

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155524	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/28/2022
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NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT GLENBURN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 618 W GLENBURN ROAD LINTON, IN 47441
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00377789.</p> <p>Complaint IN00377789 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: April 28, 2022</p> <p>Facility number: 000230 Provider number: 155524 AIM number: 100275000</p> <p>Census Bed Type: SNF/NF: 91 SNF: 7 Total: 98</p> <p>Census Payor Type: Medicare: 12 Medicaid: 73 Other: 13 Total: 98</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 29, 2022.</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the Statement of Deficiencies. The Plan of Correction is prepared and submitted because of the requirement under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance effective April 1, 2022. Please find enclosed the Plan of Correction for the survey dated March 9-10, 2022. Due to the low scope and severity of the survey findings, please find the sufficient documentation providing evidence of compliance with the Plan of Correction. The documentation serves to confirm the Facility's allegation of compliance. Thus, the Facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, please feel free to contact me.</p> <p>Respectfully submitted, Jean Johanningsmeier, HFA Administrator Health Center of Glenburn Home</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 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 0888 SS=A Bldg. 00	<p>483.80(i)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.</p> <p>§483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.</p> <p>§483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and</p>			

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	<p>(ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section.</p> <p>§483.80(i)(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;</p> <p>(vi) A process by which staff may request an exemption from the staff COVID-19</p>			

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	<p>vaccination requirements based on an applicable Federal law;</p> <p>(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;</p> <p>(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:</p> <p>(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and</p> <p>(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;</p> <p>(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal</p>			

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	<p>antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations;</p> <p>Based on interview and record review, the facility failed to follow the policy for COVID-19 Staff vaccination for medical exemptions, the exemptions failed to specify which vaccine was contraindicated and the clinically recognized contraindication for 2 of 2 staff medical exemptions reviewed. (Employee 1, Employee 2)</p> <p>Findings include:</p> <p>1. On 4/28/22 at 1:15 p.m., Employee 1's COVID-19 medical exemption was reviewed. The medical exemption signed 12/2/21, indicated Employee 1 was undergoing treatment and medication therapy following a new medical diagnosis, it was recommended that Employee 1 not receive any additional COVID-19 vaccinations until further notice.</p> <p>On 4/28/22 at 1:20 p.m., the Infection Preventionist believed the physician believed Employee 1's new medical diagnosis was caused</p>	F 0888	<p><b>F888 requires the facility to develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19.</b></p> <p>1. <b><i>The corrective action taken for those residents found to have been affected by the deficient practice is:</i></b> No residents were affected by this alleged deficient practice.</p> <p>2. <b><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that:</i></b> All residents have the potential to be affected by the alleged deficient practice, thus the following corrective actions have been taken; the medical exemptions for the 2 employees in question were reviewed and updated, as</p>	05/06/2022

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	<p>by the first dose of COVID-19 vaccination.</p> <p>2. On 4/28/22 at 1:30 p.m., Employee 2's COVID-19 medical exemption was reviewed. The medical exemption indicated that the physical condition of the person or medical circumstances related to the person are such that immunization was not considered safe or advisable related to the diagnoses listed. The physician's statement, undated, indicated please give employee medical exemption from receiving COVID-19 vaccine.</p> <p>On 4/28/22 at 1:45 p.m., the Administrator indicated she believed the staff members medical condition was a contraindication to all three vaccines.</p> <p>On 4/28/22 at 2:16 p.m., the Administrator provided the current "Employee COVID-19 Vaccination Exemption" policy, undated. The policy included, but was not limited to: "Requests for medical exemptions to the COVID-19 vaccines must include the following documentation: a. all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the employee to receive, and the recognized clinical reasons for the contraindications..."</p> <p>3.1-18(b)</p>		<p>warranted. There are no other medical exemptions in the facility at this time.</p> <p>3. <b>The measures that have been put into place to ensure that the deficient practice does not recur is:</b> As a means to ensure ongoing compliance the facility policy regarding vaccine exemptions was reviewed and updated, as warranted.</p> <p>4. <b>The corrective action taken to monitor to ensure the deficient practice will not recur is:</b> A Quality Assurance tool has been developed and implemented to monitor documentation of all newly hired employee vaccinations and/or exemptions to ensure timely compliance, (See Attachment A). This tool will be completed by the Infection Control Preventionist or designee weekly x 4 weeks, then monthly x 3 months, and then quarterly for 3 quarters. The outcomes of this tool will be reviewed at the facility's Quality Assurance meetings with the plan of action adjusted accordingly, as warranted.</p> <p>5. The above corrective action will be completed on or before May 6, 2022.</p>		