STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155131	A. BUILDING 00 B. WING	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MUNSTER MED-INN	7935 CALUMET AVE MUNSTER, IN 46321

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F 0000 Bldg. 00	This visit was for Investigation of Complaints IN00428029 and IN00428477. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00428029 - No deficiencies related to the allegations are cited. Complaint IN00428477 - Federal/State deficiencies related to the allegations are cited at F880. Survey date: February 29, 2024. Facility number: 000056 Provider number: 155131 AIM number: 100289450 Census Bed Type: SNF/NF: 149 Total: 149 Census Payor Type: Medicare: 11 Medicaid: 119 Other: 19 Total: 149 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 3/4/24.	F 0000	the facility respectfully requests paper compliance for this citation.	
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			

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

shanika willhite | Administrator | 03/07/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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; (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			

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	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 record review and interview, the facility failed to properly prevent and /or contain COVID-19, related to lack of assessment and monitoring of COVID-19 positive residents, for 3 of 3 residents reviewed for infection control (Residents B, D and E). Findings include: 1. The record for Resident B was reviewed on 2/29/24 at 11:30 a.m. Diagnoses included, but were not limited to chronic obstructive pulmonary disease, Diabetes Mellitus and heart failure. The resident tested positive for COVID-19 on 1/30/24.	F 0880	Munster Med INN Compliant Survey: 2/29/2024 Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.	03/07/2024

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	A Physician's Order, dated 1/30/24, indicated the resident was to be placed on isolation for COVID-19 for 10 days. Health Status Notes, dated 2/1/24 and 2/6/24, indicated the resident was in isolation and noted with a cough. No shortness of breath or fever noted, vital signs were in normal limits. However there were no vital signs documented in the note. A Health Status Note, dated 2/3/24, indicated the resident was noted with some coughing and congestion. There were no Health Status Notes for 2/5, 2/7, 2/8 or 2/9/24. Isolation precautions were discontinued on 2/10/24. 2. The record for Resident D was reviewed on 2/29/24 at 1:00 p.m. Diagnoses included, but were not limited to, osteoarthritis and heart disease. The resident tested positive for COVID-19 on 1/30/24. A Physician's Order, dated 1/30/24, indicated the resident was to be placed on isolation for COVID-19 for 10 days and a nursing assessment was to be completed daily. An oxygen saturation rate, temperature and respirations were recorded on 2/4/24. Health Status Notes, dated 2/1/24 and 2/6/24, indicated the resident was noted with a cough, no shortness of breath or fever noted. However, there was no temperatures documented. A Health Status Note, dated 2/2/24, indicated no distress was noted and vital signs were within		F880 Infection Prevention & Control What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Covid 19 Isolation has been discontinued for residents B, D, E. No further corrective action can be taken. 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; All facility residents can be affected by the same alleged deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Staff were educated on taking and monitoring vital signs every shift while patients were in Covid 19 Isolation. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;	

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	normal limits. However, there were no vital signs documented. There were no Health Status Notes for 2/4, 2/5, 2/7, 2/8 or 2/9/24. Isolation precautions were discontinued on 2/10/24. 3. The record for Resident E was reviewed on 2/29/24. Diagnoses included, but were not limited to, dementia, emphysema and dysphagia. The resident was hospitalized 1/27/24 and diagnosed with COVID-19 while there. She returned to the facility on 2/2/24. A Physician's Order, dated 2/2/24, indicated the resident was to be on isolation for COVID-19 and a nursing assessment was to be completed daily until 2/10/24. Temperature and respirations were documented only on 2/2 and 2/9/24. During an interview with the Nurse Consultant, on 2/29/24 at 11:19 a.m., she indicated residents with infections should be monitored daily and abnormal vital signs should be documented and the Physician notified. She indicated they would like all vital signs to be documented, but definitely the abnormal ones. The current policy, "Infection Control- Interim COVID-19 Policy", indicated, "...If the resident develops symptoms consistent with COVID-19 or tests positive, frequency of monitoring will be at least every shift, including VS (temperature, pulse, respirations, oxygen saturation...." This citation relates to Complaint IN00428477. 3.1-18(b)		Nurse Managers will Audit 5 Covid 19 positive residents 2 times a week to ensure that Covid 19 monitoring is being completed and documented. Including vital signs per facility policy. The Director of Nursing/designee will present a summary of the audits to the Quality Assurance committee monthly for 4 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going. Date by which systemic corrections will be completed: 03/7/2024	

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