

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155664	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2020
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NAME OF PROVIDER OR SUPPLIER EAGLE CREEK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4102 SHORE DR INDIANAPOLIS, IN 46254
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F 0000 Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey.</p> <p>Survey dates: October 14, 2020.</p> <p>Facility number: 010666 Provider number: 155664 AIM number: 200229930</p> <p>Census Bed Type: SNF/NF: 83 Total: 83</p> <p>Census Payor Type: Medicare: 7 Medicaid: 67 Other: 9 Total: 83</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 19, 2020.</p>	F 0000		
F 0880 SS=D Bldg. 00	<p>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.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection</p>			

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>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> <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</p>			

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	<p>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. Based on observation, interview, and record review, the facility failed to ensure personal protective equipment (PPE) was doffed and donned appropriately when caring for a resident who required droplet plus isolation (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) precautions for 1 of 3 residents reviewed for infection control (Resident B).</p> <p>Findings include:</p> <p>On 10/14/20 at 11:55 a.m., Certified Nursing Assistant (CNA) 4 was observed to leave Resident B's room wearing an isolation (special precautions to prevent the spread of germs) gown. Signs on Resident B's door indicated the resident required isolation precautions. At the same time Licensed Practical Nurse (LPN) 3 instructed CNA 4 she should not have worn the isolation gown into the hallway. CNA 4 removed</p>	F 0880	<p>F 880 A Directed Plan of Correction (DPOC)</p> <p>A. Specific/Immediate: Immediately implement specific plan for resident/residents/area/others identified in the deficiency to correct.</p> <p>1. The Director of Nursing / IP / designee will ensure the resident/residents affected has been isolated in Transmission Based Precautions according to CDC and IP recommendations and ensure care giving staff are educated on isolation procedures. Ensure all staff are aware of who is on isolation and appropriate signage implemented. Policy / Procedure - Criteria</p>	10/30/2020

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	<p>the isolation gown, with ungloved hands, and placed it into an uncovered trash can in the hallway. CNA 4 was not observed to perform hand hygiene. CNA 4 proceeded to the linen room, retrieved linens, and returned to Resident B's door. CNA 4 removed an isolation gown from the organizer on Resident B's door, and entered the room, without donning the isolation gown. After CNA 4 entered Resident B's room, LPN 3 indicated Resident B required droplet plus isolation (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) precautions because she had an elevated temperature a the day before. She was unsure if Resident B was tested for COVID-19 after she developed an elevated temperature. Personal protective equipment (PPE) should have been doffed before exiting the room, and donned before entering the room, when caring for residents who required droplet plus isolation precautions. Hand hygiene should have been done with the PPE was removed. The isolation gown should have been disposed of in the resident's room.</p> <p>Resident B's record was reviewed on 10/14/20 at 1:46 p.m. A quarterly Minimum Data Set (MDS) assessment indicated the resident had a moderate cognitive impairment.</p> <p>A vital signs record, dated 10/13/20, indicated the resident's temperature was 100.4 degrees Fahrenheit (F).</p> <p>A Physician's Order, dated 10/13/20, indicated droplet isolation precautions for 14 days.</p> <p>A COVID-19 test, dated 10/13/20, was negative.</p> <p>A care plan, dated 10/13/20, indicated the resident</p>		<p>for Covid 19 Isolation</p> <p>2. The Director of Nursing / IP / designee will ensure resident/residents participating in communal dining or activities are social distancing and wearing face covering. If resident cannot tolerate face covering, ensure social distancing and education. Ensure all care giving staff are trained on when and how to social distance and encourage application of face coverings for the residents. Follow CDC and facility policy.</p> <p>IN Covid 19 Back on Track Guidelines - updated 10/20/2020</p> <p>B. Systemic</p> <p>1). A root cause analysis (RCA) was conducted by the company Division (Consultant) Infection Preventionist (IP), with input and review from the Medical Director, IP, Executive Director, Director of Nursing, Assistant Director of Nursing and Regional Director of Clinical Operations to determine the root cause resulting in the facilities Infection Control citation.</p> <p>a). The Leadership team failed to provide education to the facility nursing staff on the policy and procedure for Criteria for Covid – 19 Isolation</p> <p>The facility leadership team failed to make facility rounds /</p>	

