

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/17/2023	
NAME OF PROVIDER OR SUPPLIER CELEBRATE SENIOR LIVING OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP CODE 3420 EAST STATE BLVD FORT WAYNE, IN 46805			
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F 0000 Bldg. 00	<p>This visit was for Investigation of ComplaintS IN00406062 AND IN00406174. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00406062 - Substantiated. Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Complaint IN00406174 - Substantiated. Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Survey date: April 17, 2023</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Census Bed Type: SNF/NF: 76 SNF: 4 Total: 80</p> <p>Census Payor Type: Medicare: 4 Medicaid: 72 Other: 4 Total: 80</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed April 21, 2023</p>			F 0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, 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; or – Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.</p>		
F 0880 SS=E Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control</p>						

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

TITLE

(X6) DATE

Tammy Hunter

Administrator

05/05/2023

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 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>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.</p> <p>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,</p>						

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	<p>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> <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 implement COVID-19 prevention precautions. 20 of 80 current residents resided on the South hall.</p> <p>Findings include:</p> <p>A concern submitted to the Indiana Department of Health (IDOH) on 4/9/23, alleged a resident had not been moved when her roommate was diagnosed with COVID-19. The resident then</p>			F 0880	<p>F880</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. Staff will be re-educated on PPE practices. Signage was re-posted as soon as ED and DON were notified of it no longer being on the entrance doors.</p>		05/05/2023

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	<p>became positive and symptomatic with the infection following her prolonged exposure. The concerned family member indicated they had visited with the resident and after being in the room for several hours, was then told the roommate was ill with COVID-19. The family member indicated there were no signs on the room door to indicate precautions were to be taken when going in the room nor did staff tell the family member their loved one was sharing a room with a COVID-19 positive roommate. The family member wanted his loved one immediately removed and placed in a non-COVID-19 room.</p> <p>An anonymous concern, submitted to IDOH on 4/11/23, alleged COVID-19 positive staff were being instructed to work despite being infected. The concern indicated this resulted in a major outbreak in the facility.</p> <p>On 4/17/23 at 9:30 A.M., on entrance to the facility, there was no signage on or near the main entrance to indicate the active COVID-19 cases in the building. There was no signage posted to alert visitors they should not enter the facility or to take actions when entering related to hand hygiene, limiting interactions with others in the facility, restricting visits to resident room, recommended PPE (Personal Protective Equipment) during their visit, recommended monitoring for signs and symptoms of COVID-19 after their visit and appropriate actions to take if signs or symptoms occurred.</p> <p>In an interview on 4/17/23 at 9:35 A.M., the receptionist, seated at a desk near the main entrance, indicated she would inform visitors when they entered the facility regarding a COVID-19 outbreak in the facility and required use of face masks during their visits. When</p>				<p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. No other residents were identified. Contact tracing completed upon each positive covid test. No current covid in the facility.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur. Staff being re-educated on infection control practices, donning and doffing for resident rooms on isolation, signage for entrance doors, and guidelines for staff positive tests and being off work. This will be completed by ED and/or designee by 5-5-23. 3 staff members will complete return demonstrations 3 times a week. This monitoring will begin 5-8-23 and will be conducted by the Infection Preventionist and/or designee.</p> <p>4. Monitoring tool will be reviewed in the monthly QAPI/QA meetings for 6 months or until 100% compliance is obtained.</p> <p>5. By what date the systemic changes for each deficiency will be completed. Above corrections will be in place by 5-5-23.</p>		

