STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLASSWATER CREEK OF LAFAYETTE, LLC	208 BECK LANE, LAFAYETTE, , 47909

(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 IN00363340 and IN00369901. This visit included a Quality Assurance Walk Through Survey. Complaint IN00363340 - Substantiated. State findings related to the allegations are cited at R117. Complaint IN00369901 - Substantiated. State findings related to the allegations are cited at R36. Survey dates: January 12, 13 and 14, 2022 Facility number: 014148 Residential Census: 126 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5. Quality review was completed on January 24, 2022.	R 0000		

R 0036	Residents' Rights- Deficiency 410 IAC 16.2-5-1.2(k)(1-2) (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. Based on interview and record review, the facility failed to notify the physician and the resident's legal representative of a change in condition regarding a newly discovered wound on a resident for 1 of 4 residents reviewed for a change in condition (Resident B). Finding includes: A document, titled "Intake Information," dated 12/28/21, obtained from the IDOH (Indiana Department of Health) Gateway system, indicated a person who asked to remain anonymous voiced concerns regarding Resident B being admitted to IU (Indiana University) Health Arnett	R 0036	Requesting desk compliance R 036 Residents' Rights Deficiency; Failure to consult/inform resident physician/family with change in condition. 1. Resident B discharged to hospital and is not returning to community related to advanced dementia. 2. All residents with change of condition have potential to be affected by this alleged deficient practice. Director of Nursing to review last 30 days of documentation and 24hr reports, any missing notifications of change of condition will be notified to MD and family. 3. All nursing staff educated on January 17, 2022, on policy to inform MD/family/POA/guardian on any change of condition to a resident.	02/14/2022

	Hospital with a large unstageable (Full thickness tissue loss in which the base of the ulcer was covered by slough (yellow, tan, gray, green or brown tissue) and/or eschar (tan, brown or black) in the ulcer bed) (Until enough slough or eschar was removed to expose the base of the ulcer, the true depth and therefore stage, cannot be determined) wound on her coccyx, which measured 15 cm (centimeters) x 8 cm. During an interview, on 1/13/22 at 2:45 p.m., the Director of Nursing (DON) indicated Resident B did not have any open areas to her bottom prior to her going out to the hospital on 12/9/21, to be checked out because of a fall. She indicated she was given a sponge bath on 12/8/21 and there were no open areas found that day. She was sent to the hospital to have her left arm examined from a fall she had on 12/7/21. She left the facility at approximately 10:00 a.m. and did not return until approximately 4:00 p.m. On 12/10/21, at approximately 6:00 p.m., the staff found the resident confused, not herself and undressed from the waist down. When the staff tried to stand Resident B up, they found a wound to her inner buttock cheeks. The DON was notified of the wound. She indicated at that time, she took a picture of the wound, since this was a new		4. DON/Designee to audit charting weekly for notification in change of condition weekly x 4 weeks, then bi-monthly x 4 weeks, then monthly x 6 months. Audits will be reviewed during the monthly QI meeting. QI committee to make recommendations. 5. Compliance by February 14, 2022	

	wound for this resident and it was not there the day before. 911 was called to take the resident to the hospital and her legal representative was notified of her change in condition, but she failed to notify her Physician and her legal representative regarding the wound in between Resident B's buttock cheeks. The staff assisted the resident with her showers and sponge baths because she was a fall risk, so if she had a wound on her buttocks prior that day, the staff would have seen it. At that time, a picture of Resident B's buttocks was reviewed. The picture showed a large wound between the resident's buttocks. The skin on the wound had peeled off the top of the wound and was attached to the middle of the wound to the bottom of the inner buttocks. The top of the wound was a Stage 2 and the skin attached to the wound from the top of the inner buttocks to the bottom of the inner buttocks was yellow and black colored. There was no wound on the coccyx area. During an interview, on 1/13/22 at 2:59 p.m., CNA 4 indicated she gave Resident B showers, but on 12/8/21, she assisted her with a sponge bath because her arm was hurting her from her fall. She would get red buttocks from sitting up in her wheelchair,			

