

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155334	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2020
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NAME OF PROVIDER OR SUPPLIER  WILDWOOD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7301 E 16TH ST INDIANAPOLIS, IN 46219
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00326181.</p> <p>Complaint IN00326181 - Substantiated. Federal deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: 5/1/20</p> <p>Facility number: 000227 Provider number: 155334 AIM number: 100267520</p> <p>Census Bed Type: SNF/NF: 151 Total: 151</p> <p>Census Payor Type: Medicare: 29 Medicaid: 88 Other: 34 Total: 151</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 8, 2020.</p>	F 0000	<p>On May 1 2020 a complaint surveyor from ISDH completed a Complaint Survey at Wildwood Healthcare. Enclosed please find the stated list of deficiencies with the facility's plan of correction for these alleged deficiencies. Please consider this letter and plan of correction to be the facility's credible allegation of compliance. This letter is our request for a desk review/ paper compliance to verify the facility has achieved substantial compliance with the applicable requirements as of the date set forth in the plan of correction as June 3, 2020.</p> <p>Respectfully Ethan Peak, Administrator</p>	
F 0880 SS=F Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control §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>			

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>§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:</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</p>			

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	<p>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. Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 by not changing gowns and gloves after handling potentially contaminated laundry and not donning a clean gown prior to entry of the pending COVID result residents and not doffing the potentially contaminated gowns prior to exit thus potentially exposing residents to COVID-19 who may have potentially been unexposed. This deficiency had the potential to effect 151 of 151 residents residing in the facility.</p> <p>Findings include:</p> <p>1. An observation was made of LS (Laundry Staff) on 5/1/20 at 10:03 a.m. LS was wearing an</p>	F 0880	<p><b>F 880</b></p> <p><b>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice:</b></p> <p>LS was educated at the time deficiency on proper procedure in regards to changing gowns and gloves and hand hygiene between handling dirty laundry and clean surfaces/clean linen.</p> <p>LM was educated on proper procedure for laundry staff in</p>	06/03/2020

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	<p>isolation gown, gloves and mask. She was observed wheeling two laundry carts down the hallway to the laundry room. She placed the dirty laundry into the washer and wheeled the emptied cart out into hallway. She left the laundry room to go back onto the unit to get another cart. LS did not change her gown or gloves and did not perform hand hygiene after touching potentially contaminated laundry and touching the door knob and handles of the laundry cart.</p> <p>An interview with LS was conducted on 5/1/20 at 10:14 a.m. LS indicated she uses the same gown for the whole day or longer and handles the laundry on the green unit.</p> <p>An interview with LM (Laundry Manager) at 10:39 a.m. on 5/1/20, indicated LS should have changed her gloves after handling potentially contaminated laundry but the gowns they wear were used for the week and were replaced if soiled or ripped.</p> <p>The green unit was previously COVID-19 free, but recently had residents test positive for COVID-19 and other residents were pending COVID-19 swab results. A listing of residents, who were still residing on the green unit, and were COVID-19 positive was received on 5/1/20 from the DON (Director of Nursing). The list contained 21 residents known to be positive for COVID-19.</p> <p>An interview with DON was conducted on 5/1/20 at 11:11 a.m. She indicated laundry personnel were going into resident rooms to deliver laundry on the green unit. DON was not aware of laundry staff not changing their isolation gowns after handling potentially contaminated sheets and personal items.</p> <p>The CDC (Centers for Disease Control) website</p>		<p>regards to changing gowns between handling dirty linen and clean surfaces/linen.</p> <p>Nursing staff was educated on changing of PPE between residents with positive results and negative results. Nursing and laundry staff were educated on handwashing when going between dirty surfaces and clean surfaces.</p> <p><b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</b></p> <p>DON or designee tracked all pending results received. At that time, green, yellow, and red zones were created and distinctly marked.</p> <p>Director of Nursing or designee observed staff to ensure prevention and/or containment of COVID-19 by changing gowns and gloves after handling potentially contaminated laundry and donning a clean gown prior to entry of the pending COVID result residents and doffing the potentially contaminated gowns prior to exit to prevent potentially exposing residents to COVID-19 who may have potentially been unexposed.</p> <p><b>Measures put in place and</b></p>		

