

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155432	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OR SUPPLIER ALBANY HEALTH CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 910 W WALNUT ST ALBANY, IN 47320	
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey.</p> <p>Survey dates: September 28, 29, and 30, 2020.</p> <p>Facility number: 000309 Provider number: 155432 AIM number: 100288960</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 9 Medicaid: 54 Other: 10 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 6, 2020.</p>	F 0000	<p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law, and not because Albany Health and Rehab agrees with the allegations contained therein. Albany Health and Rehab maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of 10/30/2020. Albany Health and Rehab respectfully requests paper compliance.</p>	
F 0880 SS=E 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> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection</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 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 disclosed 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>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> <ul style="list-style-type: none"> (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; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (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 				

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	<p>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 ensure infection control practices for COVID-19 were followed for 3 of 4 residents reviewed for infection control (Resident B, Resident C, Resident D)</p> <p>Findings include:</p> <p>During an interview, on 9/28/20 at 8:40 a.m., the DON indicated the 300 and 400 hallways were the facility "green" zones. The "red" zone (COVID-19 unit) consisted of the 100 hallway and part of the 200 hallway to the fire doors. The "yellow" zone was the remainder of the 200 hallway.</p> <p>On 9/28/20 at 9:21 a.m. Resident C was observed sitting in her recliner in her room on the 300 hall. A notice on her door indicated she was in droplet precautions and a PPE (personal protective equipment) shelf was on her door.</p>	F 0880	<p>The facility will ensure this requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. No residents were harmed. Resident C was moved to the red zone. Residents D & E remained in transmission-based precautions for their requisite quarantine. 2. All residents have the potential to be affected. All those on isolation were reviewed to ensure Isolation guidance is being followed and each resides in the appropriate zone. 3. The policy related COVID Isolation was reviewed and updated according to the most recent released guidance. Staff will be educated on this policy, focusing on when movement 	10/30/2020

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	<p>On 9/28/20 at 9:40 a.m., CNA 7 donned PPE and entered Resident C's room to answer her call light. She refilled the resident's water, removed her gloves and gown, performed hand hygiene, and proceeded down the hallway.</p> <p>On 9/28/20 at 9:45 a.m., LPN 5 donned PPE and entered Resident C's room to administer medications.</p> <p>During an interview, on 9/28/20 at 10:07 a.m., the DON indicated Resident C had a COVID-19 positive roommate, so she was tested and placed in isolation. She was in droplet precautions due to a positive POC (point of care/rapid) antigen test, and was awaiting PCR results, due to being asymptomatic. Resident C shared a bathroom with Residents D and E, so they were also in droplet precautions. Resident C toileted herself independently. Resident D used the bathroom with assistance, and Resident E did not toilet. When residents had a positive POC test, but were asymptomatic, they were placed in droplet precautions until the PCR test returned. If the resident was symptomatic with positive POC, then they went to the COVID-19 unit.</p> <p>On 9/28/20 at 11:42 a.m., LPN 5 indicated she used disinfectant wipes for the vital signs cart after assessing Residents C, D, and E before using the cart for assessing the other residents on the 300 hallway.</p> <p>Review of a current facility alphabetical census sheet, dated 9/28/20, provided by the DON on 9/28/20 at 10:00 a.m., indicated there were a total of 18 residents on the 300 hall.</p> <p>On 9/29/20 at 12:03 p.m., LPN 5 indicated the 300 hall was staffed with one nurse and usually two</p>			<p>between zones. The IP/designee will conduct rounds daily for 6 weeks at minimum varying on different shifts to ensure isolation practices are followed (doors shut as tolerated) and until 100% compliance is achieved, then 10 per month for 6 months and until 100% compliance is achieved. Additionally, the IP or her designee will review all residents to ensure they are residing in the appropriate zone twice weekly for 4 weeks and until 100% compliance is achieved then weekly for 6 months and until 100% compliance is achieved.</p> <p>4. The findings of these rounds and reviews will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p> <p>5. Completion Date: 10/30/2020</p>

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	<p>CNAs, so the CNAs generally share the entire hallway, instead of having sections, so they can work together.</p> <p>Review of Resident C's clinical record was completed on 9/28/20 at 9:21 a.m. Diagnoses included, but were not limited to, schizoaffective disorder, dementia, and type 2 diabetes.</p> <p>Her current physician orders included, but were not limited to, a 9/18/20 droplet precautions order for possible positive COVID-19 rapid test, awaiting PCR; may test for COVID-19 as needed, and COVID-19 daily evaluation.</p> <p>Review of a 9/27/20 progress note indicated she had a positive COVID-19 PCR (polymerase chain reaction) test. She had been tested because her roommate had tested positive for COVID-19. She was placed in isolation with education provided. The facility updated the clinical record to indicate the test on 9/27/20 was a positive antigen POC test, and struck out the PCR note.</p> <p>During an interview, on 9/28/20 at 10:25 a.m., the DON and ADON/IP (Assistant Director of Nursing/Infection Preventionist) indicated Resident C had a PCR collected due to the facility having had negative POC tests with symptomatic staff and residents, but positive PCRs.</p> <p>During an interview, on 9/28/20 at 12:18 p.m., with the Nurse Consultant, Administrator, DON, and ADON/IP, the Nurse Consultant indicated there had been many false positives with the POC machines, so the guidance from Indiana Department of Health (IDOH) phone calls was to perform a PCR prior to placing the resident in the red zone, if asymptomatic, to prevent placing falsely positive residents in the COVID-19 unit.</p>			

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	<p>Resident C had a positive POC test on 9/18/20, and a negative PCR resulted 9/22/20 which had been collected on 9/18/20. She then had a positive POC on 9/25, with a PCR pending since she was asymptomatic. The Administrator indicated new guidance came out the previous Friday from IDOH, due to false positives with POC machines.</p> <p>Review of the IDOH guidance, from the Long Term Care Newsletter, dated 9/25/20, indicated the following:</p> <p>"...If you have a resident or staff who tests positive on an antigen test and meets ANY of the below criteria, then the positive is considered a TRUE POSITIVE and no confirmatory testing (PCR) is recommended or needed: ...Person being tested is a close contact...The facility is undergoing outbreak testing...In this circumstance of a TRUE POSITIVE: If it is an employee, the person should be sent home for isolation... If it is a resident, the person should be placed in transmission-based precautions... Outbreak testing should be initiated (if it is not already occurring) as previously directed...."</p> <p>Review of CDC guidance, "Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes," dated as last updated 8/27/20, indicated the following: Testing of asymptomatic residents or HCP in nursing homes as part of an outbreak response*. If an antigen test is positive, no confirmatory test is necessary. Residents should be placed in transmission-based precautions, and HCP should be excluded from work.</p> <p>Review of CDC guidance, "Responding to Coronavirus (COVID-19) in Nursing Homes, dated as updated 4/30/20, indicated the following:</p> <p>Resident with new-onset suspected or confirmed</p>			

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	<p>COVID-19 - If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</p> <p>3.1-18(a)</p>			