

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

PRINTED: 05/08/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155617		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/15/2023	
NAME OF PROVIDER OR SUPPLIER WATERS OF CHESTERFIELD SKILLED NURSING FACILITY				STREET ADDRESS, CITY, STATE, ZIP COD 524 ANDERSON RD CHESTERFIELD, IN 46017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00400630, IN00403559, and IN00403926. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00400630 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00403559 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00403926 - Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: March 14 and 15, 2023.</p> <p>Facility number: 000524 Provider number: 155617 AIM number: 100267090</p> <p>Census Bed Type: SNF/NF: 37 SNF: 1 Total: 38</p> <p>Census Payor Type: Medicare: 8 Medicaid: 17 Other: 13 Total: 38</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 20, 2023.</p>			F 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is April 3, 2023. The Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>		

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

TITLE

(X6) DATE

Kimberly Locke

HFA

04/05/2023

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 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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F 0880 SS=D 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 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;</p>						

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	<p>(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 the least restrictive possible for the resident under the circumstances. (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 (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. Based on interview and record reviews, the facility failed to properly prevent/contain COVID-19 by permitting an employee to work in the kitchen with symptoms of COVID-19 during a facility outbreak of COVID-19 (Dietary Cook 9).</p> <p>Findings include:</p>	F 0880	<p>What corrective action will be accomplished for those staff found to have been affected by the deficient practice: It is the policy of the facility that the facility prevents/contains Covid-19 by not permitting an employee to work in the kitchen</p>		04/03/2023		

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	<p>During an interview with Dietary Cook 9, on 3/14/23 at 11:31 a.m., she indicated she had tested positive for COVID-19 on 3/7/23. On Sunday 3/5/23, she was vomiting at the facility and tested negative while working. She went home early because she could not keep anything down. On Monday 3/6/23 she came to work with a headache, head cold, cough, sore throat and thought she just had a cold and worked her entire shift. On Tuesday 3/7/23 she did a home test, and it was positive. She called the facility and they had her come in and test again. She tested positive at the facility and she was sent home.</p> <p>Dietary Cook 9's schedule and timesheet indicated the following:</p> <p>On 3/5/23, she was scheduled to work from 12:00 p.m. to 8:00 p.m. She clocked in at 11:45 a.m. and clocked out at 6:30 p.m.</p> <p>On 3/6/23, she was scheduled to work from 12:00 p.m. to 8:00 p.m. She clocked in at 11:45 a.m. and clocked out at 7:15 p.m.</p> <p>Review of the LTC (Long Term Care) Respiratory Surveillance Line List, indicated Dietary Cook 9's symptoms onset was 3/5/23. She had a fever, cough, myalgia (body aches) and a runny nose. She was tested on 3/7/23 and was positive for COVID-19. Her symptoms resolution date was 3/12/23.</p> <p>During an interview with the ADON and the Administrator, on 3/15/23 at 3:26 p.m., the ADON indicated Dietary Cook 9, had an episode of vomiting over the weekend. When she called on Tuesday morning 3/7/23, she indicated to her that she felt a little better, but didn't feel good Monday night into Tuesday morning. She had tested</p>				<p>with symptoms of Covid-19. Dietary staff member has tested negative and returned to work without symptoms. An audit was completed of staff for signs and symptoms of Covid-19 with no findings on 3/21/23. How other staff having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: All staff that currently work in the facility have the potential to be affected by the alleged deficient practice. The facility Infection Preventionist or designee will complete a facility wide audit to verify no other staff are working while having Covid-19 symptoms on 3/21/23. What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur: The Infection Preventionist conducted a root cause analysis with Medical Director on 3/20/23. A review of the LTC Infection Control Self-Assessment was completed and changes made if indicated on 3/24/23. March 21, 2023 the DON/IP Nurse educated all staff, including the dietary staff members and Dietary Manager on Covid-19 symptoms, not allowing staff to work while having any of those symptoms, and if any symptoms are present to call the facility's Infection</p>		

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	<p>herself for COVID-19 on Tuesday morning at home and read the results after five minutes. She had indicated there were two lines on the test and thought she was positive. She was supposed to be at the facility that evening for work. She told Dietary Cook 9 to come in and get tested prior to her shift, so she came into the lobby and tested positive right away. She was sent home.</p> <p>During a follow up interview with Dietary Cook 9, on 3/15/23 at 3:50 p.m., she indicated on Sunday 3/5/23, she had started not to feel well at home, but she came to work and after the first time she had vomited, she went to the nurse and asked to be tested because she had vomited. She tested negative. She returned to work and vomited two more times outside in the lawn. She called the Dietary Manager and told him how she felt, asked him if she served supper and then cleaned up after herself, would she be able to leave early. He told her that would be ok. She thought she had the flu bug because her COVID-19 test results were negative. On Monday 3/6/23, she came back to work with headache, cough, and thought it was a head cold, she contacted the Dietary Manager to tell him how she was feeling. He indicated to her that she would be ok to work, so she worked the shift. On 3/6/23, everyone was told to wear an N95 mask. On Tuesday 3/7/23, she woke up and felt like something had ran her over, she did a home test, and it was positive. She called the ADON and told her about the home test and the ADON indicated to her that the tests were not the same and come to the facility to be tested. She went to the facility around 10:30 a.m. and tested positive.</p> <p>On 3/15/23 at 2:53 p.m., the ADON indicated they did not have a policy for monitoring staff symptoms or illness, as they followed the CDC guidelines for Strategies to Mitigate Healthcare</p>				<p>Preventionist. Additionally, any employee who fails to comply with the points of the in-service may be further educated and/or progressively disciplined as indicated.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place: DON/Designee will screen all staff at the beginning of their shift daily x 6 months for signs and symptoms of Covid-19 to include fever, respiratory symptoms, shortness of breath, new or change in cough or sore throat, change in taste and smell and gastrointestinal symptoms. Any staff member that exhibits any of these symptoms will have rapid test completed and will not be permitted to work. DON/Designee will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate Infection Control Practices x 6 months. Results of the monitoring will be reviewed at the monthly QAPI meeting. Any concerns will have been addressed. However, any patterns identified and any needed Action Plans will be written by the QAPI committee. Any written Action Plan will be monitored by the Administrator weekly until</p>		

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	Personnel Staffing Shortages. This Federal tag relates to complaint IN00403926. 3.1-18(b)(6)				resolved. By what date the systemic changes for each deficient will be completed. April 3, 2023		