STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIVERA SENIOR LIVING OF COLUMBUS	1971 STATE STREET, COLUMBUS, , 47201

(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 IN00372334. This visit included a Residential COVID-19 Quality Assurance Walk Through. Complaint IN00372334 - Substantiated. State deficiencies related to the allegations are cited at R0028. Survey dates: February 7 and 8, 2022 Facility number: 014519 Residential Census: 101 These State residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on February 13, 2022.	R 0000	Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	
R 0028	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(c)	R 0028	It is the practice of Vivera Senior Living to ensure resident rights are protected	02/24/2022

	(c) Residents have the right to exercise any or all of the enumerated rights without: (1) restraint; (2) interference; (3) coercion; (4) discrimination; or (5) threat of reprisal; by the facility. These rights shall not be abrogated or changed in any instance, except that, when the resident has been adjudicated incompetent, the rights devolve to the resident ' s legal representative. When a resident is found by his or her physician to be medically incapable of understanding or exercising his or her rights, the rights may be exercised by the resident ' s legal representative. Based on observation and interview, the facility failed to ensure residents' rights were followed related to isolation from meals and activities for 2 of 3 residents reviewed for resident rights. (Resident C and D) Findings include: During an observation on 02/07/22 at 12:15 P.M., the following vaccinated residents were sitting at tables in the dining room that were approximately 4 feet by 4 feet and within 6 feet of each other:		**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** Due to outbreak testing all resident are currently eating meals in their apartments and activities are completed on a one-on-one basis. **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?** Due to outbreak testing all resident are currently eating meals in their apartments and activities are completed on a one-on-one basis. **What measures will be put into place or what systemic changes the facility will make to ensure that the practice does not recur?** Once outbreak testing is complete the dining room and activities will be open to all residents. All staff were	

	Table 1 Resident E and Resident F were sitting beside each other within 6 feet, Table 2 Resident G, Resident H, and Resident J, Table 4 Resident K, Resident L, and Resident M, Table 6 Resident N and Resident O were sitting beside each other within 6 feet, Table 9 Resident P, Resident Q, and Resident R, Table 11 Resident S, Resident T, Resident U, and Resident V, Table 12 Resident W, Resident X, Resident Y, and Resident Z, Table 15 Resident AA, Resident AB, Resident AC, and Resident AD, Table 16 Resident AE, Resident AF,		educated on the change in procedure. **How the corrective action(s) will be monitored to ensure the deficient practice will not recure, i.e. what quality assurance program will be put into place?** A quality assurance monitoring tool will be completed by Administrator/designee. Attendance in the dining room and activities will be audited to ensure everyone is able to attend. This will be completed daily times four weeks and then weekly times one month. At this time if results are below a 95% threshold the audits will continue weekly until a 95% threshold is achieved. The results will be reviewed by the Quality Assurance Process Improvement committee monthly. **By what date the systemic changes will be completed?** February 24, 2022	

	Resident AG, and Resident AH. 1. During an interview on 02/07/22 at 12:29 P.M., Resident D indicated that they had to stay in their room for approximately the last month and was unsure exactly why but believed it was because they weren't vaccinated for COVID-19. They were unable to go to meals in the dining room or group activities but were allowed to go outside to smoke. They had been tested weekly for COVID-19 and had been negative. During an observation on 02/07/22 at 1:01 P.M., Resident D was in their room with no concerns. The resident was not on any type of isolation precautions. During an interview on 02/07/22 at 12:31 P.M., HHA (Home Health Aide) 3 indicated all the residents that were not vaccinated had to eat in their rooms and were not allowed to go to the dining room. 2. During an observation and interview on 02/07/22 at 1:05 P.M., Resident C was in their room and not on any isolation precautions. The resident indicated that they were not allowed to go to the dining room or group activities because they were not vaccinated and were told they were a danger to other			

residents. They had been in their room for approximately a month, and it was against their resident rights.

