STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155432	A. BUILDING 00 B. WING	03/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ALBANY HEALTH CARE & REHABILITATION CENTER	910 W WALNUT ST ALBANY, IN 47320

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F 0000 Bldg. 00	This visit was for Investigation of Complaints IN00347389 and IN00348514. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00347389- Unsubstantiated due to lack of evidence. Complaint IN00348514 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: March 15 and 16, 2021. Facility number: 000309 Provider number: 155432 AIM number: 100288960 Census Bed Type: SNF/NF: 63 Total: 63 Census Payor Type: Medicare: 11 Medicaid: 42 Other: 10 Total: 63 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 18, 2021.	F 0000	This plan of correction is prepared and executed because it is required by the provisions of state and federal law, and not because Albany Health and Rehab agrees with the allegations contained therein. Albany Health and Rehab maintains that each deficiency does not jeopardize the health and safety of the residents, nor is it of such character as to limit our capacity to render adequate care. Please let this Plan of Correction serve as the facility's credible allegation of compliance for the date of 04/15/2021. Albany Health and Rehab 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 designed to provide a safe, sanitary and			

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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	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 (B) A requirement that the isolation should be			

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	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 properly maintain infection prevention and control strategies during a global pandemic of COVID-19 related to HCP (Health Care Personnel) donning protective gowns and performing hand hygiene for 2 residents and 5 of 5 observations for infection control (Residents G and F). Findings include: 1. During the initial tour of the facility, on 3/15/21 at 9:45 a.m., the DON (Director of Nursing) identified the resident room's where TBP	F 0880	1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? ***(A) Resident G will continue to receive therapy services within the therapy gym while in TBP precautions with therapist being in full PPE.*** ***(B) Rooms 104 and 108 observed for signage describing correct PPE donning and doffing procedure. Signage lists***	04/15/2021

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	(Transmission Based Precautions) were in place due to a 14 day quarantine following an admission or readmission, those rooms had signage on the doors that indicated what PPE was required to enter the room. Those rooms included, but were not limited to, the following: a. Room 302 required TBP due the resident having been readmitted from the hospital. b. Room 304 required TBP due to the resident having been readmitted from the hospital. A random observation during the tour included Therapist 21 had assisted Resident G into room 304. c. Room 104 required TBP due to the resident having been a new admission. d. Room 108 required TBP due to the resident having been a new admission. During an interview, on 3/15/21 at 10:51 a.m., Therapist 21 indicated Resident G had received therapy services in the gym this morning, she had assisted the resident back to her room afterwards. She indicated she had worn a mask and eye protection while working with the resident in the gym, if she would have provided services to her in her room, she would have also donned a gown and gloves. Resident G's clinical record was reviewed on 3/15/21 at 11:20 a.m. She had been readmitted to the facility on 3/11/21. Diagnoses included, but were not limited to, infection and inflammatory reaction due to internal left knee prosthesis. A 3/4/21 discharge MDS (Minimum Data Set) assessment indicated she had an unplanned		***donning process including "fasten in back of neck and waist". A photo of proper gown use is on signage as well showing gown closed at waist and neck.*** ***(C) Room 302 was observed for proper TBP signage and PPE supply.*** ***(D) Resident F was assisted with face covering and assisted back to room.*** ***Resident F was educated on TBP and rationale for utilizing face coverings and limiting travel throughout facility within ordered quarantine period following admission to facility.*** 2. How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken. ***(A) Upon review of Therapist 21's treatment schedule, there was only one resident treated in gym in the hour following Resident G's therapy session. This one resident is COVID recovered within 90 days. Therapist 21 had contact with 4 other residents following resident G's service including 2 COVID recovered residents within 90 days and 2 TBP***	

