STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER CREEK VILLAGE	990 PROGRESS PARKWAY, SHELBYVILLE, , 46176

(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 IN00361766 and a Residential COVID-19 Quality Assurance Walk Through Survey. Complaint IN00361766 - Unsubstantiated due to lack of evidence. Survey dates: September 7 and 8, 2021 Facility number: 014548 Residential Census: 24 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on September 14, 2021	R 0000		
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control	R 0406	The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable	10/15/2021

	practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview and record review, the facility failed to properly prevent and/or contain COVID-19 related to a lack of routine Covid-19 screening of residents, staff and visitors for possible signs and symptoms of Covid-19, the use of Personal Protective Equipment (PPE) being worn correctly or not at all by staff and residents, social distancing and use of PPE was not routinely encouraged for residents by staff, sanitation of high-touch areas is maintained by staff facility and updated Covid-19 education not being provided to staff and residents. These deficient practices have the potential to adversely affect all 24 residents of the facility. Findings include: 1. During entrance to the facility on 9-7-21 at 10:31 a.m., the facility entrance doors were open and allowed free entrance into the facility. A lack of signage was observed at this time to identify to visitors, staff or residents of the need to be screened upon entrance to the facility for a temperature check and for signs and symptoms of Covid-19. A screening log,		environment and to help prevent the development and transmission of diseases and infections. The facility failed to properly prevent and/or contain COVID-19 related to a lack of routine COVID-19 screening of residents, staff and visitors for possible signs and symptoms of COVID-19, the use of Personal Protective (PPE) being worn correctly or not at all by staff and residents, social distancing and use of PPE was not routinely encourages for residents by staff, sanitation of high-touch areas is maintained by staff facility and updated COVID-19 education not being provided to staff and residents. These deficient practices have the potential to affect all 24 residents of the facility. 1. Staff will be trained, residents will receive communication and signage will be added about COVID-19, to help prevent the spread of the virus. 2. All residents have the potential to be affected by the deficient practice. The facility	

	thermometer, writing utensils and hand sanitizer were present at the entrance, lying on a table, but without instructions for use or staff present to assist with this. There were no instructions or signage to request assistance from staff present in the facility. In an interview with the Administrative Assistant (AA) on 9-7-21 at 12:45 p.m., she indicated the entrance door was to be locked or secured to allow persons inside the building to be able to exit without assistance but is locked to those on the outside which requires visitors to ring the doorbell for assistance to enter the building. At this time, an observation with the AA was conducted of the entrance door system. She indicated the entrance door was not working correctly and allowed unassisted entrance into the building. There is a problem with this system and she will try to fix it. She thought there was signage at the entrance to inform visitors screening is required for entrance. Signage to this affect was not observed at this time. During the time the AA was demonstrating the entrance door was not working properly, a Home Health Company staff person and a postal worker were observed to enter the building. The AA ensured both persons signed in on the Visitor's (Screening) Log and		and corporate Administration reviewed screening documentation, signage and training documentation of staff. 3. <u>STAFF TRAINING:</u> Staff training on proper COVID-19 screening of residents, staff and visitors for possible symptoms of COVID-19 prior to October 15th; staff screening binder to be placed by timeclock as a reminder Staff Training on infection control, to include sanitation of high-touch areas, and social distancing prior to October 15th. Staff Training on COVID-19 testing requirements prior to October 15th Staff Training on social distancing & proper use of PPE prior to October 15th Staff (Nurse, QMA and Administration) to be trained on proper testing procedures of COVID-19 prior to October 15th	

had their temperature checked, but did not ensure either person completed the screening questions, nor offered either person hand sanitizer.

In an interview with the AA on 9-7-21 at 11:12 a.m., she indicated earlier in the morning, a local pharmacy staff person left medication for a resident in the facility. Upon review of the 9-7-21 Visitor's (Screening) Log, there was not an entry for the pharmacy staff member listed.

In an interview on 9-7-21 at 1:30 p.m., with the Interim Wellness Director (WD), indicated she had come into work for a few hours on 9-6-21, "but I did not sign in or get screened for Covid-19." The previous administrations did talk to all of the staff about how important it was to sign in and get screened for Covid-19 before starting work.

In an interview with Resident CC on 9-8-21 at 10:32 a.m., she indicated she had not received daily Covid-19 monitoring of a temperature check and for signs and symptoms of Covid-19.

In an interview with Resident BB on 9-8-21 at 10:32 a.m., she indicated she had not received daily Covid-19 monitoring of a temperature check and for signs and symptoms of Covid-19.

In an interview with Resident

Continued COVID-19 training bimonthly.

