

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155775	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/01/2019
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NAME OF PROVIDER OR SUPPLIER CUMBERLAND POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 1051 CUMBERLAND AVE WEST LAFAYETTE, IN 47906
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F 0000 Bldg. 00	<p>This visit was for the investigation of Complaint IN00287616.</p> <p>Complaint IN00287616 Substantiated. Federal/State deficiencies related to the allegations are cited at F880.</p> <p>Survey dates: February 28 and March 1, 2019</p> <p>Facility number: 000547 Provider number: 155775 AIM number: 100267440</p> <p>Census bed type: SNF: 27 SNF/NF: 38 Residential: 56 Total: 121</p> <p>Census payor type: Medicare: 11 Medicaid: 29 Other: 25 Total: 65</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on March 11, 2019.</p>	F 0000	The submission of this plan of correction does not indicate an admission by Cumberland Pointe Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cumberland Pointe Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
F 0880 SS=F	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 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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Bldg. 00	<p>§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; (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 record review and interviews the facility failed to provide a safe environment to prevent the development and transmission of communicable diseases and infections for 14 of 65 residents residing in the facility. This had the potential to effect 65 of 65 residents living in the facility. (Residents B, H, J, L, N, C, D, S, T, U, Y, Z, O and P)</p> <p>Findings included:</p>	F 0880	<p>F880 Infection Prevention and Control</p> <p>1. Residents B, H, J, L, N, C, D, S, T, U, Y, Z, O and P were affected. The DHS and ADHS immediately performed rounds throughout campus to verify or place signs on all resident's doors, that state to report to nurse before entering,</p>	03/31/2019

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	<p>Record review of the facility Gastrointestinal Virus tracking form for February 2019 indicated 1 resident had signs and symptoms (s/s) of nausea and vomiting (N/V) and diarrhea or loose stools on 2/16/2019 and 1 resident had the s/s on 2/17/2019. On 2/18/2019, 5 residents had s/s of N/V and loose stools or diarrhea. Total residents with s/s of N/V and diarrhea from 2/16/2019 to 2/19/2019 were 7 residents. (Residents B, H, J, L, N, C and P)</p> <p>Record review of the facility Gastrointestinal Virus tracking form for February 2019 indicated 4 residents had signs and symptoms (s/s) of N/ and diarrhea or loose stools on 2/20/2019 and 1 resident had the s/s on 2/21/2019. On 2/22/2019, 2 residents had s/s and on 2/24 an additional resident had s/s of n/v and diarrhea or loose stools. Total residents with s/s of N/V and diarrhea from 2/20/2019 to 2/24/2019 were 7 residents. (Residents D, S, T, U, Y, Z and O)</p> <p>During an interview on 3/1/2019 at 10:05 a.m., with the Director of Nursing Services (DNS), she indicated all residents were isolated in their rooms, received activities, therapy and meals in their rooms as soon as possible and all residents had signs posted on their doors to report to nurse before entering.</p> <p>During an interview on 2/28/2019 at 2:00 p.m. with RN 6, she indicated she saw no signs posted on resident doors indicating isolation and to report to nurse before entering and she was not aware that needed to be done for isolation residents.</p> <p>During an interview on 2/28/2019 at 5:00 p.m. with LPN 8, she indicated she did not see any signage on the residents door or near the residents door</p>		<p>who were experiencing s/s of infection</p> <p>2. All residents have the potential to be affected. The DHS educated Infection Control nurse and nursing staff on Guidelines for Control of Endemic and Epidemic Situations, isolation precautions, and placing appropriate signage in a conspicuous place outside the resident's room.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will review all residents on isolation to ensure compliance weekly for 4 weeks, then twice monthly x 2 months, then monthly x 3 months, to ensure compliance of notification for infection control.</p> <p>4. As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be revised and updated as warranted.</p>	

