

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155664	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/01/2020
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NAME OF PROVIDER OR SUPPLIER EAGLE CREEK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4102 SHORE DR INDIANAPOLIS, IN 46254
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey. This visit resulted in Immediate Jeopardy.</p> <p>Survey dates: September 25, 26, 27, 28, 29, 30 and October 1, 2020</p> <p>Facility number: 010666 Provider number: 155664 AIM number: 200229930</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicare: 7 Medicaid: 70 Other: 11 Total: 88</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 9, 2020.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies.</p> <p>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 noncompliance cited during a Focused Infection Control Survey on 10/1/2020.</p> <p>Please accept this plan of correction as the provider's credible allegation of compliance.</p>	
F 0880 SS=K Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & 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 communicable diseases and infections.</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>§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> <p>(v) The circumstances under which the facility must prohibit employees with a</p>			

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	<p>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 record review, observation, and interview, the facility failed to ensure infection control practices for COVID-19 were followed for residents with symptoms of COVID-19 and/or exposure to positive COVID-19 residents related to implementing transmission based precautions, screening for symptoms, and social distancing for 6 of 6 residents reviewed for infection control (Residents 1, 2, 3, 4, 5, and 6) and for 28 residents who smoke, who were potentially exposed to the facility's 3 confirmed COVID-19 positive residents, who also smoked in the facility's designated smoking area.</p> <p>The Immediate Jeopardy began on 9/1/20 when Resident 3 had a fever of 100.6 on 9/1/20. Resident 2 had fevers greater than 100.2 starting</p>	F 0880	<p>A Directed Plan of Correction (DPOC) is imposed in accordance with 42 CFR § 488.424 effective October 31, 2020. Eagle Creek Healthcare Center must include the following in their POC for the deficient practice cited at F880:</p> <p>1. Specific/Immediate: Because this survey resulted in Immediate Jeopardy, and the Immediate Jeopardy was removed prior to the exit of the survey, no new immediate action is needed.</p> <p>The facility will have an on-site consultant IP, that has completed</p>	10/30/2020

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	<p>on 9/15/20. The physician was not notified and isolation precautions were not implemented for either resident. Residents 3 and 2 were positive for COVID on 9/23/20. Resident 4 had symptoms of COVID-19 on 9/23/20 and was not placed on isolation. Resident 5, was moved into Resident 4's room, without isolation precautions on 9/25/20. Residents 4 and 5 were observed on 9/28/20 without isolation precautions, and the staff caring for the residents were not aware the residents needed isolation. Smoking residents who have had potential exposure to COVID-19 positive residents, walk through the building to utilize the shared smoking area. Residents were observed smoking without social distancing. A serious adverse outcome was likely as this created the potential for further spread of the virus to other residents. The Administrator and the Corporate Registered Nurse (RN) 5 were notified of the Immediate Jeopardy at 1:55 p.m., on 9/29/20. The immediate jeopardy was removed on 10/1/20, but noncompliance remained at a lower scope and severity of pattern, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>On 9/25/20 at 10:00 a.m., the Administrator provided the facility floor plan with the 200 unit and one room on the 100 unit highlighted as yellow (precautionary) isolation rooms for a total of 35 rooms. There was one red (COVID-19 positive) isolation room on the 200 unit with a confirmed positive COVID-19 resident (Resident 3).</p> <p>On 9/25/20 at 10:08 a.m., during an initial tour of the facility, there were only 4 rooms on the</p>		<p>specialized training in infection control and prevention. (Review F 882 for qualifications) The IP will be consulting with the facility for a minimum of 6 months. The consultant contract will be pre-approved in writing by the state agency. This contract will be submitted with the DPOC.</p> <p>1.Systemic</p> <p>1. A Root Cause Analysis (RCA) was conducted by the company Division (consultant) Infection Preventionist (IP), who provides in person visits, with input from the Medical Director, DON / IP, Executive Director and Regional Director of Clinical Operations to determine the root cause resulting in the facility's Infection Control Citation</p> <p>Identify the root cause resulting in the facility's failure.</p> <p>The Nursing Leadership team failed to provide education to the facility nursing staff, on the policies and procedures for Covid isolation, Covid tracking and cohorting, use of PPE (face masks worn appropriately), social distancing and required Covid 19 assessments and isolation procedures including documentation</p> <p>The facility leadership team failed to round and enforce corrections</p>				

