

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/27/2022
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NAME OF PROVIDER OR SUPPLIER  CREEKSIDE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3114 EAST 46TH STREET INDIANAPOLIS, IN 46205
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00377583 and a Covid-19 Focused Infection Control Survey.</p> <p>Complaint IN00377583 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550, F761, and F888.</p> <p>Survey dates: April 26 and 27, 2022</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 12 Medicaid: 90 Other: 9 Total: 111</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 28, 2022</p>	F 0000	<p><b>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.</b></p>	
F 0550 SS=E Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility,</p>			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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>including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on interview and record review, the facility failed to maintain a dignified existence for 33 residents on the 400 hall of 111 residents in the</p>	F 0550	The facility will ensure this requirement is met through the following corrective measures:	05/12/2022

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	<p>facility.</p> <p>Findings include:</p> <p>1. An interview was conducted with LPN (Licensed Practical Nurse) 12 on 4/26/22 at 2:06 p.m. She indicated there was a verbal altercation involving QMA (Qualified Medication Aide) 8, CNA (Certified Nursing Assistant) 3, and CNA 4 on the 400 hall a couple of months ago in the evening time. She couldn't recall exactly what happened, but "they all got into it."</p> <p>An interview was conducted with QMA 8 on 4/26/22 at 3:28 p.m. He indicated CNA 4 was more than yelling at him. She was threatening him. This occurred towards the end of evening shift at the nurse's station. CNA 4 said 'say my name again and I'm gonna [sic] call a real [derogatory expletive for African American] who ain't [sic] a [derogatory expletive for sexual orientation] and whoop your [derogatory expletive for sexual orientation] [expletive for buttocks.]' He was working the 400 hall at the time, but CNA 4 was working the 200 hall with her friend, CNA 3. QMA 8 paged all 400 hall CNAs to the 400 hall nurse's station, and "here comes [name of CNA 4] mouthy and irate." QMA 8 was trying to figure out where they were at with work, what needed done, etc. He didn't recall any residents at the nurse's station at the time of the incident, but he knew residents doors were open and overheard, because Resident R informed him later that she heard CNA 4 yelling at him, how awful it was, and that what CNA 4 said to him was wrong. QMA 8 called the police, who came to the facility, but LPN 7 knew the officer and informed the officer she could handle the situation.</p> <p>An interview was conducted with Resident R on</p>		<ol style="list-style-type: none"> <li>1. No additional residents directly affected.</li> <li>2. All residents have the potential to be affected. Staff education on completed</li> <li>3. Resident rights and code of conduct was reviewed and no changes were indicated. Staff will be re-educated on these these policies. The DON or her designee will complete random observations and resident interviews to monitor compliance three (3) times weekly for 6 weeks and until 100% compliance is attained, then weekly for two (2) months and monthly for three (3) months until 100% compliance is maintained.</li> <li>4. The findings of these audits will be presented during the facility's QAPI meetings and the plan of action adjusted accordingly.</li> </ol>	

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

PRINTED: 05/16/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>4/27/22 at 9:42 a.m. She indicated she recalled an incident at the nurses station a couple months ago with a male and female staff member yelling at each other. She was in her wheel chair by the nurse's station. She came up to the nurse's station as it was happening. She stated, "It didn't make me feel good to see it. I like to see people get along." She did not like for people to fight and argue.</p> <p>Resident R's anxiety care plan, revised 1/19/21, indicated she had a history of being startled with loud sounds and sudden movements.</p> <p>An interview was conducted with the NC (Nurse Consultant,) ED (Executive Director) 1, ED 2, and the DON (Director of Nursing) on 4/26/22 at 2:15 p.m. The DON indicated QMA 8 overhead paged all 400 hall CNAs to come to the 400 hall nurse's station. When they did, CNA 4 was yelling and threatening QMA 8, and CNA 3 was "acting ridiculous." The DON was on the phone and overheard part of the incident. Both CNA 3 and CNA 4 were terminated as a result.</p> <p>An interview was conducted with LPN 7 on 4/26/22 at 2:30 p.m. She indicated she was coming back from break when QMA 8 was the the nurse's station. CNA 4 was yelling at QMA 8, loudly using profanity. LPN 7 got in between them and pulled out her phone to call the DON. The DON told CNA 4 to go home. As LPN 7 was walking CNA 4 out of the facility, CNA 3 was there and saying 'that's my sister. I'm going to intervene.'" LPN 7 informed CNA 3 she was trying to de-escalate the situation, but CNA 3 followed them to the 200 hall. The DON was on the phone during this time. CNA 4 left the facility, and CNA 3 went back to the 200 hall. The DON instructed CNA 3 to leave as well. LPN 7 walked CNA 3 to the exit door and she left.</p>			

