STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/03/2021
NAME OF PROVIDER OR SUPPLIER HERITAGE WOODS OF NOBLESVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9600 E 146TH STREET, NOBLESVILLE, , 46060		

(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 IN00358589. Complaint IN00358589- Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency is cited at R407. Survey date: August 3, 2021 Facility number: 014213 Residential Census: 117 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 5, 2021.	R 0000	Disclaimer: The submission of this plan of correction does not indicate an admission by Heritage Woods of Noblesville that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Heritage Woods of Noblesville. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for Assisted Living Facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all stated and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4)	R 0407	**R 407** • The corrective action that will be	09/03/2021

(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 properly prevent the spread of COVID-19 by allowing an unvaccinated employee to work without quarantine and after travel (QMA 1).

Finding include:

Upon entry to the facility on 8/3/21 at 5:15 a.m., Qualified Medication Aide (QMA) 1 indicated she had returned from a trip to Fort Lauderdale, Florida, via airplane on 8/2/21, and was unvaccinated, and realized she needed to be tested for COVID 19 on day 3-5 following her return. She had worked the night shift as the QMA on the assisted living and memory care units.

accomplished for those residents
found to have been affected by the alleged deficient practice: *No residents were found to be affected by*
the alleged deficient practice.

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How the facility will identify other residents having the potential to be affected by the alleged deficient practice and the corrective action that
will be taken: *No residents were affected by the alleged deficient practice.*

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The measures put in place and systemic changes the facility will make
to ensure that the alleged deficient practice does not recur*: A) The most recent guidance for unvaccinated staff who travel was posted in the staff break room in clear view. B) All unvaccinated staff were provided a copy*
of the CDC and ISDH guidance on travel and an email was sent out to their
personal email addresses for all unvaccinated staff members who provided the
community with an email address at the time of hire. C) Each Department Head was provided an
updated listing of vaccination status for their staff members; and D) All

	Review of the facilities "as worked" schedules, indicated that QMA 1 worked the night shift on 8/2/21. She was the only QMA scheduled on the night shift. During an interview on 8/3/21 at 11:34 a.m., the Administrator indicated she was unaware QMA 1 had traveled during her time off and should not have been allowed to return to work per CDC guidance as an unvaccinated employee. "Travel Guidance for Healthcare Personnel," (4/30/21) was retrieved on 8/2/21 from the Indiana State Department of Health (ISDH). The guidance included, but was not limited to, the following: "UPDATED INFORMATION FOR TRAVELERS: UNVACCINATED...After you travel: Get tested with a viral test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel. Even if you test negative, stay home and self-quarantine for the full 7 days." Based on interview and record review, the facility failed to properly prevent the spread of COVID-19 by allowing an unvaccinated employee to work without quarantine and after travel (QMA 1).		*unvaccinated staff members who intend to travel are now required to inform their supervisor prior to their travel to allow adequate time to arrange coverage for their work duties during their self-isolation period.* The corrective action will be monitored to ensure the alleged deficient practice will not recur*: A) A vaccination status list will be kept by the BOM or designated employee, updated to include new employee/any status changes & disseminated to department heads as updates warrant; B) All new employee will be educated of the CDC and ISDH guidance on travel during orientation; C) Following travel, staff will be required to test with a rapid test 3-5 days after travel and self-quarantine x full 7 days after travel; and D) All COVID test results will be logged into the Red Cap reporting system. E) ADM or designee will communicate updates or changes to the current ISDH and CDC guidance to all staff members through posting flyers in the staff breakroom, providing a paper copy, sending an email to personal email addresses when a personal email address was provided*	

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"Travel Guidance for Healthcare Personnel," (4/30/21) was retrieved on 8/2/21 from the Indiana State Department of Health (ISDH). The guidance included, but was not limited to, the following:

"UPDATED INFORMATION FOR TRAVELERS: UNVACCINATED...After you travel: Get tested with a viral

upon hire and discussing verbally during subsequent all-staff meetings. The next all-staff
meeting is scheduled for 9/1/2021.

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The date the systemic changes will be completed: *9/3/2021*.

	test 3-5 days after travel AND stay home and self-quarantine for a full 7 days after travel. Even if you test negative, stay home and self-quarantine for the full 7 days."			

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