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	<p>200 unit yellow area observed with isolation signs on the doors. There were an additional 3 rooms on the 100 unit with isolation signs on the doors but not highlighted on the facility floor plan provided by the Administrator.</p> <p>1. Resident 3's record was reviewed on 9/25/20 at 2:30 p.m. Resident 3 was tested positive for COVID-19 on 9/23/20.</p> <p>A physician's order, dated 5/2/20, indicated COVID-19 symptoms evaluation of temperature, oxygen saturation percentage, and respiratory signs/symptoms for monitoring of COVID-19 every shift (three times a day).</p> <p>A care plan, initiated 7/17/20, indicated the resident was at risk for COVID exposure due to new guidelines for visitations, but the medical record lacked care plan documentation of a COVID-19 diagnosis with droplet isolation precautions.</p> <p>A physician's order, dated 9/23/20, indicated droplet isolation precautions for COVID positive test result.</p> <p>Review of the September 2020 vital signs records for Resident 3 indicated Resident 3 was not assessed every shift for temperature and O2 SATS:</p> <p>a. 9/1/20 at 10:07 a.m. elevated temperature of 100.6</p> <p>b. 9/2/20 not assessed two times for temperature and two times for O2 SATS</p> <p>c. 9/3/20 not assessed two times for temperature and two times for O2 SATS</p> <p>d. 9/5/20 no documented temperature nor O2 SATS for the day</p> <p>e. 9/6/20 not assessed two times for temperature</p>		<p>noted to be deficient infection control observations</p> <p>The nursing leadership team failed to daily monitor resident medical records identify covid symptoms, ensure the completion of covid assessments and documentation of isolation procedures.</p> <p>The facility leadership failed to identify the current designated smoking area was not conducive for social distancing and failed to monitor to ensure compliance</p> <p>The facility failed to keep an updated facility floor plan identify red/green/yellow rooms and failed to communicate / provide copy to the facility staff</p> <p>The solutions and systemic changes developed by the Division (Consultant IP), DON / IP and Regional Director of Clinical Operations include: The Director of Nursing or designee will educate all staff on the following policies / procedures to ensure infection control practices for Covid are followed for residents with symptoms of Covid 19 and / or exposure to positive Covid residents with the implementation of transmission based precautions, screening for symptoms and social distancing: Criteria Covid Tracking and</p>	

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	<p>and two times for O2 SATS</p> <p>f. 9/7/20 not assessed one time for temperature and two times for O2 SATS</p> <p>g. 9/10/20 not assessed one time temperature and one time for O2 SATS</p> <p>h. 9/11/20 not assessed two times for temperature and two times for O2 SATS. Elevated temperature of 99.1 recorded at 7:56 a.m.</p> <p>i. 9/12/20 not assessed one time for temperature and one time for O2 SATS</p> <p>j. 9/13/20 not assessed two times for temperature and two times for O2 SATS. Elevated temperature of 100 recorded at 7:24 a.m.</p> <p>k. 9/14/20 not assessed two times for temperature and two times for O2 SATS. Elevated temperature of 99.3 recorded at 12:22 p.m.</p> <p>l. 9/15/20 not assessed one time for temperature and one time for O2 SATS. Elevated temperature of 99.1 recorded at 9:01 a.m.</p> <p>m. 9/16/20 at 12:03 a.m. elevated temperature of 99.3</p> <p>n. 9/17/20 at 8:36 a.m. elevated temperature of 101.1 and at 10:45 a.m. elevated temperature of 99.1 and only assessed two times for temperature and two times for O2 SATS</p> <p>o. 9/18/20 not assessed one time for temperature and one time for O2 SATS</p> <p>p. 9/19/20 not assessed one time for temperature and one time for O2 SATS</p> <p>q. 9/20/20 not assessed one time for temperature and one time for O2 SATS</p> <p>r. 9/21/20 at 11:57 p.m. elevated temperature of 99.1</p> <p>s. 9/22/20 no documented temperature nor O2 SATS for the day</p> <p>t. 9/23/20 not assessed one time for temperature and one time for O2 SATS</p>		<p>Cohorting, Criteria for Covid Isolation, Use of PPE, Contact Tracing, Social Distancing, Resident Smoking</p> <p>Residents who are alert and oriented, with a BIMS score of 12 and above, will be provided 1:1 education on Social Distancing.</p> <p>Residents who are identified as smoking residents will be moved to 1 hallway with a designated exit for the smoking area to avoid walking through the building. These residents and staff will be provided with 1:1 education for this process.</p> <p>The designated smoking area was moved to a bigger area to accommodate social distancing, areas marked for a distance of 6 feet and a monitor has been implemented for all smoking times to provide staff supervision for safety and to ensure social distancing remains in place.</p> <p>The nurses will be educated that any provider that orders for a resident to be placed in transmission based precautions - the nurse will immediately notify the Director of Nursing or designee. This process will be on-going. All residents and/or staff with a positive COVID test or symptoms will be reported to and</p>	

