

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155857	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2021
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205
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F 0000 Bldg. 00	<p>This visit was for Post Survey Revisit (PSR) to the Investigation of Complaint IN00361924 completed on September 17, 2021.</p> <p>This visit was in conjunction with the PSR to the Recertification, State Licensure Survey and Complaint IN00359273 completed on August 19, 2021.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00363933 completed on October 5, 2021.</p> <p>Complaint IN00359273 - Corrected. Complaint IN00361924 - Not corrected. Complaint IN00363933 - Not corrected.</p> <p>Survey dates: November 9-10, 2021</p> <p>Facility number: 014265 Provider number: 155857 AIM number: 300029339</p> <p>Census Bed Type: SNF/NF: 25 Total: 25</p> <p>Census Payor Type: Medicaid: 24 Other: 1 Total: 25</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 16, 2021</p>	F 0000		

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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F 0880 SS=E 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 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: (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;</p>						

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	<p>(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.</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 COVID-19 related to staff not wearing appropriate PPE (Personal Protective Equipment) inside a resident's room which was under contact precautions (Resident N and J), housekeeping stepping out of a contact</p>	F 0880	<p>F - 880 <i>1a.) The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident N no longer requires contact precautions. The CNA identified as CNA 3 has</i></p>	11/11/2021

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	<p>precaution room with potentially contaminated PPE to grab items off her cleaning cart (Resident Q), disposing of used PPE inappropriately, not performing hand hygiene after doffing gloves during tracheostomy care (Resident D), urinary catheter bag touching the ground (Resident D), not monitoring unvaccinated residents daily for signs/symptoms of COVID-19 (Residents D, E, F, and P), visitors in contact precaution rooms without proper PPE, bringing 2 residents who were in Droplet Plus TBP (Transmission Based Precautions) to the unit dining room; using a pen to open multiple medications packages and using bare hands place food in a resident's mouth while assisting him to eat for 2 residents randomly observed for infection control (Resident F and J), 1 of 8 residents randomly observed for medication administration(Resident M) and 1 of 4 residents reviewed for ADL care (Resident H).</p> <p>Findings include:</p> <p>1. a. An observation was made on 8/15/21 at 12:50 p.m. of CNA (Certified Nursing Assistant)</p> <p>3. CNA 3 was standing inside Resident N's room without an isolation gown or gloves on.</p> <p>The clinical record for Resident N was reviewed on 8/16/21. Resident N was on contact precautions for possible close contact with someone who tested positive for COVID-19. Resident N's room was clearly marked with a "yellow stop sign" and information regarding the type of PPE that was required prior to entering her room.</p> <p>b. An observation was made on 8/15/21 at 12:59 p.m. of CNA 21. CNA 21 was inside Resident J's room without an isolation gown or gloves on.</p>		<p>been re-educated on the required personal protective equipment for those residents who may be on contact precautions. CNA 3 has also successfully provided a return demonstration on the application and removal of PPE including hand hygiene, facial masks, eye protection, isolation gowns and gloves.</p> <p><i>1b.) The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident J no longer requires contact precautions. The CNA identified as CNA 21 has been re-educated on the required personal protective equipment for those residents who may be on contact precautions. CNA 3 has also successfully provided a return demonstration on the application and removal of PPE including hand hygiene, facial masks, eye protection, isolation gowns and gloves.</i></p> <p><i>2.) The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident Q no longer requires contact precautions. The housekeeper identified as HK 1 has been re-educated on the required personal protective equipment for those residents who may be on contact precautions. HK 1 has also successfully provided a return demonstration</i></p>	

