

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

PRINTED: 12/08/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/22/2020	
NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 201 E ELM ST NEW ALBANY, IN 47150			
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey. This visit included a Residential COVID-19 Quality Assurance Walk Through</p> <p>Survey date: October 22, 2020.</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Census Bed Type: SNF/NF: 67 Residential: 5 Total: 72</p> <p>Census Payor Type: Medicare: 7 Medicaid: 57 Other: 3 Total: 67</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 28, 2020.</p>			F 0000			
F 0880 SS=E Bldg. 00	<p>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.</p> <p>§483.80(a) Infection prevention and control</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 disclosable 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>program.</p> <p>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 communicable disease or infected skin</p>						

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	<p>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 and interview, the facility failed to ensure infection control practices were followed during the COVID-19 pandemic for residents related to isolation precautions for 4 of 5 residents reviewed for infection prevention. (Residents 7, 8, 9, and 10)</p> <p>1. During the clinical record review for Resident 7, on 10/22/20 at 11:00 a.m., diagnoses included but were not limited to, pneumonia, chronic atrial fibrillation, cough, hypertension, diabetes mellitus type 2, shortness of breath, nasal congestion, acute bronchitis, and acute upper respiratory infection.</p> <p>The progress note, dated 10/9/20 at 2:00 p.m., indicated the resident was admitted to the hospital for pneumonia, a urinary tract infection, and</p>			F 0880	<p>="" p=""> ="" p=""> ="" p="">/a> /p> /p> All residents on the Green and Yellow units were given a PCR test for Covid-19. All Tests were negative</p> <p>Residents that were admitted were moved to Yellow Zone, placed in isolation for 14 days. Resident and family members were educated as to why they were moved to Yellow Zone and put in isolation.</p>		11/19/2020

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	<p>neurogenic bladder.</p> <p>The census detail report indicated the resident was readmitted to a double occupancy room with a roommate on the green unit (non-exposed to Covid-19/standard precautions only) on 10/19/20.</p> <p>The clinical record lacked any documentation of any orders for isolation precautions (residents with potential exposure/Transmission based precautions).</p> <p>2. During the clinical record review for Resident 8, on 10/22/20 at 11:15 a.m., diagnoses included but were not limited to, hypertension, encounter for screening for respiratory tuberculosis.</p> <p>The progress note, dated 10/3/20 at 7:46 a.m., indicated the resident was being transported to the hospital for vomiting.</p> <p>The progress note, dated 10/7/20 at 4:15 p.m., indicated the resident was readmitted to the facility.</p> <p>The census detail report indicated the resident was readmitted to a private room on the green unit on 10/7/20.</p> <p>The clinical record lacked documentation of any orders for isolation precautions.</p> <p>3. During the clinical record review for Resident 9, on 10/22/20 at 11:30 a.m., diagnoses included, but were not limited to, congestive heart failure and pulmonary hypertension.</p> <p>The progress note, dated 9/13/20, indicated the resident was sent to the hospital. Hypercapnia, elevated troponin, anemia, and dementia.</p>				<p>All nursing employees were In-serviced on the 14-day isolation for all new admissions and re-admissions. Must have isolation orders from MD. Included in the Nursing Documentation will have resident is in isolation and isolation pre-cautions being used. 5 rooms in Hall 2 will be used as Yellow Zone and marked as Yellow Zone. Isolation carts and signs present. These will be used as Private rooms only.</p> <p>Facility has hired an RN to the Infection Control nurse. Nurse to start on 12/7/2020. Additional nurse has taken CMS Infection Control module and received Certification.</p> <p>All admission and re-admissions will be audited by DON or Designee and tracked weekly. Any discrepancies will be brought to monthly QA. Admissions and re-admissions will be audited weekly x 1 month, then bi-weekly x 2 months, and monthly x 3 months.</p>		

