STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155630	A. BUILDING 00 B. WING	08/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
FLATROCK RIVER LODGE	904 E 11TH ST RUSHVILLE, IN 46173

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00382936. Complaint IN00382936 - Substantiated. Federal/state deficiency related to the allegations is cited at F880. Survey dates: August 3 and 4, 2022 Facility number: 001126 Provider number: 155630 AIM number: 200011300 Census Bed Type: SNF/NF: 40 Residential: 1 Total: 41 Census Payor Type: Medicare: 8 Medicaid: 25 Other: 7 Total: 40 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on August 5, 2022	F 0000		
F 0880 SS=F 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 comfortable environment and to help prevent the development and transmission of			

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 determin other safegaurds 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 disclo 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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	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 the least restrictive possible for the resident under the circumstances.			

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	(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 failed to ensure staff wear the appropriate personal protective equipment (PPE) while conducting Covid-19 testing for residents and staff ensure face masks are worn to cover the nose and mouth when in resident-care areas. (LPN 3 and CNA 4) Findings include: 1. During a tour of the facility on 8-3-22 at 11:12 a.m., an observation was conducted of LPN 3 preparing to conduct Covid-19 testing with Resident G. Resident G was located in the 200 hallway when LPN 3 was observed explaining to her she needed to see her for testing. LPN 3 was	F 0880	Preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit	08/15/2022

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	observed assisting Resident G by wheeling her to the Covid-19 testing supply cart, located in the hallway, outside of Room 208. LPN 3 was observed preparing Covid-19 testing materials to conduct testing of Resident G in the hallway, outside of Room 208, within 10 feet of one visitor and 2 staff members. LPN 3 was wearing a surgical mask, goggles and gloves. LPN 3 was not wearing any type of protective gown or an N-95 mask. LPN 3 was halted from conducting the Covid-19 testing in the hallway, immediately prior to inserting the nasal swab into the nares of Resident G. LPN 3 was then observed to assist Resident G to her room to conduct Covid-19 testing. Upon completion of Resident G's Covid-19 testing, LPN 3 was queried as to any education she has received regarding the type of PPE to wear when testing residents for Covid-19. She indicated she is aware she needs to wear a mask, gloves and goggles or facemask when conducting Covid testing. LPN 3 indicated she has already tested 20 to 25 residents this morning with all results thus far being negative. She indicated she has not been wearing any type of gown or wearing an N-95 mask as part of her PPE while conducting the Covid-19 testing this morning. On 8-4-22 at 11:44 a.m., Corporate Staff 5, provided copies of educational materials that had been identified as provided to LPN 3 in the recent past, specific to Covid-19 and PPE. Corporate Staff 5 indicated the information provided in this particular training can also be utilized not only for provision of care with a breathing treatment, but also for any type of potential AGP (aerosol generating procedure), such as conducting Covid-19 testing. A "Continuing Education Record - Group" attendance sheet was signed by LPN 3 on 4-28-22, for the topic of "Respiratory		the facility's capacity or render adequate care. Compliance date 8/15/22 F 880 Infection Prevention and Control The Facility does have Infection Prevention and Control Program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections No resident was affected by identified actions of staff in the SOD. Immediate counseling -retraining occurred for the identified staff prior to exit 8-4-22. As potential to affect all residents immediate increased rounding with education and discipline as applicable through exit 8-4-22 and continues. Retraining of Staff as indicated in DPOC below. All new hires will receive training during orientation/onboarding orientation. Monitoring as directed by DPOC with daily observation by IP/DON or designee during daily rounds and reporting to facility QAPI committee findings to sustain compliance DPOC A. Systemic 1. RCA conducted with facility QAA committee including the	

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	Assessment & Protocol," which included the sub-topic of "Proper PPE while administering Tx [treatment]" This packet of information included, but was not limited to, a one-page flyer from the Indiana Department of Health which can be posted on the doorway of any resident who receives any type of nebulizing respiratory treatment. This poster indicates, "Aerosol-Generating Procedure in Progress," with a stop sign present. It further indicates, "PPE Required to Enter! Hand Hygiene, N-95 [Mask], Eyewear, Gown, Gloves. Keep Door Closed During Use and 1 Hour Post Treatment." Corporate Staff 5 provided an attendance document signed by LPN 3 on 4-26-22, regarding an educational offering on the topic of correct donning and doffing of PPE. Corporate Staff 5 provided a copy of a document entitled, "Employee Warning," dated 8-3-22. The reason cited for the warning was indicated as "Not wearing proper PPE while Covid testing residents," with the recommendation for the employee to "abide by Infection Control Policy." 2. In an observation on 8-3-22 at 1:52 p.m., of CNA 4, she was observed to be documenting in the 200 hall computer, located near Room 213. CNA 4 was observed with her N-95 mask pulled to below her nose. In an interview with CNA 4 at this time, she indicated she was hot and had lowered her mask. The Covid-19 vaccine status of CNA 4 was documented as unvaccinated with a religious exemption in place. A notice on the entry door of the facility on 8-3-22 and 8-4-22 indicated the facility was currently "in outbreak status." Corporate Staff 5 indicated the county positivity rate was "red" or high.		IP/DON and RDO (Regional Director Operations) with input from the medical director, corporate consultant and VP operations in addition to the staff identified in SOD (LPN and C.N.A.). 2. LTC infection control self-assessment updated with identified areas and is accurate reflecting facility. B. Training a. Training documents for areas identified in the RCA are attached C. Monitoring 1. IP /DON or designee will monitor systemic changes daily or more often as necessary for 6 weeks and until compliance maintained. 2. IP/DON or designee complete visual rounds throughout facility to ensure staff are practicing appropriate infection control practices daily for 6 weeks until compliance is maintained. D. QAPI 1. IP/DON will report findings to facility QAPI and review updates and changes if indicated will be made to DPOC as needed for sustaining substantial compliance for no less than 6 months.	

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	On 8-4-22 at 11:50 a.m., Corporate Staff 5 provided a copy of a policy entitled, "Coronavirus (Covid-19) - Personal Protective Equipment Guidelines." This policy was indicated to be the current policy in use by the facility and had a revision date of 3-15-22. This policy indicated its purpose is to provide guidance for PPE usage for residents, employees and visitors. This policy indicated for staff who are not up-to-date with all recommended Covid-19 vaccine doses, the employee should wear an N-95 mask in all areas of resident-care areas of the facility and must wear eye protection, unless the county positivity rate is low. On 8-4-22, an informational poster was obtained from the Centers for Disease Control (CDC) website at cdc.gov/coronavirus. The poster, entitled, "Facemask Do's and Don't's," (6-2-2020) indicated, a facial mask should "fully covers [sic] your mouth and nose..." This Federal tag relates to Complaint IN00382936. 3.1-18(a)			