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	<p>u. 9/24/20 not assessed one time for temperature and one time for O2 SATS</p> <p>v. 9/25/20 not assessed two times for temperature and two times for O2 SATS</p> <p>w. 9/26/20 no documented temperature nor O2 SATS for the day</p> <p>x. 9/27/20 not assessed one time for temperature and one time for O2 SATS</p> <p>Resident 3's record lacked documentation of physician notification of the elevated temperatures on 9/1/20 and from 9/14 through 9/17/20 and physician orders for transmission based precautions.</p> <p>During an interview, on 9/25/20 at 5:10 p.m., the Administrator indicated Resident 3 resided on the 200 unit with 55 other residents. Residents 2 and 3 resided on the same unit, were friends, and went out to smoke together at the facility. Resident 3 tested positive for COVID-19, and was in droplet isolation.</p> <p>2. Resident 2's record was reviewed on 9/25/20 at 2:17 p.m. Resident 2 was admitted to the hospital, on 9/22/20, with diagnoses of pneumonia and acute subdural hematoma and at the hospital tested positive for COVID-19, on 9/23/20.</p> <p>A physician's order, dated 5/2/20, indicated COVID-19 symptoms evaluation of temperature, oxygen saturation percentage, and respiratory signs/symptoms for monitoring of COVID-19 every shift (three times a day).</p> <p>Review of the September 2020 vital signs records for Resident 2 indicated Resident 2 was not assessed every shift for temperature and O2 SATS:</p>		<p>reviewed with the Division IP Nurse for verification of infection control practices to validate infection control practices are implemented and followed.</p> <p>A facility floor plan designating red / yellow / green rooms will be reviewed during morning clinical meeting and kept up to date with any changes. A copy of the floor plan will be placed at each nurse's station to ensure staff are aware of what rooms require specific isolation.</p> <p>The clinical leadership team will monitor through daily clinical meeting the review of documented Covid symptoms, ensuring the appropriate covid assessments are completed and TBP are implemented. This process is on going</p> <p>1. The DON / IP, Executive Director, Division (Consultant) IP and Regional Director of Clinical Operations reviewed the LTC Infection Control Self-Assessment. Changes were made to the assessment so it would now be an accurate reflection of the facility. This assessment will be submitted with the DPOC documentation.</p> <p>1.Training:</p>	

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	<p>a. 9/1/20 not assessed one time for temperature and one time for O2 SATS</p> <p>b. 9/4/20 not assessed two times for temperature and two times for O2 SATS</p> <p>c. 9/5/20 not assessed one time temperature and two times for O2 SATS</p> <p>d. 9/6/20 not assessed one time for temperature and one time for O2 SATS</p> <p>e. 9/7/20 not assessed two times for temperature and two times for O2 SATS</p> <p>f. 9/8/20 not assessed two times for temperature and two times for O2 SATS</p> <p>g. 9/10/20 not assessed two times for temperature and two times for O2 SATS</p> <p>h. 9/13/20 not assessed one time for temperature and one time for O2 SATS</p> <p>i. 9/15/20 at 10:39 a.m. elevated temperature of 100.4 recorded</p> <p>j. 9/16/20 at 9:59 a.m. elevated temperature of 100.2 recorded and only two temperatures were taken for the day</p> <p>k. 9/17/20 not assessed two times for temperature and two times for O2 SATS</p> <p>l. 9/18/20 not assessed one time for temperature and one time for O2 SATS</p> <p>m. 9/19/20 not assessed two times for temperature and two times for O2 SATS</p> <p>n. 9/20/20 no documented temperatures or O2 SATS for the day</p> <p>o. 9/21/20 not assessed one time for temperature and one time for O2 SATS</p> <p>p. 9/22/20 no documented temperatures or O2 SATS for the day</p> <p>q. 9/24/20 Temperatures and O2 SATS were recorded for two of three shifts, even though the resident was not in the facility, but at the hospital as of 9/22/20.</p> <p>Resident 2's record lacked documentation of physician notification of the elevated</p>		<p>1.Per the LTC infection control assessment review and revision by the Division (Consultant) IP, Executive Director, DON/IP and Regional Director of Clinical Operations. The following training needs were identified and implemented by the Division (Consultant) IP to the DON/IP, Executive Director and Regional Director of Clinical Operations with training resources and policies provided and submitted as part of the DPOC documentation.</p> <p>1.Training for solutions and systemic changes identified from the RCA – noted in B1b. The consultant IP will provide training, resources and competencies for all level deficiencies. With competencies validated by the IP, DON or Medical Director.</p> <p>2.Infection Surveillance (Section D) the facility staff can demonstrate knowledge of when and to whom to report communicable diseases, healthcare associated infections and potential outbreaks. The facility has a current plan of correction in progress.</p> <p>Hand Hygiene (section F) - the facility has hand hygiene policies to promote preferential use of ABHR, personnel performance of hand hygiene. The facility has a</p>	

