STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155831	A. BUILDING 00 B. WING	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BRIARCLIFF HEALTH & REHABILITATION CENTER	5024 WESTERN AVENUE SOUTH BEND, IN 46619

(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 Investigation of Complaints IN00391843, IN00391222 and IN00388905. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00391843 with a Covid-19 Focused Survey - Substantiated. Federal/State deficiencies related to the allegations are cited at F880. Complaint IN00391222 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00388905 - Substantiated. Federal/State deficiencies related to the allegations are cited at F812. Survey dates: October 16, 17, 18, 19 & 20, 2022 Facility number: 013420 Provider number: 155831 AIM number: 201293620 Census Bed Type: SNF/NF: 78 Total: 78 Census Payor Type: Medicare: 0 Medicaid: 65 Other: 13 Total: 78 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 11/1/22.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Elizabeth Kegg	VP of Clinical	11/21/2022

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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F 0812 SS=F Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview and record review, the facility failed to ensure hot food items and cold liquids were maintained out of the potentially hazardous temperatures, this had the potential to effect all 78 of the 78 residents, who resided at the facility and received their meals from the main kitchen area. Finding includes: On 10/16/22 at 3:33 P.M., the main dining room was observed. There were 4-5 residents sitting in the room and some of the residents had drinks in front of them. There were drinks observed, at empty tables, in glasses, coffee mugs and milk	F 0812	F812 Based on observation, interview and record review, the facility failed to ensure hot food items and cold liquids were maintained out of the potentially hazardous temperatures, this had the potential to effect all 78 of the 78 residents, who resided at the facility and received their meals from the main kitchen area **1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient**	12/02/2022

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	cartons. The manager of the kitchen, that weekend evening, was Cook 2 and he indicated he had worked at the facility for only a few weeks. He was observed talking to a dietary aide asking him to remove the drinks, from the tables, that had no one sitting at them. He instructed the gentleman to place the drinks on a tray and place in the refrigerator until closer to meal start time. The steam table in the main dining room was observed to have had all 5 bins filled. Cook 2 indicated the entrees for the evening meal had just been placed into the steam table bins. The bins were covered with aluminum foil. The Dietary Cook indicated the evening meal start time would be at 4:30 P.M. On 10/16/22 a 4:28 P.M., Cook 2 indicated the food had been placed on the steam table for distribution, to serve all the residents in the facility. The residents who, ate in their room, would have their meals placed in Styrofoam containers from the steam table. The food temperatures were taken by Cook 2 and observed. The main course was ham and cheese sandwiches with cooked tomatoes and fruit cocktail. The alternative menu consisted of a hamburger, peanut butter/jelly sandwich or grilled cheese. The grilled ham & cheese sandwich internal temperature was 44 degrees. The mechanical soft ham and cheese sandwich was 124 degrees, the hamburger temperature was 114 degrees. Cook 2 indicated the middle steam bin was not working properly and took the pried tomatoes and gravy away without taking their temperature and placed them in the oven. When he removed the tray from the second and third steam bin, the water, had food debris in it. The dietary manager indicated the person who worked the shift before him should of cleaned those out. The pureed ham & cheese was 160 degrees and had been in the oven just prior to taking its temperature. The dietary		**practice?** Food Service Director educated dining staff on 10/18/22 and on 10/24/22. Education covered proper use of icing/refrigerating drinks, checking for proper temperature of food on the steam table, Prevention of cross contamination, setting up meal service too early and the proper time. The following resources were used Company Policy – Safe Food Handling Company Policy – Internal Cooking Temperatures Company – Service Line Checklist **2.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All residents have the potential to be affected. Food Service Director educated dining staff on 10/18/22 and on 10/24/22. Education covered proper use of icing/refrigerating drinks, checking for proper temperature of food on the steam table, Prevention of cross contamination, setting up meal service too early and the proper time. The following resources were used Company Policy – Safe Food Handling Company	

