STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155770	A. BUILDING 00 B. WING	08/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
VILLAS OF GUERIN WOODS	1002 SISTER BARBARA WAY GEORGETOWN, IN 47122

(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	This visit was for the Investigation of Complaints IN00382784, IN00383463 and IN00388585. Complaint IN00382784 - Substantiated. No deficiencies related to the allegations are cited Complaint IN00383463 - Substantiated. No deficiency related to the allegation is cited. Complaint IN00388585 - Substantiated. No deficiency related to the allegation is cited. An unrelated deficiency cited. Survey dates: August 23, 24 and 25, 2022 Facility number: 011509 Provider number: 155770 AIM number: 200909280 Census Bed Type: SNF/NF: 55 Residential: 7 Total: 62 Census Payor Type: Medicare: 7 Medicaid: 35 Other: 13 Total: 55 This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 29, 2022.	F 0000	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective September 14, 2022 to the complaint survey completed on August 25, 2022.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0880 SS=D Bldg. 00	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. §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: §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; §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;			

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	(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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 visitors entered the facility with a facemask in place for 1 of 3 staff observations for infection control. (LPN 4) Findings include: On 8/23/22 at 7:45 p.m., upon entrance to Villa 6,	F 0880	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The 2 visitors noted in the 2567 were educated on the facility policy and asked to wear a	09/14/2022

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	signage was observed to be posted on the door which indicated all visitors should have a masks on upon entrance. On 8/23/22 at 7:55 p.m., LPN (Licensed Practical Nurse) 4 was observed to let 2 visitors in to Villa 6. The visitors walk through the hallway, and without wearing face masks they entered Resident G's room. LPN 4 had not educated or requested the visitors to apply face masks. LPN 4 left the facility prior to being available for interview. During an interview on 8/23/22 at 8:00 p.m., LPN 5 indicated all visitors should have a mask in place upon Villa entrance. During an observation 8/23/22 at 8:01 p.m., LPN 5 was observed to walk into the resident's room and educate the visitors. The LPN then exited the room and walked to the front enterance to obtain face masks for the two visitors. She returned to the resident's room and gave the face masks to the two visitors. The visitors were both observed to have the face masks in place. On 8/25/22 at 3:03 p.m., the Executive Director provided a current copy of the document titled "Coronavirus (COVID-19) and COVID-19 Vaccine Policy (Part 1/2) dated 6/15/22. It included, but was not limited to, "Facility...staff are implementing all reasonable measure to protect the health...of residents...during the current outbreak of Coronavirus...Visitation...Core Principles of COVID-19 Infection Prevention...Face covering or mask (covering mouth and nose)...Instructional signage...other applicable facility practices...use of face covering or mask...." 3.1-18(b)(1)		facemask upon entry to the villa each visit. **How other residents having the potential to be affected by the same deficient practice will be identified and corrective action(s) will be taken?** All residents have the potential to be affected. A notice to all families was sent out immediately to communicate the facility's policy regarding the use of facemasks by all visitors. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** All staff will be educated on the Facility policy "Coronavirus (Covid-19) and Covid-19 Vaccine Policy" to ensure that visitors are practicing safe infection control practices per the latest CDC, Federal, State and or local guidance. Staff will ensure the policy is being followed. Staff will immediately notify management if visitors do not comply with the facility policy. Staff will be educated by the IP nurse and/or the Director of Nursing by 9/14/2022. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?** In addition to the daily rounds and	

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			monitoring for a minimum of 6 weeks or until substantial compliance is achieved, a Quality Assurance tool has been developed and implemented to monitor the compliance of infection control. The tool will randomly observe visitors for mask use. This tool will be completed by the DON, IP nurse and/or designee daily x 3 weeks, weekly x 3 months, then monthly for 3 months. Any identified issues will be immediately addressed. The outcomes will be reviewed through the facility Quality Assurance Program. Monitoring will continue as planned or may be increased by Quality Assurance Committee if needed to obtain 100% compliance. Additional action will be taken by the Quality Assurance Committee if warranted based on the outcome of the tools.	