

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

PRINTED: 10/03/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155248		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/14/2023	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 30 E CHANDLER AVE EVANSVILLE, IN 47713			
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaints IN00408009 and IN00417253. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00408009 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00417253 - Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: September 12, 13, 14, 2023</p> <p>Facility number: 000152 Provider number: 155248 AIM number: 100267510</p> <p>Census Bed Type: SNF/NF: 97 Total: 97</p> <p>Census Payor Type: Medicare: 4 Medicaid: 80 Other: 13 Total: 97</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 18, 2023.</p>			F 0000			
F 0880 SS=E Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shelley Brown

Executive Director

09/29/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be</p>						

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	<p>the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained to mitigate the spread of COVID-19 for 6 of 8 observations. Staff were observed to enter rooms that required COVID-19 transmission based precautions without the proper PPE (Personal Protective Equipment) procedures. (Room 401, Room 403, Room 412, Room 506, Room 507)</p> <p>Findings include:</p> <p>On 9/12/23 at 8:44 a.m., CNA 1 was observed to don a gown, gloves, N95 mask, face shield, and</p>	F 0880	<p>F880 Infection prevention and control Date 9/18/2023 F880---What corrective action was accomplished for the resident found to have been affected by the deficient practice. Staff were in-serviced and educated by Director of Clinical Education on 9/18/2023 on proper donning and doffing of PPE (personal protective equipment)</p>		09/18/2023		

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	<p>enter Room 412. CNA 1's gown was observed to not be tied at the neck and the N95 mask was placed over a surgical mask before entering the room. CNA 1 was observed exiting the room with a surgical mask on. Room 412 had signage on the door indicating the room required COVID-19 transmission based precautions.</p> <p>On 9/12/23 at 8:58 a.m., CNA 1 was observed to don a gown, gloves, N95 mask, face shield, and enter Room 401. CNA 1's gown was observed to not be tied at the neck and the N95 mask was placed over a surgical mask before entering the room. CNA 1 was observed exiting the room with a surgical mask on and touching the mask with her hand. No hand hygiene was observed to be performed after touching the mask. Room 401 had signage on the door indicating the room required COVID-19 transmission based precautions.</p> <p>On 9/12/23 at 9:00 a.m., the Admissions Director was observed to don a gown, gloves, N95 mask, face shield, and enter Room 403. The Admission Director was observed to place the N95 mask over a KN95 mask before entering the room. After exiting the room, the Admissions Director was observed to perform hand hygiene, take off the N95 mask and walk down the hallway carrying the mask in her hands. Room 403 had signage on the door indicating the room required COVID-19 transmission based precautions.</p> <p>On 9/12/23 at 10:51 a.m., CNA 2 was observed to enter Room 507, speak to the resident, exit the room, walk down the hallway to a supply room, obtain a portable oxygen tank, walk back down the hallway, and enter and exit Room 507. CNA 2 was wearing only a surgical mask during the observation. Room 507 had signage on the door indicating the room required COVID-19</p>				<p>---How will other residents who may have the potential to be affected be identified? All covid positive residents have the potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur. Staff were in-serviced and educated by Director of Clinical Education on 9/18/2023 on proper donning and doffing of PPE (personal protective equipment) ·Staff provided return demonstration and voiced understanding.</p> <p>---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place? Director of clinical education / designee will audit staff to ensure proper donning and doffing of PPE (personal protective equipment) 3Xs /week x 4 weeks, 1x/ week x 4 weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>Systematic changes will be completed by 9/18/2023 Requesting paper compliance for F880</p>		

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	<p>transmission based precautions.</p> <p>On 9/12/23 at 10:55 a.m., CNA 3 was observed to don a gown, N95 mask, gloves, face shield, and enter Room 506. CNA 3 was observed to place the N95 mask over a surgical mask before entering the room. CNA 3 was observed exiting the room with a surgical mask on. Room 506 had signage on the door indicating the room required COVID-19 transmission based precautions.</p> <p>On 9/12/23 at 10:39 a.m., the Admissions Director indicated when entering a room that required COVID-19 transmission based precautions, a N95 mask, face shield, gloves, and gown should be donned, the KN95 mask should be taken off before the N95 mask is put on.</p> <p>On 9/13/23 at 10:28 a.m., CNA 4 was observed to don a gown, N95 mask, gloves, face shield, and enter Room 507. The gown was not tied at the neck or waist before entering the room. Room 507 had signage on the door indicating the room required COVID-19 transmission based precautions.</p> <p>On 9/13/23 at 10:35 a.m., CNA 4 indicated when entering a room that required COVID-19 transmission based precautions, the gown should be tied at the neck and waist.</p> <p>The rooms that required COVID-19 transmission based precautions were observed to have signage that included, but was not limited to:</p> <p>Donning (putting on the gear)</p> <ol style="list-style-type: none"> 1. Gather PPE (Personal Protection Equipment) to donn. 2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown and tie all ties on the gown. 						

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	<p>4. Put on mask or N95 depending on isolation.</p> <p>5. Put on face shield.</p> <p>6. Put on gloves.</p> <p>7. Knock and enter the room.</p> <p>Doffing (taking off the gear)</p> <p>1. Remove gloves-glove in glove-bird beak.</p> <p>2. Remove face shield.</p> <p>3. Remove gown-untie all ties reaching up to the shoulders and carefully pull gown down away from body and roll the gown and dispose in trash receptacle.</p> <p>4. Remove mask.</p> <p>5. Redon a new surgical mask.</p> <p>On 9/12/23 at 8:15 a.m., upon entry to the facility, the Administrator indicated 47 residents were positive for COVID-19. On the last day of the survey 9/14/23, two more residents had tested positive for COVID-19.</p> <p>On 9/13/23 at 11:04 a.m., the Administrator provided the current policy on transmission-based (isolation) precautions with a copyright date of 2023. The policy included, but was not limited to: The facility will use standard approaches, as defined by the CDC, for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precautions will determine the type of personal protective equipment (PPE) to be used...f. The facility will have PPE before readily available near the entrance of the resident's room to don appropriate PPE before or upon entry into the environment of a resident on transmission-based precautions...</p> <p>This Federal tag relates to Complaint IN00417253.</p> <p>3.1-18(b)(1)</p>						

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