

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155654	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/14/2021
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NAME OF PROVIDER OR SUPPLIER  ENGLEWOOD HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 2237 ENGLE RD FORT WAYNE, IN 46809
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F 0000  Bldg. 00	<p>This visit was for Investigation of Complaint N00361196, and IN00362571. This visit included a COVID-19 Focused Infection Control Survey. This visit was in conjunction with the PSR to the Investigation of Complaint IN00358555 completed on August 3, 2021.</p> <p>Complaint IN00361196 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00362571 - Substantiated. Deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: September 14, 2021</p> <p>Facility number: 000498 Provider number: 155654 AIM number: 10026610</p> <p>Census Bed Type: SNF/NF: 53 Total: 53</p> <p>Census Payor Type: Medicare: 3 Medicaid: 36 Other: 14 Total: 53</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 15, 2021</p>	F 0000	<p><b>F880 Infection Prevention and Control</b> <b><u>Plan of Correction</u></b></p> <p><b>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b> Employees 1, 2, and 3 were educated on guidance that masks are to worn properly and at all times, unless actively eating or drinking, in order to prevent outbreak and/or spread of COVID 19. Masks were properly placed on Employees 1, 2 and 3.</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(s) will be taken?</b>  All residents in the facility at the time of incident had the potential to be affected.</p> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not recur?</b> Staff involved in incident were educated on when and how to don</p>	
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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>and doff and what proper PPE is to be included: mask, respirator devices, gloves, gown and eye protection. Donning and doffing sequence was completed with return demonstration for Employees 1, 2 and 3. Isolation precautions and zone signage continue to be posted within the facility according to what precautions are in place at that time and in that area. PPE donning and doffing and mask usage education was provided to staff during a facility staff meeting on 9/30/2021. DON, IP Nurse and TLC nurse consultant conducted a Root Cause Analysis with assistance from our facility Medical Director. Employee #1 Root Cause Analysis: Employee had taken a drink and was waiting to be tested for COVID; and forgot to pull mask back up over nose when finished.</p> <p>Employee #2 Root Cause Analysis: Employee's glasses were fogged up from mask due to a "hot flash". Mask was briefly removed at time of observation.</p> <p>Employee #3 Root Cause Analysis: Employee pulled down mask to wipe nose, she was observed with mask under nose at this time. Rose Smalley IP, corporate nurse consultant completed the LTC infection control self-assessment on 3/29/2021. This was reviewed</p>	

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			<p>and updated on 9/29/2021. IP Nurse/DON/Designee will monitor to ensure signage is current on all TBP rooms that include but are not limited to: mask, respirator devices, gloves, gown and eye protection. Signage is current according to facility or county outbreak mode, COVID testing is completed as indicated and staff are aware of any changes.</p> <p>These solutions and systemic changes were identified in RCA and will be monitored daily or more often and as necessary for 6 weeks and until compliance is maintained.</p> <p>IP Nurse/DON/Designee will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate infection control practices and compliance with facility policies and state regulations. This will occur for 6 weeks and until compliance is maintained.</p> <p><b>4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur? ie: what QA program will be put into place and by what date will they be completed.</b></p> <p>Audits/findings will be forwarded to</p>	

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F 0880 SS=D Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; 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 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,</p>		<p>QA monthly for review. The facility through the QAPI program, will review, update, and make changes to the POC as needed for sustaining compliance for no less than 6 months. Frequency and duration of the reviews will be adjusted as needed. After consecutive compliance is achieved, the DON and/or designee will randomly complete an audit to ascertain continued compliance annually.</p> <p><b>5. By what date will the systematic changes be completed?</b> October 5, 2021</p>	

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	<p>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 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>			

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	<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. Based on observations, interviews and record reviews, the facility failed to utilize PPE to prevent COVID-19 during 3 of 3 observations for infection prevention.</p> <p>Findings include:</p> <p>During an observation on 9/14/21 at 10:45 A.M., Employee 3 was observed sitting at the activity table in the memory care unit with 8 unmasked residents Employee 3 was wearing her N95 mask under her nose.</p> <p>During an observation on 9/14/21 at 10:0 A.M., Employee 1 was standing beside the screening table in the lobby. Her white surgical mask was under her nose. During an interview at the same time, Employee 1 indicated she forgot to put on the N95.</p> <p>During an observation on 9/14/21 at 12:18 P.M., Employee 2 was sitting at the nurses' desk with her N95 mask down below her nose. During an interview at the same time, Employee 2 indicated she needed to breathe for a minute.</p>	F 0880	<p><b><u>INSERVICE TRAINING REPORT</u></b></p> <p>- <b>DEPARTMENT:</b> <u>All</u> <b>Staff</b> <b>DATE:</b> <u>9/30/21</u></p> <p><b>INSTRUCTOR:</b> <u>N. Bates, RN,</u> <b>IP</b> _____ <b>TIME</b> <b>IN:</b> <u>1:30pm</u></p> <p><b>SUBJECT:</b> <u>Proper Mask Use</u> _____ <b>TIME</b> <b>OUT:</b> <u>2:00pm</u></p> <p><b>LOCATION:</b> <u>Englewood Health &amp; Rehab</u> _____</p> <p><b>Masks</b> – <u>MUST cover mouth and nose and be well fitting.</u></p> <p><b>HCP</b> –</p>	10/05/2021

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	<p>During interview on 9/14/21 at 3:10 P.M., the Infection Preventionist indicated masks are to be worn covering the nose.</p> <p>The facility policy titled "Covid-19 Infection Control Guidance in Long-term Care Facilities," updated 9/7/21, indicated "Masks (covering mouth and nose) ...."</p> <p>This Federal citation is related to Complaint IN00362571</p> <p>3.1-18(a)</p>		<ul style="list-style-type: none"> <li>o A surgical mask, or KN95, must be worn for the duration of your scheduled shift in a green zone.</li> <li>o A new surgical mask must be gotten for each new scheduled shift or when the mask is visibly soiled or wet.</li> <li>o An N95 mask must be worn for the duration of your scheduled shift in a red or yellow zone, or when the facility is in outbreak mode. An N95 mask must be worn when entering a yellow zone room and may be removed and changed to a surgical mask, or KN95, when exiting a yellow zone room.</li> <li>o A new N95 mask must be gotten for each new scheduled shift or when the mask has been removed 5 times, or when the mask is visibly soiled or wet.</li> <li>o A mask MUST be worn at all times while indoors unless you are eating or drinking, and then you must continue to social distance. No eating or drinking is allowed in any resident care area.</li> <li>o If you are fully vaccinated, at least 2 weeks have past since the 2nd dose, you may choose to not wear a mask while outdoors in a small group activity, but you must then maintain social distancing.</li> </ul> <p><b>Residents –</b></p> <ul style="list-style-type: none"> <li>o Medical procedure mask, or cloth mask, should be worn whenever they leave their room and whenever HCP are within 6</li> </ul>	

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

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			<p>feet.</p> <ul style="list-style-type: none"> <li>o If in a yellow zone room, the resident may only come out of the room for essential needs (therapy, shower) and they must wear a mask, perform hand hygiene before and after leaving and entering room, and they must maintain social distancing.</li> <li>o During facility outbreak status, unvaccinated residents may only come out of their rooms for essential needs (as listed above) but vaccinated residents may come out of their rooms as long as they wear a mask and maintain social distancing.</li> <li>o Fully vaccinated may choose to not wear a mask while outdoors in a small group activity but must maintain social distancing.</li> </ul>	