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	discharge to an acute hospital. Physician orders, dated 3/11/21, indicated physical therapy evaluation and treatment and occupational therapy evaluation and treatment. 2. During a random observation, on 3/15/21 at 11:41 a.m., LPN 9 entered room 108 to obtain the resident's blood sugar. In addition to the mask and eye protection she had been wearing, she donned a protective gown, left it untied, and donned gloves. The gown had fallen down to her chest area, off of both shoulders. 3. On 3/16/21 at 8:29 a.m., during a random observation, LPN 9 had entered room 104 and administered insulin to the resident. The protective gown she wore was untied, had fallen to her chest area, and was off of both shoulders. During an interview, on 3/16/21 at 8:33 a.m., LPN 9 indicated she normally left the protective gown untied. 4. During a random observation, on 3/16/21 at 10:46 a.m., Contracted RN 2 was at the bedside of the resident in room 302. She was not wearing a protective gown or gloves. Once she exited the room, she proceeded down the hall to the nurses' station. During an interview, on 3/16/21 at 10:49 a.m., Contracted RN 2 indicated she didn't look to see what PPE was required to enter the room and had not yet performed hand hygiene since she had left the resident's room. 5. During a random observation, on 3/15/21 at 11:41 a.m., Resident F was seated in her wheelchair in the doorway to her room. She indicated she couldn't get out of the room, as LPN 9 was outside of the door with		***residents. All were seen in their room with full PPE utilized for the TBP residents. Therefore, no other residents were affected.*** ***(B) Residents on LPN 9's assignment were noted as having the potential to be affected. All TBP rooms were observed for proper PPE signage including sequence for donning with photo.*** ***(C) No other residents were seen by Contracted RN 2 following the deficient practice.*** ***(D) Eleven residents under TBP's had the potential to be affected by the deficient practice.*** ***CEC nurse/designee to complete and document resident TBP education and rationale for utilizing face coverings and limiting travel throughout facility within ordered quarantine period following admission to facility.*** 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? ***(A) Therapy procedure for TBP residents was reviewed with all facility therapy staff as well as CHS supervisor for ongoing education on providing service for TBP resident in therapy gym***	

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	the medication cart. Signage on the door to her room indicated she was in TBP. After LPN 9 pushed the cart down the hallway to another room, the resident left her room, propelling herself down the hallway in her wheelchair, past LPN 9, who was standing at the medication cart. The resident was not wearing a face covering; she continued down the hallway, past PCA 7, then past the nurses station, where two staff members were seated. She continued onto the 200 hall, and indicated she was headed to the dining room for dinner. Review of Resident F's clinical record was reviewed on 3/15/21 at 11:50 a.m. She had a current 3/4/21 physician's order to maintain droplet isolation precautions due to possible COVID-19 exposure. Review of a current facility policy, titled "PERSONAL PROTECTIVE EQUIPMENT (PPE)," with a revised date of 10/26/20 and provided by the ADON (Assistant Director of Nursing) on 3/16/21 at 11:17 a.m., indicated "...Purpose: To prevent transmission of infectious illnesses or pathogens...7. Instructions for how to put PPE on can be located in the CDC Guidelines Sequence for Putting on PPE and on the facility intranet. 8. When a resident requires isolation precautions, the required PPE will be located on the residents isolation sign. 9. Staff will follow the policy for isolation precautions and the use of PPE...." Review of a COVID-19 Toolkit for Long-Term Care Facility Staff, created by the Indiana State Department of Health, and updated 3/9/21, indicated, "...Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact.) HCP will wear single gown per resident, glove, N95 mask		***and general PPE reminder.*** ***PPE supply caddy was placed in therapy room for immediate access to all PPE when needed.*** ***Hand sanitizing wall unit remains in place in therapy gym, halls, and resident rooms.*** ***Derek Bootcheck, RDO for Creative Health Solutions, employer of Therapist 21, was immediately notified of incident.*** ***1:1 education was completed with Therapist 21 per Daren Bootcheck, RDO for CHS.*** ***Incident was sent to CHS corporate compliance system per Derek Bootcheck, RDO for CHS.*** ***Therapy to notify DON or ADON prior to any use of PRN staff to ensure education on appropriate TBP process prior to providing service to residents.*** ***Therapy lead/designee to report to ADON or DON daily the names of any TBP resident requiring in gym therapy services and rationale for need.*** ***(B) LPN 9 received 1:1 education and provided return demonstration regarding proper donning of gown and use in TBP room.***	

