

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/20/2021
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NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F 0000  Bldg. 00	<p>This visit was for Investigation of Complaint IN00358234. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00358234 - Substantiated. Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: July 19 &amp; 20, 2021</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Census Bed Type: SNF/NF: 86 Total: 86</p> <p>Census Payor Type: Medicare: 3 Medicaid: 81 Other: 2 Total: 86</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on July 28, 2021.</p>	F 0000	<p>Preparation execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts or alleged or conclusions set forth on the State of Deficiencies. The plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The plan of correction is submitted in order to respond to the allegation of non-compliance cited during survey on July 19th-20th 2021.</p> <p>Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to request a desk review for this survey.</p>	
F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §483.80 Infection Control</p> <p>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</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 90 days 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 14 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>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:</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>			

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	<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 manage Covid-19 Transmission-Based Precautions (TBP) for 3 of 4 newly admitted/readmitted residents (Resident K, M &amp; N) who were identified to be in contact/droplet precautions and placed them in facility rooms with other residents (Resident J, H &amp; G) who were not under those precautions.</p> <p>Findings include:</p> <p>During an initial tour, on 7/19/21 from 10:00 A.M. - 10:22 A.M., on the 100 hallway, room 108's door was closed. The door was observed to have a Personal Protective Equipment (PPE) bag, hanging on the door, with a dark blue and yellow</p>	F 0880	<p><b>F 880</b></p> <p><b>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</b> Residents M, N, and K were placed in transmission based precautions to complete the required isolation for an unvaccinated new admission. Residents affected (J, H, G) by potential exposure were put into TBP and tested on day 1, 7, and 14.</p> <p><b>Identification of other residents</b></p>	08/19/2021

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	<p>sign, with information indicating "...THIS IS A YELLOW ZONE...YELLOW ZONE indicates the resident may have been Exposed to the COVID-19 virus...." Another closed door, room 112 was also observed to have the same signage. LPN 2 indicated Resident K, in room 108 and Resident M, in room 112 were both in isolation due to being new admissions to the facility. She indicated Resident M was not in his room, he was at a dialysis center.</p> <p>On 7/19/21 at 10:22 A.M., Resident H was observed, walking down the hallway, without a mask, and entered Room 112-Resident M's room. LPN 2 indicated the resident was going into his room and shared a room with Resident M. LPN 2 indicated Resident H was not in isolation. LPN 2 indicated Resident M, in room 108, also had another resident in the room with her-Resident J.</p> <p>On 7/19/21 at approximately 10:33 P.M., the 100 hallway was observed with the Administrator. The Administrator indicated the facility had no private rooms.</p> <p>During an interview, on 7/19/21 at 10:42 A.M., LPN 2 indicated the facility had 2 more recent admissions. Resident B, who was out to the hospital and Resident N, who had a roommate Resident G and they resided in room 214. The door to room 214 had the same signage indicating the residents, in the room, were in a yellow zone.</p> <p>1. On 7/20/21 at 1:39 P.M., a review of the clinical record for Resident K was conducted. The record indicated the resident was admitted on 7/15/21. The resident's diagnoses included, but was not limited to: cerebral</p>		<p><b>having the potential to be affected by the same alleged deficient practice and corrective actions taken:</b> The DON or Designee completed audit of all new unvaccinated admissions for the past 14 days to ensure quarantine by placing them in TBP (Transmission Based Precautions).</p> <p>The DON or designee will complete the following: Ensure the resident/residents affected/potential affected has been isolated in Transmission Based Precautions according to CDC and IP recommendations and ensure care giving staff are educated on isolation procedures. Ensure all staff are aware of who is on isolation, vaccination status, and private room/cohorting criteria.</p> <p>Policy: Criteria for Covid 19 isolation</p> <p><b>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b> A Root Cause Analysis (RCA) was conducted with the Infection Preventionist (IP) and input from the IDT and the facility Medical Director/IP/DON.</p>	

