

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

PRINTED: 01/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155363		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/16/2024	
NAME OF PROVIDER OR SUPPLIER  WILLOWDALE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 404 W WILLOW RD DALE, IN 47523			
(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 Recertification and State Licensure Survey.  Survey dates: December 11, 12, 13, 16, 2024  Facility number: 000254 Provider number: 155363 AIM number: 100266270  Census Bed Type: SNF/NF: 25 Total: 25  Census Payor Type: Medicare: 3 Medicaid: 19 Other: 3 Total: 25  These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.  Quality review completed on December 17, 2024.			F 0000	/p> ="" p=""> This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 12/26/24.		
F 0727 SS=E Bldg. 00	483.35(b)(1)-(3) RN 8 Hrs/7 days/Wk, Full Time DON  Based on interview and record review, the facility failed to ensure services of a Registered Nurse (RN) were available at least 8 consecutive hours in a 24 hour period, 7 days a week for 2 of 7 days reviewed for nurse staffing. (11/29/24, 11/30/24)  Findings include:  On 12/11/24 at 9:50 A.M., the daily nursing schedules were provided for the week of 11/27/24			F 0727	It is the practice of Willowdale Village to ensure that the requirement of the minimum RN coverage of 8 consecutive hours, per 24-hour period, is in place. <b>1.What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b>		12/26/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kristy Denton

HFA

12/26/2024

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 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>through 12/3/24 and reviewed. The schedules indicated there was an RN that worked from 6:00 P.M. to midnight (6 consecutive hours) on Friday, 11/29/24 and lacked RN coverage on Saturday, 11/30/24.</p> <p>During an interview on 12/16/24 at 12:10 P.M., the Director of Nursing (DON) indicated there was not RN coverage for those dates but there should have been 8 hours of consecutive RN coverage every day.</p> <p>On 12/16/24 at 1:10 P.M., a current RN Coverage Policy was requested. The DON indicated they did not have a policy, but they would follow the regulations.</p> <p>3.1-17(b)(3)</p>				<p>No residents were affected by the alleged deficient practice. Facility is providing 8 consecutive hours of RN coverage per day.</p> <p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected. Audit tool is in place for DNS (designee) to review daily timesheets to ensure that 8 consecutive hours of RN coverage occur each day. No residents were affected.</p> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>All nurses along with the nurse management team were educated by DNS on the RN coverage requirement and to ensure that during any requested trades and/or covering of call offs, that emphasis would include the noted RN coverage.</p> <p>DNS/designee will review schedule prior to being put in place and all RN call ins or trades will be reviewed by DNS/designee to ensure proper RN coverage</p>		

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F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed for 1 of 1 residents reviewed for Transmission Based Precautions (TBP). Staff failed to don (put on) personal protective equipment (PPE) prior to entering a contact isolation room. (Resident 16)</p> <p>Findings include:</p> <p>During an observation on 12/11/24 at 8:45 A.M., the following sign was observed on Resident 16's door, "STOP CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands (hand</p>	F 0880	<p>remains in place. Non-compliance will result in 1:1 education.</p> <p><b>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</b></p> <p>QAPI tool for scheduling will be completed weekly X4 then monthly for 6 months, and then quarterly thereafter. Results of audit will be reported to QAPI committee for follow-up and will continue until QAPI committee compliance determines compliance. If 100% compliance is not achieved, an action plan will be developed.</p> <p>The facility has established and maintains 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><b>1.What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b></p>	12/26/2024	

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	<p>sanitizer or hand washing) before entering and when leaving the room. Put on gloves before room entry. Discard gloves before room exit. Put on a gown before room entry. Discard gown before room exit...Use dedicated or disposable equipment..."</p> <p>During an interview on 12/11/24 at 8:46 A.M., the Infection Preventionist (IP) indicated Resident 16 had a contact precautions sign on the door due to a diagnosis of extended-spectrum beta-lactamase (ESBL bacteria) in her urine.</p> <p>During an observation on 12/11/24 at 12:13 P.M., Housekeeper 4 entered Resident 16's room and grabbed hangers. Housekeeper 4 failed to don PPE before she entered the room.</p> <p>During an observation on 12/11/24 at 12:14 P.M., CNA (Certified Nurse Aide) 2 failed to don PPE before she brought Resident 16 a meal tray. CNA 2 then exited the room, failed to sanitize hands, grabbed packets off the top of the meal cart, and then re-entered Resident 16's room without donning PPE.</p> <p>During an observation on 12/11/24 at 12:17 P.M., CNA 2 exited Resident 16's room, failed to sanitize hands, pushed the meal cart down the hall, and delivered a meal tray to Resident 14.</p> <p>During an observation on 12/12/24 at 11:51 A.M., LPN (Licensed Practical Nurse) 6 failed to don PPE prior to entering Resident 16's room when she administered medications.</p> <p>During an interview on 12/16/24 at 9:40 A.M., the Housekeeping Supervisor indicated all housekeeping staff should don a gown and gloves before they enter a contact isolation room.</p>				<p>Resident 16 has appropriate signage and PPE in place. Staff education on proper PPE use for residents in isolation. No residents were affected by the alleged deficient practice.</p> <p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b></p> <p>All residents have the potential to be affected.</p> <p>A facility wide audit was completed to ensure that appropriate signage and PPE is available for all resident rooms with isolation precautions.</p> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>All staff were educated on Infection Control Policies and Procedures including isolation precautions and PPE usage.</p> <p>Care Companion will complete rounds daily to ensure adequate infection control practices are followed and signage and PPE is in place. Any concerns will be addressed immediately and during Department Head Daily Stand-up</p>		

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	<p>During an interview on 12/16/24 at 11:05 A.M., the IP indicated all staff should have had a gown and gloves on before they entered the contact isolation room.</p> <p>On 12/16/24 at 11:29 A.M., the IP provided a current Standard and Transmission-Based Precautions (Isolation) Policy, revised 4/24/24, that indicated, "CONTACT PRECAUTIONS:...put on gown and gloves upon entry to room..."</p> <p>3.1-18(b)(2) 3.1-18(l)</p>				<p>meeting.</p> <p>DNS/Designee will conduct rounds each shift to ensure isolation precautions are followed.</p> <p><b>4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place?</b></p> <p>DNS/designee will complete infection control QAPI form weekly x 4 weeks, monthly x 6 months and quarterly thereafter. Noted non-compliance will result in 1:1 education. Results of audit will be reported to QAPI committee for follow-up and will continue until QAPI committee compliance determines compliance. If 100% compliance is not achieved, an action plan will be developed.</p>		