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	manager indicated his superior knew about the 3rd steam bin not working. The water in the 3rd steam bin was barely warm to the touch, when the other bins had steam coming from them. The dietary Cook indicated he kept all food in the oven until their temperatures reached above 140 degrees before he placed them on the steam table to serve. On 10/16/22 at 4:51 P.M., an interview was conducted with Residents R and S, who were currently eating in the main dining room. Resident R indicated the food was sometimes served to him not warm enough and drinks were at times not cold enough. Resident S indicated the food temperatures were "just ok". Both indicated they would prefer their food to be served warmer. On 10/17/22 at 8:40 A.M., an observation was made of the main dining room. There were 3 tables that had coffee, juice, and milk (in a carton) placed at tables where there were no residents. The steam table was observed to have foil pealed back, on all entrees and no staff overseeing the steam table. Cook 3 indicate the drinks had been set up approximately 15 minutes ago. Temperatures of one table of drinks were completed with the following results: hot coffee 115 degrees, milk (in a carton) 52 degrees and orange juice 50 degrees. During an interview, on 10/17/22 at 8:52 A.M., the Dietary Manager indicated Cook 2, last night, should not of placed the food on the steam table an hour before the time of service. She then took the temperature of the scrambled eggs on the steam table. The eggs temperature was 120 degrees and the puree pancakes and sausage were 135 degrees. Those scrambled eggs were observed to be served to a resident in the dining room, just prior to taking the temperature.		Policy – Internal Cooking Temperatures Company – Service Line Checklist **3.What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** Food Service Director / Designee will monitor daily use of "Service Line Checklist" to ensure staff follow procedures Food Service Director / Designee will monitor daily use of "Production Log" to ensure cooks are checking temperature of food before and during meal service. Food Service Director / Designee will enforce corrective measures and education if deficiencies are observed. Company Policy – Safe Food Handling Company Policy – Internal Cooking Temperatures Company – Service Line Checklist **4.How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** Food Service Director / Designee will conduct audits and observation of meal service weekly x 4 weeks, bi-monthly for 2 months, monthly for 6 and then	

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	Forms titled, "Temp Sheet", dated 10/2/22 through 10/16/22, were received from the Dietary Manager. She indicated the temperatures were taken when items were coming out of the ovens. There were no forms/documentation indicating food items had their temperatures taken prior to serving the residents. The forms indicated " ...Cold items must temp below 41* [degrees] F [Fahrenheit] ...Hot foods held for later service must maintain internal temp 135* [degrees] F [Fahrenheit] ...." During an interview, on 10/18/22 at 11:31 A.M., Resident E indicated his milk was always warm, served in small milk carton. At times he would ask for ice to make it cooler, but staff don't like to be asked to do anything extra-like going back to the main kitchen for anything. He indicated he had told the DON (Director of Nursing) he wasn't going to drink the milk, as he had sore milk a couple times. He indicated the meals were served cold. He indicated the staff bring the food on a cart and it sits in the hallway till someone serves the 600 hallway room tray, then it is brought to the dining area for 500-600 units. He indicated the meals were served in Styrofoam containers, so they cannot be kept warm. On 10/19/22 at 10:26 A.M., the Dietary Manager indicated 78 of 78 residents were served from the main dining room this includes locked down unit, main dining area and hall trays. On 10/17/22 at 9:22 A.M., the Dietary Manager provided a policy titled, "Quick Resource Tool: Safe Food Handling", dated 9/1/21 and indicated the policy was the one currently used by the facility. The policy indicated "...STANDARD: All foods are prepared in accordance with the FDA food code. GUIDELINES: 1. Dining Services staff		quarterly until continued compliance is maintained for 2 consecutive quarters. ·The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance	

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	will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination. 2. All utensils, food contact equipment, and food contact surfaces will be cleaned and sanitized after every use. 3. The Dining Services Director/Cook(s) will be responsible for food preparation techniques which minimize the amount of time that food items are exposed to temperatures greater than 41* F [Fahrenheit] and/or less than 135* F [Fahrenheit], or state regulation...10. When hot pureed, ground, or diced food drop into the danger zone (below 135 *F [Fahrenheit]), the mechanically altered food must be reheated to 165 * F [Fahrenheit] for 15 seconds if holding for hot service...." This Federal tag relates to complaint IN00388905. 3.1-21(a)(2)			
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 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			

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	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. (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			