<u>RESIDENT COMMUNICATION:</u>

Residents to be provided literature, CDC: “Stop the Spread
of COVID-10”

Residents to be provided a copy of the current facility
COVID-19 Phase and, notified the current copy can be found in the Resident
Policy Binder in the Facility Library

Forward, there will be periodic public announcements to be made, to remind residents of the importance of masking and social distancing

<u>SIGNAGE:</u>

<u>Posted at
the Front Door:</u>

	DD on 9-8-21 at 12:30 p.m., she indicated she had not received daily Covid-19 monitoring of a temperature check and for signs and symptoms of Covid-19. She indicated this sometimes occurs less than weekly Covid-19 Screening Logs for daily temperature and Covid-19 signs and symptoms for each resident were reviewed from 8-22-21 through 9-7-21. Logs were present for 8-22-21, 9-1-21, 9-3-21, 9-4-21, 9-5-21 and 9-7-21. The screening logs for these dates listed each resident's name, the shift in which the resident was to be screened and each resident's temperature. The screening section for each resident was left blank. A listing of resident names and room numbers for 8-25-21 with only temperatures recorded. Not all screening logs included temperatures or screening information documented for each resident. There were no screening logs provided for 8-23-21, 8-24-21, 8-26-21, 8-27-21, 8-28-21, 8-29-21, 8-30-21, 8-31-21, 9-2-21 or 9-6-21. In review of the work schedules for the time period 8-24-21 to 9-6-21, multiple staff persons failed to document they were screened for Covid-19 symptoms prior to beginning work for their scheduled shift as evidenced by documenting on		1. Screening Required & Directions for Screening <u>Throughout the Facility (Various congregational areas and restrooms):</u> 1. Stop the Spread of COVID-19 2. Proper Handwashing 3. Please Wear a Mask & Social Distance 4. Cough Etiquette Facility Administration and Nursing staff will monitor COVID-19 testing, social distancing and proper use of PPE daily ongoing.	

	the Employee Log the date of their Covid-19 screening for signs and symptoms and temperature. The following dates indicate how many persons were scheduled to work at the facility, as well as the number of Covid-19 screenings for signs and symptoms and temperatures were missing on the Employee (Screening) Log: 8-24-21: 5 persons scheduled with 4 persons (80%) not screened. 8-25-21: 8 persons scheduled with 2 persons (25%) not screened. 8-26-21: 7 persons scheduled with 3 persons (43%) not screened. 8-27-21: 8 persons scheduled with 2 persons (25%) not screened. 8-28-21: 5 persons scheduled with 4 persons (80%) not screened. 8-29-21: 6 persons scheduled with 5 persons (83%) not screened. 8-30-21: 8 persons scheduled with 3 persons (38%) not screened. 8-31-21: 7 persons scheduled with 3 persons (43%) not screened.		Facility Administration and Nursing staff will monitor the screening documents and signage daily for the next 2 weeks and weekly ongoing. Administration or Nursing staff will observe all COVID-19 testing as outlined above. Administration or Nursing staff will review screening documents at the end of their shift, daily, as outlined above. Administration or Nursing staff will observe social distancing of staff, and encourage residents to social distance, as outlined above. Corporate Administration will monitor all of the above, quarterly ongoing. Corporate Administration will monitor in-service documentation monthly for the next 6 months, and quarterly ongoing.	

9-1-21: 8 persons scheduled with 2 persons (25%) not screened.

9-2-21: 7 persons scheduled with 2 persons (29%) not screened.

9-3-21: 6 persons scheduled with 2 persons (33%) not screened.

9-4-21: 5 persons scheduled with 4 persons (80%) not screened.

9-5-21: 5 persons scheduled with 3 persons (60%) not screened.

9-6-21: 6 persons scheduled with 4 persons (67%) not screened.

2. During random observations of residents throughout the survey, no residents were observed wearing masks of any type on 9-7-21 and 1 resident was observed wearing a surgical mask on 9-8-21 when in the halls or in the common areas of the building.

In an interview with Resident CC on 9-8-21 at 10:32 a.m., she indicated she had not received any recent education or information on masking or signs or symptoms of Covid-19.

In an interview with Resident BB on 9-8-21 at 10:41 a.m., she indicated she was unaware of

education or encouragement from the facility on mask use or social distancing.

In an interview with Resident DD on 9-8-21 at 12:30 p.m., she indicated she had not received any Covid-19 updates or education in "quite some time."

An observation of Corporate Staff 3 was made on 9-8-21 at 12:25 p.m. She was observed in the common area, across from conference room, conducting Covid-19 nasal swab testing for rapid results of one resident, with a line of 4 other residents present, with 1 of those residents within 6 feet of testing. Corporate Staff 3 was observed to be wearing PPE of a surgical mask and gloves. Prior to Corporate Staff 3 conducting additional testing, the process was halted by the IDOH (Indiana Department of Health) surveyor to discuss appropriate PPE and location of testing. Corporate Staff 3 then immediately informed residents in line, now 6, that she will come to their rooms for testing. At 12:40 p.m., Corporate Staff 3 was observed to be wearing an N-95 mask, gloves and gown enroute to a resident's room for testing.

On 9-7-21 at 10:32 a.m., four staff were observed in the nurse's station, with 1 of the 4

staff members not wearing a mask, 2 of 4 staff members wearing a surgical mask with the mask located under the nose and 1 of 4 staff members wearing a surgical mask to cover the nose and mouth area.

A dining observation was conducted on 9-7-21 at 12:14 p.m. 3 tables were occupied, with one table of 6 residents, two tables of 2 residents for total of 10 residents. One of the tables of 2 was a married couple, who reside in the same apartment. The other table of two persons were two female residents who reside in separate apartments. After lunch was completed, table measurements were obtained of each table being 7 feet (84 inches) by 4 feet (48 inches). Of the 2-person table, the 2 female residents were sitting at a diagonal at the same end of the table, measuring 46 inches to 48 inches apart.