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	and eye protection (face shield/or goggles). Gowns and gloves should be changed after every resident encounter with hand hygiene performed...Adherence to strict hand hygiene should continue for all, particularly staff, including when entering the facility and before and after resident care...If residents in rehabilitation units are in 14-day quarantine in TBP and need to get to the skilled therapy gym, they may go when there is 1 HCP and 1 resident; both in full gown, glove, mask and HCP in face shield/eye protection..." 3.1-18(l)		***LPN 9 was assigned Relias education including CDC PPE Lessons 0.25 hours, Procedures for Isolation Room 1 hour, Isolation Room Inservice 1 hour, Infection Control for Healthcare Professionals 3 hour, Infection Control : Contact Precautions 0.25, Infection Control: Airborne Precautions 0.25. All assigned education to be completed by April 9, 2021.*** ***PPE donning procedure was reviewed with staff on 4/1/21.*** ***(C) Contracted RN 2 Optum supervisor, J. Cline, was immediately notified of deficient practice.*** ***Contracted RN 2 received 1:1 education on PPE and hand hygiene including but not limited to mask, respirator devices, gloves, gown, and eye protection per IP nurse and was asked to cease services immediately.*** ***Optum contracted HCP's educated on identifying TBP room, proper PPE usage, and hand hygiene.*** ***Optum supervisor J. Cline notified that facility will need to be notified of any new or PRN staff coming to the facility to see patients prior to arrival to***	

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			ensure education on identifying a TBP room, PPE and hand hygiene including but not limited to mask, respirator devices, gloves, gown, and eye protection prior to visiting residents. ***V. Owens, facility's regular visiting Optum NP, was educated on identifying TBP room, proper PPE usage and hand hygiene including but not limited to mask, respirator devices, gloves, gown, and eye protection.*** ***(D) 1:1 education completed with LPN 9 and PCA 7 regarding utilizing face coverings for resident outside of their rooms or during care within room. Education includes redirecting, educating, and assisting resident with face coverings and limiting travel throughout facility for TBP residents and how to assist with mobility safely if necessary for care.*** ***Staff educated regarding utilizing face coverings for resident outside of their rooms or during care within room. Education includes redirecting, educating, and assisting resident with face coverings and limiting travel throughout facility for TBP residents and how to assist with mobility safely if necessary for care.***	

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			4. 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? ***(A) IP nurse/DON/Designee will monitor the solutions and systemic changes that were identified in the root cause analysis daily or more often if necessary for a minimum of 6 weeks or until compliance is maintained. The changes include ensuring therapy employees are aware of TBP service procedure and supply of PPE, hand sanitizer, and disinfectant is readily available in therapy gym area.*** ***IP nurse/DON/Designee will complete visual rounds daily to ensure that staff are practicing appropriate infection control practices based on the Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 including hand hygiene practices, proper PPE use and practices, removal of PPE, and sanitizing of equipment following resident/therapist use, and are complying with the solutions identified daily or more often as necessary for 6 weeks and until compliance is maintained.***	

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			(B) CEC nurse to complete and document skills demonstration of donning/doffing PPE 2 times weekly for 4 weeks, then weekly for 4 weeks, then every other week for 4 weeks, then monthly or more frequently if necessary until compliance is maintained. ***(C) Log of any new/PRN Optum visiting staff will be maintained by DON/designee to ensure ongoing education on identifying TBP room, proper PPE usage, including but not limited to mask, respirator devices, gloves, gown, and eye protection, and hand hygiene.*** ***Optum staff will be observed for proper use of PPE and hand hygiene while rounding at facility.*** ***(D) CEC nurse/designee will identify new TBP residents during clinical meeting to complete and document resident TBP education and rationale for utilizing face coverings and limiting travel throughout facility within ordered quarantine period following admission to facility. IP/DON/designee will complete visual rounds at least daily on varying shifts to ensure staff are following appropriate infection control practices. Staff will***	

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			encourage best infection control practices with residents choosing to navigate facility including policy for assisting TBP residents out of room when necessary for care. Rounding will continue to ensure staff are complying with the identified solutions daily or more often if necessary for 6 weeks or until compliance is maintained. DPOC will be reviewed, updated, and changes made through facility QAPI program as needed to sustain substantial compliance for no less than 6 months. ***5. Date of completion will be 4/15/2021***	