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	<p>indicated, "Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash. Gloves and gowns should be compatible with the disinfectant products being used. Additional PPE [personal protective equipment] might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash. Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves. If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry. Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed."</p> <p>2. An observation was made of the facility on 5/1/20 at 9:45 a.m. All staff in the facility were wearing masks, gowns, gloves, shoe coverings, hair coverings, and face shields.</p> <p>An observation was made on 5/1/20 of LPN (Licensed Practical Nurse) at 12:50 p.m. LPN was delivering meal trays to residents. She was wearing her isolation gown, gloves, mask, hair covering, shoe covers and face shield when she entered a resident's room, delivered the tray, exited the room, put hand sanitizer on her gloves, grabbed another resident's tray, entered that resident's room, delivered the tray, exited the room, sanitized her gloves again with hand sanitizer and proceeded to grab another resident's tray. LPN did not change her isolation gown.</p> <p>An interview was conducted on 5/1/20 at 9:51 a.m., with DON. She indicated the facility had a</p>		<p><b>systemic changes made to ensure the alleged deficient practice does not recur:</b></p> <p>Director of Nursing Services or designee will re-educate the facility staff on the isolation procedures, donning and doffing of PPE, and hand hygiene.</p> <p><b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b></p> <p>The following audits and /or observations for 10 employees will be conducted by the Director of Nursing Services or designee 2 times per week times 8 weeks then monthly x 4 months to ensure compliance. Monitoring / auditing of this plan of correction will occur on all shifts:</p> <p>observed staff to ensure prevention and/or containment of COVID-19 by changing gowns and gloves and performing hand hygiene after handling potentially contaminated laundry and donning a clean gown prior to entry of the pending COVID result residents and doffing the potentially contaminated gowns prior to exit and performing hand hygiene to prevent potentially exposing residents to COVID-19 who may have potentially been unexposed.</p>	

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	<p>few residents that were previously tested and were negative for COVID, but then developed symptoms and were moved to yellow unit. After retesting those residents, many were now positive for COVID-19. The facility decided to retest all of the residents and are awaiting results as the swabs were done on 4/30/20. The facility had not moved any of the new COVID-19 positive residents yet, all residents were to be isolated to their rooms and all staff are to be following droplet precautions.</p> <p>An interview conducted on 5/1/20 at 12:50 p.m., with LPN indicated the staff wears the same gown all day long.</p> <p>An interview with DON at 2:03 p.m. on 5/1/20, indicated because the facility had swabbed all of their previously negative residents again, those residents were now considered as presumptive positive. Since the residents were presumed positive, then gown changing need not be done. Previously, when a resident developed symptoms of COVID-19, the resident was moved to the red unit with COVID-19 positive residents. DON stated that on the red hall-they don't change gowns between residents.</p> <p>The CDC website stated, "Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE."</p> <p>The CDC guidance - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings indicated, "...Gloves ...Put on clean, non-sterile gloves</p>		<p>The results of the audit observations will be reported, reviewed and trended for compliance thru the facility Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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	<p>upon entry into the patient room or care area ...Change gloves if they become torn or heavily contaminated ...Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene ...Gowns ...Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use ...If there are shortages of gowns, they should be prioritized for: aerosol generating procedures ...care activities where splashes and sprays are anticipated ...high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care ...."</p> <p>The CDC guidance - Strategies for Optimizing the Supply of Isolation Gowns, indicated, " ...Extended use of isolation gowns ... Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridioides difficile) among patients ...."</p> <p>The CDC guidance - Responding to Coronavirus (COVID-19) in Nursing Homes, indicated, "</p>			

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	<p>...Response to Newly Identified SARS-CoV-2-infected HCP or Residents</p> <p>...Resident with new-onset suspected or confirmed COVID-19 ...Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible. Alternatively, if an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room on that unit pending results of SARS-CoV-2 testing. Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit). If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission. If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room ...."</p> <p>This Federal tag relates to Complaint IN00326181.</p> <p>3.1-18(b)(1)</p>			