

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/22/2021
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NAME OF PROVIDER OR SUPPLIER YORK PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 725 W 50TH ST MARION, IN 46953
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 21 and 22, 2021.</p> <p>Facility number: 004028</p> <p>Residential Census: 41</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on June 23, 2021.</p>	R 0000	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p>	
R 0407 Bldg. 00	<p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (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 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 and interview, the facility</p>	R 0407	R 407 Infection Control –	07/22/2021

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>failed to ensure employees wore masks at all times and wore either goggles or face shields when within 6 foot of a resident (Dietary Cook 7, Employee 23, Employee 19 and Employee 26).</p> <p>Findings include:</p> <p>During the initial tour of the kitchen, on 6/21/21 at 9:56 a.m., Dietary Cook 7 had pulled her mask down below her chin to talk and allowed the mask to fall below her nose and pulled it back up to cover her nose on several occasions during the tour. Hand hygiene was not observed. She indicated her mask did not fit due to her chin.</p> <p>During a dining observation, on 6/21/21 at 11:56 a.m., Employee 23 walked through the dining room to the kitchen, while residents were eating and pulled her mask away from her face and exposed her mouth and nose from under the mask. After exiting the kitchen, she served coffee and cold drinks to the residents, her mask did not cover her nose.</p> <p>On 6/21/21 at 12:20 p.m., Employee 23 delivered desserts on a tray, she held the tray chest high, her mask did not cover her nose and she wore glasses. Employee 19 sat at the assist table between two residents, her mask did not cover her nose.</p> <p>On 6/22/21 at 11:11 a.m., Employee 26 sat in the common area between two residents, she was reading to the residents and her mask did not cover her mouth or nose, her face shield did not cover her face and was on top of her head. 13 residents attended the activity in the common area.</p> <p>On 6/22/21 at 11:16 a.m., Employee 16 indicated</p>		<p>noncompliance</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 6/30/2021 the Executive Director re-educated Cook 7 & Employees (19, 23, & 26) on infection control practices, including the correct utilization of face masks and face shields or goggles per the 6/25/21 IDOH guidance. Attachment 1</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: On 7/1/2021, the Executive Director observed staff to ensure staff members were wearing face masks and face shields or goggles appropriately. Any issues identified were corrected.</p> <p>3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur? On 6/28/2021, the Regional Director of Care Services (RDCS) re-educated the Executive Director and Care Services Manager on the correct utilization of face masks and face shields or goggles per</p>	

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	<p>she was to wear a mask at all times while in the facility and only could take it off when she was eating or drinking, she wore eye protection within 6 feet of a resident.</p> <p>During an interview, on 6/22/21 at 11:24 a.m., the Nursing Director indicated she monitored PPE (personal protective equipment) use on different shifts for compliance. Staff was to wear eye protection if providing care for a resident within six feet for a duration of 15 minutes or more. All staff had been issued eye protection and masks, with instructions on proper use.</p> <p>During an interview, on 6/22/21 11:27 a.m., Employee 19 indicated at the assist table she would pull her mask down to show the resident to open her mouth so the resident would eat, she knew she probably should not had done that but the resident had weight loss. She also indicated she should wear her mask at all times and should wear eye protection when she was within 6 foot of a resident.</p> <p>On 6/22/21 at 11:54 a.m., the DON indicated they followed the Indiana Department of Health guidance for mask use and eye protection.</p> <p>"COVID-19 LTC (Long Term Care) Facility Infection Control Guidance Standard Operating Procedure" (6/1/21) retrieved on 6/23/21 from the coronavirus.in.gov website. The guidance indicated the following: "COVID-19 Negative (Green Zone)...HCP (healthcare personnel) will wear face mask (medical) and eye protection with face shield /or goggles as a standard safety measure to protect LTC HCP (SNF/AL) Skilled Nursing Facilities/Assisted Living who provide essential direct care within 6 feet of the resident, regardless of COVID-19 status, when there is</p>		<p>6/25/21 IDOH guidance. Attachment 2. On 7/7/2021, the Care Services Manager will re-educate current staff on infection control practices, including the correct utilization of face masks and face shields or goggles per 6/25/21 IDOH guidance.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The ED or designee will observe 3 staff members to ensure face masks and face shields or goggles are being worn correctly per 6/25/21 IDOH guidance. Random observations will occur 5 times per week for 4 weeks, 3 times per week for 4 weeks, then weekly for 4 weeks. Observation results will be reviewed at monthly QI meeting. The QI Committee will determine if continued observations are necessary based on 3 consecutive months of compliance. Monitoring will be on-going</p> <p>5. By what date the systemic changes will be completed Completion date: 7/22/2021</p>		

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

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	moderate to substantial (high) community transmission (county positivity rate above 5%).				