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	<p>temperatures on 9/15 and 9/16/20 and physician orders for transmission based precautions.</p> <p>During an interview, on 9/25/20 at 5:10 p.m., the Administrator indicated Resident 2 was admitted to the hospital, on 9/22/20, and was diagnosed with COVID-19. Resident 2 resided on the 200 unit with 55 other residents. Her roommate was immediately placed into droplet isolation due to direct exposure and will remain in isolation for 14 days. They had completed contact tracing. Resident 3 was the only additional resident to test positive, and was in droplet isolation. Residents 2 and 3 resided on the same unit, were friends, and went out to smoke together at the facility.</p> <p>On 9/28/20 at 5:27 p.m., DON indicated staff had reported, on 9/25/20, Resident 2, who had tested positive for COVID-19 had visited and talked to Resident 4 in his room, prior to her transfer to the hospital.</p> <p>On 9/29/20 at 9:12 a.m., Nurse Practitioner (NP) 6 indicated, on 9/22/20, she had examined Resident 2 and had noted Resident 2 was congested bilaterally in the upper and lower lung lobes and transferred Resident 2 to the hospital, where she was tested positive for COVID-19.</p> <p>3. On 9/25/20 at 10:55 a.m., during the initial tour of the facility, Resident 5's and Resident 6's shared room on the 200 hall was observed without an isolation sign on the door with the door closed.</p> <p>On 9/25/20 at 11:11 a.m., the 200 hall Unit Manager 9 indicated Resident 3 (confirmed positive COVID-19 resident) had droplet isolation precautions for her room. Resident 4,</p>		<p>plan of correction in progress.</p> <p>Standard Precautions Tracer (Section G) gloves are changed and hand hygiene performed before moving from a contaminated body site to a clean body site during care, PPE is appropriately discarded after resident care, prior to leaving the room, followed by hand hygiene. The facility has a plan of correction in progress.</p> <p>Transmission Based Precautions (Section H) - hand hygiene is performed before entering a resident care environment, gloves and gowns are donned upon entry into the environment of resident on precautions, gloves and gowns are removed and properly discarded and hand hygiene is performed before leaving the resident care environment. The facility has a plan of correction in progress.</p> <p>D. Monitoring: Monitoring of approaches to ensure Infection Control Practices are maintained. The Director of Nursing or designee will complete the following audits / observations to ensure compliance:</p> <p>When the Director of Nursing or designee is notified that a resident is ordered by a provider to be</p>	

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	<p>Resident 5, and Resident 6 did not have isolation precaution orders despite being highlighted yellow on the facility floor plan. Unit Manager 9 indicated the Staff Development Coordinator had the complete list of the facility's isolation residents, but the unit managers did not have the isolation residents list.</p> <p>On 9/25/20 at 3:15 p.m., the Staff Development Coordinator provided a document titled, "Monthly Isolation Log September 2020," and Resident 4, Resident 5, and Resident 6 were not listed on the isolation log.</p> <p>On 9/25/20 at 5:10 p.m., the Corporate Registered Nurse (RN) 5, indicated she had updated the facility's floor plan with the correct droplet isolation residents' rooms. Resident 1's, Resident 3's, Resident 5's, and Resident 6's rooms were highlighted on the floor plan, but Resident 4's room was not highlighted on the list of isolation rooms.</p> <p>Resident 6's record was reviewed on 9/29/20 at 10:40 a.m. Resident 6 was re-admitted to the facility from the hospital on 5/27/20. Diagnoses on the profile included, but were not limited to, unspecified fracture of shaft of right fibula (lateral bone in lower leg), hypertension (high blood pressure,) and chronic kidney disease.</p> <p>The record lacked documentation of a physician's orders for evaluation of temperature, oxygen saturation percentage, and respiratory signs/symptoms for monitoring of COVID-19.</p> <p>A physician's order, dated 9/25/20, indicated, "Place [Resident 6] in isolation secondary to fever/chill until result back, every shift for fever/chills."</p>		<p>placed in transmission based precautions, the DON will validate a Covid screen has been initiated and an isolation order and precautions are implemented. This process is on-going.</p> <p>A staff monitor for resident smoking times has been implemented to validate safety and social distancing is in place. The Executive Director or designee will validate this process daily or more often as necessary for 6 weeks and until compliance is maintained.</p> <p>The Director of Nursing or designee will validate any identified resident who has had a potential exposure to a Covid positive resident is placed in a private room or cohorted with transmission based precautions and a Covid screen initiated. This process is on-going.</p> <p>The Director of Nursing or designee will validate through observation that the resident who was ordered / placed in transmission based precautions have the appropriate signage and PPE in place. This process in on-going.</p> <p>The Director of Nursing or designee will interview 3 staff members to ensure staff are aware of what resident is currently</p>	