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	<p>The clinical record for Resident J was reviewed on 8/16/21. Resident J was on contact precautions related to being newly admitted to the facility on 8/2/21. Resident J was to remain in contact precautions for 14 days after admission to facility. Resident J had not been vaccinated against COVID-19.</p> <p>2. An observation was made on 8/16/21 at 10:30 a.m. of HK (Housekeeping) 1. HK1 had been inside Resident Q's room with her PPE on when she stepped out of his room into the hallway where her housekeeping cart was positioned in front of Resident Q's door. HK1 rifled through the top of her cart with the possibly contaminated gloves still on, then went back into Resident Q's room.</p> <p>The clinical record for Resident Q was reviewed on 8/16/21. Resident Q was on contact precautions for possible close contact with someone who tested positive for COVID-19. Resident Q's room was clearly marked with a "yellow stop sign" and information regarding the type of PPE that was required prior to entering his room. Resident Q was not vaccinated for COVID-19.</p> <p>3. An observation was made on 8/16/21 at 10:32 a.m. of used isolation gowns in medication cart's trash bin. The medication cart was in the hallway on the ventilation unit. The trash can did not have a lid and the gowns were popping out of the top of the bin.</p> <p>An interview with ED (Executive Director) was conducted on 8/16/21 at 10:43 a.m. He indicated, used PPE should be disposed of inside the resident's room and should not be disposed in such a manner as to potentially contaminate</p>		<p>on the application and removal of PPE including hand hygiene, facial masks, eye protection, isolation gowns and gloves.</p> <p>3.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that no specific residents were identified during the survey however all residents and staff members have the potential to be affected by this deficient practice. All PPE required during all isolation procedures are now being discarded in the appropriate infection control receptacles.</i></p> <p>4.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident D is now receiving trach care by an RT that is properly practicing hand hygiene and glove usage in accordance with acceptable standards of infection control practice in an effort to prevent infections. The RT identified as RT 5 has been re-educated on hand hygiene and glove usage related to the performance of trach care and has successfully completed return demonstration of this task.</i></p> <p>5.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident</i></p>	

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	<p>other residents or staff who could come in contact with potentially contaminated PPE.</p> <p>4. An observation was made on 8/17/21 at 9:08 a.m. of tracheostomy care with RT (Respiratory Therapist) 5. RT 5 had donned an isolation gown and gloves prior to entry into Resident D's room. RT 5 suctioned the resident. After suctioning the resident, she removed her gloves and donned new pair of gloves. She proceeded and removed the gauze from around the tracheostomy tube, then doffed gloves and donned another new pair of gloves. RT 5 had not performed hand hygiene prior to donning the gloves when entering the resident's room. She also failed to perform hand hygiene each time she doffed a pair of gloves nor prior to donning the clean pairs of gloves.</p> <p>A Hand washing/Hand hygiene policy was received on 8/18/21 from ED at 11:10 p.m. It indicated, "5. Employees must wash their hands for at least forty-sixty (40-60) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:...u. After removing gloves or aprons;...6. In most situations, the preferred method of hand hygiene is with and an alcohol-based hand rub. If hands are not visibly soiled, use and alcohol-based hand rub containing 60-95% ethanol or isopropanol...This hand cleansing method can be utilized for all the following situations:...k. After removing gloves..."</p> <p>5. An observation was made on 8/16/21 at 10:39 a.m. of Resident D's urinary catheter collection bag. The bag was touching the floor.</p> <p>An observation was made on 8/16/21 at 3:30 p.m. of Resident D's urinary catheter collection</p>		<p>identified as resident D no longer has their catheter drainage bag allowed to touch the floor. Resident D's catheter drainage bag is consistently being positioned up off the floor in an attempt to prevent the development of an infection.</p> <p>6a.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident D is now being monitored/assessed daily for signs and symptoms of COVID-19.</i></p> <p>6b.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident E is now being monitored/assessed daily for signs and symptoms of COVID-19.</i></p> <p>6c.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident F is now being monitored/assessed daily for temperature and signs and symptoms of COVID-19.</i></p> <p>6d.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident P has been discharged to home with no signs or symptoms of COVID-19.</i></p>		