During an interview on 02/07/22 at 1:17 P.M., the DON (Director of Nursing) indicated that while the facility was in a COVID-19 outbreak the unvaccinated residents were not allowed to eat in the dining room or go to group activities per the Administrator. The residents were allowed to come out of their rooms but not able to congregate in group settings. They were not on any isolation for being unvaccinated.

The current facility policy titled, "COVID 19 Emergency Preparedness Plan Summary", with an approved date of 08/17/21 was provided by the Administrator during the Entrance Conference on 02/07/22. The policy indicated, "...Group activities and communal dining shall be temporarily discontinued in an effort to prevent and/or minimize the spread of infection..."

The current facility policy titled, "Resident's Personal Rights", with an approved date of 01/06/22, was provided by the Administrator on 02/07/22 at 1:56 P.M. The policy indicated, "...Residents shall be afforded all rights guaranteed under the Constitutions of the United

States...federal, State and local statues and the Department's administrative rules. Resident shall be informed of all rights in conjunction with any contracted housing and services...Be treated at all times with courtesy, respect, and full recognition of personal dignity and individuality...Be free to file grievances pursuant to the Supportive Living Program regulations and be free from retaliation from the facility..."

This State tag relates to complaint IN00372334.

Based on observation and interview, the facility failed to ensure residents' rights were followed related to isolation from meals and activities for 2 of 3 residents reviewed for resident rights. (Resident C and D)

Findings include:

During an observation on 02/07/22 at 12:15 P.M., the following vaccinated residents were sitting at tables in the dining room that were approximately 4 feet by 4 feet and within 6 feet of each other:

Table 1

Resident E and Resident F were sitting beside each other within 6 feet,

Table 2

	Resident G, Resident H, and Resident J, Table 4 Resident K, Resident L, and Resident M, Table 6 Resident N and Resident O were sitting beside each other within 6 feet, Table 9 Resident P, Resident Q, and Resident R, Table 11 Resident S, Resident T, Resident U, and Resident V, Table 12 Resident W, Resident X, Resident Y, and Resident Z, Table 15 Resident AA, Resident AB, Resident AC, and Resident AD, Table 16 Resident AE, Resident AF, Resident AG, and Resident AH. 1. During an interview on 02/07/22 at 12:29 P.M., Resident D indicated that they had to stay in their room for approximately the last month and was unsure exactly why but			

	believed it was because they weren't vaccinated for COVID-19. They were unable to go to meals in the dining room or group activities but were allowed to go outside to smoke. They had been tested weekly for COVID-19 and had been negative. During an observation on 02/07/22 at 1:01 P.M., Resident D was in their room with no concerns. The resident was not on any type of isolation precautions. During an interview on 02/07/22 at 12:31 P.M., HHA (Home Health Aide) 3 indicated all the residents that were not vaccinated had to eat in their rooms and were not allowed to go to the dining room. 2. During an observation and interview on 02/07/22 at 1:05 P.M., Resident C was in their room and not on any isolation precautions. The resident indicated that they were not allowed to go to the dining room or group activities because they were not vaccinated and were told they were a danger to other residents. They had been in their room for approximately a month, and it was against their resident rights. During an interview on 02/07/22 at 1:17 P.M., the DON (Director of Nursing) indicated that while			

	the facility was in a COVID-19 outbreak the unvaccinated residents were not allowed to eat in the dining room or go to group activities per the Administrator. The residents were allowed to come out of their rooms but not able to congregate in group settings. They were not on any isolation for being unvaccinated. The current facility policy titled, "COVID 19 Emergency Preparedness Plan Summary", with an approved date of 08/17/21 was provided by the Administrator during the Entrance Conference on 02/07/22. The policy indicated, "...Group activities and communal dining shall be temporarily discontinued in an effort to prevent and/or minimize the spread of infection..." The current facility policy titled, "Resident's Personal Rights", with an approved date of 01/06/22, was provided by the Administrator on 02/07/22 at 1:56 P.M. The policy indicated, "...Residents shall be afforded all rights guaranteed under the Constitutions of the United States...federal, State and local statues and the Department's administrative rules. Resident shall be informed of all rights in conjunction with any contracted housing and services...Be treated at all times with courtesy, respect, and full			