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	<p>infarction-affecting non-dominant side, chronic obstructive pulmonary disease and diabetes.</p> <p>A Progress Note, dated 7/15/21 at 12:21 A.M., indicated the resident arrived at the facility, to room 108A around 7:00 P.M., she was given a Covid test and it was negative.</p> <p>During an interview, on 7/19/21 at 2:34 P.M., Unit Manager 3 indicated Resident K had decline to receive the Covid-19 vaccine.</p> <p>A care plan, dated 7/19/21, indicated Resident K was at risk for Covid-19 related to potential exposure with recent hospitalization/admission from community. The interventions included, but were not limited to: "...implement droplet isolation precautions...obtain equipment that will need disinfecting at the end of isolation precaution time frame to be taken into room and left until isolation precautions are no longer needed. ...when leaving the isolation room, dispose of linen, trash, and disposable items using appropriate infection control plan...."</p> <p>Another care plan indicated resident was currently on droplet isolation precautions related to recent hospitalization and being non-vaccinated, dated 7/14/21. The interventions included but were not limited to: "...assess resident for emotions that may be related to isolation, such as loneliness or boredom, and for sign / symptoms of depression...Explain purpose of isolation and precautions... Implement droplet isolation precautions...."</p> <p>Resident J resided in room 108, when resident K was admitted into the same room.</p> <p>2. On 7/20/21 at 2:20 P.M., a review of the</p>		<p>The root cause was identified resulting in the facility's failure.</p> <p>Solutions were developed and systemic changes were identified that need to be taken to address the root cause.</p> <p>The Infection Preventionist and IDT reviewed the LTC infection control self-assessment and identified changes to make accurate</p> <p><b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b> After the IDT and Infection Preventionist completed the RCA and LTC infection control assessment, training identified above was implemented to facility staff. The training will be conducted by the DON, IP or Medical Director with documentation of completion.</p> <p>To ensure Infection Control Practices are maintained, the following monitoring will be implemented.</p> <p>1. The IP nurse/DON/Designee will monitor each solution and systemic change identified in RCA and as noted above, daily or</p>	

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	<p>clinical record for Resident M was conducted. The record indicated the resident was admitted on 7/8/21. The resident's diagnoses included, but was not limited to: functional quadriplegia, end stage renal disease-dependence on renal dialysis and chronic obstructive pulmonary disease.</p> <p>A Progress Note, dated 7/8/21, indicated the resident had not received the Covid-19 vaccine, was to be placed in isolation, he had not tested positive for the virus, nor had been exposed to the virus in the past 90 days.</p> <p>A Nursing Note, dated 7/9/21 at 11:08 A.M., indicated the resident was accommodating to the room, the facility and his roommate. Additional note indicated the resident was tested for Covid-19 and the test was negative.</p> <p>A care plan, dated 7/9/21, indicated the resident was at risk for Covid-19 related to potential exposure with recent hospitalization/admission from community. The interventions included, but were not limited to: "...Implement droplet isolation...Observe for elevated temperature, s/s [signs &amp; symptoms] of respiratory distress, and s/s [signs &amp; symptoms of COVID infection...."</p> <p>Another care plan, dated 7/8/21, indicated the resident was currently on droplet isolation precautions due to recent hospitalization, and being un-vaccinated. The interventions included but were not limited to: "...assess resident for emotions that may be related to isolation, such as loneliness or boredom, and for sign / symptoms of depression...Explain purpose or isolation and precautions... Implement droplet isolation precautions....."</p> <p>During an interview, on 7/20/21 at 3:40 P.M.,</p>		<p>more often as necessary for 6 weeks and until compliance is maintained.</p> <p>ensure new unvaccinated admissions are on quarantine by placing them in TBP (Transmission Based Precautions), and are in a private room or cohorted per policy.</p> <p>2. The IP nurse/DON/Designee will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate Infection Control Practices and complying with the solutions identified in B1 as above. This will occur for 6 weeks and until compliance is maintained.</p> <p>Infection Control Practices ensure new unvaccinated admissions are on quarantine by placing them in TBP (Transmission Based Precautions), and are in a private room or cohorted per policy.</p> <p><b>Quality Assurance and Performance Improvement (QAPI):</b> The facility through the QAPI program, will review, update and make changes to the DPOC as needed for sustaining substantial</p>	