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	<p>bag. The bag was touching the floor.</p> <p>An observation was made on 8/17/21 at 2:22 p.m. of Resident D's urinary catheter collection bag. The bag was touching the floor.</p> <p>A Urinary Catheter Care policy was received on 8/18/21 at 11:10 a.m. from ED. It indicated, "Infection Control...2. Maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag...b. Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>6. a. The clinical record for Resident D was reviewed on 8/17/21. Resident D was admitted to the facility on 7/29/21. Resident D was not vaccinated for COVID-19.</p> <p>Resident D's August 2021 MAR (Medication Administration Record) was received on 8/18/21 at 10:31 a.m. from DON (Director of Nursing). It indicated Resident D had not been assessed for signs and symptoms of COVID-19 on 8/1/21, 8/2/21, and 8/3/21. Resident D's COVID-19 monitoring did not start until 8/4/21.</p> <p>b. The clinical record for Resident E was reviewed on 8/17/21. Resident E was admitted to the facility on 6/30/21. Resident E was not vaccinated for COVID-19.</p> <p>Resident E's July 2021 MAR and TAR (Treatment Administration Record) were received on 8/18/21 at 10:31 a.m. from DON. It indicated, no monitoring for COVID-19 signs or symptoms had been done for the entire month.</p> <p>Resident E's August 2021 MAR and TAR were received on 8/18/21 at 10:31 a.m. from DON. The MAR indicated, monitoring for signs and</p>		<p>7.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the family members of the resident identified as resident D were re-educated on the required use of personal protective equipment at the time of this event. Resident D no longer requires contact precautions at this time.</i></p> <p>8a.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident F was re-educated on contact precautions at the time of this event. Resident F is no longer on contact precautions however is required to wear a face mask when out of his room or within six feet of others. Resident F is assisted with placement and reminded of the wearing of facial mask when warranted.</i></p> <p>8b.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident J is no longer in transmission-based precautions. The LPN identified as LPN 7 has been re-educated on infection control practices related to transmission-based precautions.</i></p> <p>9.) <i>The corrective action taken for those residents found to have</i></p>				

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	<p>symptoms of COVID-19 began on 8/4/21.</p> <p>c. The clinical record for Resident F was reviewed on 8/16/21 at 2:30 p.m. The diagnoses for Resident F included, but were not limited to, anxiety and traumatic brain injury. The resident was admitted to the facility on 8/6/21 and placed in droplet precautions.</p> <p>The clinical record for Resident F did not include monitoring of temperature and signs or symptoms of COVID-19.</p> <p>d. The clinical record for Resident P was reviewed on 8/16/21 at 2:30 p.m. The diagnosis for Resident P included, but was not limited to, coronary artery disease. The resident was admitted to the facility on 8/13/21 and was placed in droplet precautions.</p> <p>The August 2021 Medication Administration Record (MAR) indicated as of 8/14/21, Resident P's temperature and respirations were being monitored every 4 hour for 14 days.</p> <p>The clinical record for Resident P did not include monitoring for signs or symptoms of COVID-19.</p> <p>An interview was conducted with the Executive Director on 8/19/21 at 9:17 a.m. He indicated Resident F and Resident P were not vaccinated and new admissions. He was unable to provide monitoring for signs and symptoms of COVID-19 for either resident.</p> <p>The COVID-19 LTC [Long Term Care] Infection Control Guidance Standard Operating Procedure dated 7/23/21 indicated "...Unvaccinated residents require once-daily assessment for</p>		<p><i>been affected by the deficient practice is that the resident identified as resident M is no longer in droplet plus isolation precautions. Resident M is now receiving their medications in accordance with acceptable standards of infection control practices related to medication administration. The LPN identified as LPN 12 has been re-educated on medication administration practices as well as infection control practices and is now administering medications in accordance with acceptable standards of practice.</i></p> <p><i>10.) The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident H is now receiving assistance with meals by staff members that are practicing acceptable standards of infection control practices related to meal service. The CNA identified as CNA 11 has been re-educated on infection control practices as it is related to meal service. CNA 11 is now assisting resident with their meals utilizing acceptable standards of practice as it is related to meal service and infection control practices.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents, staff and visitors have</i></p>	

