

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155717	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/16/2021
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NAME OF PROVIDER OR SUPPLIER ALPHA HOME - A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 2640 COLD SPRING RD INDIANAPOLIS, IN 46222
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaint IN00365081, IN00368342, and IN00368461. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00365081- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00368342 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00368461 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 14, 15, and 16, 2021</p> <p>Facility number: 000376 Provider number: 155717 AIM number: 100275510</p> <p>Census Bed Type: SNF/NF: 49 Total: 49</p> <p>Census Payor Type: Medicare: 3 Medicaid: 42 Other: 4 Total: 49</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 28, 2021.</p>	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement by the provider 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 it is required by Federal and State law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during survey event ID YB311. Please accept this plan of correction as the provider's credible allegation of compliance.	
F 0880 SS=E	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control			

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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Bldg. 00	<p>§483.80 Infection Control</p> <p>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.</p> <p>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, 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>			

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	<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> <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.</p> <p>Based on observations, interviews and record reviews, the facility failed to properly prevent and/or contain potential COVID-19 exposure by ensuring 7 of 11 unvaccinated residents who resided on the 100 hall reviewed for infection control (Residents F, P, Q, R, S, T, and U) were placed on transmission based precaution isolation (TBP) after being cared for by a COVID-19 positive staff member, and the facility failed to</p>	F 0880	<p>F 880 – Infection Prevention & Control</p> <p>It is the practice of this facility to maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease.</p>	01/13/2022

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	<p>ensure a newly admitted, unvaccinated resident (Resident P) was placed in TBP and assessed per CDC guidance for 1 of 11 residents who resided on the 100 hall reviewed for infection control.</p> <p>Findings include:</p> <p>1. During an interview on 12/14/21 at 9:30 a.m., the Administrator indicated, there were no COVID-19 positive residents in the facility, and no residents were on transmission based precaution isolation (TBP)</p> <p>On 12/14/21 at 11:17 a.m., general facility observations were completed. There were no isolation areas, or resident rooms in TBP. All resident rooms had a sign on the door that indicated, "Green Zone" (no isolation or TBP required).</p> <p>On 12/15/21 at 9:20 a.m., Certified Nurse Assistant (CNA) 18 was observed as she requested assistance from CNA 9 to help Resident F from his bed and into a wheelchair. At that time, both CNAs entered Resident F's room.</p> <p>On 12/15/21 at 9:40 a.m., CNAs 9 and 18 were observed as they exited Resident F's room. Resident F was observed as he wheeled himself in a wheelchair down the hall and toward the nurses' station. The resident did not have on a face mask.</p> <p>On 12/15/21 at 2:18 p.m., CNA 18 was observed in the facility front lobby with the Activity Director. CNA 18 was observed as she exited the facility. The Activity Director indicated CNA 18 had just tested positive for COVID-19 and was being sent home.</p> <p>During an interview on 12/16/21 at 8:32 a.m., the</p>		<p>All residents residing in the facility have the potential to be affected; however, no resident was affected.</p> <p>At an in-service for all staff held on 01/11/2022 and conducted by DON/Designee, the following was reviewed:</p> <p>A.) TBP and the three zones B.) Hand Hygiene C.) Documentation of covid screening D.) Documentation needed on new admit</p> <p>Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. Newly hired staff will receive the in-servicing prior to working. This will be tracked and documented by the Administrator/D.O.N./Designee. A Root Cause Analysis was conducted by the Infection Preventionist, Administrator, Nurse Consultant, and the Medical Director to determine the Root Cause of the facility's Infection Control Citation. The facility has an opportunity to improve its education, and to ensure that all staff has adequate knowledge of the facility's infection control practices, TBP and the 3 zones, proper documentation on admission, and covid-19 screening documentation.</p> <p>Reviewed and updated the LTC</p>	

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	<p>Administrator indicated no residents had been placed in TBP isolation overnight.</p> <p>During an observation of the 100 hall on 12/16/21 at 8:33 a.m., there were no signs on the resident rooms that indicated isolation or TBP.</p> <p>During an interview on 12/16/21 at 8:42 a.m., LPN (Licensed Practical Nurse) 6 indicated no residents were placed in isolation overnight. There were no residents in isolation on the 100 hall.</p> <p>During an interview on 12/16/21 at 9:08 a.m., the Assistant Director of Nursing (ADON) indicated there were no residents on isolation anywhere in the facility.</p> <p>During an interview on 12/16/21 at 9:30 a.m., the Director of Nursing (DON) indicated CNA 18 tested positive for COVID-19 on 12/15/21. The Administrator indicated CNA 18 was not vaccinated for COVID-19. The DON indicated CNA 18 worked on the 100 hall on 12/15/21. The DON indicated all the residents the CNA took care of were vaccinated, so they did not need to go on TBP isolation.</p> <p>On 12/16/21 at 10:30 a.m., the Administrator provided a nursing schedule that indicated CNA 18 worked on the 100 hall on 12/14/21 and 12/15/21. At that time, the Administrator also provided a list of vaccinated and unvaccinated residents. The list indicated Residents F, P, Q, R, S, T, and U, who resided on the 100 hall, were not vaccinated.</p> <p>During an interview on 12/16/21 at 1:47 p.m., the DON indicated, all residents who were unvaccinated should have been isolated and</p>		<p>infection control assessment. The IP nurse/DON/Designee will complete daily visual rounds throughout the facility to ensure that proper zone signage is posted on residents' doors. This will be done daily x 6 weeks; then 3 days a week for 1 month; then weekly times 2 months; then monthly x 3 months. Any concerns will be addressed if found. Results of the monitoring will be presented to the QAPI committee monthly at the QAPI meetings. Any patterns identified will be addressed immediately. 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 written Action Plan will be monitored by the Administrator until resolved. The IP nurse/DON/Designee will complete visual rounds throughout the facility and observe 3 staff members daily to ensure they are performing hand hygiene at the proper time x 6 weeks, then 3 staff members bi-weekly x 1 month, then monthly x 3 months. Any concerns will be addressed immediately. Results of the monitoring will be presented to the QAPI committee monthly. 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</p>	