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	<p>questioned, she indicated she worked 8-4:30 p.m., Monday-Fridays, but didn't know how visitors were informed of an outbreak and required use of masks when she wasn't working.</p> <p>In an interview on 4/17/23 at 9:40 A.M., the Administrator indicated the facility currently had 7 COVID-19 positive residents. Staff and visitors were to wear masks and posted PPE when entering rooms of residents on transmission based precautions (TBP).</p> <p>During initial tour on 4/17/23 at 9:50 A.M., there were resident rooms with red signs on the door indicating staff were to wear N-95 masks, gowns, gloves, and eye protection when entering the room. The signs indicated the door was to be kept closed but the room doors were open. In room 16, on the south hall, there was a TBP sign on the open room door. 3 residents resided in the room. 1 resident, near the open door, was observed lying in bed and coughing. During the tour, several staff members were observed wearing masks below their noses.</p> <p>-At 9:52 A.M., a staff member came out of room 16. A sign on the door indicated the resident was on TBP. The room door was open and the staff member wore only a surgical mask, but no other PPE .</p> <p>4/17/23 at 9:59 A.M., during an interview, Staff 3 indicated they'd recently had COVID-19 infection and had been off work for 8 days due to being very ill. The staff member indicated COVID-19 infections were going around the facility making many staff and residents sick.</p> <p>On 4/17/23 at 12:29 P.M., an unidentified CNA (Certified Nurse Aide) was observed to walk into</p>						

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	<p>room 16 wearing a surgical mask only, no other PPE per TBP had been donned. She wasn't observed to perform hand hygiene. She removed a shower chair from the room, brought the chair down the hallway and into another resident room without cleaning the chair.</p> <p>During a confidential interview, Staff 5 indicated staff were not using required PPE when going into COVID-19 positive rooms. Staff would just go in and out of the rooms wearing surgical masks without covering the nose. They believed this was part of the cause of the ongoing transmission of the virus.</p> <p>4/17/23 at 3:10 P.M., the Administrator was interviewed. She indicated staff were to follow guidance for PPE when caring for COVID-19 positive residents and should wear an N 95 mask, gown, gloves, and face shields.</p> <p>Current COVID-19 policies and procedures, provided by the Administrator on 4/17/23, indicated the following: "Policy: Resident with confirmed or suspected cases of COVID-19 will be cared for in accordance with guidelines as stipulated by the CDC. All efforts will be made to prevent transmission, treat symptoms, and provide necessary psychosocial support for infected residents...Patients with known or suspected COVID-19 will be provided with a private room when possible or per facility policy, isolate in place to avoid the spread of COVID-19 throughout facility. Resident with suspected or confirmed COVID-19 will no longer be required to have door shut...The following measures will be implemented for residents with known or suspected COVID-19: Transmission based precautions will be instituted. Caregivers will don appropriate personal protective</p>						

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	<p>equipment (PPE)-gown, mask, face/eye shield, gloves...COVID-19 Employee Screening, Exposure and Return to Work Guidelines...Return to work guidance for Employees with Confirmed or Suspected COVID-19...HCP who are not symptomatic could return to work after the following criteria are met: Results are negative from at least 2 consecutive negative tests collected 48 hours apart. Tests should be collected on day 3 and 5 after positive test."</p> <p>Current Centers for Disease Control (CDC) recommendations to prevent COVID-19 spread in nursing homes state the following: -"Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection: Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. If cohorting, only patients with the same respiratory pathogen should be housed in the same room...HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher , gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)...For the safety of the visitor, in general, patients should be encouraged to limit in-person visitation while they are infectious...Counsel patients and their visitor(s) about the risks of an in-person visit...Facilities should provide instruction, before visitors enter the patient ' s room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy...."</p> <p>-"Recommended routine infection prevention and control (IPC) practices during the COVID-19</p>						

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	<p>pandemic: Ensure everyone is aware of recommended IPC practices in the facility. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places...These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene)...When SARS-CoV-2 Community Transmission levels are not high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who: Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection...work on a unit or area of the facility experiencing a SARS-CoV-2...."</p> <p>-"Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2: HCP who are not symptomatic could return to work after the following criteria are met: Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT...."</p> <p>This Federal tag relates to Complaints IN00406062 and IN00406174.</p> <p>3.1-18(a) 3.1-18(b)(1)</p>						