	then after she was out of her wheelchair for a little bit, the redness faded away. She wore depend underwear and she went to the bathroom on her own until she fell on 12/7/21, then she was not able to go on her own. CNA 4 gave Resident B a sponge bath on 12/8/21. She indicated Resident B did not have any open areas or wounds on 12/8/21, when she assisted her with her bath. The record for Resident B was reviewed on 1/14/22 at 2:00 p.m. Diagnoses included, but were not limited to, Type 2 Diabetes Mellitus, dementia, major depressive disorder, anxiety disorder, overactive bladder and hypertension. A document, titled "ED [Emergency Department] Progress Note," dated 12/10/21 at 7:16 p.m., indicated the resident had a "Grade 2 decubitus ulcer to the coccyx." At 7:48 p.m., the Physician Assistant (PA) documented she had called the facility to get more history on Resident B's clinical condition. The nurse reported she was not wearing her sling because she had vomited on the sling and the resident had a sore on her buttocks. The progress notes were reviewed and there was no notification to the resident's			

	Physician or Legal Representative for the wound to the inner buttocks found on 12/10/22. During an interview, on 1/14/22 at 6:18 p.m., LPN 8 with the DON and Interim Executive Director (ED) were in attendance. LPN 8 indicated on 12/9/21 at 10:38 a.m., Resident B was sitting, in her chair, in her room and it looked as if she had not moved in a while and she complained something did not feel right. Her chair was soaked with urine. She was assisted with changing her clothes and bathing, then she was sent to the hospital for evaluation of her left arm. At that time, her buttocks were pink and the skin blanched and there were no open areas on her buttocks or coccyx areas. A current facility policy, titled "Notification Changes in Resident Status," dated as revised on 2/21/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "PURPOSE: This policy is developed and implemented to ensure that staff notify, physicians, physician assistance, resident's legal representative and/or resident's representative when Resident is involved in an accident involving injury or other significant change in the resident's physical, mental, or emotional status.			

	POLICY: The resident's attending physician and the resident's representative shall be notified by the Director of Nursing, Staff Nurse or Administrator within 24 hours of an accident involving injury to the resident or other significant change in the resident's physical, mental, or emotional status. RESPONSIBILITY: A. The Administrator or the Director of Nursing or designee will notify the Resident's physician when a change in the resident's mental or physical status is observed by staff. Except in life-threatening situations such reporting will be within 24 hours after the observation. Serious or life-threatening situations should be reported to the physician immediately. B. The Administrator of the Director of Nursing or designee will notify the resident representative when a resident's accident/incident requires transfer out of the community and upon permission from the resident when the accident/incident does not require transfer out of the community. PROCEDURE: 1. A significant change in status is considered to be either an improvement or decline in a residents condition that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical			

	interventions, that impacts more than one area of the resident's health status and that requires revision of the Resident Service Plan. a. The Resident's physician will be notified when a change in a resident's mental or physical status is observed by staff...b. If the accident/incident requires transfer out of the community, the community will notify the resident representative...e. If a resident has an active power of attorney, community staff must notify the Power of Attorney of incident/accidents changes in condition...." This State finding relates to Complaint IN00369901. Based on interview and record review, the facility failed to notify the physician and the resident's legal representative of a change in condition regarding a newly discovered wound on a resident for 1 of 4 residents reviewed for a change in condition (Resident B). Finding includes: A document, titled "Intake Information," dated 12/28/21, obtained from the IDOH (Indiana Department of Health) Gateway system, indicated a person who asked to remain anonymous voiced concerns regarding Resident B being admitted to IU (Indiana			

	University) Health Arnett Hospital with a large unstageable (Full thickness tissue loss in which the base of the ulcer was covered by slough (yellow, tan, gray, green or brown tissue) and/or eschar (tan, brown or black) in the ulcer bed) (Until enough slough or eschar was removed to expose the base of the ulcer, the true depth and therefore stage, cannot be determined) wound on her coccyx, which measured 15 cm (centimeters) x 8 cm. During an interview, on 1/13/22 at 2:45 p.m., the Director of Nursing (DON) indicated Resident B did not have any open areas to her bottom prior to her going out to the hospital on 12/9/21, to be checked out because of a fall. She indicated she was given a sponge bath on 12/8/21 and there were no open areas found that day. She was sent to the hospital to have her left arm examined from a fall she had on 12/7/21. She left the facility at approximately 10:00 a.m. and did not return until approximately 4:00 p.m. On 12/10/21, at approximately 6:00 p.m., the staff found the resident confused, not herself and undressed from the waist down. When the staff tried to stand Resident B up, they found a wound to her inner buttock cheeks. The DON was notified of the wound. She indicated at that time, she took a picture of			