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	<p>The census detail report indicated the resident was readmitted to a double occupancy room on the green unit on 9/20/20.</p> <p>The clinical record lacked documentation of any orders for isolation precautions.</p> <p>The progress note, dated 9/22/20 at 4:16 p.m., indicated the resident was admitted to the hospital with hypokalemia, anemia, and a hemotoma.</p> <p>The census detail report indicated the resident was readmitted to a double occupancy room with no roommate on the green unit on 9/27/20.</p> <p>The clinical record lacked documentation of any orders for isolation precautions.</p> <p>4. During the clinical record review for Resident 10, on 10/22/20, at 11:42 a.m., diagnoses included, but were not limited to, cough and hypertension.</p> <p>The progress note, dated 9/1/20 at 10:14 p.m., indicated the resident had been admitted to the hospital for severe sepsis an a fractured pelvis.</p> <p>The progress note, dated 9/4/20 at 2:30 p.m., indicated the resident was readmitted to a double occupancy room with a roommate on the green unit on 2:30 p.m.</p> <p>The census detail report indicated the resident was readmitted to a double occupancy room on the green unit on 9/4/20.</p> <p>The clinical record lacked documentation of any orders for isolation precautions.</p> <p>During an interview on 10/22/20 at 9:10 a.m., The</p>				<p>Facility has conducted a root cause analysis with corporate IP nurse. See attached for Who, What, When and Where.</p> <p>Facility has an audit tool that is used for readmits/admits ensuring residents placed in proper droplet-contact precautions and correct documentation is used.</p> <p>Facility reviewed the LTC Infection Control Self-Assessment with corporate IP Nurse.</p> <p>In-Service of all staff of Infection Control Policies and Procedures.</p> <p>IP Nurse/DON/Designee will Audit each admit/Readmit daily for yellow zone compliance x 6 weeks.</p> <p>IP Nurse/DON/Designee are conducting daily IP rounds to ensure all staff are practicing proper infection control practices.</p> <p>Facility will claim date certain November 19, 2020</p>		

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R 0000 Bldg. 00	<p>ED (Executive Director) and Director of Nursing both indicated they did not have a yellow unit (transmission based precautions). They were not placing re-admits on droplet precautions as a standard procedure.</p> <p>During an interview on 10/22/20 at 12:05 p.m., the ED indicated they did not have a policy regarding readmissions, but they would follow the CDC guidelines and the Infection Preventionist Toolkit.</p> <p>The COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure, dated 8/24/20, included, but was not limited to, ... Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact.) Waiting for test results - These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted, or readmitted, to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative).</p> <p>3.1-18(a)</p> <p>This visit was for a Residential COVID-19 Quality Assurance Walk Through. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Survey date: October 22, 2020</p> <p>Facility number: 001145</p>			R 0000			

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R 0407 Bldg. 00	<p>Residential Census: 5</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on observation, and interview, the facility failed to ensure infection control practices were followed during the COVID-19 pandemic for residents receiving medications from a nurse standing in the doorway of the COVID-19 positive unit.</p> <p>Findings include:</p> <p>During an observation on 10/22/20 at 12:40 p.m., Resident 6 walked up to the side door of the COVID-19 positive unit with an ice bucket to get ice. He knocked on the door and a staff member opened the door all the way, and took the residents ice bucket. The staff member had on PPE's with a mask and face shield.</p> <p>During an interview on 10/22/20 at 11:00 a.m., the DON (Director of Nursing) indicated, the nurse working the COVID-19 positive unit administers</p>			R 0407	<p>R-407</p> <p>The Deficient practice from the Covid Unit passing ice and medications to residential Units has medications to Residential unit has been corrected. Date corrected 10/22/2020 during Infection Control Survey.</p> <p>Residential residents have always ad their medications kept in a medication cart that is only for residential residents. Med cart was disinfected and cleared and taken to the Hall 4 Nurses Station. The Hall 4 nurse will be</p>		11/19/2020

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	<p>the medications to the residential residents. She should discard her gown and gloves, and perform hand hygiene. The residential residents would come to the side door of the COVID-19 positive unit to receive their medications. She indicated, "I probably need to change the way the residential residents get their medications."</p> <p>During an interview on 10/22/20 at 11:30 a.m., Resident 7 indicated he walks up to the door on the COVID-19 positive unit, knocks on the door, and the nurse will hand him his medications.</p> <p>During an interview on 10/22/20 at 1:00 p.m., the IP (Infection Perventionst) indicated there was no policy for dispensing medications to the residential residents from the COVID-19 positive unit.</p>				<p>responsible for any Accu-checks or medications the residential residents need. Residential residents have been instructed to go to Hall 4 to receive their medications.</p> <p>All nursing staff have been In-Service on Infection Control/Cross Contamination. The door that opens to Residential Hall has been locked and no longer used. All Residential Residents were immediately given a Rapid Covid-19 test and all results were negative. PCR test was completed, and results were negative.</p> <p>Facility has hired a Full Time RN to be an Infection Control Nurse. Start date will be 12/7/2020. Appointment scheduled with Infection Preventionist. 2 Full Time nurses have Infection Control Certifications. Notice placed on door in Residential hall that residents must go to Unit 4 for service.</p> <p>Audits will be completed weekly by DON or Designee for compliance of Residential Residents coming to get meds on</p>		

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					4 halls. Weekly audits x 1 month, then Bi-weekly x 2 months, and monthly x 3 months. Any Discrepancies will be brought to monthly QAPI. Date certain will be 11/19/2020		