to contact me.**	

	27, 2022 Facility number: 014137 Residential Census: 114 This state residential finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed on February 2, 2022.			
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 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	R 0407	*What corrective actions will be accomplished for those residents found to have been affected by the deficient practice* **No residents were affected** *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* **This alleged deficient practice had the potential of affecting all residents of the Community** *What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur* **Staff were educated by DON-W on**	02/22/2022

	virus, when the facility failed to ensure staff were wearing face masks properly and failed to ensure staff performed hand hygiene after touching face masks for 6 of 6 randomly observed staff members. (Receptionist 1, Cook 2, Therapist 3, CNA 4, LPN 5 and Staff member 6) Findings include: 1. On January 26, 2022 at 8:30 a.m., Receptionist 1 was observed sitting, in the lobby, in the reception area without a mask. Receptionist 1 indicated she should have been wearing a mask. 2. On January 26, 2022 at 8:40 a.m., Cook 2 was observed standing at the grill, in the kitchen, her blue surgical face mask was worn below her chin. Cook 2 turned her back, briefly, and when she turned back around she was wearing a white mask. She was not observed to perform hand hygiene. At that time, Cook 2 indicated she was changing her mask. When asked about performing hand hygiene, she moved toward the sink and indicated she was going to perform hand hygiene and a face mask was to be worn at all times while in the facility. 3. During a random observation, on January 26, 2022 at 8:51 a.m., Therapist 3 was observed		**1/28 and 2/21 regarding properly wearing face masks and hand hygiene. Staff educated on the use of hand hygiene to include touching mask, clothes, or after providing resident care on these dates as well.** *How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e, what quality assurance program will be put into place and* **DON-W or designee will be responsible for observing staff compliance with mask wearing and hand hygiene randomly on a weekly basis x 4 weeks and monthly x 5 months. Non-compliance will have immediate correction provided to the employee. Community will review findings during QAPI until compliance is achieved at 100%. QAPI committee may increase or decrease frequency of audits or education based upon findings.** *By what date the systemic changes will be completed* **2/22/2022**	

wearing a surgical mask below his nose in the lobby, which was occupied by staff and residents. He corrected the position of his mask and then touched the button for the elevator. He was not observed to perform hand hygiene after contact with his mask. While in the elevator, his mask was observed below his nose, upon exiting the elevator he again corrected the positioning of his mask. He was not observed to perform hand hygiene. At that time, he indicated his glasses kept fogging up and the mask was to be worn over the nose and mouth. He then entered the therapy room. He was not observed to have performed hand hygiene.

4. During a random observation of the nursing room, on the second floor, on January 26, 2022 at 8:56 a.m., CNA 4 was observed sitting at a table with two other staff members present in the room. She was observed with her mask worn below her nose. She put the mask back over her nose. She was not observed to perform hand hygiene. CNA 4 indicated she kept sanitizer in her pocket and she will perform hand hygiene.

5. During the observation in the nursing room, on January 26, 2022 at 8:57 a.m., LPN 5 was observed touching her face mask. She was not observed to

perform hand hygiene.

During a random observation, on January 26, 2022 at 12:54 p.m., LPN 5 was observed with her mask pulled down. At that time, LPN 5 indicated the mask policy had not changed and she was wiping her lips. She put her mask on properly, but was not observed to perform hand hygiene.

6. During a random observation, on January 26, 2022 at 11:24 a.m., Staff Member 6 was observed at the reception desk with her mask hanging off of one ear while she was eating.

During an interview, on January 26, 2022 at 9:31 a.m., the Director of Nursing indicated hand hygiene was to be performed after touching a face mask and changing masks at the grill, in the kitchen, was not the correct place to change masks.

During an interview, on January 26, 2022 at 2:40 p.m., the Director of Nursing indicated the facility followed the guidance of the Indiana Department of Health and the Centers for Disease Control.

A current facility policy, titled "COVID-19 Policy and Procedure," dated April 15, 2021 and provided by the Director of Nursing on January 26, 2022, indicated "...The

Covid-19 protocol and guidance provided by the Center for Disease Control (CDC) and the Indiana Department of Health (IDOH) will be followed as prevention and protection for our residents and staff...."

"Your Guide to Masks" (updated January 21, 2022) was retrieved, on January 28, 2022, from the Centers of Disease Control (CDC) website. The guidance indicated "...How to Wear a Mask...Wear a well-fitting mask correctly...Do NOT touch the mask when wearing it. If you have to touch/adjust your mask often, it doesn't fit you properly...How NOT to Wear a Mask...Under your nose...Dangling from one ear...."

"When and How to Wash Your Hands" (reviewed on August 10, 2021) was retrieved on January 28, 2022, from the CDC website. The guidance indicated "...To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER...Touching your mask...."

This state finding relates to Complaint IN00367794.

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 properly and failed to ensure staff performed hand hygiene after touching face masks for 6 of 6 randomly observed staff members. (Receptionist 1, Cook 2, Therapist 3, CNA 4, LPN 5 and Staff member 6)

Findings include:

1. On January 26, 2022 at 8:30 a.m., Receptionist 1 was observed sitting, in the lobby, in the reception area without a mask. Receptionist 1 indicated she should have been wearing a mask.

2. On January 26, 2022 at 8:40 a.m., Cook 2 was observed standing at the grill, in the kitchen, her blue surgical face mask was worn below her chin. Cook 2 turned her back, briefly, and when she turned back around she was wearing a white mask. She was not observed to perform hand hygiene. At that time, Cook 2 indicated she was changing her mask. When asked about performing hand hygiene, she moved toward the sink and indicated she was going to perform hand hygiene

	and a face mask was to be worn at all times while in the facility. 3. During a random observation, on January 26, 2022 at 8:51 a.m., Therapist 3 was observed wearing a surgical mask below his nose in the lobby, which was occupied by staff and residents. He corrected the position of his mask and then touched the button for the elevator. He was not observed to perform hand hygiene after contact with his mask. While in the elevator, his mask was observed below his nose, upon exiting the elevator he again corrected the positioning of his mask. He was not observed to perform hand hygiene. At that time, he indicated his glasses kept fogging up and the mask was to be worn over the nose and mouth. He then entered the therapy room. He was not observed to have performed hand hygiene.			

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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