

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/03/2021
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BRANDYWINE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaint IN00361479. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00361479 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: September 2 and 3, 2021</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Census Bed Type: SNF/NF: 89 Total: 89</p> <p>Census Payor Type: Medicare: 6 Medicaid: 62 Other: 21 Total: 89</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 9, 2021</p>	F 0000	<p>Dana Milner, BSN, HFA Golden Living Center 745 N. Swope St., Greenfield, IN 46140</p> <p>317-462-9221 dana.milner@goldenlivingcenters.com</p> <p>September 22, 2021</p> <p>Brenda Buroker Director of Care</p> <p>Indiana State Department of Health</p> <p>Dear Brenda Buroker:</p> <p>Please consider this request for paper compliance on Complaint and COVID 19 Infection Control Survey #O23611. If you need additional documentation such as audits and education, please let me know. Thank you for your consideration.</p> <p>Sincerely,</p> <p>Dana Milner, BSN, WCC, HFA</p>	
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control			

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>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. 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: (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,</p>			

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	<p>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 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 observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 and ensure infection control was maintained by failing to ensure a mechanical lift was disinfected prior to removal from a transmission-based precaution room and failing to ensure a CNA remove disposable gloves and performed hand hygiene prior to exiting a transmission based precaution room for 2 of 2 residents randomly observed for infection</p>	F 0880	<p>F880-Infection Control: The facility must 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>Date of Compliance 9/28/2021 p="" paraid="1253891988"</p>	09/28/2021

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	<p>control (Resident L and M).</p> <p>Findings include:</p> <p>1. The clinical record for Resident L was reviewed on 9/2/21 at 3:10 p.m. The Resident's diagnosis included, but were not limited to, hypothyroidism and hypertension.</p> <p>A care plan, revised of 1/12/21, indicated she required assistance with transfers using a mechanical lift.</p> <p>2. The clinical record for Resident M was reviewed on 9/2/21 at 3:15 p.m. The Resident's diagnosis included, but were not limited to, osteoporosis and gout.</p> <p>A care plan, revised on 1/12/21, indicated she required assistance with transfers using a mechanical lift.</p> <p>During a random observation on 9/2/21 at 2:20 p.m., CNA (Certified Nursing Assistant) 1 was observed exiting Resident L's room which had a sign on the door indicating she was in Droplet TBP (Transmission Based Precautions). She was pushing a mechanical lift and wearing disposable gloves. She did not remove the gloves or perform hand hygiene upon leaving the room. She continued down the hallway, through a double door and onto a different unit of the facility. She stopped outside of Resident M's room, positioning the mechanical lift in the doorway. She requested that CNA 2 assist her with helping Resident M to bed.</p> <p>During an interview on 9/2/21 at 2:25 p.m., CNA 1 indicated she was going to use the mechanical lift to assist Resident M to bed. She had not</p>		<p>paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{155}">880 p="" paraid="1581045605" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{164}">Infection Prevention and Control p="" paraid="1013940905" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{172}">Res p="" paraid="1598455278" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{179}">Resident L, M p="" paraid="1181462985" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{189}">Res Identified p="" paraid="1204172068" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{196}">Resident L resided a yellow hall due to exposure and resident M resided wing hall which was green. CNA failed to clean mechanical lift between the residents and failed to doff gloves prior to exiting resident L's room. Neither resident identified acquired an infection related to this deficient practice. p="" paraid="979935692" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{214}">Others p="" paraid="880560906" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{221}">Reusable equipment was disinfected and noncompliant</p>	

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	<p>cleaned or disinfected the lift prior to leaving Resident L's room. She normally did not disinfect or clean the mechanical lift between uses. She should have removed her gloves and performed hand hygiene prior to leaving a TBP room.</p> <p>During an interview on 9/2/21 at 2:26 p.m., CNA 2 indicated the lift should be cleaned between uses.</p> <p>On 9/2/21 at 3:28 p.m., the Executive Director provided the current Cleaning and Disinfection of Resident-Care Equipment Policy which read "...Policy: Resident-care equipment can be a source of indirect transmission of pathogens. Reusable resident-care equipment will be cleaned and disinfected in accordance with current CDC recommendations to break the chain of infection...d. Multiple-resident use equipment shall be cleaned and disinfected after each use. e. Most equipment may be cleaned/ disinfected in the areas in which the equipment is used..."</p> <p>On 9/3/21 at 2:43 p.m., the Director of Nursing provided the current Personal Protective Equipment Policy which read "...Policy: This facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to resident, visitor, and other staff...a. Gloves: i. Wear gloves when direct contact with blood, bodily fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment is anticipated. ii. Perform hand hygiene before donning gloves and after removal..."</p> <p>3.1-18-(b)(2)</p>		<p>CNA was educated promptly on proper disinfection of reusable equipment & donning and doffing PPE appropriately prior to the surveyor exiting the building. Direct care staff were educated on proper disinfection of reusable equipment & donning and doffing PPE appropriately.</p> <p>p="" paraid="1198235908" paraeid="{2808c469-59d4-4fd8-a800-3d258bd2d6e9}{253}">Education</p> <p>p="" paraid="1087349411" paraeid="{81d9965c-3c33-45f0-87fd-383fb067bbf8}{5}">The Director of Nursing / Infection Preventionist/ designee educated all staff prior to 9/28/21 regarding proper disinfection of reusable equipment & donning and doffing PPE appropriately with return demonstration.</p> <p>p="" paraid="1300430346" paraeid="{81d9965c-3c33-45f0-87fd-383fb067bbf8}{19}">Monitor</p> <p>p="" paraid="934868442" paraeid="{81d9965c-3c33-45f0-87fd-383fb067bbf8}{26}">The Director of Nursing / Infection Preventionist/ designee will audit 3 random staff members regarding how and when to don and doff PPE and disinfecting reusable equipment after each use daily for 6 weeks, then weekly for six months. Audits will occur on all shifts, all units, and include weekend audits.</p> <p>p="" paraid="2016431197"</p>	

