

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

PRINTED: 10/08/2020

FORM APPROVED

OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____ | (X3) DATE SURVEY COMPLETED 09/10/2020 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER ROSEWOOD MANOR | | STREET ADDRESS, CITY, STATE, ZIP CODE 5200 S BURLINGTON DR MUNCIE, IN 47302 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (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 |
| R 0000 Bldg. 00 | <p>This visit was for a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Survey dates: September 10, 2020</p> <p>Facility number: 000312</p> <p>Residential Census: 28</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 15, 2020.</p> | R 0000 | <p>R-000 09/25/2020</p> <p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Due to the urgency in our facility correcting measures cited and cooperation with ISDH surveyors and IFP nurse, as well as continued communications, we respectfully request paper compliance.</p> <p>Daphne New, HFA Rosewood Manor</p> | |
| R 0406 Bldg. 00 | <p>410 IAC 16.2-5-12(a) Infection Control - Offense</p> <p>(a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection.</p> <p>Based on observation, interview and record review, the facility failed to implement infection control interventions to address the potential for</p> | R 0406 | <p>R406</p> <p>·What corrective action(s) will</p> | 09/22/2020 |

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 that other safeguards 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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| | <p>a COVID 19 outbreak within the facility for 4 of 8 residents reviewed for infection control. This had the potential to effect 28 of 28 residents. (Residents 9, 10, and 12)</p> <p>Findings include:</p> <p>1. The clinical record for Resident 11 was reviewed on 9/10/20 at 12:27 p.m. Diagnoses included, but were not limited to, paranoid schizophrenia and non-insulin dependent diabetes.</p> <p>Resident 11 was transferred to the emergency room on 9/6/20 due to increased weakness and garbled speech. The resident was admitted to the hospital with pneumonia.</p> <p>During an interview on 9/10/20 at 10:50 a.m., the Administrator indicated the facility was informed by the hospital on 9/8/20 that Resident 11 tested positive for COVID 19. They put his roommate in isolation when they were notified.</p> <p>2. The clinical record for Resident 9 was reviewed on 9/10/20 at 12:34 p.m. Diagnoses included, but were not limited to, paranoid schizophrenia, hepatomegaly, and pancytopenia. The resident's medical record lacked any progress notes since 1/25/20.</p> <p>Resident 9 shared a room with Resident 11. During initial observation, on 9/10/20 at 11:23 a.m., a table was present outside the resident's room with gloves, two disinfectant spray cans, and a box of gowns. The resident's door was closed.</p> <p>3. The clinical record for Resident 12 was reviewed on 9/10/20 at 12:44 p.m. Diagnoses</p> | | <p>be accomplished for those residents found to have been affected by the deficient practice;</p> <p>All residents had the potential to be affected by the deficient practice.</p> <p>Residents identified were immediately and appropriately placed on isolation/droplet precautions.</p> <p>·How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents with known positive Covid test results were audited to ensure all appropriate infection control measures were in place. All residents with unknown Covid test results or known contact with other unknowns or positives were audited to ensure all appropriate infection control measures were in place if applicable.</p> <p>·What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>The facility has adopted CDC guidelines for droplet precautions and implemented into its policy. Staff has been inserviced on this policy.</p> | |

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| | <p>included, but were not limited to, traumatic brain injury with cognitive impairment, stroke with residual left-sided weakness, and chronic bronchitis. The resident's medical record lacked any progress notes since 7/6/20.</p> <p>Resident 12 shared a bathroom with Residents 11 and 9. Resident 12 was ambulatory and used this bathroom regularly.</p> <p>There was no indication this resident was in isolation.</p> <p>4. The clinical record for Resident 10 was reviewed on 9/10/20 at 2:42 p.m. Diagnoses included, but were not limited to, schizoaffective disorder, coronary artery disease, and history of myocardial infarction. The resident's medical record lacked any progress notes since 9/3/20.</p> <p>Resident 10 shared a bathroom with Residents 11 and 9. Resident 10 was ambulatory and used this bathroom regularly.</p> <p>There was no indication this resident was in isolation.</p> <p>During an interview on 9/10/20 at 11:20 a.m., the Administrator indicated Resident 9 was in droplet isolation and personal protective equipment (PPE) was used only when staff entered his room. The staff administered Resident 9's medications by standing in the hallway outside his room and handing the medication to him. The staff did not wear PPE when administering the medications. She indicated the residents who share the bathroom were not in isolation because she did not see an indication by the Centers for Disease Control specifying this as an issue.</p> | | <ul style="list-style-type: none"> How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place; <p>The DON or designee will audit each resident area that are on precautions to ensure all appropriate measures are in place, each week day while precautions are necessary</p> <p>The DON will spot audit staff for proper use of PPE at least 2 x per week while precautions are necessary</p> <ul style="list-style-type: none"> By what date the systemic changes will be completed. <p>9/22</p> | |

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| | <p>During an interview on 9/10/20 at 3:21 p.m., the Administrator indicated the facility does not have a written policy or procedure for droplet isolation.</p> <p>A current facility policy, dated April 2020, titled, "COVID 19 Emergency Preparedness," included, but was not limited to, the following:</p> <p>"Rosewood Manor has sought and will continue to seek guidance put forth by the CDC and local and State Health Departments regarding updates, prevention and containment of Covid-19 (Coronavirus)."</p> <p>The ISDH Guidance for out-of-hospital facilities, dated 3/29/20, indicated, "The following is guidance for out of hospital facilities who house patients with a confirmed or suspected case of COVID-19. There are a few guiding principles: 1. Placement of patient /resident in contact-droplet precautions with proper PPE, including gown, glove, mask with face shield or eye protection. 2. Proper donning and doffing of personal protection equipment when in contact with COVID-19 residents</p> <p>....Reduce the movement of staff between patients with and without COVID-19 precautions with proper PPE- gown, glove, mask with face shield or eye protection...Patients/residents with known or suspected COVID-19 should be cared for in a single-person (private) room with the door closed. Airborne infection isolation rooms (AIIR) are not required. Patients/residents with known or suspected COVID-19 should not share bathrooms with other patients/residents. All patients/residents returning from the hospital with suspected or confirmed COVID-19 should be cared for in a private room, or Cohorted with</p> | | | |

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| | other patients of the same status in the same unit, wing, hallway, or building. Patients with close contact with a confirmed COVID-19 patient (e.g., roommate or infected staff without wearing PPE) should be isolated and follow 14 day self-monitoring guidelines. If they develop symptoms, and are confirmed or suspected to have COVID-19, they should remain isolation until at least 7 days after symptom onset and 72 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough), whichever is longer...." | | | |