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	<p>COVID-19...Unknown COVID-19 status (Yellow): All residents in this category warrants (droplet and contact.) HCP [Healthcare Personnel] will wear single gown per resident, glove, N95 [respirator] mask and eye protection (face shield/ or goggles). Gowns and gloves should be changed after every resident encounter with hand hygiene performed...Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after exposure or admission..."</p> <p>7. An observation was made on 8/17/21 at 2:19 p.m. of Resident D's mother and grandmother inside Resident D's room. Resident D's mother was wearing an isolation gown, a cloth mask, and no gloves. His grandmother was only wearing a surgical mask.</p> <p>The clinical record for Resident D was reviewed on 8/16/21. Resident D was admitted to the facility on 8/5/21 and had not received the COVID-19 vaccination. Resident D's room was on contact precautions and required staff and visitors to don the appropriate PPE for a contact precaution rooms, which was an isolation gown, N95 mask, gloves, and eye protection.</p> <p>An interview with ED was conducted on 8/17/21 at 2:23 p.m. He indicated, he previously has had a discussion with Resident D's family concerning the need to adhere to the contact precautions that were in place for Resident D. He stated if visitors continue to not follow rules, they will no longer be able to visit.</p> <p>8. a. The clinical record for Resident F was reviewed on 8/16/21 at 2:30 p.m. The diagnoses</p>		<p>the potential to be affected by this deficient practice. All residents are now being provided care and services in accordance with acceptable standards of infection control practices in accordance with the CDC guidelines. These practices include the appropriate use of transmission-based precautions, monitoring daily for temperature and signs and symptoms of COVID-19, the use of appropriate PPE, which includes face masks, eye protection, isolation gowns, glove usage and hand hygiene. Residents are now having their indwelling catheters cared for utilizing infection control practices in a manner that attempts to prevent infection. Residents are also receiving their medications in a manner to prevent possible contamination of their medications. Residents are now being provided assistance with meal service without the risk of contamination of food and residents are being provided tracheostomy care in accordance with correct infection control practices and procedures. In addition, all visitors are now receiving proper screening and instruction on infection control practices that must be adhered to during any and all visits to the facility or they will forfeit their ability to visit the resident.</p> <p><i>The measures that have been put</i></p>				