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F 0883 SS=D Bldg. 00	483.80(d)(1)(2) Influenza and Pneumococcal Immunizations §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's		paraeid="{81d9965c-3c33-45f0-87fd-383fb067bbf8}{42}">QAPI p="" paraid="1187672812" paraeid="{81d9965c-3c33-45f0-87fd-383fb067bbf8}{51}">Audits will be submitted to QAPI monthly for 6 months. The facility through the QAPI will review, update and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months.	

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	<p>representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv)The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>Based on interview and record review, the facility failed to provide pneumococcal immunization timely for 1 of 5 residents reviewed for immunizations (Resident G).</p>	F 0883	F883-Infection Control: The facility must maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent	09/28/2021

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	<p>Findings include:</p> <p>The clinical record for Resident G was reviewed on 9/3/21 at 1:45 p.m. The Resident's diagnosis included, but were not limited to, chronic respiratory failure.</p> <p>An Admission MDS (Minimum Data Set) Assessment, completed 8/5/21, indicated he had not received a pneumococcal vaccination.</p> <p>On 9/3/21 at 2:45 p.m., the DON (Director of Nursing) provided his Immunization Consent or Declination form, signed 7/29/21, which indicated he wished to receive the pneumococcal vaccination upon admission and/ or at a later date if clinically indicated.</p> <p>The clinical record did not contain documentation that the pneumococcal vaccination had been given.</p> <p>During an interview on 9/3/21 at 3:28 p.m., the ED (Executive Director) indicated she was unsure why he had not received the vaccination and that it would be ordered from the pharmacy for administration.</p> <p>During an interview on 9/3/21 at 3:33 p.m., the DON indicated normally, when the chart check is completed after admission, the nursing department would be notified of the consent and the pneumococcal vaccine would be ordered from the pharmacy and then given to the resident.</p> <p>On 9/2/21 at 11:30 a.m., The ED provided the current Infection Prevention and Control Program Policy which read "...Policy: This facility has established and maintains an infection prevention and control program</p>		<p>the development and transmission of communicable diseases and infections. Date of Compliance 9/28/2021</p> <p>tbody > p paraid="1593215684" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{155}" >883</p> <p>p paraid="1900016055" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{164}" >Infection Prevention and Control</p> <p>p paraid="411673104" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{172}" >Res</p> <p>p paraid="510261707" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{179}" >Resident G</p> <p>p paraid="10818650" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{193}" >Res Identified</p> <p>p paraid="1780744608" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{200}" >Resident G still resides within the facility. vaccine administered and documented on 9/4/21.</p>	

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	<p>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections...7. Influenza and Pneumococcal Immunizations...b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere...c. Documentation will reflect the education provided and the details regarding whether or not the resident received the immunizations..."</p> <p>3.1-13(a)</p>		<p>p paraid="1796582750" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{226}" >Others</p> <p>p paraid="326825710" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{233}" >An audit was performed on all current residents regarding immunization consent forms and administration.</p> <p>p paraid="1730108885" paraeid="{20b3610d-170d-40a0-8a19-c769edbd4b7c}{255}" >Education</p> <p>p paraid="1008153203" paraeid="{73edd673-edac-4fdc-84a9-d22e990674cb}{7}" >The Director of Nursing/IP/designee educated licensed nurses prior to 9/28/2021 regarding immunization consents along with obtaining MD order for administration and documentation.</p> <p>p paraid="1365161479" paraeid="{73edd673-edac-4fdc-84a9-d22e990674cb}{51}" >Monitor</p>	

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			<p>p paraid="660397245" paraeid="{73edd673-edac-4fdc-84a9-d22e990674cb}{58}" >The Director of Nursing/Infection Preventionist/designee will audit all new admissions daily for six weeks, then weekly times six months for immunization consents, administration . Audits will occur on all shifts and units and will include weekend audits.</p> <p>p paraid="787613931" paraeid="{73edd673-edac-4fdc-84a9-d22e990674cb}{80}" >QAPI</p> <p>p paraid="789957383" paraeid="{73edd673-edac-4fdc-84a9-d22e990674cb}{89}" >Audits will be submitted to QAPI monthly for 6 months. 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>	