

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

PRINTED: 10/01/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155166		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/18/2020	
NAME OF PROVIDER OR SUPPLIER VALPARAISO CARE & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 606 WALL STREET VALPARAISO, IN 46383			
(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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00322424, IN00322697 and IN00330106. This visit included a Covid-19 Focused Infection Control Survey.</p> <p>Complaint IN00322424 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00322697 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00330106 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 17 & 18, 2020.</p> <p>Facility number: 000083 Provider number: 155166 AIM number: 100289670</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 9 Medicaid: 104 Other: 12 Total: 125</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/20/20.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. The facility respectfully requests a desk review in lieu of a post-survey revisit.</p>		
F 0880 SS=D	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 that 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 disclosable 30 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 observation, record review and interview, the facility failed to ensure infection control guidelines were in place and implemented as ordered related to isolation procedures and COVID-19 monitoring for 3 of 3 residents reviewed for infection control monitoring. (Residents G, F and H)</p> <p>Findings include:</p>	F 0880	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> Resident G had appropriate transmission-based precautions sign placed during the time of survey and has appropriate temperature and COVID-19 		09/17/2020		

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	<p>1. On 8/17/20 at 1:55 p.m., a sign was observed on Resident G's door that indicated, "See Nurse Before Entering". There was a set up on the door with isolation gowns and gloves.</p> <p>The resident's record was reviewed on 8/17/20 at 1:20 p.m. Diagnoses included, but were not limited to, pneumonia, respiratory failure and traumatic brain injury. The resident was ventilator dependant.</p> <p>A Physician's Order, dated 7/10/20, indicated to monitor for signs and symptoms of COVID-19 three times daily, every shift, and monitor for temperature over 100.0 degrees.</p> <p>A Physician's Order dated 8/13/20, indicated Augmentin (an antibiotic) 500-125 milligrams, every 12 hours for 14 days for treatment of pneumonia.</p> <p>A Physician's Order dated 8/13/20, indicated the resident was to be on Droplet Isolation due to an active infection.</p> <p>A Care Plan dated 8/14/20, indicated the resident was on isolation due to pneumonia with high temperature.</p> <p>The record lacked evidence temperatures were monitored three times daily as ordered. The August temperatures were recorded as follows:</p> <ul style="list-style-type: none"> 8/16/2020 at 8:46 AM 98.9 F 8/15/2020 at 1:37 PM 97.4 °F 8/14/2020 at 10:04 PM 99 °F 8/14/2020 at 3:43 PM 99.3 °F 8/14/2020 at 1:51 PM 99.3 °F 8/13/2020 at 9:51 AM 99.5 °F 8/13/2020 at 5:53 AM 99.5 °F 				<p>monitoring orders</p> <ul style="list-style-type: none"> · Resident F is no longer in transmission-based precautions and has appropriate temperature and COVID-19 monitoring orders · Resident H has appropriate temperature and COVID-19 monitoring orders · Respiratory Therapist, LPN 1, LPN 2, and LPN 3 were provided immediate education on type of standard and transmission-based precautions policy and type of isolation residents were on. <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by alleged deficient practice. · Nursing staff will be in-serviced by the IP/designee on Standard and Transmission Based Precautions policy including utilizing the proper isolation signs with the specific transmission based precautions to be followed on the front of the sign, and the reason why resident is on isolation. Nursing staff will also be in-serviced on COVID-19 symptom monitoring and recording temperatures per physician's orders. · All staff will be in-serviced on isolation signs and following 		

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	<p>8/12/2020 at 1:18 PM 97.6 °F 8/11/2020 at 1:42 PM 98.0 °F 8/10/2020 at 7:36 AM 97.3 °F 8/09/2020 at 1:25 PM 98.4 °F 8/08/2020 at 7:23 AM 98.8 °F 8/07/2020 at 9:14 AM 98.4 °F 8/06/2020 at 9:44 AM 98.0 °F 8/05/2020 at 9:59 AM 98.6 °F 8/04/2020 at 3:52 PM 98.4 °F 8/03/2020 at 3:20 PM 98.0 °F</p> <p>During an interview with LPN 2 and LPN 3 on 8/17/20 at 1:55 p.m., LPN 2 indicated the resident was on Contact isolation. She indicated the resident had a fever a couple of days ago and the doctor had ordered a urine culture. Residents were not put on Droplet isolation unless they had a respiratory infection, like pneumonia. LPN 3 questioned if the resident didn't have pneumonia at that time. Both LPNs consulted the resident's record and determined she did have pneumonia and was on Droplet precautions.</p> <p>During an interview with Respiratory Therapist 1 on 8/17/20 at 2:07 p.m., she indicated she did not know what type of isolation the resident was on. There was sometimes a sign indicating what type of precautions to follow or she would ask the nurse.</p> <p>During an interview with the Administrator on 8/17/20 at 2:16 p.m., she indicated residents in the facility were monitored every shift for signs and symptoms of COVID-19 and their temperature was checked daily. The residents' temperatures were checked every shift based on nursing judgment.</p> <p>The policy titled, "Standard and Transmission Based Precaution (Isolation) Policy," reviewed July 2020, was received from the Administrator on</p>				<p>proper precautions listed on sign by the IP/designee</p> <ul style="list-style-type: none"> An audit was conducted by the IP to identify all residents with infections for proper transmission-based precautions and appropriate signage An audit was completed by the IDT on all residents to ensure that residents had orders for every shift temperature and COVID symptom monitoring. The IP/designee removed all old isolation signs, printed new isolation signs, and made new signs accessible to nursing staff at the nurses' station. <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> A Root Cause Analysis will be conducted with a consultant Infection Preventionist, with input from the facility Medical Director/IP/DNS to identify the root cause and develop solutions/systemic changes to address the root cause. The facility LTC Infection Control Self-Assessment will be reviewed with the consultant IP to determine accuracy Nursing staff will be in-serviced by the IP/designee on 		

