

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 04/06/2021
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NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
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R 0000  Bldg. 00	<p>This visit was for a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Survey dates: April 5 and 6, 2021</p> <p>Facility number: 012394</p> <p>Residential Census: 102</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed April 14, 2021.</p>	R 0000	Please see below our Plan of Correction for Survey event DJYJ11, Re respectfully ask for a desk review in lieu of a revisit for clearance of this Citation.	
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.</p> <p>Based on observation, interview, and record review, the facility failed to follow the Centers for Disease Control (CDC) guidance during a pandemic and ensure infection control practices of COVID-19 were implemented for personal protective equipment (PPE) use for staff to wear</p>	R 0407	<p><b>R407</b> <b>-What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> The Community has</p>	04/25/2021

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 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>a face mask observed for infection control.</p> <p>Findings include:</p> <p>On 4/5/21 at 10:05 a.m., Concierge 4 was observed wearing an open top face shield and without a face mask, screening visitors entering the facility. Concierge 4 indicated she screened everyone that entered the facility with a COVID-19 questionnaire and temporal temperature.</p> <p>On 4/5/21 at 11:25 a.m., Concierge 4 was observed at the reception desk, wearing an open top face shield and without a face mask. Several unidentified residents were observed in the reception area, seated by the fireplace, chatting with each other and Concierge 4.</p> <p>On 4/5/21 at 2:10 p.m., Concierge 4 was observed at the reception desk, screening visitors, wearing an open top face shield and without a face mask. Several residents were observed in the reception area, seated by the fireplace, chatting with each other and Concierge 4. Concierge 4 indicated she was allergic to latex and face masks, and that was why she was just wearing a face shield.</p> <p>On 4/5/21 at 2:30 p.m., the Administrator (ADM) indicated he had started working as administrator at the facility about four weeks ago. Concierge 4 refused to wear a face mask because she was allergic to them and wore a face shield prior to his employment. Prior to his employment with the facility, Concierge 4 had gotten a doctor's note in January 2021 stating that she was allergic to latex. The facility followed CDC guidelines for infection control and all staff should wear a surgical face mask or</p>		<p>reeducated the receptionist as well as all staff on the proper procedure for wearing a face mask and what type of face mask to wear while on duty inside the facility, as reflected in the community's COVID-19 Action Plan. All staff are now properly wearing the correct type of face mask per our facility policy.</p> <p><b>-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;</b></p> <p>All residents have the potential to be affected by the deficient practice.</p> <p><b>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</b></p> <p>All facility staff have been re-educated in accordance with the Community's COVID-19 Action Plan. All staff upon hire and annually will be trained/retrained on proper usage of masks per policy while on duty in the Community.</p> <p><b>-How the corrective action(s) will be monitored to ensure the deficient practice will not recure, i.e., what quality assurance program will be put into place;</b></p> <p>Facility administrator or Designee will monitor all staff at</p>				

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	<p>an N95 face mask when in the facility.</p> <p>On 4/6/21 at 9:20 a.m., Concierge 4 was observed wearing a cloth face mask without a face shield, screening visitors entering the facility. Residents were observed seated in the reception area by the fireplace.</p> <p>The ADM, on 4/5/21 at 2:30 p.m., provided an undated facility policy titled, "Universal Mask Policy," and indicated it was the facility's current policy. The policy indicated, "...Strategic Safety: All employees will be expected to wear a procedure or surgical face mask, at all times, while in their respective communities...."</p>		<p>random to ensure the proper usage of masks. These audits will be documented weekly until full compliance is achieved but no less than 6 months.</p> <p><b>-By what date the systemic changes will be completed</b> April 25th, 2021</p>				