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	<p>A review of the September vital signs records indicated Resident 6's temperature was recorded as 91.4 degrees Fahrenheit on 9/25/20 at 8:47 a.m. Resident 6's record lack documentation of additional temperatures from 9/23/20 to 9/25/20. The record indicated his temperature was not taken daily in September.</p> <p>A Social Services Director (SSD) progress note, dated 9/26/20 at 5:49 p.m., indicated SSD arrived to resident's room and the resident requested to be sent to the emergency room (ER). On 9/28/20 at 9:10 a.m., the Administrator indicated Resident 6 sent himself to the hospital in an ambulance, on 9/26/20, and had a positive result COVID-19 test at the hospital. The Administrator indicated Resident 6 was asymptomatic at the time he went to the hospital.</p> <p>On 9/28/20 at 3:45 p.m. Unit Manager 9 indicated, on the evening of 9/25/20, the Nurse Practitioner (NP) 6 had examined Resident 6 and requested staff to place Resident 6 in droplet isolation precautions and his roommate, Resident 5, was transferred to another room, because Resident 6 was not "feeling well."</p> <p>On 9/29/20 at 9:12 a.m., Nurse Practitioner (NP) 6 indicated, on 9/25/20, the nurse had noted Resident 6 had a fever and was not "feeling well." When NP 6 examined Resident 6, on the evening of 9/25/20, he appeared "sick with a virus," lying in bed, not wanting to talk, but did not have any congestion in his lungs. She had concluded Resident 6 had a virus and a fever. NP 6 suggested to staff at the nurses' desk to isolate Resident 6 and transfer Resident 5 (Resident 6's roommate) to another room.</p> <p>4. On 9/25/20 at 10:53 a.m., during the initial</p>		<p>in transmission based precautions daily or more often as necessary for 6 weeks and until compliance is maintained.</p> <p>The clinical leadership team will monitor through daily clinical meeting the review of documented Covid symptoms, ensuring the appropriate covid assessments are completed and TBP are implemented. This process is on-going</p> <p>A facility floor plan designating red / yellow / green rooms will be reviewed during morning clinical meeting and kept up to date with any changes. A copy of the floor plan will be placed at each nurse's station to ensure staff are aware of what rooms require specific isolation. This process is on-going</p> <p>The Division IP nurse will direct and validate the ICIP practices are implemented as related to social distancing in the smoke areas, transmission based precautions, and cohorting residents weekly x 4 weeks, then twice a month x 4 weeks, then monthly for 4 weeks. All findings will be reported to the monthly QAPI committee and the QAPI committee will determine when compliance is achieved or if</p>	

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	<p>tour of the facility, Resident 4's room on the 200 hall was observed without an isolation sign on the door and the door open.</p> <p>On 9/28/20 at 10:29 a.m., Resident 4's room was observed without an isolation sign or PPE, and the door was open with the curtain drawn. Resident 5 and Resident 6's shared room was observed with their names on the door and a sign on the closed door that indicated to see the nurse.</p> <p>On 9/28/20 at 3:45 p.m. Unit Manager 9 indicated, on the evening of 9/25/20, the Nurse Practitioner (NP) 6 had examined Resident 6 and requested staff to place Resident 6 in droplet isolation precautions and his roommate, Resident 5, was transferred to another room, because Resident 6 was not "feeling well." Resident 5 was immediately transferred to Resident 4's room.</p> <p>On 9/28/20 at 4:01 p.m., the Administrator indicated staff had not notified her nor the Director of Nursing (DON) that Resident 5 had been transferred to Resident 4's room, on the evening of 9/25/20. She had just been notified, minutes ago, that Resident 4 and Resident 5 were now roommates. The Administrator further indicated, during the morning's meeting, on 9/28/20, Resident 5's room transfer was not mentioned, but should have been discussed.</p> <p>On 9/28/20 at 4:30 p.m. the DON provided an updated droplet isolation facility floor plan that she had personally created with Resident 4's and Resident 5's room highlighted with droplet isolation precautions.</p> <p>On 9/28/20 at 4:54 p.m., the Staff Development</p>		<p>further recommendations are required.</p> <p>The IP nurse/DON/Designee will monitor each solution and systemic change identified in RCA, daily or more often as necessary for 6 weeks and until compliance is maintained.</p> <p>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 B1b as above. This will occur for 6 weeks and until compliance is maintained and for 6 months if citation at G or higher.</p> <p>1. Quality Assurance and Performance Improvement (QAPI):</p> <p>1. The facility through the QAPI program, will review, update and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months.</p>	

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	<p>Coordinator indicated Resident 4 and Resident 5 were placed into droplet isolation precautions today, 9/28/20, because Resident 4 was exposed to COVID-19 positive Resident 2, and Resident 5 was exposed to his previous roommate, Resident 6, before he was moved into Resident 4's room on 9/25/20. Resident 4 was in a green zone room, when Resident 5 was moved into the room with him on 9/25/20.</p> <p>Resident 5's record was reviewed on 9/29/20 at 10:25 a.m. Diagnoses on the profile included, but were not limited to, acute respiratory failure with hypoxia and hypertension (high blood pressure).</p> <p>A physician's order, dated 5/2/20, indicated COVID-19 symptoms evaluation of temperature, oxygen saturation percentage, and respiratory signs/symptoms for monitoring of COVID-19 every shift (three times a day).</p> <p>Review of the September 2020 vital signs records for Resident 5 indicated Resident 5 was not assessed every shift (three times a day) for temperature and O2 SATS:</p> <ul style="list-style-type: none"> a. 9/5/20 not assessed two times for temperature and two times for O2 SATS b. 9/6/20 not assessed two times for temperature and two times for O2 SATS c. 9/7/20 not assessed two times for temperature and two times for O2 SATS d. 9/20/20 not assessed one time for temperature and one time for O2 SATS e. 9/22/20 not assessed two times for temperature and two times for O2 SATS <p>A physician's order, dated 9/25/20, indicated droplet isolation due to possible COVID-19 exposure. Continue to monitor O2 SAT,</p>			