On 9-7-21 at 12:14 p.m., an observation of the kitchen area, from the vantage point of the resident dining room, indicated the following: 3 staff members were in the kitchen area with each of the staff members wearing surgical mask below the nose.

During random observations on both days of the survey, the Interim WD was observed with

her surgical mask located below her nose.

In interview with the AA on 9-8-21 at 11:12 a.m., indicated all staff are to be wearing surgical masks. "We are not wearing goggles or face shields with personal care of residents. Residents who are vaccinated do not have to wear masks or social distance. If a resident or staff is symptomatic, that person is quarantined until testing is done. Last in-service on Covid related issues was several months ago, can't remember exact date. The most recent Administrator would forward the current Covid updates to us." She indicated staff are currently having weekly Covid-19 testing conducted due to the county's positivity rate being above 5 percent.

In an interview on 9-8-21 at 11:28 a.m., with CNA 6, she indicated she recently completed new employee orientation. "All I have been told is we have to wear a surgical mask since we don't have any Covid positive residents. Nothing [was] mentioned about wearing face shield or goggles." She indicated during her orientation, she did not receive any specific Covid-19 information, nor receive any paperwork to review regarding Covid-19.

	3. In an interview on 9-8-21 at 11:12 a.m., with the AA, she indicated the facility is currently without a housekeeper. "The RA's [resident assistants] and QMA's [qualified medication aides] are trying to keep up with cleaning, but we do not have time to do deep cleaning." In an interview on 9-8-21 at 11:28 a.m., with CNA 6, she indicated she began employment last week. "The facility does not have a housekeeper; had one on my first day, but not seen her since. I have not been asked to do additional housekeeping tasks, but we do help clean up in resident rooms and take out trash."			

In an interview with RA (Resident Assistant) 7 on 9-8-21 at 9-8-21 at 11:28 a.m., she indicated the housekeeping staff would conduct extra cleaning to the high touch surfaces, like handrails and door handles. Since the facility does not currently have a housekeeper, the cleaning of high-touch surfaces is conducted by the nightshift staff. "They were using a special solution, not sure the name of it. We, as RA's, are doing only the more superficial cleaning," She indicated the facility and resident rooms have not had any deep cleaning conducted "in a while now."

4. On 9-7-21 at 11:51 a.m., the AA provided training/in-service education provided to facility staff. The documentation reflected training/in-service education for 6-29-21, 7-12-21 and 8-30-21. The description of the educational offering did not specify it was related to Covid-19 education.

On 9-8-21 at 2:08 p.m., Corporate Staff 2 provided copies of Covid-19 related training/in-service education provided to facility staff. Those trainings/in-service education were dated 11-23-20, 12-3-20 and 12-4-20.

On 9-8-21 at 2:08 p.m., Corporate Staff 2 provided a

copy of a policy entitled, "Covid-19 Policy," with revision dates of 7-15-2000, 3-19-21 and 6-25-21. This policy was indicated to be the current policy in use by the facility. Corporate Staff 2 did not clarify which phase the facility is currently functiong. This policy indicated, "Purpose: To limit the spread of Covid-19 and to protect the health and wellbeing of Staff and Residents within our daily care." It indicated, "Covid-19 symptoms include fever, cough, and shortness of breath...Phase I...Staff must follow the Order of the State Department of Public Health, CDC and the State Governor. Staff must enter the Community one and at time and be screened for signs and symptoms of the virus and have their temperature taken and logged. Staff are to be screened at facility entrance. Incoming staff my not self-screen or self-log. If employees do not have symptoms of Covid-19 but do have a mild respiratory illness, they may work if they have been fever free for 72 hours. While working, the employee must wear a face mask...Staff should protect themselves and residents by putting on and wearing personal protective equipment (PPE), such as, disposable gloves, goggles, gowns and FDA-approved facemasks when directed. Universal Masking, Staff must wear a mask at all

	times inside the building during an outbreak/pandemic...Each Community will develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas...Disinfect frequently touched surfaces every 2 hours or as frequently as possible with EPA registered/approved products...If employee develops signs and symptoms of a respiratory infection while on the job, they should immediately stop work, put on a facemask and self-isolate at home, inform the facility Administrator immediately...Residents will be screened for respiratory infection three times daily by staff...Residents should be restricted to their apartments as often as possible. When outside of their apartment\, residents would maintain a social distance of 6 feet from other residents and wear a mask if able...All visitors must be screened for signs and symptoms of the virus and have their temperatures taken before entry. Visitors with any signs or symptoms of the virus will not be permitted into the facility. All visitors must wear a mask. All visitors are to wash their hands upon entering the facility...Incoming essential visitors may not self-screen...Phase II...Residents are recommended to wear a mask. Shared activity			

	items and spaces are to be sanitized between resident use. Residents are required to social distance at meals until further notice...Residents should wear a mask to and from designated dining areas...Phase III...Visitors must check/sign in at the front door, be screened by a staff member with the CDC symptoms checklist, have their temperature taken and sanitize their hands before proceeding to the resident's patio or area of visitation...Phase IV...Communal dining with social distancing and universal masking for residents not in quarantine or isolation; 25% capacity limitation...Residents are required to wear a cloth or surgical face covering when outside of their apartment, or when staff enters their apartment...Phase VI...If vaccination status of all participants cannot be determined, all participants must wear a mask and social distance...When a new case of Covid-19 among residents or staff is identified, the facility should immediately begin outbreak testing...until at least one round of facility-wide testing is completed...(revised...06/25/21)...Fully vaccinated residents can participate in communal dining & activities without use of a face mask or physical distancing, when ALL residents present have been fully			

vaccinated...Fully vaccinated staff no longer has to routinely test for Covid-19. Staff is still required to test, when in, and testing out of outbreak status."