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	<p>placed in TBP after being exposed to an unvaccinated, COVID-19 positive staff member. Residents and staff were considered fully vaccinated 14 days after the second dose (of COVID-19 vaccine). They were not considered fully vaccinated until 14 days after the second dose.</p> <p>2. On 12/16/21 at 8:33 a.m., the 100 hall was observed. All of the resident rooms had signs on the door that indicated, "Green Zone". Resident P was heard yelling for help from his room.</p> <p>On 12/16/21 at 8:36 a.m., the Assistant Director of Nursing (ADON) was observed as she entered Resident P's room. Resident P's door had a sign on it that indicated, "Green Zone". The ADON had on a face shield and a surgical mask. She did not use hand sanitizer or wash her hands before she entered the resident's room. Resident P was observed inside his room, sitting up in a chair next to his bed. The resident had a hospital gown on his lap, and his upper body was bare. He did not have on a face mask. The ADON asked the resident how she could help, and the resident replied, "I'm just so hot then cold then hot then cold. I need help." The ADON assisted Resident P with putting on the hospital gown to cover his torso and shoulders. The ADON then exited the resident's room and obtained a thermometer from a medication cart in the hallway. She went back to the resident's room and was observed as she checked his vital signs. The ADON left the resident's room at 8:39 a.m. and reported to a nurse in the hallway that the resident's temperature was 96.5 degrees (Fahrenheit). The ADON indicated to the nurse that the resident's vital signs were within normal limits. The ADON indicated, she thought the resident was anxious or maybe he had dementia, but he had only been at</p>		<p>months. Any written Action Plan will be monitored by the Administrator until resolved. The DON/ADON or designee will audit new admissions to the facility to ensure that admission documentation is completed including vaccination status, covid testing results, and if TBP is needed. This will be done daily for 6 weeks; then 3 days a week for 1 month; then weekly times 2 months; then monthly times 3 months. Any concerns will be addressed immediately. Results of the monitoring will be presented to the QAPI committee monthly. 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 written Action Plan will be monitored by the Administrator until resolved. The DON/ADON or designee will audit 5 covid screening assessments to ensure that the assessment is completed. This is will be completed on 5 residents 5 days a week for 1 month; then 3 days a week for 1 month; then weekly times 2 months; then monthly times 3. Any concerns will be addressed immediately. Results of the monitoring will be presented to the QAPI committee at the QAPI meetings. The facility through the QAPI program, will review, update, and make changes</p>	

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	<p>the facility for a day, and she was not sure.</p> <p>On 12/16/21 at 11:43 a.m., Resident P's medical record was reviewed. The record indicated Resident P's admission effective date was 12/14/21. He had diagnoses that included, but were not limited to, hypertension (high blood pressure), chronic kidney disease, and congestive heart failure. The immunization information in the resident's record was blank.</p> <p>A nursing progress note, dated 12/15/21 at 12:45 a.m., indicated Resident P arrived at the facility on a stretcher. He was admitted to the facility from a local hospital. The progress note lacked documentation of the resident's COVID-19 vaccination status, recent COVID-19 testing results, or if the resident was on TBP isolation.</p> <p>A physician's progress note, dated 12/15/21 at 4:12 p.m., indicated the resident was seen by the physician because he was a new admission to the facility. The progress note lacked documentation of the resident's COVID-19 vaccination status, recent COVID-19 testing results, or if the resident was on TBP isolation.</p> <p>A nursing progress note, dated 12/16/21 at 8:49 a.m., indicated Resident P was yelling out and complained of being hot and then cold. His vital signs were blood pressure 138/74, heart rate (pulse) 80, respiratory rate 18, temperature 96.5 (degrees Fahrenheit), and oxygen saturation of 98% on room air. The note indicated a COVID-19 rapid test was performed upon admission on 12/15/2021 with negative results. The progress note lacked documentation of the resident's COVID-19 vaccination status, or if the resident was on TBP isolation.</p>		to the DPOC as needed for sustaining substantial compliance for no less than 6 months. Any written Action Plan will be monitored weekly by the Administrator until resolved.	

