

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/15/2021	
NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to the Residential Covid-19 Quality Assurance Walk Through Survey completed on 9-8-2021. This visit was conducted in conjunction with a PSR to the Investigation of Complaints IN00360152 and IN00369290 completed on 8-20-2021. The Residential Covid-19 Quality Assurance Walk Through Survey-R407 Complaint IN00360152 -- Not corrected. Complaint IN00369290 -- Not corrected. Survey date: October 15, 2021 Facility number: 014548 Residential census: 29	R 0000	Timber Creek Village Plan of Correction for survey dated 09/08/21 Timber Creek Village has established and are maintaining infection control practices designed to promote and provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of diseases and infections throughout the community. Residents of Timber Creek Village who are asymptomatic are screened daily with temperature assessments				

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This State Residential Finding is cited in accordance with 410 IAC 16.2-5.

Quality review completed on October 26, 2021

and

questionnaire. Residents of the community who are symptomatic or who have been exposed, will

immediately be placed into quarantine and tested for covid 19 and assessed three times daily for

symptoms and abnormal vitals. Asymptomatic employees will screen prior to starting their shift, with

temp and questionnaire. Symptomatic employees will avoid coming into work, obtain covid testing and

follow state guidelines for returning to work. All of Timber Creek visitors and vendors are required to

screen at front door with temp and questionnaire, also signs are located that indicate refraining visit if

symptomatic or per questionnaire responses.

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			Timber Creek has hand sanitizer strategically placed throughout the building and in common areas, as well as at screening stations. We have reservoirs located at screening stations that allow for placement of “ clean and dirty” writing utensils and thermometers. These are to be cleaned throughout the day by employees. Also sanitizer wipes/alcohol wipes are located at screening stations that allow others to clean items before using. Administrative Assistant has placed signs throughout the building that indicated recommendations for social distancing, hand hygiene and infection precautions. All staff	
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			Inservice was held on 10/07/21, this meeting addressed Binax Now Covid -19 Card training, things to know about covid 19 testing procedures, storage of cards, PPE , Resident testing, resident screening log, employee screening requirements and visitor screenings. Also on 10/07/21 an Infection Control, Covid Vaccination, cleaning of high touch surfaces, hand washing and hand hygiene, Slow the spread, s/sx of covid and screening station training in-service was done. Resident hand out were distributed on donning and doffing mask and hand hygiene. All documented in facility Inservice Binder. Timber Creek Village will monitor Shelby County	
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			Positivity Rate and testing requirements for unvaccinated employees and residents, monitored by Administrative Assistant. All management staff will monitor visitor/vender screenings. DON will monitor resident screenings to assure they are being done daily. Timber Creek Village just completed Booster Vaccine clinic in November for Covid as well as flu vaccine clinic. Jamie Bailey HWD/DON	
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	R 0407	Timber Creek Village Plan of Correction for survey dated 09/08/21	12/15/2021

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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 ensure Covid-19 measures were maintained to prevent Covid-19 as evidenced by a lack of routine Covid-19 screening of staff for possible signs and symptoms of Covid-19. This deficient practice has the potential to adversely affect all 29 residents of the facility. (RA 3)

Findings include:

On 10-15-21 at 5:33 p.m. the Administrator assisted with the review of the documentation of staff who screened for Covid-19 signs and symptoms, prior to beginning their work shift for 10-15-21. The work schedule for this date, plus verbal information from the Administrator, indicated a total of seven (7) staff had worked thus far on 10-15-21, and a total of 6 staff had screened for Covid-19 signs and symptoms, prior to beginning their work shift for 10-15-21. The only staff member who had not done so was RA (resident assistant) 3. The Administrator

Timber Creek Village has established and are maintaining infection control practices designed to

promote and provide a safe, sanitary and comfortable environment and to help prevent the

development and transmission of diseases and infections throughout the community. Residents of

Timber Creek Village who are asymptomatic are screened daily with temperature assessments and

questionnaire. Residents of the community who are symptomatic or who have been exposed, will

immediately be placed into quarantine and tested for covid 19 and assessed three times daily for

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FORM APPROVED

OMB NO. 0938-0391

indicated the facility had conducted a large amount of education since he began employment in the last month on the importance of following the Indiana Department of Health's Covid-19 guidelines, including, but not limited to each employee is to screen for signs and symptoms of Covid-19, prior to beginning work each day.

The Indiana Department of Health's "Covid-19 Infection Control Guidelines in Long-Term Care," updated 9-27-21, and entitled, "CORE PRINCIPLES OF INFECTION CONTROL," indicted, "It is expected that COVID-19 infection prevention and control core principles be always adhered to and remain in place as long as the virus is present in epidemic levels. This standard operating procedure and Core Principles of Infection Control should be used in conjunction with all existing clinical and regulatory guidance to provide routine prevention measures to help contain and prevent the spread of COVID-19...Screening: Screen all persons who enter the facility; (e.g., visitors, vendors and HCP [healthcare personnel) for signs and symptoms of COVID-19 (e.g., questions about and observations of signs or symptoms) and deny entry to those with COVID-19 diagnosis,

symptoms and abnormal vitals. Asymptomatic employees will screen prior to starting their shift, with

temp and questionnaire. Symptomatic employees will avoid coming into work, obtain covid testing and

follow state guidelines for returning to work. All of Timber Creek visitors and venders are required to

screen at front door with temp and questionnaire, also signs are located that indicate refraining visit if

symptomatic or per questionnaire responses. Timber Creek has hand sanitizer strategically placed

throughout the building and in common areas, as well as at screening stations. We have reservoirs

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signs or symptoms, or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)."

This deficiency was cited on 9-8-21. The facility failed to implement a systemic plan of correction to prevent reoccurrence.

2.5-12(a)

Based on observation, interview and record review, the facility failed to ensure Covid-19 measures were maintained to prevent Covid-19 as evidenced by a lack of routine Covid-19 screening of staff for possible signs and symptoms of Covid-19. This deficient practice has the potential to adversely affect all 29 residents of the facility. (RA 3)

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located at screening stations that allow for placement of "clean and dirty" writing utensils and

thermometers. These are to be cleaned throughout the day by employees. Also sanitizer wipes/alcohol

wipes are located at screening stations that allow others to clean items before using.
Administrative

Assistant has placed signs throughout the building that indicated recommendations for social

distancing, hand hygiene and infection precautions.

All staff
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things to know about covid 19 testing procedures, storage of cards, PPE, Resident testing, resident

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their work shift for 10-15-21.

The only staff member who had not done so was RA (resident assistant) 3. The Administrator indicated the facility had conducted a large amount of education since he began employment in the last month on the importance of following the Indiana Department of Health's Covid-19 guidelines, including, but not limited to each employee is to screen for signs and symptoms of Covid-19, prior to beginning work each day.

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Timber Creek Village will monitor Shelby County Positivity Rate and testing requirements for

unvaccinated employees and residents, monitored by Administrative Assistant. All management staff

will monitor visitor/vender

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COVID-19 (e.g., questions about and observations of signs or symptoms) and deny entry to those with COVID-19 diagnosis, signs or symptoms, or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor ' s vaccination status)."

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2.5-12(a)

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done daily. Timber Creek Village just completed Booster Vaccine clinic in November for Covid as well as

flu vaccine clinic.

Jamie Bailey HWD/DON

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