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	<p>for Resident F included, but were not limited to, anxiety and traumatic brain injury. The resident was admitted to the facility on 8/6/21.</p> <p>A physician's order, dated 8/6/21, indicated he was to have a private room, staff were to encourage resident to stay in his room for meals, therapy, and activities for 14 days.</p> <p>On 8/15/21 at 11:40 a.m., he was observed in his room, lying in bed. There was an isolation cart present outside of his room door and a sign on the door indicating he has in Transmission Based Precautions.</p> <p>On 8/15/21 at 12:42 p.m., Resident F was observed sitting at a dining table in the unit dining room. He did not have a mask on and was sitting within 6 feet of 1 other residents. He was leaning over and attempting to pick up an item on the floor. There were 3 staff members present in the dining room.</p> <p>During an interview on 8/15/21 at 12:45 p.m., CNA (Certified Nursing Assistant) 13 indicated he was in the dining room for lunch. She was unsure if he was in transmission-based precautions, but she would check.</p> <p>On 8/15/21 at 12:50 p.m., CNA 13 was observed assisting him from the dining room back to his room for lunch.</p> <p>b. The clinical record for Resident J was reviewed on 8/16/21 at 11:47 a.m. The Resident's diagnosis included, but were not limited to, traumatic brain injury and seizure disorder. He was admitted to the facility on 8/2/2021.</p>		<p><i>into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all staff on the facility's infection control practices. In addition, all staff members have been required to successfully provide return demonstration of the following procedures; how and when to don and doff PPE, including but not limited to masks, respirator devices, eye protection, gloves, gowns as well as how and when to perform hand hygiene (both soap and water and alcohol-based hand sanitizer), the staff was also re-educated on the screening of all visitors, vendors and others utilizing an at the door system for fever and respiratory symptoms including, but not limited to, shortness of breath, new or changed cough and sore throat, ensuring screening for other symptoms of COVID-19, including but not limited to change in taste or smell and gastrointestinal symptoms. The staff must also ensure that all screening information is assessed prior to allowing the visitor entrance to the facility. The nursing staff was also re-educated on the facility's policies and CDC guidelines on the care of an indwelling catheter in an attempt to prevent the possibility of infection. The staff was instructed on ensuring that the catheter drainage bag and</i></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155857	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2021
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205
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	<p>A physician's order, dated 8/2/21, indicated he was to have a private room, staff were to encourage resident to stay in his room for meals, therapy, and activities for 14 days.</p> <p>On 8/15/21 at 12:50 p.m., LPN (Licensed Practical Nurse) 7 was observed pushing Resident J in his w/c in the hallway, he did not have a mask on. He brought him into the dining room and was told by CNA 13 to take him back to his room because he was on TBP. LPN 7 then left the dining room with him.</p> <p>9. The clinical record for Resident M was reviewed on 8/18/21 at 8:15 a.m. The Resident's diagnosis included, but were not limited to, Parkinson's disease and diabetes.</p> <p>On 8/18/21 at 8:15 a.m., LPN 12 was observed administering medications to Resident M. She performed hand hygiene and gathered his medications from the medication cart. She used the end of her pen to poke the foil of each medication card and then put the pills into a plastic medication cup. The door of his room had a sign indicating he was in Droplet Plus Isolation Precautions and that a N95 mask, eye protection, isolation gown and gloves were required to enter the room. She was wearing a N95 mask and a face shield and donned a disposable isolation gown and entered his room. She did not have on disposable gloves. She administered his medication to him and assisted him with positioning his blankets. She then removed her isolation gown and left the room. She performed hand hygiene and went back to the medication cart.</p> <p>During an interview on 8/15/21 at 8:45 a.m., LPN 12 indicated she should not have used to her</p>		<p>tubing were positioned below the bladder level and off of the floor at all times. The licensed nurses and QMA were instructed on the proper infection control practices during medication administration to prevent possible contamination of the medications. The licensed nurses and RTs were re-educated on the correct procedures for tracheostomy care.</p> <p><i>The corrective action taken to monitor to ensure the deficient practice will not recur is that the Infection Preventionist Nurse and/or their designee will monitor through visual round each solution and systemic change identified in the Root Cause Analysis and LTC Infection Control Assessment daily or more often if necessary for six weeks and until compliance is maintained. The Infection Preventionist and/or their designee will complete daily visual rounds throughout the facility to ensure staff are practicing appropriate infection control practices and complying with the solutions identified in the Root Cause Analysis and the LTC Infection Control Assessment. A Quality Assurance tool has been developed and implemented to monitor on-going compliance related to infection control practices. This tool will be completed by the Director of Nursing and/or their designee. The tool will be completed weekly</i></p>	

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	<p>pen to poke the foil of each medication card and that she should have worn gloves while when entering the TBP room.</p> <p>10. The clinical record for Resident H was reviewed on 8/15/21 at 1:17 p.m. The Resident's diagnosis included, but were not limited to, quadriplegia and traumatic brain injury.</p> <p>On 8/17/21 at 1:17 p.m., CNA 11 was observed assisting him to eat lunch in the unit dining room. She picked up a piece of a sandwich with her bare hands and placed it in his mouth. She then laid her hands into her lap. She asked him if he was ready for another bite and then placed her bar hand into a bag of potato chips, removed a couple of chips from the bag and placed them in his mouth.</p> <p>On 8/18/21 at 11:10 a.m., the ED (Executive Director) provided the current Meal Service Policy which read "...Residents shall be served their meals in accordance with dignity and acceptable standards of infection control practices.... (4) Bare hands are never to touch any resident food or beverages..."</p> <p>This Federal tag relates to complaint IN00361924.</p> <p>3.1-18(b)(1)</p>		<p>for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be utilized to update and make changes to the Directed Plan of Correction as needed for maintaining substantial compliance for at least the next six months.</p>		