The Indiana Department of Health's "COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure, updated 8-11-21, indicates, "Long-term care centers should take everyday preventive measures to help contain the spread of COVID-19. Actively screen all healthcare personnel (HCP), visitors, vendors entering the facility for symptoms of COVID 19 and any history of being a close contact or exposed to COVID 19 positive or symptomatic person...Assess residents ' symptoms of COVID 19 infection upon admission to the facility, and daily during this pandemic and implement appropriate infection prevention practices for incoming symptomatic residents...Assess residents ' symptoms of COVID 19 infection upon admission to the facility, and daily during this pandemic and implement appropriate infection prevention practices for incoming symptomatic residents. Daily Covid-19 Assessments - Unvaccinated residents require once-daily assessment for COVID-19. Residents with symptomatic COVID-19 require three-times-per-day assessment

for COVID-19. Fully vaccinated residents ' assessment can be limited to whether they have symptoms for COVID-19. Screen all nursing homes residents or residential facilities ' residents who are not fully functional or have dementia in person. Residential facilities ' fully functional and non-dementia patients: screening by phone is acceptable, but screen at least once a week in person. Symptomatic resident from any location: do comprehensive evaluation. Examination frequency can be decreased to pre-pandemic levels if asymptomatic. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficult breathing, Fatigue, Muscle or body aches, [or] Headache. PREVENT THE SPREAD OF COVID-19 WITHIN YOUR FACILITY [as follows:] Keep residents and employees informed. Monitor residents and employees for fever or respiratory symptoms. Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees. Identify dedicated employees to care for COVID-19 resident and provide infection control training. Provide the right supplies to ensure easy and correct use of

PPE. Report any possible COVID-19 illness in residents and employees to the local health department. Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 residents into one area of the building...MASKS AND EYE PROTECTION. There is emerging evidence that many persons with COVID-19 may only have mild symptoms or no symptoms at all. These persons, however, can still be infectious. In addition, CDC notes that transmission risks can be airborne for those infected with COVID 19. To prevent the spread of COVID-19 in your facilities among providers with no or mild symptoms, we recommend the following:

All LTC facilities should limit confirmed or presumed COVID-19 positive resident contact to essential direct care providers (nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated environmental services staff who have been trained in proper PPE for transmission-based precautions (TBP). Direct care providers should wear a medical procedure mask for the duration of their shifts. Indirect care providers should wear a mask during their shifts. N95 (transition away from the approved KN95) masks should be worn in COVID units and

with any resident who is symptomatic or in TBP (red or yellow zone) awaiting testing. While supplies are limited, masks should be conserved and only a single mask should be worn by staff each shift. They should be changed when visibly soiled or wet. When possible, by supply and lower transmission in the facility, mask use can return to conventional usage and NIOSH-approved N95 respirators...Fully vaccinated HCP may choose to unmask during outdoor activities in small gatherings When there is a medium or large crowd, all should mask and socially distance under all circumstances in presence of many people. Encourage outdoor activities as much as possible for the health and well-being of residents. To align with updated Centers for Disease Control and Prevention (CDC) updated guidance on potential transmission by aerosol transmission, Indiana Department of Health is now recommending the use of eye protection as a standard safety measure to protect long-term care (LTC) healthcare personnel (HCP) who provide essential direct care within 6 feet of the resident in all levels of care in all long-term care facilities and assisted living. Fully vaccinated HCP may choose to not wear eye protection in green zones and in yellow zones when

	residents are being monitored for new admission quarantine--irrespective of county positivity rates. All HCP must keep on eye protection for any symptomatic or positive COVID-19 resident in TBP...All LTC facilities who have not already done so, need to use this CDC checklist to prevent the spread of coronavirus in their facilities...All LTC facilities should use this sheet to track their infection control activities and to track employees and residents with respiratory illness...All LTC facilities should have a plan to rapidly implement, or implement now, how they will cohort confirmed or presumed COVID-19 residents in their facilities. This can be by wing, floor, or if available, by building. This should be done with expediency. Residents should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents. All LTC facilities should limit confirmed or suspected COVID-19 positive resident contact to essential direct care providers (Nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated Environmental Services staff who have been trained in proper PPE for TBP etc.)...COVID-19			