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	<p>The 2/7/22 Suspension Form for CNA 4, written by the DON, was provided by ED 1 on 4/26/22 at 3:00 p.m. It read, "Describe the incident that led to suspension: 2/7/2022 9:37 p.m. Writer received a call from another employee [name and title of QMA 8.] Stating that this employee was threatening him. Caller continued to state that employee [name of CNA 4] was upset because she thought he said something about her and another employee. However, this did not take place and that he was simply stating he had four aides in front of him, which did not include [name of CNA 4] because [CNA 4] was not assigned to 400 hall, she was assigned to 200 hall. [Name of QMA 8] reported [name of CNA 4] was in his face and stated to him in a threatening tone and manor [Say my name again [QMA 8,] Say my name again [name of QMA 8.], in a loud and aggressive tone. Writer asked employee to place his phone on speaker phone, attempt for writer to asked [sic] employee to stop talking and yelling were not successful. Writer contacted [name and title of LPN 7] on a nearby unit who was already in route [sic] due to the commotion heard. Writer advised [name and title of LPN 7] to send [name of CNA 4] home due to conduct and behavior at this time. [Name and title of LPN 7] advised employee to please calm down and to lower her voice. [Name of LPN 7] explained that she has been instructed by [name and title of DON] to suspend her at this time and to send her home for now and that [name of DON] will call you tomorrow. Employee continued to yell from 400 hall to 200 hall and as she was exiting the facility. Employee ignored several requests by the [name and title of LPN 7] to lower her voice and to stop yelling in the hallway. This was witnessed by writer via phone."</p> <p>The 2/9/22 Termination Notice for CNA 4, written</p>			

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	<p>by the DON, was provided by ED 1 on 4/26/22 at 3:00 p.m. It read, "Reason for termination: ...Other extreme instances of rule violations, improper conduct, or improper behavior Use of profanity, threat of physical harm, along with use of derogatory term related to sexual preference. In a resident care area stating 'Say my name again [name of QMA 8] and I am going to have a real [derogatory expletive for African-American] who is not a [derogatory expletive for sexual preference] come up her at [sic] whoop your [expletive for buttocks.]"</p> <p>The 2/7/22 Suspension Form for CNA 3, written by the DON, was provided by ED 1 on 4/26/22 at 3:00 p.m. It read, "Describe the incident that led to suspension: 2/7/22. Employee inserted herself in a situation that was taking place with another employee being sent home. When directed by the Charge Nurse to return to her unit and allow her to do her job employee stated 'I am making sure my sister is okay and that you don't touch her.' The charge nurse asked employee her name three times, each time she stated 'it doesn't matter.' Writer was on the phone with Charge Nurse and overheard the full exchange. Upon arrival to 200 hall writer advised charge nurse to ask [name and title of another nurse] on the unit for the employee's name that was following her through the building while she was in the process of suspending another employee and [name of another nurse] advised that the employee was [name of CNA 3.] Writer asked to speak with [name of CNA 3,] writer then asked [name of CNA 3] why she was not on her assigned unit, and she stated, 'she was making sure [name of CNA 4] was okay. Writer advised employee that was not her place to do, when writer asked employee why she did not provide her name when asked, she stated, 'she didn't need to know, and she could have read</p>			

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	<p>her name badge if she wanted to know.' Writer advised employee she was being suspended for her being insubordinate and not following directions given by the charge nurse, and that she needed to leave the facility right away. Employee was advised that she will be contacted via phone the next day to discuss further....At 2:30 pm 2/8/22 employee showed up at the facility and was questioned why she was at the facility due to her being suspended. Employee stated she thought writer wanted to talk to her today (2/8/22). Employee was advised that she was not to come to the facility due to being suspended. Employee began to walk away stating 'this is stupid.' Writer redirected employee to have further discussion [sic] employee. Writer explained to employee that her actions the previous day were not acceptable and will not be tolerated and could have been avoided if she would have stayed on her unit....Employee is within her 90-day probationary period. Due to the nature of the events above and prior concerns that have been addressed with employee not following direction of nurse managers and constantly being off of assigned unit. Employee's intentional refusal to follow the charge nurses reasonable request will not be tolerated. Employee advised employment has been terminated."</p> <p>The 2/8/22 Termination Notice for CNA 3 was provided by ED 1 on 4/26/22 at 3:00 p.m. It read, "Reason for termination: ...Gross insubordination or refusal to follow reasonable instruction. Failed introductory period."</p> <p>2. An interview was conducted with the NC (Nurse Consultant,) ED (Executive Director) 1, ED 2, and the DON (Director of Nursing) on 4/27/22 at 2:34 p.m. The NC indicated there was an incident that led to CNA 5's termination at the end of</p>			

