STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155628	A. BUILDING 00 B. WING	09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKSIDE HEALTH AND REHABILITATION CENTER	3114 EAST 46TH STREET INDIANAPOLIS, IN 46205

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00358382 and IN00358362 and a Covid-19 Focused Infection Control Survey. Complaint IN00358382 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00358362 - Unsubstantiated due to lack of evidence. Survey dates: September 2 and 3, 2021 Facility number: 009569 Provider number: 155628 AIM number: 200139920 Census bed type: SNF/NF: 100 Total: 100 Census payor type: Medicare: 13 Medicaid: 83 Other: 4 Total: 100 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 9, 2021	F 0000	**The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.**	
F 0880 SS=E Bldg. 00	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			

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §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: §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; §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, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be			

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	the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.			
	Based on observation, interview, and record review, the facility to properly prevent and/or contain COVID-19 by not ensuring infection control was maintained during medication administration; not utilizing hand hygiene before and after glove use; not ensuring staff were screened for Covid-19 symptoms upon arrival to work; and not wearing the appropriate PPE (personal protective equipment) in the facility for 2 of 3 residents observed during medication administration, 2 of 2 staff members randomly observed, and 2 of 5 Covid-19 positive staff members reviewed for infection control. (CNA-Certfied Nursing Assistant 2, CNA 3,	F 0880	The facility will ensure this requirement is met through the following corrective measures: 1. No residents were harmed. 2. All residents have the potential to be affected. CNA 2, 3, 4, 5, 6 and LPN 7,8, and 5 were immediately educated on transmission-based precautions, medication administration, hand hygiene, and screening for COVID-19 prior to working. See	09/21/2021

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	CNA 4, CNA 6, Resident C, and Resident G) Findings include: 1. An interview was conducted with the NC (Nurse Consultant) on 9/2/21 at 12:15 p.m. She indicated CNA 2 tested positive for Covid-19 on 8/27/21 and CNA 3 tested positive for Covid-19 on 8/25/21. On 9/3/21 at 9:50 a.m., the Administrator provided the August, 2021 time sheets and daily Covid-19 screenings for 5 staff members, including CNA 2 and CNA 3. The time sheets indicated CNA 2 worked 13 days in August, 2021, and CNA 3 worked 13 days in August, 2021. There were no daily Covid-19 screenings for CNA 2 or CNA 3. An interview was conducted with the Administrator on 9/3/21 at 9:50 a.m. He indicated there were no screenings for CNA 2 and CNA 3 in August, 2021. He spoke with both CNA 2 and CNA 3 who informed him they did not screen for Covid-19 upon arrival to work in August, 2021. He was unsure as to why not. No one in the facility was auditing the daily staff screenings to the degree of comparing the screenings with actual time sheets to ensure screenings were completed. The Pandemic/Epidemic Plan policy was provided by the Administrator on 9/2/21 at 1:51 p.m. It read, "Screen all employees for influenza-like illness before coming on duty and send any symptomatic employees home." 2. An observation was made on 9/2/21 at 2:55 p.m. CNA 4 was walking down the hallway towards the 100 hall nurses station. She was not		below for systemic changes 3. The transmission-based precautions, COVID policy, and infection control practices with medication administration were reviewed and no changes are indicated at this time. The DON/IP or designee will re in-service staff on the on the above listed policies. 4. A Performance improvement tool has been initiated. The DON/IP or designee will monitor to ensure staff entering isolation rooms Don and doff PPE appropriately daily, proper hand hygiene, COVID 19 policy, and random medication administration observations for a period of 6 weeks and until 100% compliance is achieved and will continue twice weekly for a period of at least six months. The findings of these observations will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly. Compliance date: September 21, 2021 *See scanned Directed Plan of Correction for more detailed plan and root cause analysis.	

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	wearing a mask. As she neared the nurses station, she pulled her shirt up over her nose, and continued to enter the nurses station. She retrieved what looked like compact discs from the top of the shred box. An interview was conducted with CNA 4 on 9/2/21 at 2:55 p.m. She stated, "I was just outside and forgot my mask. I just came back in to grab something. My mask is outside." There was a sign on the door upon entrance to the facility. It read, "ANYONE ENTERING THIS FACILITY MUST WEAR A FACE MASK AND MAINTAIN 6FT OF SEPARATION." The Long-term Care Facilities Guidelines in Response to COVID-19 Vaccination procedures, last updated 8/18/21, was provided by the Nurse Consultant on 9/3/21 at 9:00 a.m. It read, "All persons in LTC [long term care] facilities must wear well fitting facemask at all times." 3. The clinical record for Resident Q was reviewed on 9/2/21 at 3:50 p.m. The diagnoses included, but were not limited to: congestive heart failure, hypertension, and type 2 diabetes mellitus. The NC (Nurse Consultant) provided a list of the Covid-19 vaccination status of all residents in the facility on 9/2/21 at 11:05 a.m. It indicated Resident Q was not vaccinated. The physician's orders indicated "Contact Isolation X [times] 14 Days every shift," starting 8/27/21. Resident Q's door had a sign on it that read, "Yellow Zone...Transmission Based			