	Negative (Green) - These include residents who are asymptomatic and not suspected to have COVID-19 asymptomatic residents who have had a negative test and residents who have recovered from COVID19 who meet CDC criteria for removing TBP. Unvaccinated HCP must wear face mask (medical) and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP (SNF/AL) who provide essential direct care within 6 feet of the resident, regardless of COVID-19 status, when there is moderate to substantial (high) community transmission. Fully vaccinated HCP may choose to not wear eye protection in green zones and in yellow zones when residents are being monitored for new admission quarantine--irrespective of county positivity rates. All HCP must use eye protection for any symptomatic or positive COVID-19 resident in transmission based precautions (TBP). If the county positivity rates are = or < 5% with low community transmission and the facility is not in outbreak testing, then eye protection will not be required for both unvaccinated and vaccinated HCP when providing essential direct care within 6 feet to residents who are not in TBP for COVID-19 or quarantined for COVID-19 positive exposures. This would				

include residents in the general population (green zones) who are not suspected to have COVID-19. IF the county positivity rates are > 5% with increase to moderate or high substantial community transmission then eye protection should be used by unvaccinated HCP for all residents within 6 feet when delivering essential direct care regardless of COVID 19 status. All HCP must keep on eye protection for any symptomatic or positive COVID-19 resident in TBP regardless of vaccination status...Increase Environmental cleaning on all high touch surfaces in building with approved disinfectants. Cleaning and disinfection: Follow CDC cleaning and disinfection guidance for EVS personnel with proper PPE for cleaning COVID-19 rooms...Use approved cleaning agents from List N...For shortage of approved disinfecting solutions: consider the following: Use of resident dedicated glucometers. Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon...Masks: Universal use of facemasks should continue for all HCP, residents, and visitors that come into the facility..."

This Residential tag relates to the Residential COVID-19 Quality Assurance Walk

Through Survey.

2.5-12(a)

2.5-12(b)(1)

2.5-12(b)(2)

2.5-12(b)(3)

Based on observation, interview and record review, the facility failed to properly prevent and/or contain COVID-19 related to a lack of routine Covid-19 screening of residents, staff and visitors for possible signs and symptoms of Covid-19, the use of Personal Protective Equipment (PPE) being worn correctly or not at all by staff and residents, social distancing and use of PPE was not routinely encouraged for residents by staff, sanitation of high-touch areas is maintained by staff facility and updated Covid-19 education not being provided to staff and residents. These deficient practices have the potential to adversely affect all 24 residents of the facility.

Findings include:

1. During entrance to the facility on 9-7-21 at 10:31 a.m., the facility entrance doors were open and allowed free entrance into the facility. A lack of signage was observed at this time to identify to visitors, staff or residents of the need to be screened upon entrance to the

facility for a temperature check and for signs and symptoms of Covid-19. A screening log, thermometer, writing utensils and hand sanitizer were present at the entrance, lying on a table, but without instructions for use or staff present to assist with this. There were no instructions or signage to request assistance from staff present in the facility.

In an interview with the Administrative Assistant (AA) on 9-7-21 at 12:45 p.m., she indicated the entrance door was to be locked or secured to allow persons inside the building to be able to exit without assistance but is locked to those on the outside which requires visitors to ring the doorbell for assistance to enter the building. At this time, an observation with the AA was conducted of the entrance door system. She indicated the entrance door was not working correctly and allowed unassisted entrance into the building. There is a problem with this system and she will try to fix it. She thought there was signage at the entrance to inform visitors screening is required for entrance. Signage to this affect was not observed at this time. During the time the AA was demonstrating the entrance door was not working properly, a Home Health Company staff person and a postal worker were observed to enter the

building. The AA ensured both persons signed in on the Visitor's (Screening) Log and had their temperature checked, but did not ensure either person completed the screening questions, nor offered either person hand sanitizer.

In an interview with the AA on 9-7-21 at 11:12 a.m., she indicated earlier in the morning, a local pharmacy staff person left medication for a resident in the facility. Upon review of the 9-7-21 Visitor's (Screening) Log, there was not an entry for the pharmacy staff member listed.

In an interview on 9-7-21 at 1:30 p.m., with the Interim Wellness Director (WD), indicated she had come into work for a few hours on 9-6-21, "but I did not sign in or get screened for Covid-19." The previous administrations did talk to all of the staff about how important it was to sign in and get screened for Covid-19 before starting work.

In an interview with Resident CC on 9-8-21 at 10:32 a.m., she indicated she had not received daily Covid-19 monitoring of a temperature check and for signs and symptoms of Covid-19.

In an interview with Resident BB on 9-8-21 at 10:32 a.m., she indicated she had not received daily Covid-19 monitoring of a

temperature check and for signs and symptoms of Covid-19.

In an interview with Resident DD on 9-8-21 at 12:30 p.m., she indicated she had not received daily Covid-19 monitoring of a temperature check and for signs and symptoms of Covid-19. She indicated this sometimes occurs less than weekly

Covid-19 Screening Logs for daily temperature and Covid-19 signs and symptoms for each resident were reviewed from 8-22-21 through 9-7-21. Logs were present for 8-22-21, 9-1-21, 9-3-21, 9-4-21, 9-5-21 and 9-7-21. The screening logs for these dates listed each resident's name, the shift in which the resident was to be screened and each resident's temperature. The screening section for each resident was left blank. A listing of resident names and room numbers for 8-25-21 with only temperatures recorded. Not all screening logs included temperatures or screening information documented for each resident. There were no screening logs provided for 8-23-21, 8-24-21, 8-26-21, 8-27-21, 8-28-21, 8-29-21, 8-30-21, 8-31-21, 9-2-21 or 9-6-21.