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	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 observations, interviews and record reviews, the facility failed to properly prevent and/or contain COVID-19 for 36 residents located on 5 of 6 hallways in the facility by failing to follow policy guidelines regarding Personal Protective Equipment (PPE). Findings include: On 10/16/22 at 5:38 P.M. LPN 4 was observed with her mask down below her nose. She was working the 500-600 hallways. The following resident rooms had signage, on the front of their doors, indicating Red Zone-contact isolation: room 500, room 503, room 601, room 605, room 510 and room 511. On 10/17/22 the Infection Control Preventionist (ICP) provided forms titled, "LTC Respiratory Surveillance Line List". The ICP indicated the Covid-19 outbreak started on 9/24/22 when CNA 5 became ill feeling while working, the locked down dementia unit, containing the 700-800 hallways. All residents on the contained hallways were tested. On 10/18/22 the following observations were	F 0880	The Remedy of a Directed Plan of Correction (DPOC) is imposed in accordance with 42 CFR § 488.424 effective November 24, 2022. ="" span="">Briarcliff Health & Rehabilitation Center must include the following as part of the submitted POC for the deficient practice cited at F880: **A. Specific/Immediate: Immediately implement specific plan for resident/residents/area/others identified in the deficiency to correct.** 1). The Director of Nursing (DON), Infection Preventionist (IP) or Designee will ensure that all staff involved are educated on infection control practices regarding how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Following CDC and facility policy. For this education and return	12/02/2022

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	made: At 10:05 A.M., Receptionist at main entrance had a surgical mask on and it was observed not covering her nose. At 10:43 A.M., the Human Resource Director was observed at the nurses station, sitting next to a nurse, with her surgical mask down below her nose. She was observed laughing and talking with staff at the desk with residents sitting across from the nurses station on the 300-400 hallways. At 11:06 A.M., the door to room, where Resident NN resided (with red zone information on door-regarding what PPE was required) was opened by CNA 7 to provide supplies to CNA 8. CNA 8 was observed to have her N95 mask down, exposing her nose and no face shield on. Gloves and gown were observed on CNA 8. After this observation the DON indicated CNA 8 was asked to go home and this wasn't the first time she had not been compliant with PPE. At 11:13 A.M., CNA 9 was observed wearing a surgical mask. She was observed touching the outside of the mask multiple times to re-adjust her mask. At 11:19 A.M., LPN 10 was observed sitting, at the 700-800 nurse's station, with her mask under her chin. Approximately 5-7 residents were in the area, sitting across from the LPN. At 11:23 A.M., CNA 11 was observed in the activity area, on the 700-800 unit, with her mask, a N95 on, but no bottom strap was visible, therefore the mask was loose around the chin/jaw line. A Center for Disease Control and Prevention sign was posted outside the door of Resident NN and on every door in a Red zone-with contract precautions. The sign indicated "...Make sure their eyes, nose and mouth are fully covered before room entry...." Another sign, titled, "Use Personal Protective Equipment (PPE) When		demonstration, the following resources will be used:· Facility Policy - Handwashing· Facility Policy- PPE per Zone· Facility Pre/Post Test related to Handwashing / Sanitizer· CDC Education- How to use Hand Sanitizer the Right Way· CDC Education – Facemask Do's and Don'ts· CDC Education – Respirator On / Respirator Off · CDC Education – Donning and Doffing**B. Systemic** 1). A root cause analysis (RCA) was conducted by the Infection Preventionist (IP), with input and review from the Medical Director, Executive Director, Director of Nursing, Unit Manager and Regional Director of Clinical Operations to determine the root cause resulting in the facilities Infection Control citation. · Through staff interviews, it was determined that staff was nervous about being observed by state surveyor. Staff could use additional training related to infection control practices related to how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection.· Lack of staff understanding of policy regarding how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye	