	the wound, since this was a new wound for this resident and it was not there the day before. 911 was called to take the resident to the hospital and her legal representative was notified of her change in condition, but she failed to notify her Physician and her legal representative regarding the wound in between Resident B's buttock cheeks. The staff assisted the resident with her showers and sponge baths because she was a fall risk, so if she had a wound on her buttocks prior that day, the staff would have seen it. At that time, a picture of Resident B's buttocks was reviewed. The picture showed a large wound between the resident's buttocks. The skin on the wound had peeled off the top of the wound and was attached to the middle of the wound to the bottom of the inner buttocks. The top of the wound was a Stage 2 and the skin attached to the wound from the top of the inner buttocks to the bottom of the inner buttocks was yellow and black colored. There was no wound on the coccyx area. During an interview, on 1/13/22 at 2:59 p.m., CNA 4 indicated she gave Resident B showers, but on 12/8/21, she assisted her with a sponge bath because her arm was hurting her from her fall. She would get red buttocks			

	from sitting up in her wheelchair, then after she was out of her wheelchair for a little bit, the redness faded away. She wore depend underwear and she went to the bathroom on her own until she fell on 12/7/21, then she was not able to go on her own. CNA 4 gave Resident B a sponge bath on 12/8/21. She indicated Resident B did not have any open areas or wounds on 12/8/21, when she assisted her with her bath. The record for Resident B was reviewed on 1/14/22 at 2:00 p.m. Diagnoses included, but were not limited to, Type 2 Diabetes Mellitus, dementia, major depressive disorder, anxiety disorder, overactive bladder and hypertension. A document, titled "ED [Emergency Department] Progress Note," dated 12/10/21 at 7:16 p.m., indicated the resident had a "Grade 2 decubitus ulcer to the coccyx." At 7:48 p.m., the Physician Assistant (PA) documented she had called the facility to get more history on Resident B's clinical condition. The nurse reported she was not wearing her sling because she had vomited on the sling and the resident had a sore on her buttocks. The progress notes were reviewed and there was no			

	notification to the resident's Physician or Legal Representative for the wound to the inner buttocks found on 12/10/22. During an interview, on 1/14/22 at 6:18 p.m., LPN 8 with the DON and Interim Executive Director (ED) were in attendance. LPN 8 indicated on 12/9/21 at 10:38 a.m., Resident B was sitting, in her chair, in her room and it looked as if she had not moved in a while and she complained something did not feel right. Her chair was soaked with urine. She was assisted with changing her clothes and bathing, then she was sent to the hospital for evaluation of her left arm. At that time, her buttocks were pink and the skin blanched and there were no open areas on her buttocks or coccyx areas. A current facility policy, titled "Notification Changes in Resident Status," dated as revised on 2/21/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "PURPOSE: This policy is developed and implemented to ensure that staff notify, physicians, physician assistance, resident's legal representative and/or resident's representative when Resident is involved in an accident involving injury or other significant change in the resident's physical,			

	mental, or emotional status. POLICY: The resident's attending physician and the resident's representative shall be notified by the Director of Nursing, Staff Nurse or Administrator within 24 hours of an accident involving injury to the resident or other significant change in the resident's physical, mental, or emotional status. RESPONSIBILITY: A. The Administrator or the Director of Nursing or designee will notify the Resident's physician when a change in the resident's mental or physical status is observed by staff. Except in life-threatening situations such reporting will be within 24 hours after the observation. Serious or life-threatening situations should be reported to the physician immediately. B. The Administrator of the Director of Nursing or designee will notify the resident representative when a resident's accident/incident requires transfer out of the community and upon permission from the resident when the accident/incident does not require transfer out of the community. PROCEDURE: 1. A significant change in status is considered to be either an improvement or decline in a residents condition that will not normally resolve itself without intervention by staff or by implementing standard			

