STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155765	A. BUILDING 00 B. WING	08/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SOUTHERN INDIANA REHABILITATION HOSPITAL - SNF	3104 BLACKISTON BLVD - PROGRESSIVE CARE UNIT NEW ALBANY, IN 47150

(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 a COVID-19 Focused Infection Control Survey. Survey date: August 27, 2020. Facility number: 005649 Provider number: 155765 AIM number: N/A Census Bed Type: SNF: 8 Total: 8 Census Payor Type: Medicare: 4 Other: 4 Total: 8 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 2, 2020.	F 0000	The following plan of correction is intended to demonstrate the facility's commitment to compliance with applicable state and federal regulations. The statements set forth below shall not be construed as an admission or constitute agreement with the deficiencies alleged. The facility has taken or will take the actions set forth in the following plan of correction by the dates indicated.	
F 0885 SS=E Bldg. 00	483.80(g)(3)(i)-(iii) Reporting-Residents,Representatives&Families §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—			

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

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	(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.			
	Based on record review and interview, the facility failed to ensure appropriate notification to families and responsible parties of new cases of COVID-19 positive employees for 4 of 6 staff working in the facility. (OT 4, CNA 4, PTA 6, and PTA 7) Findings include: During the review on 8/27/20 at 9:40 a.m., the LTC (Long Term Care) Respiratory Surveillance Line List identified the following staff members as being COVID-19 positive and having worked on the LTC side of the facility: - OT (Occupational Therapist) 4 worked in the LTC on August 7 and 12, 2020. He tested positive on 8/20/20 - CNA (Certified Nurse Aide) 5 worked in the LTC on August 1, 2, 6, 7, 13, 14, and 15, 2020. She tested positive on 8/20/20. - PTA (Physical Therapy Assistant) 6 worked in the LTC on August 11, 13, 14, 15, and 16, 2020.	F 0885	1. Plan of correction: (actions taken) a. Notifications to inform residents, their representatives and families of any new confirmed cases of COVID-19 or three or more residents or staff with new on-set of respiratory symptoms occurring within 72 hours of each other was started on 8/31/2020. The last confirmed case of COVID-19 for residents was 4/28/2020 and for staff 8/30/2020. The Director of Nursing verbally notified current alert and oriented residents. The Infection Preventionist notified responsible parties of current residents by telephone. Documentation of notification was placed in the plan of correction binder. 2. Others at risk: All current residents have potential to be	09/10/2020

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	She tested positive on 8/20/20. - PTA 7 worked in the LTC on August 11, 13, 14, 15, 16, 18, 20, and 21, 2020. He tested positive on 8/26/20. The facility could not provide any documentation to show families were notified of the positive Covid 19 employees. During an interview on 8/27/20 at 9:54 a.m., the IP (Infection Preventionist) indicated they did not notify families of each of the new cases. The OT 4, PTA 6, and CNA 5 were tested on 8/17/20. All of the other staff were tested on August 20 and 21. During an interview on 8/27/20 at 10:23 a.m., The Executive Director indicated that they had not notified families of the positive employees in August, because he had believed they primarily worked the acute hospital side of the facility, and had not realized they worked the Long Term Care side. Because they worked the LTC side in the past few weeks, family should have been notified if they had worked over here.		affected. a. All residents have the potential to be affected by this deficient practice when a system is not followed for notifying residents, their representatives and families of new on-set of confirmed COVID-19 test results or respiratory systems of new on-set within 72 hours of each other. 3. Education: a. An in-service was initiated by the CEO on 8/28/2020 with the leadership team and charge nurses on the requirements to notify residents, their representatives and families of new onset of COVID-19 confirmed cases and new on-set of respiratory symptoms whenever three or more residents or staff members with new on-set of respiratory symptoms occur within 72 hours of each other. Notifications will be made by telephone or verbally in-person. The Infection Preventionist/designee will notify resident representatives and families. The Charge Nurse/designee will notify current residents. Notification documentation will be on or attached to the census sheet to track notifications 4. Ongoing audits/tools: a. The Infection	

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			Preventionist/designee will monitor new onset of COVID-19 confirmed cases and new onset of respiratory symptoms whenever three or more residents or staff members with new onset of respiratory symptoms occur as an ongoing process of this facility. The Infection Preventionist/designee will make notifications to resident representatives and families by 5pm the next calendar day following occurrence. The Charge Nurse/designee will make notifications to current residents by 5pm the next calendar day following occurrence. Notifications will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered. The Director of Nursing/designee will audit the census notification documentation weekly for twelve consecutive weeks any discrepancy in the notification documentation will be followed up on and resolved immediately with notifications or education on the documentation requirements. The Director of Nursing/designee will report audit findings to the monthly Quality Assurance Committee. b. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent compliance	

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			has been met. 1.Date of compliance 9/10/2020.	