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	<p>indicating isolation precautions or to see the nursing staff before entering.</p> <p>During an interview on 2/28/2019 at 5:08 p.m. with RN 9, she indicated she saw no signs posted on resident doors to report to nurse before entering and she was not aware that needed to be done for isolation residents.</p> <p>During an interview on 2/28/2019 at 5:15 p.m. with RN 10, he indicated he saw no signs posted on resident doors to report to nurse before entering and he did not post any signs.</p> <p>During an interview on 2/28/2019 at 5:25 p.m. with CNA 11, he indicated he saw no signs posted on resident doors to report to nurse before entering.</p> <p>During an interview on 3/1/2019 at 2:40 p.m. with LPN 16, she indicated she saw no signs posted on resident doors to report to nurse before entering, residents families were notified of isolation and precautions and staff on duty were advised during report. She was not aware that signs needed to be posted on residents doors to advise visitors, other residents or staff of isolation precautions. She indicated she was not told to post any signs.</p> <p>During an interview on 3/1/2019 at 2:50 p.m. with LPN 15, she indicated she saw no signs posted on resident doors to report to nurse before entering, residents families were notified of isolation and precautions and staff on duty were advised during report. She was not aware that signs needed to be posted on residents doors to advise visitors, other residents or staff of isolation precautions. She indicated she did not post any signs.</p>			

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	<p>During an interview on 3/1/2019 at 2:58 p.m. with QMA 17, she indicated she saw no signs posted on resident doors to report to nurse before entering. She was not aware that signs needed to be posted on residents doors to advise visitors, other residents or staff of isolation precautions.</p> <p>During an interview on 3/1/2019 at 10:05 a.m., with the Executive Director (ED), she indicated no restricted visitation signs were posted on the doors of the facility until 2/20/2019 when residents residing on the other side of the building presented with s/s. She indicated the outside community now had the virus and indicated the signs were to protect the residents from visitors bringing the virus into the facility. She indicated the signs were not posted prior to 2/20/2019 because the facility thought the virus had been confined to just one side of the building, 2/16/2019 though 2/19/2019 (13 residents).</p> <p>During an interview on 2/28/2019 at 12:15 p.m., with the Ombudsman, she indicated she had been in the facility on 2/21/2019 in the afternoon and she did not see any signs on the front doors indicating restricted visitation and she was not told by any staff member including the ED that a virus was present in the building.</p> <p>On 2/20/2019 at 9:17 a.m., during a confidential interview, the interviewee indicated, the facility was visited on 2/16/2019 and no signs were posted indicating resident had a virus and there were no signs on units or resident doors indicating residents had a virus.</p> <p>During an interview on 2/28/2019 at 4:30 p. m., with the Director of Environmental Services, she indicated she inserviced her staff and included additional housekeeping tasks for infection</p>			

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	<p>control which began on 2/19/2019. Records were reviewed and indicated she had inserviced her staff and additional tasks were performed by housekeeping. She in indicated she did not post any signs for visitor restrictions.</p> <p>During an interview on 2/28/2019 at 1:50 p.m., with the Therapy Program Director, she indicated she was aware of the virus in the facility and she had therapy conduct therapy in the resident rooms on 2/18, 2/19, and 2/20/2019. On 2/21/2019 some residents continued with room therapy and on 2/21/2019 all therapies were conducted in the therapy room. She did not remember if signs were on resident doors indicating to check with nurse before entering.</p> <p>During an interview on 2/28/2019 at 1:15 p.m. with Resident C, she indicated she had s/s and diarrhea, she was told not to leave her room, had her meals in her room, but she did not remember any signs on her door.</p> <p>During an interview on 2/28/2019 at 1:20 p.m. with Resident D, she indicated she had s/s and diarrhea, she was told not to leave her room, had her meals in her room, but she did not remember any signs on her door.</p> <p>The current policy titled " Guidelines for Control of Endemic and Epidemic Situations," dated 5/22/2018/28/2019 on 2:20 p.m. from the Regional Clinical Support staff "...6. a. A sign should be placed at the entryways to alert visitors of the epidemic situation. i. When possible, family, and other visitors should limit their visits until infection subside. ii. Visitors should check in at the nursing station to receive instructions on proper infection control precautions...."</p>			