	disease-related clinical interventions, that impacts more than one area of the resident's health status and that requires revision of the Resident Service Plan. a. The Resident's physician will be notified when a change in a resident's mental or physical status is observed by staff...b. If the accident/incident requires transfer out of the community, the community will notify the resident representative...e. If a resident has an active power of attorney, community staff must notify the Power of Attorney of incident/accidents changes in condition...." This State finding relates to Complaint IN00369901.			
R 0117	Personnel - Deficiency 410 IAC 16.2-5-1.4(b) (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services	R 0117	Request for desk compliance R 117 Personnel Deficiency; Failure to have two awake and alert staff both certified in CPR/First Aide 24 hours daily as evidenced by 9/21 shifts audited. 1. No residents were affected by this alleged deficient practice. 2.	02/14/2022

	or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. Based on record review and interview, the facility failed to ensure there were two CPR (cardiopulmonary resuscitation) and first aid certified staff members in the facility available for residents at all times for 9 of 21 shifts reviewed for CPR and first aid. Finding includes: A record review of employee records was completed on 1/14/22 at 4:00 p.m. The employee CPR and First Aid certifications were reviewed. The current as worked schedules for all departments were requested upon entrance for the week of September 19, 2021 through September 25, 2021. The only current as worked schedules provided for this week was the Nursing and Housekeeper schedules, which		All residents have potential to be affected by this alleged deficient practice. No residents were affected. 3. CPR/First Aide classes offered for all departments four classes offered January 27-29, 2022. For those unable to attend more classes will be scheduled within 2 weeks. DON/Designee to update CPR binder and assure when someone is within three months of expiring, they are scheduled for a class to recertify. Classes will be held twice yearly and as needed to assist staff members to keep up to date. New hires will be required to attend a class within 2 months of hire if they are in expired status. 4. Schedule with CPR expiration dates will be audited by Director of Nursing/ designee weekly x 2 months, then monthly x 4 months. Administrator/designee to audit CPR binder quarterly. Audits will be review at monthly QI meeting. QI committee to make recommendations.	

	were reviewed on 1/14/22 at 4:00 p.m. The facilities CPR (Cardiopulmonary Resuscitation) and First Aid records were reviewed against the employee record to mark down who was current with their CPR and First Aid certifications. The two records (the as worked schedules provided and the employee record) were compared and the following was found: On 9/19/21, for the 3 p.m. to 11 p.m., shift only one staff member had current CPR and First Aid certification. On 9/19/21, for the 11 p.m. to 7 a.m., shift only one staff member had current CPR and First Aid certification. On 9/20/21, for the 3 p.m. to 11 p.m., shift only one staff member had current CPR and First Aid certification. On 9/20/21, for the 11 p.m. to 7 a.m., shift no staff members had current CPR and First Aid certification. On 9/21/21, for the 11 p.m. to 7 a.m., shift only one staff member had current CPR and First Aid certification.		5. Compliance date of February 14, 2022	

	On 9/24/21, for the 3 p.m. to 11 p.m., shift only one staff member had current CPR and First Aid certification. On 9/24/21, for the 11 p.m. to 7 a.m., shift no staff members had current CPR and First Aid certification. On 9/25/21, for the 7 a.m. to 3 p.m., shift no staff members had current CPR and First Aid certification. On 9/25/21, for the 3 p.m. to 11 p.m., shift only one staff member had current CPR and First Aid certification. During an interview, on 1/14/22 at 4:35 p.m., the DON indicated she did not realize the Indiana Department of Health regulations required the facility to have two awake and alert staff members who were CPR and First Aid Certified to be on duty at all times, since they have over 100 residents in the facility. She thought the facility only had to have one alert and awake staff member which was CPR and First Aid certified on duty at all times. She was going to have to set up a class to get staff members CPR and First Aid certified. A current facility policy, titled "CPR & First Aid Certifications," dated 9/29/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "PURPOSE: The			

	purpose of this policy is to provide requirements of employee CPR & First Aid Training and Certifications. POLICY: All clinical staff will maintain current CPR & First Aid certification and have re-certification upon expiration. RESPONSIBILITY: A. It is the responsibility of the Director of Nursing or designee to monitor CPR & First Aid Certifications of staff for current status. B. It is the responsibility of the Director of Nursing of designee to ensure that at least an annual CPR & First Aid Certifications in-service/courses is offered to all clinical staff at no charge to the employees on an annual basis. C. It is the responsibility of the employee to obtain their CPR & First Aid Certifications from an outside vendor prior to expiration of their current Certifications if they are unable to attend a work-sponsored CPR & First Aid in-service/course...PROCEDURE: A. Director of Nursing will monitor CPR & First Aid Certifications of staff for current status. B. Director of Nursing will ensure that at least an annual CPR & First Aid Certifications Inservice/Course is offered to all clinical staff at no charge to the employee...D. It is the responsibility of the Director of Nursing to ensure at least one employee with current CPR & First Aid Certifications is on duty at all times...."			