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	<p>Unit Manager 3 indicated he had talked with the dialysis center and the resident had received his first dose of the Covid-19 vaccine, but he was unable to clarify the date of the vaccine and the resident would be considered as unvaccinated.</p> <p>During an interview, on 7/20/21 at 10:26 A.M., Resident H, who resided in room 112 when resident M was admitted into his room. The resident indicated he was now in isolation and not happy about that and his roommate had been moved to another room. He indicated he had the Covid virus and lived through it, but it had been awhile ago.</p> <p>3. On 7/20/21 at 11:21 A.M., a review of the clinical record for Resident N was conducted. The record indicated the resident was re-admitted, to the facility, on 7/15/21, after a hospital stay. The resident's diagnoses included, but was not limited to: diabetes and cerebral infarction.</p> <p>A Progress notes, dated 7/16/21 at 12:47 A.M., indicated the resident was admitted to the facility, on 7/15/21 at 6:00 PM., for wound care. The note indicated the resident had not received the Covid-19 vaccine and would be placed in isolation.</p> <p>An Immunization Report, dated 5/3/21, indicated the resident had received education regarding the Covid-19 vaccine and had refused to receive the vaccine.</p> <p>A care plan, dated 4/23/21 and revised 7/19/21, indicated resident was at risk for Covid-19 related to potential exposure with recent hospitalization. The interventions included, but were not limited to: resident will express</p>		compliance for no less than 6 months.	

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	<p>understanding of need for droplet isolation precautions, implement droplet isolation precautions and observe for elevated temperature, respiratory distress, and signs &amp; symptoms of COVID infection.</p> <p>Another care plan, dated 7/15/21, indicated resident was currently on droplet isolation precautions related to Covid-19 pandemic. The interventions included, but were not limited to: "...assess resident for emotions that may be related to isolation, such as loneliness or boredom, and for sign / symptoms of depression...Explain purpose or isolation and precautions... Implement droplet isolation precautions....."</p> <p>During an interview, on 7/20/21 at 2:56 P.M., Resident G indicated she was moved yesterday to another room. She indicated someone messed up and gave her a roommate that she shouldn't have had. Now she has to be in this room and in isolation due to the facility's "screw up". She indicated she had the Covid vaccine but never had the Covid virus.</p> <p>On 7/19/21 at 1:10 P.M., Unit Manager 3 provided a policy titled, "COVID Tracking and Cohorting", dated 6/22/21, and indicated the policy was the one currently used by the facility. The policy indicated "...IV. AT Risk For COVID-19 a. Admission Criteria...Any admission/re-admission whose vaccination status against Covid-19 cannot be confirmed with a vaccination card...If the facility cannot verify the vaccination status of the admitting/re-admitting resident, the resident must be placed in transmission based precautions for 14 days or until full vaccination status is verified...."</p>			



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	<p>On 7/19/21 at 1:52 P.M., Unit Manager 4 provided a policy titled, "Standard Precautions and Transmission Based Precautions", dated 7/1/17 and updated 6/25/21 and indicated the policy was the one currently used by the facility. The policy indicated "...The facility utilizes the two (2) tier approach to precautions: Standard Precautions and Transmission-based Precautions based on the residents clinical condition utilizing CDC [Center for Disease Control and Prevention] guidelines. Isolation Precautions is the method of preventing the spread of contagious disease and microorganism transfer to others following following CDC recommendations and guidelines...."</p> <p>The Division of Long Term Care Facilities Guidelines in Response to COVID-19 Vaccination, dated 7/1/21, page 3, indicated "...Unknown COVID-19 Status: The CDC [Center for Disease Control and Prevention] recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. The CDC allows for options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19...."</p> <p>This Federal tag relates to complaint IN00358234.</p> <p>3.1-18(b)(2)</p>			