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	<p>February, 2022, towards the end of night shift into day shift. CNA 5 came in ranting and raving about not wanting her assignment, this and that. CNA 5 claimed another CNA, CNA 17, didn't do any work, so QMA (Qualified Medication Aide) 6 changed her assignment, but that wasn't good enough for CNA 5. When CNA 17 arrived, CNA 5 was taunting CNA 17 and calling QMA 6 a liar. QMA 6 and CNA 5 had a verbal confrontation, not physical, but they were face to face. CNA 5 was on her phone, ranting and raving, saying 'they tried to jump me. They tried to jump me.' They watched the video of the confrontation. The previous day, CNA 5 was written up for talking negatively about a nurse, so she came in the following day with a chip on her shoulder. There were no residents visible on video in the area, the 400 hall. Both CNA 5 and QMA 6 were suspended pending investigation. CNA 5 ended up being terminated. CNA 5 was talking loudly on her phone during the incident and thought Resident S and Resident T may have been nearby.</p> <p>An interview was conducted with ED 1 on 4/27/22 at 3:45 p.m. She indicated Resident S and Resident T got up early and were normally in the area of the 400 hall nurse's station where the incident occurred.</p> <p>An interview was conducted with Resident S on 4/27/22 at 2:47 p.m. She indicated she was unable to recall the incident.</p> <p>An interview was attempted with Resident T on 4/27/22 at 2:52 p.m., but was unable to be interviewed. Her 4/12/22 Annual MDS (Minimum Data Set) assessment indicated she was severely cognitively impaired.</p> <p>The 2/23/22 written statement by QMA 6 was</p>			



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	<p>provided by the DON on 4/27/22 at 3:11 p.m. It read, "I came in &amp; made out the assignments &amp; [name of CNA 5] came in &amp; started fussing &amp; cursing about the assignment &amp; then I told her that she could go ahead &amp; have the back &amp; then when [name of CNA 17] came in she walked down the hall pushing a resident &amp; the next thing I heard was [name of CNA 5] yelling &amp; cursing @ [name of CNA 17] &amp; I turned &amp; looked &amp; then [name of CNA 5] asked me if I saw what was going on &amp; I replied 'No,' then she got mad &amp; started threatening me &amp; [name of CNA 17,] saying that we are going to get it &amp; she then called me a heifer several times &amp; continued to curse @ me &amp; [name of CNA 17] &amp;&amp; then the nurse came to diffuse the situation &amp; told [name of CNA 17] to just keep going down the hall &amp; me &amp; [name of CNA 5] continued to have words with each other &amp; then I told her to just don't say anything to me. This is not the first time with [name of CNA 5] on this unit."</p> <p>The 2/23/22 Corrective Action Form for QMA 6, written by the DON, was provided by the DON on 4/27/22 at 3:11 p.m. It read, "Employee understands that her behavior is not acceptable and will not be tolerated She acknowledges that she should not engage in an argument of any kind in the resident care areas or on the work premises nor should she use profanity."</p> <p>The 2/23/22 Termination Notice for CNA 5, written by the DON, was provided by the DON on 4/27/22 at 3:11 p.m. It read, "Effective Date of Termination: 2/23/2022...Extreme instance of improper conduct and behavior."</p> <p>The NC provided a list of residents on 4/27/22 at 3:22 p.m. It indicated 33 residents resided on the 400 hall of the facility, including Resident R,</p>			

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F 0761 SS=E Bldg. 00	<p>Resident S, and Resident T.</p> <p>The Resident Rights were provided by the DON on 4/27/22 at 11:17 a.m. It read, "The Resident has the right to a dignified existence...A facility must protect and promote the rights of each resident."</p> <p>This Federal Tag relates to complaint IN00377583.</p> <p>3.1-3(a)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>			