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 virus, when the facility failed to ensure their employees followed the current facility policy and procedure for donning PPE (Personal Protective Equipment) or followed the facility's current policy for disinfecting reusable resident equipment for 4 of 4 randomly observed staff members. (Accounts Receivable Corporate Specialist 1, Housekeeper 5, CNA 4 and CNA 6)	R 0407	Request for desk compliance R 407 Infection control Noncompliance; PPE not worn per policy as evidenced by two staff members in communal areas without mask on face. As evidenced by when taking vital signs equipment not sanitized between residents. 1. No residents were affected by this alleged deficient practice. 2. All residents have potential to be affected by this alleged deficient practice. No residents were affected. 3. Education to all staff on January 17, 2022, on infection control policies reasons/requirements of all staff, residents, and visitors to wear mask types/circumstances demonstrated. Education to all nursing staff January 17, 2022, on sanitizing equipment between residents and after any use. Demonstrating type of sanitizing wipes appropriate for each type	02/14/2022

	Findings include: 1. The facility's following employee's failed to follow their policy and procedure for donning facemasks when in a common area where visitors frequently enter. a. On 1/12/22 at 1:08 p.m., Accounts Receivable Corporate Specialist (ARCS) 1 was observed sitting at the front desk with a surgical mask hooked behind each ear and the mask was folded under her chin. When the surveyor introduced herself, the ARCS 1 pulled the surgical mask up over her mouth and nose. b. On 1/13/22 at 11:57 a.m., Housekeeper 5 was observed sitting at the front desk with her surgical mask hooked behind each ear and the mask was folded under her chin. There was an unidentified new employee standing at the front desk without a mask on her face. Housekeeper 5 placed her surgical mask over her nose and mouth when the surveyor walked up to the front desk, then handed the new employee a surgical mask and indicated to her she needed to place the surgical mask on because an Indiana State Department of Health Surveyor was in the building. During an interview, on 1/13/22		of equipment as well as location for disinfectant. 4. DON/Designee will audit/observe random staff with mask/equipment sanitizing daily x 2 weeks, weekly x4 weeks, then monthly until no issues x4 months. Audits will be review at monthly QI meeting. QI committee to make recommendations 5. Compliance by February 14, 2022	

at 12:02 p.m., the Director of Nursing (DON) indicated the ARCS 1 and Housekeeper 5 should have both had their masks on over their nose and mouth while sitting at the front desk and she would re-educate them on the proper way to wear their masks.

2. On 1/13/22 at 12:02 p.m., CNA's 4 and 6 were sitting at a round table at the front of the dining room. As residents entered the dining room, each CNA would either take each resident's temperature or pulse oximeter. There were two bottles of hand sanitizer sitting on the table, but there were no sanitizer wipes to use to sanitize the equipment after each use between each resident. After observing the CNA's from the front desk, while waiting to check in, using the thermometer and the pulse oximeter on two residents without being sanitized, the DON (Director of Nursing) was asked at that time, if the CNA's were sanitizing the equipment between residents. The DON asked the CNA's if they were sanitizing the equipment between residents and she was told they were using the hand sanitizer to sanitize the pulse oximeter. She instructed the CNA's at that time, they were to sanitize the equipment with sanitizer wipes.

A current facility policy, titled

"COVID-19: Cleaning, Disinfecting & Waste Management Standards," dated as revised on 08/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "PURPOSE...The purpose of this policy is to provide recommendations on the cleaning and disinfection of rooms or areas occupied by those with suspected or with confirmed COVID-19. It is aimed at limiting the survival of SARS-CoV-2 in key environment.
Definitions...Disinfecting (CDC 2020): Disinfecting works by using chemicals, for example EPA-registered disinfectants to kill germ of surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection...D. Resident Care Equipment: 1. Nursing personnel or designee are responsible for the cleaning of resident care equipment as recommended by the manufacturer. Resident care equipment such as blood pressure cuffs, O2 [oxygen] saturation monitors, scales, etc. are to be disinfected with an approved disinfectant for SARS-CoV-2 prior to and following use...."