In review of the work schedules for the time period 8-24-21 to 9-6-21, multiple staff persons failed to document they were

screened for Covid-19 symptoms prior to beginning work for their scheduled shift as evidenced by documenting on the Employee Log the date of their Covid-19 screening for signs and symptoms and temperature. The following dates indicate how many persons were scheduled to work at the facility, as well as the number of Covid-19 screenings for signs and symptoms and temperatures were missing on the Employee (Screening) Log:

8-24-21: 5 persons scheduled with 4 persons (80%) not screened.

8-25-21: 8 persons scheduled with 2 persons (25%) not screened.

8-26-21: 7 persons scheduled with 3 persons (43%) not screened.

8-27-21: 8 persons scheduled with 2 persons (25%) not screened.

8-28-21: 5 persons scheduled with 4 persons (80%) not screened.

8-29-21: 6 persons scheduled with 5 persons (83%) not screened.

8-30-21: 8 persons scheduled with 3 persons (38%) not screened.

	8-31-21: 7 persons scheduled with 3 persons (43%) not screened. 9-1-21: 8 persons scheduled with 2 persons (25%) not screened. 9-2-21: 7 persons scheduled with 2 persons (29%) not screened. 9-3-21: 6 persons scheduled with 2 persons (33%) not screened. 9-4-21: 5 persons scheduled with 4 persons (80%) not screened. 9-5-21: 5 persons scheduled with 3 persons (60%) not screened. 9-6-21: 6 persons scheduled with 4 persons (67%) not screened. 2. During random observations of residents throughout the survey, no residents were observed wearing masks of any type on 9-7-21 and 1 resident was observed wearing a surgical mask on 9-8-21 when in the halls or in the common areas of the building.			

In an interview with Resident CC on 9-8-21 at 10:32 a.m., she indicated she had not received any recent education or information on masking or signs or symptoms of Covid-19.

In an interview with Resident BB on 9-8-21 at 10:41 a.m., she indicated she was unaware of education or encouragement from the facility on mask use or social distancing.

In an interview with Resident DD on 9-8-21 at 12:30 p.m., she indicated she had not received any Covid-19 updates or education in "quite some time."

An observation of Corporate Staff 3 was made on 9-8-21 at 12:25 p.m. She was observed in the common area, across from conference room, conducting Covid-19 nasal swab testing for rapid results of one resident, with a line of 4 other residents present, with 1 of those residents within 6 feet of testing. Corporate Staff 3 was observed to be wearing PPE of a surgical mask and gloves. Prior to Corporate Staff 3 conducting additional testing, the process was halted by the IDOH (Indiana Department of Health) surveyor to discuss appropriate PPE and location of testing. Corporate Staff 3 then immediately informed residents in line, now 6, that she will come

to their rooms for testing. At 12:40 p.m., Corporate Staff 3 was observed to be wearing an N-95 mask, gloves and gown enroute to a resident's room for testing.

On 9-7-21 at 10:32 a.m., four staff were observed in the nurse's station, with 1 of the 4 staff members not wearing a mask, 2 of 4 staff members wearing a surgical mask with the mask located under the nose and 1 of 4 staff members wearing a surgical mask to cover the nose and mouth area.

A dining observation was conducted on 9-7-21 at 12:14 p.m. 3 tables were occupied, with one table of 6 residents, two tables of 2 residents for total of 10 residents. One of the tables of 2 was a married couple, who reside in the same apartment. The other table of two persons were two female residents who reside in separate apartments. After lunch was completed, table measurements were obtained of each table being 7 feet (84 inches) by 4 feet (48 inches). Of the 2-person table, the 2 female residents were sitting at a diagonal at the same end of the table, measuring 46 inches to 48 inches apart.

On 9-7-21 at 12:14 p.m., an observation of the kitchen area, from the vantage point of the

resident dining room, indicated the following: 3 staff members were in the kitchen area with each of the staff members wearing surgical mask below the nose.

During random observations on both days of the survey, the Interim WD was observed with her surgical mask located below her nose.

In interview with the AA on 9-8-21 at 11:12 a.m., indicated all staff are to be wearing surgical masks. "We are not wearing goggles or face shields with personal care of residents. Residents who are vaccinated do not have to wear masks or social distance. If a resident or staff is symptomatic, that person is quarantined until testing is done. Last in-service on Covid related issues was several months ago, can't remember exact date. The most recent Administrator would forward the current Covid updates to us." She indicated staff are currently having weekly Covid-19 testing conducted due to the county's positivity rate being above 5 percent.

In an interview on 9-8-21 at 11:28 a.m., with CNA 6, she indicated she recently completed new employee orientation. "All I have been told is we have to wear a surgical mask since we don't have any

Covid positive residents. Nothing [was] mentioned about wearing face shield or goggles." She indicated during her orientation, she did not receive any specific Covid-19 information, nor receive any paperwork to review regarding Covid-19.

3. In an interview on 9-8-21 at 11:12 a.m., with the AA, she indicated the facility is currently without a housekeeper. "The RA's [resident assistants] and QMA's [qualified medication aides] are trying to keep up with cleaning, but we do not have time to do deep cleaning."

