STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MEADOWS SENIOR ASSISTED LIVING	11570 E 126TH STREET, FISHERS, , 46037

(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 IN00360754 and Residential COVID-19 Quality Assurance Walk Through. Complaint IN00360754 - Substantiated. State Residential Findings are cited at R407. Survey Date: August 31, 2021 Facility Number: 014910 Residential: 85 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on September 8, 2021	R 0000	Please accept the attached plan of correction as credible allegation of compliance to the deficiency cited during the Investigation of Complaint conducted on August 31, 2021. Hopefully, you will find the remedies are sufficient, thoroughly explained, and able to provide a clear picture of how we corrected the concern. I would like to formally request your consideration for granting this community paper compliance.	
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:	R 0407	It is the policy of Priority Life Care to establish and implement an effective & compliant infection control program. The deficient practice was corrected immediately upon identification.	10/15/2021

	(1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on observation, interview, and record review, the facility failed to assess and screen residents for symptoms of Covid-19, and ensure unvaccinated staff wore eye protection within 6 feet of residents to prevent and/or contain the spread of COVID-19. This affected 85 of 85 residents in the facility. Findings include: 1. The clinical record for Resident B was reviewed on 8/31/21 at 12:44 p.m. The diagnoses included, but were not limited to: dementia, schizoaffective disorder of bipolar type, anxiety, and major depressive disorder. 2. The clinical record for Resident C was reviewed on 8/31/21 at 1:20 p.m. The diagnoses included, but were		All residents had the potential to be affected by the deficient practice. As a preventive measure, all staff will be re-educated on screening residents and PPE utilization by 10/15/2021. The DON, or her designee, will audit clinical records and spot check staff utilization of PPE daily for 7 days, weekly for 4 weeks and as needed thereafter to ensure compliance. Any concerns will be documented and presented to the Quality Assurance Committee for resolution.	

not limited to, dementia.

3. The clinical record for Resident D was reviewed on 8/31/21 at 1:22 p.m. The diagnoses included, but were not limited to, dementia.

A list of residents with their current Covid-19 vaccination status was provided by the DON (Director of Nursing) on 8/31/21 at 12:35 p.m. The list indicated Resident B was unvaccinated, residing on an assisted living unit in the facility. Residents C and D were both fully vaccinated and resided on the locked memory care unit of the facility.

There were no current orders, progress notes, or other information in Resident B's, Resident C's, or Resident D's clinical records indicating daily assessment for symptoms of Covid-19.

An interview was conducted with the DON on 8/31/21 at 11:30 a.m. She indicated nursing monitored for changes in condition, which would include symptoms of Covid-19, but were not documenting an assessment of Covid-19 symptoms for residents.

An interview was conducted with LPN (Licensed Practical Nurse) 2 on 8/31/21 at 1:40 p.m. She indicated she'd worked at the facility on day

shift, 5 days weekly, since 8/2/21. She relied on the CNAs (Certified Nursing Assistants) to inform her if any of the residents were having symptoms of Covid-19, and stated, "I'm not going through and assessing any residents."

An interview was conducted with QMA (Qualified Medication Aide) 3 on 8/31/21 at 1:52 p.m. She was working on the locked memory care unit of the facility. She indicated she was not screening any of the residents for symptoms of Covid-19. They used to take temperatures, ask about symptoms, and document it, but they stopped doing that "about a month and a half ago."

The Indiana Department of Health Division of Long Term Care (LTC) COVID-19 LTC Facility Infection Control Guidance, revised 8/11/21, read, "Standard Operating Procedure...The Daily Covid-19 Assessments - Unvaccinated residents require once-daily 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."

4. An observation and interview was conducted with LPN (Licensed Practical Nurse) 2 on 8/31/21 at 1:40 p.m. in the hallway of the facility near the elevator. She was wearing a surgical mask and prescription eye glasses, but no eye protection. A resident walked in front of her during the interview and she verbally redirected him to the lobby area. She indicated she'd worked at the facility on day shift, 5 days weekly, since 8/2/21. She was responsible for medication administration to residents in the entire building, and had "just finished doing med [medication] pass." She received her second dose of the Covid-19 vaccination on Sunday, 8/29/21, and hadn't been wearing any sort of eye protection in the facility since she began working there.

An observation and interview was conducted with QMA (Qualified Medication Aide) 3 on 8/31/21 at 1:52 p.m. She was sitting in a chair at the nurse's desk, talking to one of the CNAs (Certified Nursing Assistants.) She was wearing a surgical mask, but no eye protection. She indicated she had not been vaccinated for Covid-19, and did not wear any eye protection in the facility, and to her

knowledge, was not required to do so. She was responsible for administering residents' medications, insulin, checking their blood sugars, doing their vitals, and applying treatments. She'd worked at the facility since March, 2021, was gone for the past month, and came back to work there on 8/30/21.

The CMS (Centers for Medicare and Medicaid Services) Covid-19 positivity rates indicated the previous weeks' positivity rates for Hamilton County Indiana were above 5% weekly since 7/27/21.

The Indiana Department of Health Division of Long Term Care (LTC) COVID-19 LTC Facility Infection Control Guidance, revised 8/11/21, read, "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 COVID-19 who meet CDC [Centers for Disease Control] criteria for removing TBP [transmission based precautions.] Unvaccinated HCP must wear face mask (medical) and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP [Health Care Personnel] (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....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."			

	The Infection Control Guidelines for Infectious Respiratory Disease Outbreak policy was provided by the DON (Director of Nursing) on 8/31/21 at 2:30 p.m. It read, "The Community will take proactive measures to minimize the spread of respiratory germs within the community: ...Monitor residents and employees for fever or respiratory symptoms: ...The Community Executive Director (ED) or designee will monitor the local and state public health sources to understand infectious respiratory disease activity within the community in order to help inform their evaluation of individuals with unknown respiratory illness. If there is known transmission of acute infectious respiratory illness, such as COVID-19 in the Community, the ED or designee will consult with public health authorities for additional guidance. This State tag relates to Complaint IN00360754.			

Based on observation, interview, and record review, the facility failed to assess and screen residents for symptoms of Covid-19, and ensure unvaccinated staff wore eye protection within 6 feet of residents to prevent and/or contain the spread of COVID-19. This affected 85 of 85 residents in the facility.

Findings include:

1. The clinical record for Resident B was reviewed on 8/31/21 at 12:44 p.m. The diagnoses included, but were not limited to: dementia, schizoaffective disorder of bipolar type, anxiety, and major depressive disorder.

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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