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	<p>Based on observation, interview, and record review, the facility failed to ensure disposal of discontinued and/or discharged residents' medications timely, unlabeled and/or expired food and drink items are not stored in medication storage refrigerators, and a medication cart did not contain a pre-poured medication and a discharged resident's belongings for 3 of 4 medication storage rooms and 1 of 6 medication carts observed. (Residents' F, G, H, J, K, L, V, W and X)</p> <p>Findings include:</p> <p>1a. An observation was made of the 100 hall medication storage room with License Practical Nurse (LPN) 10 on 4/26/22 at 9:20 a.m. The medication refrigerator was observed with a yellow bag unlabeled and dated that contained food items on the top shelf. LPN 10 indicated the food items belonged to Resident V and had been stored in the refrigerator for about 2 days.</p> <p>1b. An observation was made of the 400 hall medication storage room with Registered Nurse (RN) 16 and LPN 11 on 4/26/22 at 9:25 a.m. The medication storage refrigerator was observed with 2 glass containers. 1 of the containers contained lemonade and the other container contained a grape drink. They both had stickers that read "use by 3/14/22". The refrigerator also stored an opened 2 liter bottle of RC soda that was not labeled or dated. LPN 11 indicated food and drinks should be stored in the refrigerator in the dining room not in the medication storage refrigerators.</p> <p>1c. An observation was made on 4/26/22 at 9:37 a.m., of the 300 hall medication storage room with RN 13. The medication storage refrigerator was observed with the following food items:</p>	F 0761	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> <li>1. No residents were harmed.</li> <li>2. All residents have the potential to be affected. Medication room refrigerators were cleared of items that were not appropriate. Uncovered liquid medication was disposed of and re-poured upon administration.</li> <li>3. The Policy for Medication Storage and Labeling was reviewed and no changes were indicated. Licensed nursing staff will be re-educated on this Guideline. The DON or her designee will check medication room refrigerators and medication carts three (3) times weekly for 6 weeks and until 100% compliance is attained, then weekly for two (2) months and monthly for three (3) months until 100% compliance is maintained.</li> <li>4. The findings of these audits will be presented during the facility's QAPI meetings and the plan of action adjusted accordingly.</li> </ol>	05/12/2022	

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	<p>1 container of cookies and cream pudding - unlabeled with a name and an expired date of 4/17/22, 2 small containers of applesauce - with expired date of 4/25/22, A plastic container of 2 pieces of cheesecake unlabeled with a name and with a use date of 4/16/22.</p> <p>During the observation, an interview was conducted with RN 13 on 4/26/22 at 9:38 a.m., she indicated if the food items were expired they needed to be removed from the refrigerator. At that time, she removed the expired food items.</p> <p>2. During and observation of the 400 hall medication storage room with RN 16 and LPN 11 on 4/26/22 at 9:25 a.m., a large plastic bag full of residents' medications were observed sitting in the corner of the medication room. LPN 11 indicated at that time, the medications contained in the bag were discontinued medications and/or discharged residents' medications. She was in the process of destroying the medications "little by little".</p> <p>An observation was made of the large plastic bag that contained residents' medications with the Nurse Consultant on 4/26/22 at 11:21 a.m. She indicated the medications were needed destroyed, because either the medication had been changed or the resident had been discharged. The medications should have already been destroyed. The following residents' medications were in the bag that needed to be destroyed:</p> <p>Resident F - discharged from the facility on 2/18/22, Resident G -discharged from the facility on 2/21/22,</p>			

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

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OMB NO. 0938-039

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	<p>Resident H -discharged from the facility on 12/30/21, Resident J - discharged from the facility on 12/10//21, Resident K - 5 pills of 30 milligrams of zinc gluconate. The administration date of 2/1/22 - 2/5/22, and Resident L - 7:00 a.m., administration of medications dated 1/28/22 - duloxetine of 30 milligrams, 81 milligrams of aspirin, 1000 milligrams of fish oil, 1 milligram of folic acid, and 10 milligrams of baclofen.</p> <p>3. An observation was made of a medication cart with LPN 14 on 4/26/22 at 9:45 a.m. The top drawer was observed with an uncovered medication cup sitting in the drawer unlabeled that contained a brown liquid substance. In the drawer on left side of the cart contained a pack of cigarettes. LPN 14 indicated the liquid substance was prostat for Resident W. He currently was in therapy, and she was waiting for his return to administer. The cigarettes belonged to Resident X. He had been discharged from the facility approximately 2 weeks ago. She then removed the cigarettes and threw them in the trash can.</p> <p>The clinical record for Resident X was reviewed on 4/27/22 at 9:00 a.m. He was discharged from the facility on 4/18/22.</p> <p>A Drug Disposition policy was provided by the Nurse Consultant on 4/26/22 at 11:00 a.m. It indicated "...Purpose: To establish uniform guidelines the destruction of medications...General Guidelines: 1. Non-unit does (sic) drugs not qualifying for return to the issuing pharmacy and drugs left by residents discharged from this facility shall be destroyed.</p>			

