STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155846	A. BUILDING 00 B. WING	08/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREEN HOUSE COTTAGES OF CARMEL	616 GREEN HOUSE WAY CARMEL, IN 46032

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00360134 and IN00360926. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00360134 - Unsubstantiated due to lack of evidence. Complaint IN00360926 - Substantiated. Federal/state deficiencies related to the allegations are cited at F880. Survey dates: August 23 and 24, 2021 Facility number: 013753 Provider number: 155846 AIM number: 201362150 Census Bed Type: SNF/NF: 56 Total: 56 Census Payor Type: Medicare: 1 Medicaid: 43 Other: 12 Total: 56 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review was completed on August 27, 2021.	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action, does not constitute an admission of agreement by this facility or Management Group of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance.	
F 0880 SS=D 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			

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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	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 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			

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	(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 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 develop and implement written policies and procedures for infection control to contain the spread of the Covid-19 virus, for 1 of 1 unvaccinated resident reviewed who was not placed in transmission based precautions (TBP) at the time of admission to the facility. (Resident M) Finding includes: During the entrance conference, on August 23, 2021 at 9:30 a.m., the Executive Director indicated	F 0880	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** **Resident M was placed in isolation.** **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be**	09/16/2021

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	there were no residents quarantined in transmission based precautions (TBP), due to admission or other suspicion, regarding Covid-19. During a tour of Cottage 3, on August 23, 2021 at 1:59 p.m., no residents were observed to be in TBP. On August 24, 2021 at 2:03 p.m., the surveyor received information from a unnamed source, which stated, "Yesterday a new admit in cottage 3 was quarantined, as a new admit, but had already been there a week..." A tour of Cottage 3 was completed at that time. Resident M's door was shut. Abundant signage around the exterior of the room door indicated the resident was in TBP and an over-the-door organizer, full of personal protective equipment (PPE), was hanging from the top of the door. The Executive Director was interviewed, on August 24, 2021 at 2:23 p.m., and she stated she was unaware the resident had been placed in TBP. The Director of Nursing (DON), who was also the facility Infection Preventionist (IP) and the Marketing, Admissions and Training Director (MATD) were interviewed, on August 24, 2021 at 2:42 p.m., regarding the status of Resident M since admission and the resident's recent placement in TBP. When questioned, the MATD stated Resident M had been admitted to the facility on 08/16/2021 and had been placed in transmission based precautions (TBP) on August 23, 2021. When asked why the resident had not been placed in TBP at the time of admission, the MATD stated Resident M "always stays in his room". The MATD further stated the resident was tested for Covid-19 on the day of his admission and was found to be negative. The DON indicated the lack of TBP for Resident M at the time admission on 08/16/2021 was "an oversight" and agreed the resident should have been in TBP.		**taken.** **All Residents have the potential to be affected.** **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.** **All nursing staff will be in-serviced on the Admission/Readmission on vaccination policy and procedure.** **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:** **All admission/readmission will be audited during our clinical meeting 5 times a week times 6 months to ensure the policy and procedure is followed** **The results of the audit will be reviewed at the monthly quality assurance meeting. The QAPI program will review, update, and make changes as needed for sustaining substantial compliance for no less than 6 months.**	

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	The record for Resident M was reviewed on August 24, 2021 at 3:32 p.m. The resident was admitted to the facility on August 16, 2021. Diagnosis included, but were not limited to, heart failure, second degree heart block with pacemaker placement, dementia, heart arrhythmia, chronic kidney disease, congestive heart failure, gout and fibromyalgia. The resident's physician orders contained an order for "Contact/Droplet isolation precaution" with a start date of August 24, 2021, nine (9) days after admission to the facility. Progress notes indicated the following: On 08/16/2021 at 4:13 p.m., "...arrived to campus around 1230 via family. Elder ambulates with walker with stand by assist..." On 08/19/2021 at 9:09 p.m., "Fire dept. showed up due to elder's medical alert button. Elder was unaware that medical alert button had been activated and was in no distress. Paramedics found button in dresser and advised writer that alert was accidental." On 08/21/2021 at 6:21 p.m., "...assisted to toilet, and was assisted with dressing..." The resident's "Baseline Care Plan", dated 08/16/2021, indicated Resident M required "one person physical assist" for the tasks of eating, personal hygiene, toilet use, dressing, bathing, bed mobility, transfers, walking in room and locomotion. The care plan also indicated the resident was occasionally incontinent of bowel and bladder and did not self-administer medications, requiring the facility staff to administer his medications.			

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	Documentation was lacking in the progress notes of the resident having been placed in TBP at any time since his admission to the facility. The last entry observed in the progress notes was dated 08/22/2021 at 4:26 p.m. The ISDH (Indiana State Department of Health) Long Term Care Facilities Guidelines in Response to Covid-19 Vaccination, dated 8/18/21, page 3, states the following: "...All residents must be tested by point of care (POC) upon admission and re-admission to the facility. Unvaccinated residents will remain in the yellow zone in TBP for the full 14 days if negative and should be moved to the red zone in TBP if testing positive by POC and either had known exposure, symptomatic or confirmed by PCR..." This Federal Tag relates to Complaint IN00360926 3.1-18(b)			