In an interview on 9-8-21 at 11:28 a.m., with CNA 6, she indicated she began employment last week. "The facility does not have a housekeeper; had one on my first day, but not seen her since. I have not been asked to do additional housekeeping tasks, but we do help clean up in resident rooms and take out trash."

In an interview with RA (Resident Assistant) 7 on 9-8-21 at 9-8-21 at 11:28 a.m., she indicated the housekeeping staff would conduct extra cleaning to the high touch surfaces, like handrails and door handles. Since the facility does not currently have a housekeeper, the cleaning of high-touch

surfaces is conducted by the nightshift staff. "They were using a special solution, not sure the name of it. We, as RA's, are doing only the more superficial cleaning," She indicated the facility and resident rooms have not had any deep cleaning conducted "in a while now."

4. On 9-7-21 at 11:51 a.m., the AA provided training/in-service education provided to facility staff. The documentation reflected training/in-service education for 6-29-21, 7-12-21 and 8-30-21. The description of the educational offering did not specify it was related to Covid-19 education.

On 9-8-21 at 2:08 p.m., Corporate Staff 2 provided copies of Covid-19 related training/in-service education provided to facility staff. Those trainings/in-service education were dated 11-23-20, 12-3-20 and 12-4-20.

On 9-8-21 at 2:08 p.m., Corporate Staff 2 provided a copy of a policy entitled, "Covid-19 Policy," with revision dates of 7-15-2000, 3-19-21 and 6-25-21. This policy was indicated to be the current policy in use by the facility. Corporate Staff 2 did not clarify which phase the facility is currently functiong. This policy indicated, "Purpose: To limit the spread of

	Covid-19 and to protect the health and wellbeing of Staff and Residents within our daily care." It indicated, "Covid-19 symptoms include fever, cough, and shortness of breath...Phase I...Staff must follow the Order of the State Department of Public Health, CDC and the State Governor. Staff must enter the Community one and at time and be screened for signs and symptoms of the virus and have their temperature taken and logged. Staff are to be screened at facility entrance. Incoming staff my not self-screen or self-log. If employees do not have symptoms of Covid-19 but do have a mild respiratory illness, they may work if they have been fever free for 72 hours. While working, the employee must wear a face mask...Staff should protect themselves and residents by putting on and wearing personal protective equipment (PPE), such as, disposable gloves, goggles, gowns and FDA-approved facemasks when directed. Universal Masking, Staff must wear a mask at all times inside the building during an outbreak/pandemic...Each Community will develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas...Disinfect frequently touched surfaces every 2 hours or as frequently				

	as possible with EPA registered/approved products...If employee develops signs and symptoms of a respiratory infection while on the job, they should immediately stop work, put on a facemask and self-isolate at home, inform the facility Administrator immediately...Residents will be screened for respiratory infection three times daily by staff...Residents should be restricted to their apartments as often as possible. When outside of their apartment\, residents would maintain a social distance of 6 feet from other residents and wear a mask if able...All visitors must be screened for signs and symptoms of the virus and have their temperatures taken before entry. Visitors with any signs or symptoms of the virus will not be permitted into the facility. All visitors must wear a mask. All visitors are to wash their hands upon entering the facility...Incoming essential visitors may not self-screen...Phase II...Residents are recommended to wear a mask. Shared activity items and spaces are to be sanitized between resident use. Residents are required to social distance at meals until further notice...Residents should wear a mask to and from designated dining areas...Phase III...Visitors must check/sign in at the front door, be screened by a staff member with the CDC			

symptoms checklist, have their temperature taken and sanitize their hands before proceeding to the resident's patio or area of visitation...Phase IV...Communal dining with social distancing and universal masking for residents not in quarantine or isolation; 25% capacity limitation...Residents are required to wear a cloth or surgical face covering when outside of their apartment, or when staff enters their apartment...Phase VI...If vaccination status of all participants cannot be determined, all participants must wear a mask and social distance...When a new case of Covid-19 among residents or staff is identified, the facility should immediately begin outbreak testing...until at least one round of facility-wide testing is completed...(revised...06/25/21)...Fully vaccinated residents can participate in communal dining & activities without use of a face mask or physical distancing, when ALL residents present have been fully vaccinated...Fully vaccinated staff no longer has to routinely test for Covid-19. Staff is still required to test, when in, and testing out of outbreak status."

The Indiana Department of Health's "COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure,

	updated 8-11-21, indicates, "Long-term care centers should take everyday preventive measures to help contain the spread of COVID-19. Actively screen all healthcare personnel (HCP), visitors, vendors entering the facility for symptoms of COVID 19 and any history of being a close contact or exposed to COVID 19 positive or symptomatic person...Assess residents ' symptoms of COVID 19 infection upon admission to the facility, and daily during this pandemic and implement appropriate infection prevention practices for incoming symptomatic residents...Assess residents ' symptoms of COVID 19 infection upon admission to the facility, and daily during this pandemic and implement appropriate infection prevention practices for incoming symptomatic residents. Daily Covid-19 Assessments - Unvaccinated residents require once-daily assessment for COVID-19. Residents with symptomatic COVID-19 require three-times-per-day assessment for COVID-19. Fully vaccinated residents ' assessment can be limited to whether they have symptoms for COVID-19. Screen all nursing homes residents or residential facilities ' residents who are not fully functional or have dementia in person. Residential facilities ' fully functional and				