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	<p>temperature, and symptoms.</p> <p>On 9/25/20 at 10:55 a.m., during the initial tour of the facility, Resident 5's and Resident 6's shared room on the 200 hall was observed without an isolation sign on the door with the door closed.</p> <p>On 9/25/20 at 11:11 a.m., 200 hall Unit Manager 9 indicated Resident 5 and Resident 6 did not have isolation precaution orders despite being highlighted yellow on the facility floor plan.</p> <p>On 9/25/20 at 3:15 p.m., the Staff Development Coordinator provided a document titled, "Monthly Isolation Log September 2020." Resident 5 and Resident 6 were not listed on the isolation log.</p> <p>On 9/28/20 at 3:45 p.m. Unit Manager 9 indicated, on the evening of 9/25/20, the Nurse Practitioner (NP) 6 requested staff to transfer Resident 5 to another room, because Resident 6 (Resident 5's roommate) was not "feeling well." Resident 5 was immediately transferred to Resident 4's room.</p> <p>On 9/29/20 at 9:12 a.m., Nurse Practitioner (NP) 6 indicated, on 9/25/20, she had concluded Resident 6 (Resident 5's roommate) had a virus and a fever. NP 6 suggested to staff at the nurses' desk to transfer Resident 5 to another room. Since there were no empty rooms available at the facility, NP 6 suggested to staff to transfer Resident 5 into Resident 4's room.</p> <p>5. Resident 4's record was reviewed on 9/29/20 at 10:15 a.m. Diagnoses on the profile included, but were not limited to, chronic kidney disease and hypertension (high blood pressure).</p>			

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	<p>A physician's order, dated 5/2/20, indicated COVID-19 symptoms evaluation of temperature, oxygen saturation percentage, and respiratory signs/symptoms for monitoring of COVID-19 every shift (three times a day).</p> <p>A Social Services Director (SSD) progress note, dated 9/23/20 at 5:50 p.m., indicated "Resident alert and orientated to self. Resident quiet and calm most of the day. Resident refused OT (occupation therapy). SSD while visiting resident witnessed resident have projectile vomiting. Resident stated '[name of former roommate] is killing me.' Resident felt previous roommate that passed on 9/21/20 at midnight was responsible for resident being sick. SSD reassured resident and resident remained calm."</p> <p>A physician's order for droplet isolation for Resident 4 was dated 9/23/20.</p> <p>Review of the September 2020 vital signs records for Resident 4 indicated Resident 4 was not assessed every shift (three times a day) for temperature and O2 SATS:</p> <ul style="list-style-type: none"> a. 9/5/20 not assessed two times for temperature and two times for O2 SATS b. 9/6/20 not assessed two times for temperature and two times for O2 SATS c. 9/7/20 not assessed two times for temperature and two times for O2 SATS d. 9/15/20 not assessed two times for temperature and two times for O2 SATS. Elevated temperature of 99.1 was recorded at 11:40 p.m. e. 9/20/20 not assessed one time for temperature and one time for O2 SATS f. 9/22/20 not assessed one time for temperature and one time for O2 SATS 			

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	<p>On 9/25/20 at 10:53 a.m., during the initial tour of the facility, Resident 4's room on the 200 hall was observed without an isolation sign on the door and the door open.</p> <p>On 9/25/20 at 11:11 a.m., 200 hall Unit Manager 9 indicated Resident 4 did not have isolation precaution orders despite being highlighted yellow on the facility floor plan.</p> <p>On 9/25/20 at 3:15 p.m., the Staff Development Coordinator provided a document titled, "Monthly Isolation Log September 2020," and Resident 4 was not listed on the isolation log.</p> <p>On 9/25/20 at 5:10 p.m., the Corporate Registered Nurse (RN) 5, indicated she had updated the facility's floor plan with the correct droplet isolation residents' rooms. Resident 4's room was not highlighted on the list of isolation rooms.</p> <p>On 9/28/20 at 10:29 a.m., Resident 4's room was observed without an isolation sign or PPE.</p> <p>On 9/28/20 at 4:54 p.m., the Staff Development Coordinator indicated Resident 4 and Resident 5 were placed into droplet isolation precautions today, because Resident 4 was exposed to COVID-19 positive Resident 2, and Resident 5 was exposed to his previous roommate, Resident 6, before he was moved into Resident 4's room on 9/25/20. Resident 4 was in a green zone room, when Resident 5 was moved into the room with him on 9/25/20.</p> <p>On 9/28/20 at 5:27 p.m., DON indicated staff had reported, on 9/25/20, Resident 2, who had tested positive for COVID-19 had visited and</p>			