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R 0000 Bldg. 00	<p>The current infection control regulation indicated "...When a resident is placed on transmission-based precautions, the staff should implement the following:</p> <ul style="list-style-type: none"> o Clearly identify the type of precautions and the appropriate PPE to be used; o Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering. Ensure that signage also complies with residents' rights to confidentiality and privacy; o Make PPE readily available near the entrance to the resident's room;...." <p>This Federal tag relates to Complaint IN00287616.</p> <p>3.1-18(a)</p> <p>This visit was for the Investigation of Complaint IN00287616.</p> <p>Complaint IN00287616 - Substantiated. State deficiencies related to the allegation are cited at R0413.</p> <p>Survey date: February 28, and March 1, 2019</p> <p>Facility number: 000547 Provider number: 000547 AIM number: N/A</p> <p>Resident Census: 56</p> <p>This State finding was cited in accordance with</p> 	R 0000	The submission of this plan of correction does not indicate an admission by Cumberland Pointe Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cumberland Pointe Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial	

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R 0413 Bldg. 00	<p>410 IAC 16.2-5. Quality Review was completed on March 11, 2019.</p> <p>410 IAC 16.2-5-12(j) Infection Control - Deficiency (j) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident only to the degree needed to isolate the infecting organism. Based on record review and interviews the facility failed to provide a safe environment to prevent the development and transmission of communicable diseases and infections for 10 of 56 residents residing in the facility. This had the potential to affect 56 of 56 residents living in the facility. (Residents F, G, K, M, Q, R, V, W, X and E)</p> <p>Findings included: Record review of the facility Gastrointestinal Virus tracking form for February 2019 indicated 2 residents had signs and symptoms (s/s) of nausea and vomiting (N/V) and diarrhea or loose stools on 2/16/201. On 2/18/2019, 3 residents had s/s and on 2/19 an additional resident had s/s of N/V and diarrhea or loose stools. Total residents with s/s of N/V and diarrhea from 2/16/2019 to 2/19/2019</p>	R 0413	<p>compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>R413 Infection Control Deficiency</p> <p>1.Resident F, G, K, M, Q, R, V, W, X and E were affected. DHS and ADHS immediately verified that all signs were posted on entrances to the campus to alert visitors of the epidemic situation, and family/other visitors should limit their visits until infection subsides. DHS/ADHS also verified that signs read that visitors should check in at the nursing station to receive instructions on proper infection control precautions.</p> <p>2.All residents had the potential to be affected. Infection Control</p>	03/31/2019

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	<p>were 6 residents. (Residents F, G, K, M, R and Q)</p> <p>Record review of the facility Gastrointestinal Virus tracking form for February 2019 indicated 1 resident had signs and symptoms (s/s) of N/) and diarrhea or loose stools on 2/20/2019 and 2 resident had the s/s on 2/21/2019. On 2/23/2019, 1 residents had s/s. Total residents with s/s of N/V and diarrhea from 2/20/2019 to 2/24/2019 were 4 residents. (Residents V, W, X and E)</p> <p>During an interview on 3/1/2019 at 10:05 a.m., with the Director of Nursing Services (DNS), she indicated all residents were isolated in their rooms, received activities, therapy and meals in their rooms ASAP and all residents had signs posted on their doors to report to nurse before entering.</p> <p>During an interview on 2/28/2019 at 2:00 p.m. with RN 6, she indicated she saw no signs posted on resident doors indicating isolation and to report to nurse before entering and she was not aware that needed to be done for isolation residents.</p> <p>During an interview on 2/28/2019 at 5:00 p.m. with LPN 8, she indicated she did not see and signage on the residents door or near the residents door indicating isolation precautions or to see the nursing staff before entering.</p> <p>During an interview on 2/28/2019 at 5:08 p.m. with RN 9, she indicated she saw no signs posted on resident doors to report to nurse before entering and she was not aware that needed to be done for isolation residents.</p> <p>During an interview on 2/28/2019 at 5:15 p.m. with RN 10, he indicated he saw no signs posted on resident doors to report to nurse before entering and he did not post any signs.</p>		<p>Nurse and ED were educated to place signs at entryways as soon as an endemic/epidemic situation is confirmed per ISDH regulations.</p> <p>3.As a measure of ongoing compliance, the DHS or designee will audit whether the campus meets the threshold for residents in campus showing s/s of infections at 10% of their census or 3 residents on the same unit. If they meet this threshold signs will be placed at entrances within 12 hrs of last confirmed infection. Threshold will be audited daily x 3 months to ensure compliance for infection Control.</p> <p>4.As a quality measure, the DHS or designee will review any findings and corrective action at least quarterly in the campus Quality Assurance Performance Improvement meetings. The plan will be revised and updated as warranted.</p>	