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F 0888 SS=A Bldg. 00	<p>A Guidelines for Medication Storage and Labeling policy was provided by the Nurse Consultant on 4/26/22 at 11:00 a.m. It indicated, "...17. All discontinued, outdated or deteriorated medications will be destroyed or sent back to the pharmacy...22. Medications requiring refrigeration must be stored in the refrigerator located in the med room. Medications must be stored separately from food and must be labeled..."</p> <p>A Medication Administration policy was provided by the Nurse Consultant on 4/26/22 at 11:00 a.m. It indicated, "...1. Preparation/Administration...c. Medication(s) are prepared for one (1) person at a time 1. Medication(s) are administered at the time they are prepared a. Do not pre-pour or pre-set medication(s)..."</p> <p>This Federal Tag relates to complaint IN00377583.</p> <p>3.1-25(j)</p> <p>483.80(i)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies</p>			

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	<p>and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents:</p> <ul style="list-style-type: none"> <li>(i) Facility employees;</li> <li>(ii) Licensed practitioners;</li> <li>(iii) Students, trainees, and volunteers; and</li> <li>(iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.</li> </ul> <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff:</p> <ul style="list-style-type: none"> <li>(i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and</li> <li>(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.</li> </ul> <p>§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:</p> <ul style="list-style-type: none"> <li>(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose</li> </ul>			

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	<p>COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p>			



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	<p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and</p> <p>(x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; Based on observation, interview, and record review, the facility failed to ensure a Covid-19 unvaccinated staff member wore PPE (personal protective equipment) appropriately in the facility for 1 of 1 staff member randomly observed.</p>	F 0888	The facility will ensure this requirement through the following corrective measures:	05/12/2022
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	<p>(CNA-Certified Nursing Assistant 9)</p> <p>Findings include:</p> <p>The Covid-19 Staff Vaccination Status for Providers was provided by ED (Executive Director) 1 on 4/27/22 at 9:08 a.m. It indicated CNA 9 was not vaccinated and granted a non-medical exemption.</p> <p>An observation was made on 4/26/22 at 9:37 a.m. CNA 9 was walking down the hallway, wearing a cloth mask that was not covering her nose. She then entered Resident Y's room. She was speaking with Resident Y at bedside, within 6 feet of him, still wearing her cloth mask below her nose.</p> <p>An interview and observation was conducted with CNA 9 on 4/26/22 at 9:45 a.m. in the 300 hallway. She was wearing a cream colored cloth mask, with a high end brand label printed on it, below her nose, exposing her nose ring. She indicated she'd worked at the facility for a month and did not normally wear a cloth mask at the facility. She normally wore a blue surgical mask and stated, "I just threw this one on."</p> <p>An interview was conducted with the DON (Director of Nursing) on 4/27/22 at 10:28 a.m. She indicated unvaccinated staff were to wear a surgical mask and have additional Covid-19 testing.</p> <p>The Indiana Employee Covid-19 Vaccination policy was provided by the NC (Nurse Consultant) on 4/27/22 at 2:27 p.m. It read, "As an accommodation to those who have an approved religious or medical exemption from taking the vaccine, the facility will allow such unvaccinated employees to work under existing Covid-19</p>		<ol style="list-style-type: none"> <li>1. No residents were harmed. One on one education was completed with CNA 9.</li> <li>2. All residents have the potential to be affected. Staff education completed.</li> <li>3. The infection control and COVID 19 guidelines were reviewed and no changes were indicated. Staff will be re-educated on this Guideline. The DON or her designee will complete random observation checks to ensure appropriate mask are in place three (3) times weekly for 6 weeks and until 100% compliance is attained, then weekly for two (2) months and monthly for three (3) months until 100% compliance is maintained.</li> <li>4. The findings of these audits will be presented during the facility's QAPI meetings and the plan of action adjusted accordingly.</li> </ol>				

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	<p>protocols by wearing a CDC (Centers for Disease Control) approved face mask, eye wear per the infection control policy..."</p> <p>The Interim Infection Prevention and Control Recommendations for HCP (Healthcare Personnel) During the Coronavirus Disease 2019 (COVID-19) Pandemic, from the CDC, Updated Feb. 2, 2022, indicated, "Implement Source Control Measures. Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Source control options for HCP include: A NIOSH-approved N95 or equivalent or higher-level respirator OR A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR A well-fitting facemask. When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved N95 or equivalent or higher-level respirator) during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions, they should be removed and discarded after the patient care encounter and a new one should be donned. Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless</p>			

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	<p>of their vaccination status, who live or work in counties with substantial to high community transmission or who have: Are not up to date with all recommended COVID-19 vaccine doses; or Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or Have moderate to severe immunocompromise; or Have otherwise had source control and physical distancing recommended by public health authorities."</p> <p>This Federal Tag relates to complaint IN00377583.</p>			