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	<p>talked to Resident 4 in his room, prior to her transfer to the hospital (on 9/22/20). Resident 4 was placed into droplet isolation precautions, because he was exposed to COVID-19 through Resident 2. Staff moved Resident 5 into the room with Resident 4, since they were both exposed to COVID-19 and were both in droplet isolation precautions.</p> <p>On 9/29/20 at 9:12 a.m., Nurse Practitioner (NP) 6 indicated, Resident 4 had a fever earlier on 9/23/20. The NP indicated she had ordered droplet isolation precaution for Resident 4 on 9/23/20.</p> <p>On 9/29/20 at 9:23 a.m., RN 5 indicated Resident 4 had a fever earlier in the week. Resident 2, prior to her transfer to the hospital and positive for COVID-19, would go into Resident 4's room to visit. So Resident 4 was placed into droplet isolation precautions last week, on 9/23/20, by NP 6 on a physician's order. On 9/29/20 at 10:10 a.m., RN 5 provided a copy of the physician's droplet isolation order for Resident 4, dated 9/23/20.</p> <p>6. On 9/25/20 at 10:08 a.m., during an initial tour of the facility, Resident 1's room on the 100 unit had a Personal Protective Equipment (PPE) caddy containing isolation gowns hanging on the closed door. No isolation sign was observed on the door to indicate isolation precautions for Resident 1. Resident 1's room was not highlighted on the facility floor plan provided by the Administrator on 9/25/20 at 10:00 a.m.</p> <p>On 9/25/20 at 10:22 a.m., 100 Unit Manager 10 indicated she thought Resident 1 was in droplet isolation precautions due to an upper respiratory infection and being a new admission to the</p>			

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	<p>facility, but was unsure. Unit Manager 10 reviewed Resident 1's electronic health records on the computer and indicated she could not find an isolation order for Resident 1. Unit Manager 10 indicated, the Staff Development Coordinator had the list of the facility's isolation residents, but the unit managers did not have that isolation list of residents.</p> <p>Resident 1's record was reviewed, on 9/25/20 at 2:00 p.m. Resident 1 was admitted to the facility, on 9/17/20, with diagnoses included, but not limited to, acute respiratory failure with hypoxia and acquired absence of left leg below knee.</p> <p>A physician's order, dated 9/18/20, indicated COVID-19 symptoms evaluation of temperature, oxygen saturation percentage, and respiratory signs/symptoms for monitoring of COVID-19 every shift (three times a day).</p> <p>A physician's order, dated 9/25/20, indicated droplet isolation precautions for an upper respiratory infection (URI) for Resident 1.</p> <p>Review of the September 2020 vital signs record for Resident 1 indicated Resident 1 was not assessed every shift for temperature and oxygen saturation percentage (O2 SATS):</p> <ul style="list-style-type: none"> a. 9/18/20 not assessed one time for temperature and two times for O2 SATS b. 9/20/20 not assessed two times for temperature c. 9/22/20 not assessed two times for temperature and two times for O2 SATS d. 9/26/20 not assessed one time for temperature and one time for O2 SATS <p>On 9/25/20 at 3:15 p.m., the Staff Development Coordinator indicated Resident 1 tested positive</p>			

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	<p>for COVID-19 at the hospital on 8/19/20. He was admitted to the facility on 9/17/20 and should have been placed into droplet isolation precautions upon admission, because of his respiratory issues. Resident 1 continued to have respiratory issues and symptoms. Staff were assessing his vitals every shift, three times a day, for COVID-19 symptoms evaluation of temperature, oxygen saturation percentage (O2 SATS %) and respiratory signs or symptoms. At that time the Staff Development Coordinator provided the document titled, "Monthly Isolation Log September 2020," which indicated Resident 1 was placed into droplet isolation precautions on 9/25/20.</p> <p>7. On 9/26/20 at 12:47 p.m., Resident 7 and an unidentified resident were observed outside in the smoking area, side by side, with no face masks, and not social distancing. No staff member was outside supervising them.</p> <p>On 9/28/20 at 9:28 a.m. the Administrator indicated there was a designated smoking zone, right outside the 100 hall unit. They tried to have the residents who smoked maintain social distancing of six feet apart. Unfortunately, some residents had a difficult time maintaining the social distance of six feet. They had assigned staff, smokers' aides, to monitor the smoking residents while they are outside. There were independent smokers that did not require monitoring by staff. Resident 7 was a staff-monitored smoker. The Administrator indicated the staff who monitored smoking residents was not out there at the time, but was probably on their way out to the smoking area to monitor the smoking residents.</p> <p>On 9/29/20 at 11:00 a.m., the Administrator</p>			