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	Caring for Patients with Confirmed or Suspected Covid-19". The sign indicated "...Remember: PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care...." On 10/19/22 at 9:52 A.M., the Receptionist, at main entrance had a surgical mask on and it was observed not covering her nose. On 10/20/22 at 9:17 A.M., the Receptionist, at the main entrance, had a surgical mask on which was observed below her nose. The ICP wasstanding next to her having a discussion. Two visitors and 1 resident were in the area. ICP nurse did not instruct the receptionist to lift her mask to properly cover her mouth and nose, however while waiting in the area, the receptionist was observed to lift mask by touching the outside of the mask several times, without sanitizing her hands after touching the outside of her mask. On 10/17/22 at 12:48 P.M., the Regional Nurse provided a policy titled, "PPE By Zone", dated 2/15/21 and revised on 10/3/22, and indicated the policy was the one currently used by the facility. The policy indicated "...ii Red Zone PPE use: a. If facility is implementing Red zone throughout the facility, HCP (Health Care Provider) will wear single gown with each resident, glove, N95 respirator mask and eye protection (face shield/or goggles that covers top bottom, sides of the eye, with no gaps). Another policy was received from the Regional Nurse at the same time as the one above. The policy provided was titled, "Coronavirus Disease (Covid-19) Visitors and Communal Activities",		protection · The facility leadership team failed to ensure that staff were educated regarding how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection · The facility leadership team failed to complete facility rounds to ensure Infection Controls practices were being followed during donning and doffing of PPE, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Following CDC and facility policy. **C. The solutions and systemic changes developed by the Division IP, DON, UM and the facility IP**1). The Director of Nursing (DON), Infection Preventionist (IP) or Designee will ensure that all staff involved are educated on infection control practices regarding how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Following CDC and facility policy. For this education and return demonstration, the following resources will be used:· Facility Policy - Handwashing· Facility Policy- PPE per Zone· Facility Pre/Post Test related to Handwashing / Sanitizer· CDC Education- How to use Hand Sanitizer the Right Way· CDC	

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	dated 10/3/22 and the Regional Nurse indicated the policy was the one currently used by the facility. The policy indicated "...2. Core principles of COVID-19 prevention and best practices to reduce COVID-19 transmission are adhered to at all times, including:...d. face covering or mask (covering mouth and nose) in accordance with CDC [Center for Disease Control] guidance...." This Federal tag relates to complaint IN00391843. 3.1-18(a)		Education – Facemask Do's and Don'ts· CDC Education – Respirator On / Respirator Off · CDC Education – Donning and Doffing2). The DON, IP, or designated facility leadership will conduct facility rounds at a minimum of daily to ensure Infection Control practices are being followed during donning and doffing of PPE, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. Following CDC and facility policy. 3). The DON, IP or designated facility leadership will enforce corrective measures and education if deficiencies are observed. 4). The DON, IP Nurse reviewed the LTC Infection Control Self-Assessment. The assessment is an accurate reflection of the facility. This assessment will be submitted with the DPOC documentation.**D. Training:**1). Per the LTC infection control assessment review and Root Cause Analysis, VP of Clinical, Medical Director , UM , facility IP and DON. The following training needs were identified and implemented by facility IP and DON with training resources and polices provided and submitted as part of the DPOC documentation.· Facility policy - Handwashing· Facility policy- PPE per Zone· Facility Pre/Post Test related to Handwashing / Sanitizer· CDC	

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BRIARCLIFF HEALTH & REHABILITATION CENTER	5024 WESTERN AVENUE SOUTH BEND, IN 46619

(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
			Education- How to use Hand Sanitizer the Right Way· CDC Education – Facemask Do's and Don'ts· CDC Education – Respirator On / Respirator Off · CDC Education – Donning and Doffing1). The Director of Nursing (DON), Infection Preventionist (IP) or Designee will educate the facility staff related how and when to don and doff PPE with return demonstration, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection. · Facility policy - Handwashing· Facility policy- PPE per Zone· Facility Pre/Post Test related to Handwashing / Sanitizer· CDC Education- How to use Hand Sanitizer the Right Way· CDC Education – Facemask Do's and Don'ts· CDC Education – Respirator On / Respirator Off · CDC Education – Donning and Doffing**E. Monitoring: Monitoring of approaches to ensure Infection Control Practices are maintained.**1). The DON, IP, or designated facility leadership will conduct facility rounds at a minimum of daily to ensure Infection Control practices are being followed during donning and doffing of PPE, including, but not limited to, mask, respirator devices, gloves, gown, and eye protection ,. The DON, IP or designated facility leadership will enforce corrective measures and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155831	A. BUILDING 00 B. WING	10/20/2022

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			education if deficiencies are observed. **F. Quality Assurance and Performance Improvement (QAPI):**1). The IP Nurse/Director of Nursing will present the results of these audits monthly to the QAPI committee for no less than 6 months. The facility through the QAPI program will review, update and make changes to the DPOC as needed for sustaining substantial compliance for no less than 6 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.	