

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

PRINTED: 07/29/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155294		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/08/2020	
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240			
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey.</p> <p>Survey dates: June 8, 2020.</p> <p>Facility number: 000191 Provider number: 155294</p> <p>Census Bed Type: SNF: 20 Residential: 26 Total: 46</p> <p>Census Payor Type: Medicare: 10 Other: 10 Total: 20</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed June 11, 2020.</p>			F 0000	<p>This plan of correction constitutes The Forum at the Crossing's written allegation of compliance for the alleged deficiencies cited. Submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. The Forum at the Crossing respectfully requests a desk review for this plan of correction. Date of compliance is July 28, 2020.</p>		
F 0880 SS=F 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</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 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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	<p>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be 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>						

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	<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. Based on observation, interview and record review, the facility failed to ensure staff were correctly wearing face masks while preparing food trays. This deficient practice had the potential to effect 20 of 20 residents who received food from the kitchen.</p> <p>Findings include:</p> <p>1. During a random observation, on 06/08/20 at 12:45 p.m., Employee 1 was observed working in the kitchen, without a face mask. At this time, he indicated he took his mask off to get a drink of water.</p> <p>2. During the same observation, Employee 2, who was also working in the kitchen, was observed wearing her mask below her nose. At this time, she indicated it slipped off her nose.</p> <p>During an interview, on 06/08/20 at 1:00 p.m., LPN 3 indicated all staff were to wear a mask in the</p>			F 0880	<p>1--Team members will be re-educated by the IP/DON/Designee on how and when to don and doff PPE with return demonstration, including but not limited to; mask, respirator devices, gloves, gown and eye protection and face coverings for kitchen staff. This training will be documented and placed in their employee file.</p> <p>2--current residents have the potential to be effected by the alleged deficient practice.</p> <p>3--A root cause analysis with a consultant infection preventionist will be conducted with the input from the facility Medical Director/IP/DON/Designee. Identify the root cause resulting from the survey observations. Develop solutions and systemic</p>		07/28/2020

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R 0000 Bldg. 00	<p>facility during their entire shift.</p> <p>A facility policy, titled "Interim Personal Protective Equipment (PPE) and Strategies to Optimize the Supply of Equipment," dated 04/06/20, provided by the Director of Nursing on 06/08/20 at 1:50 p.m., indicated "...Team members are currently expected to wear face masks...in all communities...While preparing, dishing and serving food...."</p> <p>3.1-18(l)</p> <p>This visit was for a COVID-19 Focused Infection</p>			R 0000	<p>changes that need to be taken to address the root cause. Facility staff training will be conducted regarding infection control procedures identified by the root cause analysis by the infection preventionist.</p> <p>4--The IP/DON/Designee will complete daily visual rounds throughout the facility to ensure staff is practicing appropriate infection control practices. Corrective interventions will be initiated as opportunities are identified during these rounds. The results of these rounds tools will be reviewed with the Administrator. Additional interventions will be implemented based on these findings as appropriate. This will occur for six weeks and until compliance is maintained.</p> <p>The findings from these audits will be reviewed monthly with the interdisciplinary team including the Administrator, DON, Medical Director, Infection Preventionist and others deemed appropriate through the QAPI process. Updates and changes will be made to the plan of correction as needed to sustain compliance for no less than six months.</p> <p>This plan of correction constitutes The Forum at the Crossing's</p>		

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R 0407 Bldg. 00	<p>Control Survey..</p> <p>Survey dates: 06/08/20</p> <p>Facility number: 000191</p> <p>Residential Census: 26</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed June 11, 2020.</p> <p>410 IAC 16.2-5-12(b)(1-4)</p> <p>Infection Control - Noncompliance</p> <p>(b) The facility must establish an infection control program that includes the following:</p> <p>(1) A system that enables the facility to analyze patterns of known infectious symptoms.</p> <p>(2) Provides orientation and in-service education on infection prevention and control, including universal precautions.</p> <p>(3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.</p> <p>(4) Reporting communicable disease to public health authorities.</p> <p>Based on observation, interview and record review the facility failed to ensure staff were correctly wearing face masks and a hair covering while preparing food trays. This deficient practice has the potential to effect 26 of 26 residents that receive food from the kitchen.</p> <p>Finding includes:</p> <p>1. During a random observation, on 06/08/20 at 12:45 p.m., Employee 1 was observed working in</p>			R 0407	<p>written allegation of compliance for the alleged deficiencies cited. Submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law. The Forum at the Crossing respectfully requests a desk review for this plan of correction. Date of compliance is July 28, 2020.</p> <p>1--Team members will be re-educated by the IP/DON/Designee on how and when to don and doff PPE with return demonstration, including but not limited to; mask, respirator devices, gloves, gown and eye protection and face coverings for kitchen staff. This training will be documented and placed in their employee file.</p>		07/28/2020

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	<p>the kitchen, without a face mask or a facial hair covering for his mustache and beard. At this time, he indicated he took his mask off to get a drink of water.</p> <p>2. During the same observation, Employee 2, who was also working in the kitchen, was observed wearing her mask below her nose. At this time, she indicated it slipped off her nose.</p> <p>During an interview, on 06/08/20 at 1:00 p.m., LPN 3 indicated all staff were to wear a mask in the facility during their entire shift.</p> <p>A facility policy, titled "Sanitation and Infection Control Standards," effective 09/01/18, provided by the Executive Director on 06/08/20 at 1:50 p.m., indicated "...Hair is completely covered...with a...net...while in the food preparation area and/or kitchen...Beard coverings...for facial hair covering...."</p> <p>A facility policy, titled "Interim Personal Protective Equipment (PPE) and Strategies to Optimize the Supply of Equipment," dated 04/06/20, provided by the Director of Nursing on 06/08/20 at 1:50 p.m., indicated "...Team members are currently expected to wear face masks...in all communities...While preparing, dishing and serving food...."</p>				<p>2--current residents have the potential to be effected by the alleged deficient practice.</p> <p>3--A root cause analysis with a consultant infection preventionist will be conducted with the input from the facility Medical Director/IP/DON/Designee. Identify the root cause resulting from the survey observations. Develop solutions and systemic changes that need to be taken to address the root cause. Facility staff training will be conducted regarding infection control procedures identified by the root cause analysis by the infection preventionist.</p> <p>4--The IP/DON/Designee will complete daily visual rounds throughout the facility to ensure staff is practicing appropriate infection control practices. Corrective interventions will be initiated as opportunities are identified during these rounds. The results of these rounds tools will be reviewed with the Administrator. Additional interventions will be implemented based on these findings as appropriate. This will occur for six weeks and until compliance is maintained.</p> <p>The findings from these audits will be reviewed monthly with the interdisciplinary team including the Administrator, DON, Medical Director, Infection Preventionist and others deemed appropriate</p>		

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					through the QAPI process. Updates and changes will be made to the plan of correction as needed to sustain compliance for no less than six months.		