A current facility policy, titled "Community COVID-19 Plan,"

dated 07/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "Purpose and Scope...This COVID-19 Plan applies to all of Gardant Management Solutions managed communities. Roles and Responsibilities: Gardant Management Solution's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan...Personal Protective Equipment (PPE): The Community(s) will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person to work purposes following Centers for Disease Control (CDC) current guidance...Cleaning and Disinfection: The Community(s) will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. The Community(s) and the COVID-19 Safety Coordinator(s) will work collaboratively with

non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace...."

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 their employees followed the current facility policy and procedure for donning PPE (Personal Protective Equipment) or followed the facility's current policy for disinfecting reusable resident equipment for 4 of 4 randomly observed staff members. (Accounts Receivable Corporate Specialist 1, Housekeeper 5, CNA 4 and CNA 6)

Findings include:

1. The facility's following employee's failed to follow their policy and procedure for donning facemasks when in a common area where visitors frequently enter.

a. On 1/12/22 at 1:08 p.m., Accounts Receivable Corporate Specialist (ARCS) 1 was observed sitting at the front desk with a surgical mask hooked behind each ear and the mask was folded under her chin. When the surveyor introduced

herself, the ARCS 1 pulled the surgical mask up over her mouth and nose.

b. On 1/13/22 at 11:57 a.m., Housekeeper 5 was observed sitting at the front desk with her surgical mask hooked behind each ear and the mask was folded under her chin. There was an unidentified new employee standing at the front desk without a mask on her face. Housekeeper 5 placed her surgical mask over her nose and mouth when the surveyor walked up to the front desk, then handed the new employee a surgical mask and indicated to her she needed to place the surgical mask on because an Indiana State Department of Health Surveyor was in the building.

During an interview, on 1/13/22 at 12:02 p.m., the Director of Nursing (DON) indicated the ARCS 1 and Housekeeper 5 should have both had their masks on over their nose and mouth while sitting at the front desk and she would re-educate them on the proper way to wear their masks.

2. On 1/13/22 at 12:02 p.m., CNA's 4 and 6 were sitting at a round table at the front of the dining room. As residents entered the dining room, each CNA would either take each resident's temperature or pulse

oximeter. There were two bottles of hand sanitizer sitting on the table, but there were no sanitizer wipes to use to sanitize the equipment after each use between each resident. After observing the CNA's from the front desk, while waiting to check in, using the thermometer and the pulse oximeter on two residents without being sanitized, the DON (Director of Nursing) was asked at that time, if the CNA's were sanitizing the equipment between residents. The DON asked the CNA's if they were sanitizing the equipment between residents and she was told they were using the hand sanitizer to sanitize the pulse oximeter. She instructed the CNA's at that time, they were to sanitize the equipment with sanitizer wipes.

A current facility policy, titled "COVID-19: Cleaning, Disinfecting & Waste Management Standards," dated as revised on 08/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "PURPOSE...The purpose of this policy is to provide recommendations on the cleaning and disinfection of rooms or areas occupied by those with suspected or with confirmed COVID-19. It is aimed at limiting the survival of SARS-CoV-2 in key environment. Definitions...Disinfecting (CDC

2020): Disinfecting works by using chemicals, for example EPA-registered disinfectants to kill germ of surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection...D. Resident Care Equipment: 1. Nursing personnel or designee are responsible for the cleaning of resident care equipment as recommended by the manufacturer. Resident care equipment such as blood pressure cuffs, O2 [oxygen] saturation monitors, scales, etc. are to be disinfected with an approved disinfectant for SARS-CoV-2 prior to and following use...."

A current facility policy, titled "Community COVID-19 Plan," dated 07/2021 and provided by the DON on 1/14/22 at 4:45 p.m., indicated "Purpose and Scope...This COVID-19 Plan applies to all of Gardant Management Solutions managed communities. Roles and Responsibilities: Gardant Management Solution's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further

	improve this COVID-19 plan...Personal Protective Equipment (PPE): The Community(s) will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person to work purposes following Centers for Disease Control (CDC) current guidance...Cleaning and Disinfection: The Community(s) will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. The Community(s) and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace...."			

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