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	<p>required droplet isolation precautions.</p> <p>During an interview, on 10/14/20 at 12:03 p.m., CNA 5 indicated she provided care for residents who required droplet plus isolation precautions. PPE should have been donned before staff entered the room, and doffed before staff left the room. Hand hygiene should have been performed after PPE was doffed. Isolation gowns should not have been worn in the hallway.</p> <p>During an interview, on 10/14/20 at 2:20 pm., the Director of Nursing (DON) indicated PPE should have been donned before staff entered the room and doffed before staff left the room for residents who required droplet plus isolation precautions. Isolation gowns should have been disposed of in the resident's room, not in the hallway.</p> <p>On 10/14/20 at 2:02 p.m., the DON provided a document titled, "USE OF PPE WHILE IN THE FACILITY," and indicated it was the policy currently being used by the facility. The policy indicated, "...New Admissions, Residents Who Have Been Exposed (Yellow Quarantined/Observation Area) Residents with S&S of COVID, but does not have a positive or waiting on results of their test: These are residents who 'may' be contagious but DO NOT SHOW any signs and symptoms of COVID. (Quarantined area: Full PPE will be used. Full PPE consist N95 masks, gloves, gown and eye covers...Gowns must be disposed of when exiting the resident room and/or changed out between patients...."</p> <p>3.1-18(b)(2)</p>		<p>observations and enforce corrections noted to be deficient infection control observations</p> <p>b). The solutions and systemic changes developed by the Division (Consultant IP), DON, ADON and facility IP include: The Director of Nursing / IP / designee will ensure the resident/residents affected has been isolated in Transmission Based Precautions according to CDC and IP recommendations and ensure care giving staff are educated on isolation procedures. Ensure all staff are aware of who is on isolation and appropriate signage implemented. Policy / Procedure - Criteria for Covid 19 Isolation The Director of Nursing / IP / designee will ensure resident/residents participating in communal dining or activities are social distancing and wearing face covering. If resident cannot tolerate face covering, ensure social distancing and education. Ensure all care giving staff are trained on when and how to social distance and encourage application of face coverings for the residents. Follow CDC and facility policy. IN Covid 19 Back on Track Guidelines - updated 10/20/2020</p>	

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			<p>The DON, IP, or designated facility leadership will conduct full / all department facility rounds / observations at a minimum of daily: observe that the staff ensure residents in droplet precautions remain in their room during the Covid 19 pandemic for the MD ordered amount of time and enforce corrective measures and education if deficiencies are observed</p> <p>2). The DON, IP Nurse and Division (Consultant) IP reviewed the LTC Infection Control Self-Assessment. Changes were made to so the assessment would now be an accurate reflection of the facility. This assessment will be submitted with the DPOC documentation.</p> <p>C. Training:</p> <p>1).Per the LTC infection control assessment review and revision by the Division (Consultant) IP, facility IP and DON. The following training needs were identified and implemented by the Division (Consultant) IP to the facility IP and DON with training resources and polices provided and submitted as part of the DPOC documentation.</p>	

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			<p>1. Infection Surveillance (Section D) the facility staff can demonstrate knowledge of when and to whom to report communicable diseases, healthcare associated infections and potential outbreaks. The facility has a current plan of correction in progress.</p> <p>Hand Hygiene (section F) - the facility has hand hygiene policies to promote preferential use of ABHR, personnel performance of hand hygiene. The facility has a plan of correction in progress.</p> <p>Standard Precautions Tracer (Section G) gloves are changed and hand hygiene performed before moving from a contaminated body site to a clean body site during care, PPE is appropriately discarded after resident care, prior to leaving the room, followed by hand hygiene. The facility has a plan of correction in progress.</p> <p>Transmission Based Precautions (Section H) - hand hygiene is performed before entering a resident care environment, gloves and gowns are donned upon entry into the environment of resident on precautions, gloves and gowns are removed and properly discarded and hand hygiene is performed before leaving the resident care environment. The facility has a</p>	

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			<p>plan of correction in progress.</p> <p>2). Per the RCA completed by the Division (Consultant) IP, Medical Director, IP, Executive Director, Director of Nursing, Assistant Director of Nursing and Regional Director of Clinical Operations, the following training needs were identified and implemented by the Division (Consultant) IP to the facility IP and DON with training resources and polices provided and submitted as part of the DPOC documentation.</p> <p>The Director of Nursing / IP / designee will ensure the resident/residents affected has been isolated in Transmission Based Precautions according to CDC and IP recommendations and ensure care giving staff are educated on isolation procedures. Ensure all staff are aware of who is on isolation and appropriate signage implemented.</p> <p>Policy / Procedure - Criteria for Covid 19 Isolation The Director of Nursing / IP / designee will ensure resident/residents participating in communal dining or activities are social distancing and wearing face covering. If resident cannot tolerate face covering, ensure social distancing and education. Ensure all care giving staff are trained on when and how to social</p>	

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			<p>distance and encourage application of face coverings for the residents. Follow CDC and facility policy.</p> <p>IN Covid 19 Back on Track Guidelines - updated 10/20/2020</p> <p>The DON, IP, or designated facility leadership will conduct full / all department facility rounds / observations at a minimum of daily: observe that the staff ensure residents in droplet precautions remain in their room during the Covid 19 pandemic for the MD ordered amount of time and enforce corrective measures and education if deficiencies are observed</p> <p>D. Monitoring: Monitoring of approaches to ensure Infection Control Practices are maintained.</p> <p>The DON, IP, or designated facility leadership will conduct full facility / all department rounds / observations at a minimum of daily for 6 weeks and until compliance is maintained: observe that the staff ensure residents in droplet precautions remain in their room during the Covid 19 pandemic for the MD ordered amount of time and enforce corrective measures and education if deficiencies are observed</p>	

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			<p>The DON, IP, or designated facility leadership will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate Infection Control Practices. This will occur for 6 weeks and until compliance is maintained.</p> <p>E. Quality Assurance and Performance Improvement (QAPI):</p> <p>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.</p>	