	recognition of personal dignity and individuality...Be free to file grievances pursuant to the Supportive Living Program regulations and be free from retaliation from the facility..." This State tag relates to complaint IN00372334.			
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 record review and interview, the facility failed to follow COVID-19 testing guidelines during a pandemic for 4 of 6 staff reviewed. (Housekeeper 2, Home Health Aide 3, Dietary Aide 4, and Dietary Aide 5)	R 0407	It is the practice of Vivera Senior Living to ensure infection control is practiced by staff **What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** Housekeeper 2 is no longer employed at Vivera. Home Health aide 3, Dietary aide 4 and Dietary aide 5 were re-educated on the covid testing procedure. **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?**	02/24/2022

Findings include:

1. During an interview on 02/07/22 at 11:33 A.M., Housekeeper 2 indicated she screened herself when she got to work in the facility at 7:00 A.M. If she was having signs or symptoms of COVID-19 she would not come in to work. She filled out a paper at the front desk with her screening information and left it at the desk. This was her third week working in the facility. She had not been tested for COVID-19 since she had started working at the facility.

The COVID-19 vaccination status for Housekeeper 2 was provided by the DON (Director of Nursing) on 02/07/22 at 1:20 P.M. The staff member was not vaccinated.

The time card record for Housekeeper 2 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Housekeeper 2 had worked full-time from 01/21/22 to present.

All staff were re-educated on the covid testing procedure.

What measures will be put into place or what systemic changes the facility will make to ensure that the practice does not recur?

The covid testing procedure will be added to orientation for new staff.

How the corrective action(s) will be monitored to ensure the deficient practice will not recure, i.e. what quality assurance program will be put into place?

A quality assurance monitoring tool will be completed by Administrator/designee. Binders were created for unvaccinated staff to log their bi-weekly testing. The testing binders will be audited to ensure staff completed the covid testing twice weekly. This will be completed daily times four weeks and then weekly times one month. At this time if results are below a 95% threshold the audits will continue weekly until a 95% threshold is achieved. The results will be

During an interview on 02/07/22 at 12:47 P.M., the Administrator indicated the facility was in outbreak testing. Unvaccinated staff were tested twice per week with rapid tests. Vaccinated staff were tested if they were symptomatic.

Housekeeper 2 should have had four COVID-19 tests completed and documented due to her unvaccinated status.

2. The time card record for Dietary Aide 4 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Dietary Aide 4 had worked full-time from 01/15/22 to present.

Dietary Aide 4 should have had six COVID-19 tests completed and documented due to her unvaccinated status. The only COVID-19 test for Dietary Aide 4 documented were dated 01/25/22 and 01/26/22.

3. The time card record for Dietary Aide 5 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Dietary Aide 5 had worked full-time from 01/14/22 to present.

Dietary Aide 5 should have had six COVID-19 tests completed

reviewed by the Quality Assurance Process Improvement committee monthly.

By what date the systemic changes will be completed?

February 24, 2022

and documented due to her unvaccinated status.

4. An "Employee Screening Tool" record for Home Health Aide 3, dated 02/02/22 at 5:57 A.M., indicated the staff member was fully vaccinated, currently ill, and had symptoms of COVID-19.

The time card record for Home Health Aide 3 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Home Health Aide 3 had worked full-time from 01/21/22 to present.

Home Health Aide 3 should have had a COVID-19 test completed and documented on 02/02/22 when she presented with signs and symptoms.

Staff members' COVID-19 test results for the last four weeks were provided by the Administrator on 02/08/22 at 1:14 P.M. the only test result provided was for Dietary Aide 4, no other staff test results were provided.

During an interview on 02/08/22 at 10:20 A.M., the DON indicated she had no further COVID-19 test result documents for the four staff members. Home Health Aide 3 was vaccinated but they had no test results for them when they were

symptomatic. Staff were to test themselves immediately if they were symptomatic and complete a form with the test results. Staff were not always completing the required form. Staff were supposed to be tested if they were symptomatic.
Unvaccinated staff were to be tested twice a week when the facility was in outbreak testing. The facility was currently in outbreak testing.