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	<p>8/18/20 at 10:30 a.m. The policy indicated, "...Post appropriate transmission based precaution sign on the resident door or on wall above room... The sign should indicate the Transmission based precaution the resident is on and the required personal protective equipment (PPE)..."2. Record review for Resident F was completed on 8/17/20 at 1:59 p.m. Diagnoses included, but were not limited to, hypertension, COPD (chronic obstructive pulmonary disease), and respiratory failure.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 6/2/20, indicated the resident was moderately cognitively impaired.</p> <p>The Infection Control Log, dated 7/8/20, indicated the resident had a diagnosis of pneumonia. The resident was started on an antibiotic and placed on droplet isolation.</p> <p>A Physician's Order, dated 7/10/20, indicated to monitor for signs and symptoms of COVID-19 every shift. This included: Temp/Fever of 100 or higher, chills, congestion or runny nose, diarrhea, nausea or vomiting, shortness of breath or difficulty breathing, new or worsening cough, sore throat, muscle or body aches, fatigue, headache, new loss of taste and smell.</p> <p>The resident's record indicated temperature checks were completed once a day. The record lacked documentation to indicate the resident's temperature was checked every shift.</p> <p>Interview with LPN 1 on 8/17/20 at 3:21 p.m., indicated they would only check the resident's temperatures once daily. The order indicated to check the temperature every shift so that should have been completed.</p>				<p>Standard and Transmission Based Precautions policy including utilizing the proper isolation signs with the specific transmission based precautions to be followed on the front of the sign, and the reason why resident is on isolation. Nursing staff will also be in-serviced on COVID-19 symptom monitoring and recording temperatures per physician's orders.</p> <ul style="list-style-type: none"> All staff will be in-serviced on isolation signs and following proper precautions listed on sign by the IP/designee. IP/designee will conduct rounds every shift using the Observation Rounds Transmission Based Precautions (TBP) Audit tool to ensure that staff are taking temperatures per physician's orders, staff are able to verbalize what transmission based precautions (isolation) resident is in, licensed nurses can verbalize why resident is in TBP, appropriate isolation sign is on the door that indicates type of TBP resident is in (including appropriate PPE to be worn), and what corrective actions will be taken for non-compliance. Daily Observation tools will be reviewed by the IP and results presented at QAPI monthly. The IDT will review the residents' clinical records daily in the clinical meeting to ensure that physician's orders were followed 		

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	<p>3. Record review for Resident H was completed on 8/18/20 at 11:11 a.m. Diagnoses included, but were not limited to hypertension, diabetes mellitus, Alzheimer's disease, and depression.</p> <p>The Admission MDS (Minimum Data Set) assessment, dated 8/5/20, indicated the resident was severely cognitively impaired.</p> <p>A Care Plan, dated 8/16/20, indicated the resident was restricted to their room in droplet isolation for 14 days due to potential exposure to COVID-19 prior to admission/readmission. An intervention included to monitor for fever and signs or symptoms of respiratory illness each shift.</p> <p>A Physician's Order, dated 7/29/20, indicated to monitor for signs and symptoms of COVID-19 every shift. This included: Temp/Fever of 100 or higher, chills, congestion or runny nose, diarrhea, nausea or vomiting, shortness of breath or difficulty breathing, new or worsening cough, sore throat, muscle or body aches, fatigue, headache, new loss of taste and smell.</p> <p>The resident's record indicated temperature checks were completed once a day. The record lacked documentation to indicate the resident's temperature was checked every shift.</p> <p>Interview with the Clinical Education Coordinator on 8/18/2020 at 11:18 a.m., indicated the order was to check for a fever every shift. Staff should have checked the resident's temperature every shift.</p> <p>3.1-18(a)</p>				<p>for temperatures and COVID symptom monitoring.</p> <ul style="list-style-type: none"> The consultant IP will provide ongoing training, oversight, resources and competencies as needed based on the Observation Rounds Audit tool to ensure that staff are taking temperatures per physician's orders, staff are able to verbalize what transmission based precautions (isolation) resident is in, licensed nurses can verbalize why resident is in TBP, appropriate isolation sign is on the door that indicates type of TBP resident is in (including appropriate PPE to be worn). The IP/designee will conduct rounds daily using the Isolation Checklist Tool IDT members will be educated in morning meeting on residents in isolation and what type. Clinical team will educate nurses and CNAs about residents in isolation and what type during Gemba rounds. A list of residents and type of isolation will be distributed to team and available at nurse's station. <p>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; and by what date the systemic changes for each deficiency will be completed</p> <ul style="list-style-type: none"> The IP/DNS/Designee will 		

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			<p>monitor each solution/systemic change identified in the RCA daily or more often as necessary x6 weeks and until compliance is maintained</p> <ul style="list-style-type: none"> Transmission Based Precautions (Isolation)/Temperature Monitoring QA tool will be completed daily by IP/designee x6 weeks and until compliance is maintained. The IP/designee will be responsible for the completion of the Transmission Based Precautions (Isolation)/Temperature Monitoring QA Tool weekly x 4, monthly x 3 months and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. The facility will review, update and make changes to the DPOC as needed with input and oversight from the Consultant Infection Preventionist for sustaining substantial compliance for no less than 6 months. 		