

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2022
NAME OF PROVIDER OR SUPPLIER  PORTAGE MANOR HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP COD 3016 PORTAGE AVE SOUTH BEND, IN 46628		
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00371775. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Complaint IN00371775- Substantiated. State residential findings related to the allegations are cited at R0407 and R0059.</p> <p>Survey dates: January 28, 2022</p> <p>Facility number: 001143</p> <p>Residential Census: 117</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on 2/3/22.</p>	R 0000		
R 0059  Bldg. 00	<p>410 IAC 16.2-5-1.2(cc) Residents' Rights - Noncompliance (cc) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours, which should include at least twelve (12) hours a day, and the hours shall be made available to each resident. Policies shall also provide for emergency visitation at other hours. The facility shall not restrict visits from the resident's legal representative or spiritual advisor, except at the request of the resident.</p> <p>Based on interview and record review, the facility failed to allow residents to receive visitors inside the facility due to positive cases of COVID-19 in the facility. This deficient practice had the potential to affect 117 of 117 residents who resided in the facility.</p>	R 0059	COVID-19 guidelines updated on 2/8/22 were reviewed by me (DON). I will continue to review as changes are made and initiated. Staff will be educated on those changes according to the	02/25/2022

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 disclosed 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>Finding includes:</p> <p>During an interview on 1/28/22 at 10:30 A.M., the facility's Interim Administrator indicated the facility had been on lock down since before 12/25/21 due to a COVID-19 outbreak sometime just before Christmas, and residents were not allowed visitors, in an attempt to help control the spread of COVID-19.</p> <p>During an interview on 1/28/22 at 2:06 P.M., Resident G indicated residents were not able to have visitors due to COVID-19.</p> <p>On 1/28/22 at 2:10 P.M., Resident H, indicated the residents have not been allowed visitors in the building for "a couple of weeks." Resident H indicated he had the COVID vaccine and was still not allowed visitors.</p> <p>During an interview on 1/28/22 at 2:15 P.M., Resident J indicated visitors had not been allowed in the facility since Christmas and the only way they could see visitors was though the window.</p> <p>During an interview on 1/28/22 at 2:55 P.M., the Director of Nursing indicated resident's have no been allowed visitors since 12/23/21, due to a COVID-19 outbreak that began on 12/23/21. The Director of Nursing indicated the facility was on "Lock-Down," in attempt to control the spread of the virus. The Director of Nursing indicated the facility did not have a policy regarding visitation during COVID-19.</p> <p>The facility policy entitled, "Daily COVID-19 Updates for [facility]," dated 6/30/21, was provided by the Director of Nursing on 1/28/22 at 2:55 P.M. and reviewed at that time. The Director</p>		COVID-19 IP Tool Kit and the COVID-19 Infection Control Guidance. Staff was in-serviced on 2/16/22 on Resident Rights and will continue to be in-serviced annually. Residents were made aware of the 12 hour per day visitation procedure and will be offered emergency visitation at other hours. Staff will continue to educate our residents on wearing PPE properly, encourage them to maintain six feet distance and the risk for non-compliance.	

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R 0407  Bldg. 00	<p>of Nursing indicated this was the current COVID-19 information the facility was using as policy. The policy indicated, "...Limited visitation is being conducted as able with as much flexibility as possible while decreasing risk of exposure...."</p> <p>Review of the Department of Health and Human Services, Centers for Medicare and Medicaid Services, Ref: QSO-20-39-NH, dated 9/17/2020 and revised 11/12/21 indicated, "resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. We further note that residents may deny or withdraw consent for a visit at any time, per 42 CFR § 483.10(f)(4)(ii) and (iii). Therefore, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident 's room), the resident must be allowed to receive visitors as he/she chooses...Indoor Visitation. Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits..."</p> <p>This state residential finding relates to complaint IN00371775.</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</p>			

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	<p>education on infection prevention and control, including universal precautions.</p> <p>(3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.</p> <p>(4) Reporting communicable disease to public health authorities.</p> <p>Based on interview and record review, the facility failed to consistently report all new COVID-19 cases to the State Agency as directed by the State's infection control program Authority. This deficient practice had the potential to affect 117 of 117 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an interview on 1/28/22 at 10:30 A.M., the Director of Nursing (DON), indicated the facility had a COVID-19 outbreak that began on 12/23/21, and had entered the information in the State's reporting system, REDCap (Research Electronic Data Capture), under the Point of Care section of the REDCap electronic system, and had also reported all other cased in the month of December 2021. Though did not enter any COVID-19 information under Long Term Care Reporting. The Director of Nursing indicated she had been the Infection Preventionist for 4 weeks and had no knowledge of what the previous Infection Preventionist did regarding reporting. Infection Surveillance Line List was requested, but the DON indicated she did not know if one existed before 12/1/21. No Infection Surveillance Line List was provided with COVID case occurrences before 12/1/21, and no evidence of any reports made to the State Agency.</p> <p>The facility policy entitled, "Daily COVID-19 Updates for [facility]," dated 6/30/21, was provided by the Director of Nursing on 1/28/22 at</p>	R 0407	<p>Infection prevention education which included Universal precautions was provided to the staff by me (DON) on 2/22/22. Infection prevention education and in-services will continue to be offered by me (DON) or outside entity as recommended by ISDH. Infection Control Surveillance line list will be monitored and updated weekly by me (DON) or designee. Appropriate communicable diseases will be reported immediately after diagnosis to the public health authorities by me (DON) or designee. Department heads will conduct audits that will include hand hygiene and proper donning/doffing of PPE. Residents and staff will continue with the screening process for COVID-19 as recommended by the CDC. Residents will continue to be encouraged to report to staff any s/s of infection. Vitals signs for the residents will continue monthly as ordered. Immunizations and vaccines for staff and residents will continue to be offered as recommended and education will be provided if declined. Staff and residents that declined any vaccine was re-offered and</p>	02/25/2022

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	<p>2:55 P.M. and reviewed at that time. The Director of Nursing indicated this was the current COVID-19 information the facility was using as policy. The policy indicated, "...We report our numbers to the Indiana State Department of Health, Local Health Dept, and AAA Ombudsman as needed and required."</p> <p>Review of the State Rule 410 IAC 16.2-3.1-18 indicates, "The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. (b) The facility must establish an infection control program under which it...,"(3) Maintains a record of incidents and corrective actions related to infections...(7) Reports communicable disease to public health authorities. ..."</p> <p>This state residential finding relates to complaint IN00371775.</p>		<p>declination was resigned.</p> <p>="" b=""&gt;</p> <p>="" b=""&gt;</p> <p>="" b=""&gt;</p>	