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	<p>A review of the resident's assessments lacked documentation of the resident's COVID-19 vaccination status, recent COVID-19 testing results, or if the resident was on TBP isolation.</p> <p>A physician's order, dated 12/16/21 at 3:00 p.m., indicated, "Green Zone: For Non symptomatic, non + [positive] COVID Residents - Record TPR [temperature, pulse, respiratory rate], BP [blood pressure], O2 Sat [oxygen saturation] and S&S [signs and symptoms] one time a day".</p> <p>A physician's order, dated 12/16/21, indicated, "Yellow Zone: For symptomatic, suspected or residents being tested for COVID 19 - record TPR, BP, O2 Sat, BID [twice a day] Range (report immediately any Temp 99.1 degrees or higher) + complete the UDA: COVID Symptom Screener for Suspected Residents. Three times a day for Monitoring VS [vital signs]."</p> <p>A review of the resident vital signs record indicated the only vital signs recorded at the time of the record was reviewed were completed on 12/15/21 at 2:02 a.m.</p> <p>The resident's Medication and Treatment Administration Records lacked documentation of COVID-19 symptom monitoring or vital signs.</p> <p>During an interview on 12/16/21 at 1:40 p.m., the Administrator indicated Resident P was not vaccinated for COVID-19. The resident's power of attorney did not want the resident to have the COVID-19 vaccine. The Administrator indicated she was not sure when new admissions should be isolated.</p> <p>During an interview on 12/16/21 at 1:47 p.m., the DON indicated if there was no verification of</p>			

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	<p>COVID-19 vaccination in hand when the resident was admitted to the facility, the resident needed to be put in yellow zone isolation. For residents on yellow zone TBP precautions, all staff who entered the resident's room should have on a face shield, an N-95 mask, a gown, and gloves. PPE should be put on before going into the resident's room. Hand hygiene (hand washing or using hand sanitizer) should be completed before gloves are put on, as staff left the room, any time staff changed their gloves, or when staff changed a resident care task. New admissions should have vital signs checked and be assessed for signs and symptoms of COVID-19, once per shift (3 times a day), and if any symptoms developed. Signs of COVID-19 included, feeling hot, a fever, cough, runny eyes, if the resident's oxygen saturations were low. Assessments should start at the time of admission.</p> <p>During an interview on 12/16/21 at 2:27 p.m., the Regional Nurse Consultant indicated the facility used the state department of health COVID-19 tool kit and followed state health department guidance related to COVID-19 and infection control precautions.</p> <p>State Department of Health Guidance, "Long-term Care COVID-19 Clinical Guidance", dated 11/22/21, indicated, "...Exposure or close contact is defined as an interaction for a cumulative total of 15 minutes or more in 24 hours, fewer than 6 feet distance with a known COVID-19 case starting from two days before the onset of symptoms or positive test if asymptomatic ... Unvaccinated residents with known exposure to COVID-19 should be monitored in yellow zone TBP for the full 14 days. Testing negative does not warrant movement back to green zone until 14 days have passed ... Symptoms may appear 2-14 days after</p>			

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	<p>exposure to the virus. COVID-19 can have severe manifestations including organ system failure, need for hospitalization and can result in death ... Assure that red and yellow zone is clearly marked, and each resident's door has TBP signage for proper PPE [personal protective equipment] ... Increase monitoring of residents with suspected or confirmed COVID-19, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least three times daily to identify and quickly manage serious infection ... Unvaccinated new admissions/re-admissions should be observed in TBP, yellow zone for full 14 days even if they have negative test. They should be moved to red zone if confirmed positive for COVID -19. They can be released to green zone after 14 days if asymptomatic ...Outbreak is defined as a single staff case or any single facility onset resident case"</p> <p>State Department of Health Guidance, "Changes for IDOH [Indiana Department of Health] COVID-19 Toolkit" dated 11/22/21, indicated, " ...If outbreak, continue serial testing every 3-7 days per recommendations. If close contact, residents continue quarantine for 14 days and HCP return to work per risk assessment"</p> <p>CDC Guidance, "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes & Long-Term Care Facilities" dated 9/10/21, indicated, " ...Unvaccinated residents who have had close contact with someone with SARS-CoV-2 [COVID-19] infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level</p>			

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	<p>respirator) ... all unvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission ... Because of the risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP [health care personnel] or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak ... Unvaccinated residents should generally be restricted to their rooms, even if testing is negative, and cared for by HCP using an N95 or higher-level respirator, eye protection (goggles or a face shield that covers the front and sides of the face), gloves and gown. They should not participate in group activities ... Evaluate Residents at least Daily: Ask residents to report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection. Actively monitor all residents upon admission and at least daily for fever (temperature >100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry ... Older adults with SARS-CoV-2 infection may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0°F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection"</p> <p>3.1-18(j) 3.1-18(l)</p>			