The current "COVID-19 Testing & Response Strategy" policy, with a revised date of 12/26/21, was provided by the Administrator on 02/02/22 at 12:45 P.M. The policy indicated, " ...In response to an outbreak, or a single facility-onset COVID-19 infection in a resident, or a single new case of COVID-19 infection in a staff member, testing of all previously negative residents and staff, regardless of vaccination status occurs. Repeated testing continues, every 3 to 7 days, until the testing identifies no new cases of COVID-19 infection among residents or staff for a period of at least 14 days ..."

Based on record review and interview, the facility failed to follow COVID-19 testing guidelines during a pandemic for 4 of 6 staff reviewed. (Housekeeper 2, Home Health Aide 3, Dietary Aide 4, and

Dietary Aide 5)

Findings include:

1. During an interview on 02/07/22 at 11:33 A.M., Housekeeper 2 indicated she screened herself when she got to work in the facility at 7:00 A.M. If she was having signs or symptoms of COVID-19 she would not come in to work. She filled out a paper at the front desk with her screening information and left it at the desk. This was her third week working in the facility. She had not been tested for COVID-19 since she had started working at the facility.

The COVID-19 vaccination status for Housekeeper 2 was provided by the DON (Director of Nursing) on 02/07/22 at 1:20 P.M. The staff member was not vaccinated.

The time card record for Housekeeper 2 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Housekeeper 2 had worked full-time from 01/21/22 to present.

During an interview on 02/07/22 at 12:47 P.M., the Administrator indicated the facility was in outbreak testing. Unvaccinated staff were tested twice per week with rapid tests. Vaccinated staff

were tested if they were symptomatic.

Housekeeper 2 should have had four COVID-19 tests completed and documented due to her unvaccinated status.

2. The time card record for Dietary Aide 4 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Dietary Aide 4 had worked full-time from 01/15/22 to present.

Dietary Aide 4 should have had six COVID-19 tests completed and documented due to her unvaccinated status. The only COVID-19 test for Dietary Aide 4 documented were dated 01/25/22 and 01/26/22.

3. The time card record for Dietary Aide 5 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Dietary Aide 5 had worked full-time from 01/14/22 to present.

Dietary Aide 5 should have had six COVID-19 tests completed and documented due to her unvaccinated status.

4. An "Employee Screening Tool" record for Home Health Aide 3, dated 02/02/22 at 5:57

A.M., indicated the staff member was fully vaccinated, currently ill, and had symptoms of COVID-19.

The time card record for Home Health Aide 3 was provided by the DON on 02/08/22 at 10:31 A.M., and indicated the following:

- Home Health Aide 3 had worked full-time from 01/21/22 to present.

Home Health Aide 3 should have had a COVID-19 test completed and documented on 02/02/22 when she presented with signs and symptoms.

Staff members' COVID-19 test results for the last four weeks were provided by the Administrator on 02/08/22 at 1:14 P.M. the only test result provided was for Dietary Aide 4, no other staff test results were provided.

During an interview on 02/08/22 at 10:20 A.M., the DON indicated she had no further COVID-19 test result documents for the four staff members. Home Health Aide 3 was vaccinated but they had no test results for them when they were symptomatic. Staff were to test themselves immediately if they were symptomatic and complete a form with the test results. Staff were not always completing the required form. Staff were

	supposed to be tested if they were symptomatic. Unvaccinated staff were to be tested twice a week when the facility was in outbreak testing. The facility was currently in outbreak testing. The current "COVID-19 Testing & Response Strategy" policy, with a revised date of 12/26/21, was provided by the Administrator on 02/02/22 at 12:45 P.M. The policy indicated, " ...In response to an outbreak, or a single facility-onset COVID-19 infection in a resident, or a single new case of COVID-19 infection in a staff member, testing of all previously negative residents and staff, regardless of vaccination status occurs. Repeated testing continues, every 3 to 7 days, until the testing identifies no new cases of COVID-19 infection among residents or staff for a period of at least 14 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