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precautions...Contact Droplet...PPE Required: N95 Mask - Approved KN95...Universal Eyewear: Faceshield or Goggles...Single gown - with each encounter Gowns Must Be Single Use Per Resident...IF CRISIS CAPACITY - FOLLOW THIS RULE ONE GOWN PER EACH STAFF MEMBER, PER EACH RESIDENT, PER SHIFT...GLOVES (hand hygiene donning/doffing)"

An observation was made on 9/2/21 at 3:24 p.m. There was a bin of PPE just outside of Resident Q's door. LPN (Licensed Practical Nurse) 5 retrieved an N95 mask and gown from the bin and opened the door to Resident Q's room. CNA 6 was standing inside of the room wearing a surgical mask and face shield, but not an N95 or gown. LPN 5 then handed the N95 and gown to CNA 6, who was already inside of Resident Q's room.

An interview was conducted with LPN 5 on 9/2/21 at 3:27 a.m. She indicated CNA 6 stopped by Resident Q's door to see what Resident Q wanted. Resident Q wanted CNA 6 to come inside, so she (LPN 5) just handed CNA 6 PPE from outside the door. Resident Q just returned from the hospital as a readmission, so was placed in transmission based precautions upon return, and was unvaccinated against Covid-19.

An interview was conducted with CNA 6 on 9/2/21 at 3:58 p.m. She indicated she went into Resident Q's room to see what she wanted for dinner. She only worked at the facility as needed, and was unaware Resident Q was in transmission based precautions, when she entered the room.

The Personal Protective Equipment (PPE) policy

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	was provided by the NC on 9/3/21 at 9:03 a.m. It read, "...8. When a resident requires isolation precautions, the required PPE will be located on the residents isolation sign. 9. Staff will follow the policy for isolation precautions and the use of PPE."4. The clinical record for Resident C was reviewed on 9/1/21 at 1:00 p.m. The diagnosis included, but was not limited to: gastrostomy. 5. The clinical record for Resident G was reviewed on 9/1/21 at 1:10 p.m. The diagnosis included, but was not limited to: cerebral palsy. An observation was made of a medication administration with License Practical Nurse (LPN) 7 on 9/1/21 at 11:23 a.m. LPN 7 was observed at the medication cart preparing a medication administration for Resident C. During that time, LPN 7 had dropped a white pill on the medication cart. LPN 7 then grabbed a tissue and picked up the dropped pill and placed it in a medication cup with another white pill. After, she crushed the pills that she had placed in 5 individual medication cups that was sitting on the cart. She then was observed stacking the individual cups inside one another. The crushed pill medication was observed touching the bottoms of the medication cups that had been sitting on the cart. There was no observation of LPN 7 disinfecting the top of the medication cart prior to preparing the medications. LPN 7 then entered Resident C's room to administer the medications. At that time, she had asked for assistance from Certified Nursing Assistant (CNA) 9 whom was pushing a linen cart down the hallway. CNA 9 was observed entering the resident's room and donning gloves inside the room. She had not used hand hygiene prior to			

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	donning on gloves. CNA 9 went to the resident's bedside and turned the resident. She then was observed holding the resident's hand. During that time, LPN 7 had asked CNA 9 to leave the room to retrieve some supplies. CNA 9 was observed doffing her gloves and then left the room. There was no hand hygiene observed at that time. CNA 9 then reentered the resident's room with the supplies in one hand and with her free hand grabbed a pair of gloves from the wall. She went to Resident C's bedside placed the supplies on the bed and donned the gloves. There was no hand hygiene observed before she donned the gloves. An observation was made of a medication administration with LPN 8 on 9/1/21 at 12:19 p.m. LPN 8 was observed preparing medications for Resident G. After, she entered Resident G's room, utilized hand hygiene, and then donned a pair of gloves. She then went to the bedside and administer the resident's medication. During that time, the tubing for the bottle of feeding had dropped onto the floor. LPN 8 was observed picking up the tubing and discarding it in the trash. She then removed her gloves and left the room. LPN 8 was observed returning to the medication cart and pulling a new tube feeding tube from the drawer. She then returned to the resident's room. LPN 8 at that time, donned a pair of gloves and replaced the tubing. There was no observation of LPN 8 utilizing hand hygiene after removal of her gloves or donning a new set of gloves. An interview was conducted with LPN 7 on 9/1/21 at 12:19 p.m. She indicated she was aware the dropped pill medication on the cart was contaminated, but the resident's medications came prepackaged from the pharmacy. If she had discarded the pill she was not sure if another one			

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	was available, so she continued with the administration. LPN 7 indicated staff should used hand hygiene before donning gloves and after doffing gloves. A "Hand Washing" policy was provided by the Nurse Consultant on 9/3/21 at 9:03 a.m. It indicated " Policy: to Ensure proper hand washing before and after procedures and/or resident care to prevent the spread of infection...When you may use Alcohol Based Hand Rub:...Before direct patient contact...After direct patient contact. After removing gloves..." 3.1-18(b)			