non-dementia patients: screening by phone is acceptable, but screen at least once a week in person. Symptomatic resident from any location: do comprehensive evaluation. Examination frequency can be decreased to pre-pandemic levels if asymptomatic. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficult breathing, Fatigue, Muscle or body aches, [or] Headache. PREVENT THE SPREAD OF COVID-19 WITHIN YOUR FACILITY [as follows:] Keep residents and employees informed. Monitor residents and employees for fever or respiratory symptoms. Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees. Identify dedicated employees to care for COVID-19 resident and provide infection control training. Provide the right supplies to ensure easy and correct use of PPE. Report any possible COVID-19 illness in residents and employees to the local health department. Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 residents into one area of the building...MASKS AND EYE PROTECTION. There is

emerging evidence that many persons with COVID-19 may only have mild symptoms or no symptoms at all. These persons, however, can still be infectious. In addition, CDC notes that transmission risks can be airborne for those infected with COVID 19. To prevent the spread of COVID-19 in your facilities among providers with no or mild symptoms, we recommend the following:

All LTC facilities should limit confirmed or presumed COVID-19 positive resident contact to essential direct care providers (nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated environmental services staff who have been trained in proper PPE for transmission-based precautions (TBP). Direct care providers should wear a medical procedure mask for the duration of their shifts. Indirect care providers should wear a mask during their shifts. N95 (transition away from the approved KN95) masks should be worn in COVID units and with any resident who is symptomatic or in TBP (red or yellow zone) awaiting testing. While supplies are limited, masks should be conserved and only a single mask should be worn by staff each shift. They should be changed when visibly soiled or wet. When possible, by supply and lower transmission

	in the facility, mask use can return to conventional usage and NIOSH-approved N95 respirators...Fully vaccinated HCP may choose to unmask during outdoor activities in small gatherings When there is a medium or large crowd, all should mask and socially distance under all circumstances in presence of many people. Encourage outdoor activities as much as possible for the health and well-being of residents. To align with updated Centers for Disease Control and Prevention (CDC) updated guidance on potential transmission by aerosol transmission, Indiana Department of Health is now recommending the use of eye protection as a standard safety measure to protect long-term care (LTC) healthcare personnel (HCP) who provide essential direct care within 6 feet of the resident in all levels of care in all long-term care facilities and assisted living. Fully vaccinated HCP may choose to not wear eye protection in green zones and in yellow zones when residents are being monitored for new admission quarantine--irrespective of county positivity rates. All HCP must keep on eye protection for any symptomatic or positive COVID-19 resident in TBP...All LTC facilities who have not			

already done so, need to use this CDC checklist to prevent the spread of coronavirus in their facilities...All LTC facilities should use this sheet to track their infection control activities and to track employees and residents with respiratory illness...All LTC facilities should have a plan to rapidly implement, or implement now, how they will cohort confirmed or presumed COVID-19 residents in their facilities. This can be by wing, floor, or if available, by building. This should be done with expediency. Residents should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents. All LTC facilities should limit confirmed or suspected COVID-19 positive resident contact to essential direct care providers (Nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated Environmental Services staff who have been trained in proper PPE for TBP etc.)...COVID-19 Negative (Green) - These include residents who are asymptomatic and not suspected to have COVID-19 asymptomatic residents who have had a negative test and residents who have recovered from COVID19 who meet CDC criteria for removing TBP. Unvaccinated HCP must wear

face mask (medical) and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP (SNF/AL) who provide essential direct care within 6 feet of the resident, regardless of COVID-19 status, when there is moderate to substantial (high) community transmission. Fully vaccinated HCP may choose to not wear eye protection in green zones and in yellow zones when residents are being monitored for new admission quarantine--irrespective of county positivity rates. All HCP must use eye protection for any symptomatic or positive COVID-19 resident in transmission based precautions (TBP). If the county positivity rates are = or < 5% with low community transmission and the facility is not in outbreak testing, then eye protection will not be required for both unvaccinated and vaccinated HCP when providing essential direct care within 6 feet to residents who are not in TBP for COVID-19 or quarantined for COVID-19 positive exposures. This would include residents in the general population (green zones) who are not suspected to have COVID-19. IF the county positivity rates are > 5% with increase to moderate or high substantial community transmission then eye protection should be used by unvaccinated HCP for all residents within 6

	feet when delivering essential direct care regardless of COVID 19 status. All HCP must keep on eye protection for any symptomatic or positive COVID-19 resident in TBP regardless of vaccination status...Increase Environmental cleaning on all high touch surfaces in building with approved disinfectants. Cleaning and disinfection: Follow CDC cleaning and disinfection guidance for EVS personnel with proper PPE for cleaning COVID-19 rooms...Use approved cleaning agents from List N...For shortage of approved disinfecting solutions: consider the following: Use of resident dedicated glucometers. Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon...Masks: Universal use of facemasks should continue for all HCP, residents, and visitors that come into the facility..." This Residential tag relates to the Residential COVID-19 Quality Assurance Walk Through Survey. 2.5-12(a) 2.5-12(b)(1) 2.5-12(b)(2) 2.5-12(b)(3)				

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