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	<p>indicated, during the contact tracing, a resident list of smokers was created and it was determined all smoking residents could have been exposed to COVID-19. The list indicated there were 31 smokers in the building, including the 3 confirmed COVID-19 positive residents. There were 14 smokers on the 100 hall and 17 smokers on the 200 hall. These potentially exposed residents were not placed in any transmission-based precautions. The Administrator indicated the facility had one designated smoking area, which was located by the 100 unit. All smokers must go through the 100 unit to get to the designated smoking area. Resident 2, Resident 3, and Resident 6, who all had tested positive for COVID-19, were independent smokers. Resident 7 was the only resident who required staff supervision when smoking</p> <p>On 9/29/20 at 11:57 a.m. RN 5 indicated the 100 and 200 units were not completely yellow isolation units. The whole building was considered green (no isolation) with yellow isolation rooms throughout the facility. Residents who smoked must go through the 100 unit to get to the designated smoking area.</p> <p>On 9/29/20 at 11:00 a.m., the Administrator provided and identified as a current facility policy, titled "Resident/Patient Smoking," dated 3/25/2016, which indicated, "...Supervised Smoker: a resident that is unable to demonstrate safe smoking habits including smoking materials management, lighting, controlling cigarette ash and extinguishing smoking materials and requires staff supervision when smoking..."</p> <p>8. On 9/26/20 at 12:55 p.m., Qualified Medication Aide (QMA) 8 was observed pushing</p>			

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	<p>a supply cart down the hall with her nose out of the face mask.</p> <p>On 9/26/20 at 1:12 p.m., the Medical Records Coordinator indicated the facility required all staff to wear a face mask while in the facility, and QMA 8 should have had her nose covered with her face mask.</p> <p>On 9/28/20 at 9:45 a.m. the Administrator indicated QMA 8 was observed, on 9/26/20, in the main hallway, with her mask not covering her nose. QMA 8 told the Administrator that she did not feel she had to have the face mask covering her nose, since she wasn't in a patient care area. The Administrator indicated all staff should wear their face mask with their mouth and nose covered, while in the building.</p> <p>On 9/28/20 at 12:30 p.m., the Administrator provided and identified as a current facility policy, titled "PPE General Statement," dated 7/1/2017, which indicated, "...Employees are required to use PPE's when indicated to reduce exposure risks...."</p> <p>On 9/29/20 at 10:50 a.m., RN 5 provided and identified as a current facility policy, titled "Identification and response if resident in the facility is identified to potentially have COVID-19," updated 8/12/20, which indicated, "...Be sure to follow your Divisional Directives regarding notification of potential COVID-19 Cases...The IP (Infection Preventionist) will remain aware of current CDC guidelines and of any occurrence of 2019-nCoV in their area...All staff have been educated on: a. Infection control techniques to include standard, contact, droplet, and respiratory precautions...b. Use of PPE equipment...Risk factors, Signs and Symptoms of</p>						

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	<p>COVID-19 may include but not limited to: a. Fever...b. Symptoms of lower respiratory illness (e.g., cough, shortness of breath)...c. Nausea, vomiting, diarrhea can also occur with respiratory symptoms...For suspected cases of 2019-nCoV, health care providers or any individual have knowledge, should: a. Residents with suspected symptoms of COVID-19 should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed ...b. Provide PPE outside room. Place dedicated trash can inside room...c. Immediately notify the infection control personnel at their health care facility...d. Infection control personnel will provide notification to facility administration...j. Continue with respiratory/droplet precautions until other instructions are provided by the health care provider and the health department...l. Provide instructions for care to all team members...m. Update the care plan to include isolation and illness...n. If the resident had a roommate prior to transferring to a private room, the roommate should be monitored for the next 14 days for potential infection and/or changes of condition. This should be documented daily...."</p> <p>The CDC guidance, updated 4/30/20, - "Responding to Coronavirus (COVID-19) in Nursing Homes, Responding to COVID-19: Considerations for the Public Health Response to COVID-19 in Nursing Homes," indicated, "...Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections...Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any residents with new symptoms...Counsel all</p>			

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	<p>residents to restrict themselves to their room to the extent possible...HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents...If testing is available, asymptomatic residents and HCP who were exposed to the resident with COVID-19 (e.g., on the same unit) should be considered for testing...."</p> <p>The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, indicated, "If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom. Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement...If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer. While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident...."</p>			

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	The immediate jeopardy that began on 9/1/20 was removed on 10/1/20 when the facility assessed all residents for symptoms of COVID-19, symptomatic and/or exposed residents requiring isolation precautions were placed on isolation, residents and smoking areas were moved to prevent potential exposure of non-smokers, and procedures to monitor smoking were implemented. Nursing staff were in-serviced on COVID-19 symptoms and assessments, isolation precautions, personal protective equipment, and smoking protocols. The noncompliance remained at the lower scope and severity level of pattern, no actual harm with the potential for more than minimal harm that is not immediate jeopardy because of the facility's need for continued monitoring.3.1-18(a)			