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	<p>During an interview on 2/28/2019 at 5:25 p.m. with CNA 11, he indicated he saw no signs posted on resident doors to report to nurse before entering.</p> <p>During an interview on 3/1/2019 at 2:40 p.m. with LPN 16, she indicated she saw no signs posted on resident doors to report to nurse before entering, residents families were notified of isolation and precautions and staff on duty were advised during report. She was not aware that signs needed to be posted on residents doors to advise visitors, other residents or staff of isolation precautions. She indicated she was not told to post any signs.</p> <p>During an interview on 3/1/2019 at 2:50 p.m. with LPN 15, she indicated she saw no signs posted on resident doors to report to nurse before entering.</p> <p>During an interview on 3/1/2019 at 10:05 a.m., with the Executive Director (ED), she indicated no restricted visitation signs were posted on the doors of the facility until 2/20/2019 when residents with s/s were on the other side of the building were presenting with symptoms. She indicated the outside community now had the virus and indicated the signs were to protect the residents from visitors bring the virus into the facility. She indicated the signs were not posted prior to 2/20/2019 because the facility thought the virus had been confined to just one side of the building 2/16/2019 though 2/19/2019 (13 Residents).</p> <p>During an interview on 2/28/2019 at 12:15 p.m., with the Ombudsman, she indicated she had been in the facility on 2/21/2019 in the afternoon and she did not see any signs on the front doors indicating restricted visitation and she was not told by any staff member including the ED that a</p>			

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	<p>virus was present in the building.</p> <p>During an interview on 2/28/2019 at 4:30 p. m., with the Director of Environmental Services, she indicated she inserviced her staff and included additional housekeeping tasks for infection control which began on 2/19/2019. Records were reviewed and indicated she had inserviced her staff and additional tasks were performed by housekeeping. She in indicated she did not post any signs for visitor restrictions.</p> <p>The current policy titled " Guidelines for Control of Endemic and Epidemic Situations," dated 5/22/20182/28/2019 on 2:20 p.m. from the Regional Clinical Support staff "...6. a. A sign should be placed at the entryways to alert visitors of the epidemic situation. i. When possible, family, and other visitors should limit their visits until infection subside. ii. Visitors should check in at the nursing station to receive instructions on proper infection control precautions...."</p> <p>The current infection control regulation indicated "...When a resident is placed on transmission-based precautions, the staff should implement the following:</p> <ul style="list-style-type: none"> o Clearly identify the type of precautions and the appropriate PPE to be used; o Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne), instructions for use of PPE, and/or instructions to see the nurse before entering. Ensure that signage also complies with residents' rights to confidentiality and privacy; o Make PPE readily available near the entrance to the resident's room;...." 			

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

PRINTED: 03/27/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155775	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/01/2019
NAME OF PROVIDER OR SUPPLIER CUMBERLAND POINTE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1051 CUMBERLAND AVE WEST LAFAYETTE, IN 47906		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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	
	This Federal tag relates to Complaint IN00287616.				