

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

PRINTED: 06/04/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/27/2020	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00325660.</p> <p>Complaint IN00325660 - Substantiated. Federal deficiencies related to the allegations are cited at F880 .</p> <p>Survey dates: 4/24/20 - 4/27/20</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicare: 12 Medicaid: 52 Other: 1 Total: 65</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 6, 2020.</p>		F 0000	<p>This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</p> <p>The facility respectfully request paper compliance Thank you for your consideration.</p>			
F 0880 SS=F Bldg. 00	<p>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 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 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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	<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> <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</p>						

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	<p>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 interview, the facility failed to prevent and limit exposure of staff and residents to COVID-19 by not monitoring residents for signs and symptoms of COVID-19 which had the potential to effect 65 of 65 residents residing in the facility. The facility failed to ensure residents were not exposed to COVID-19 by moving 5 potentially exposed residents into rooms of 5 potentially unexposed residents.</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 4/24/20. Resident B's temperature was taken and recorded on 3/26/20, 3/27/20, 4/4/20 and 4/10/20. His temperatures were not being</p>	F 0880	<p>Resident B was sent out to hospital and all other residents had screens for COVID 19 completed. Residents C and D were tested and received negative results.</p> <p>All residents received COVID-19 tests on 4/24/20. Of the 64 residents that were tested one resident tested positive and was transferred to the RED unit. That identified resident then had 2 negative tests immediately following the initial positive. Facility believed this was a false positive. Facility reported this to</p>	05/22/2020			

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	<p>monitored daily per Centers for Disease Control (CDC) guidance issued on 3/15/20.</p> <p>A change in condition note written on 4/18/2020 at 5:59 p.m., indicated, Resident B was complaining of chest pain upon touching, "didn't feel right" and said he felt "weak and shaky." His vital signs taken at that time were: blood pressure 124/70, heart rate of 61, temperature of 101.4 and oxygen saturation of 95% on room air. His physician was called and ordered for the resident to be sent to the Emergency Department.</p> <p>An interview with AVP (Area Vice President) on 4/24/20 at 1:21 p.m. indicated, Resident B had developed a fever of 101.7 on 4/18/20, and was sent to the hospital where he was tested for COVID-19. The result of that swab was negative for COVID-19 but, he was positive for pneumonia and was admitted to hospital. On 4/19/20, the hospital tested the resident again for COVID-19. The final result came back on 4/22/20 and the result this time was positive for COVID-19. The facility was notified on 4/22/20 of the positive result per AVP.</p> <p>Resident C's clinical record was reviewed on 4/24/20. Resident C's temperature were taken on 3/26/20, 3/27/20, 4/4/20, 4/10/20, and 4/22/20. Her temperatures were not being monitored daily.</p> <p>Resident D's clinical record was reviewed on 4/24/20. Resident D's temperatures were taken on 3/26/20, 3/27/20, 4/4/20, 4/9/20, 4/10/20, and 4/13/20. Her temperatures were not being monitored daily.</p> <p>An interview with IP (Infection Preventionist) on 4/24/20 at 2:41 p.m. indicated, after finding out</p>			<p>Red caps and Gateway. Facility also instituted monitoring the most current guidelines from CDC to include all signs and symptoms of COVID 19.</p> <p>Facility provided education to the DCE on CDC guidance for monitoring residents and staff for signs and symptoms of COVID 19.</p> <p>DCE or designee educated staff on Infection control, to include monitoring for signs and symptoms of COVID 19 per the most recent CDC guidance.</p> <p>DNS or designee will conduct reviews on the medical record of 10 residents per day on scheduled days of work to ensure oxygen saturation, temperature and observation for any other signs or symptoms of COVID-19 are present in the medical record daily times one month, 3 times a week times 3 months then monthly until compliance is maintained for 6 consecutive months. Results of said reviews will be reviewed monthly in QAPI and adjustments will be made to the plan if warranted. Please see attached Exhibit A.</p>			

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	<p>that Resident B was positive for COVID-19 on 4/22/20, the facility instituted a COVID-19 assessment form to monitor all residents for signs/symptoms of COVID. This assessment monitored: temperature, respirations, oxygen saturation, malaise/fatigue, sore throat, cough, shortness of breath, nausea, vomiting, diarrhea, and muscle aches.</p> <p>An interview with IP was conducted on 4/24/20 at 4:04 p.m. She indicated the facility's Medical Director had written a facility wide order to monitor all residents' temperatures and oxygen saturations for 7 days back around March 21, 2020. The facility monitored and recorded residents' temperatures for those 7 days then stopped taking all residents' temperatures daily until as of recently. She was unaware of the CDC guidance that came out on 3/15 indicating that all residents and staff are to be monitored at least daily for signs/symptoms of COVID-19.</p> <p>The CDC guidance issued on 3/15/20, indicated to, "Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (Temperature >100.0 F) and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, muscle aches). If positive for fever or symptoms, implement Transmission-Based Precautions as described below. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19"</p> <p>The Indiana State Department of Health issued a</p>						

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	<p>COVID-19 Infection Prevention toolkit to all facilities on 3/24/20 which contained a CDC COVID-19 preparation checklist for facilities. The checklist indicated, the facility was to have a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay at the facility as well as, to have criteria and protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel.</p> <p>2. Resident B's clinical record was reviewed on 4/24/20. A change in condition note written on 4/18/2020 at 5:59 p.m., indicated, Resident B was complaining of chest pain upon touching, "didn't feel right" and said he felt "weak and shaky." His vital signs taken at that time were: blood pressure 124/70, heart rate of 61, temperature of 101.4 and oxygen saturation of 95% on room air. His physician was called and ordered for the resident to be sent to the Emergency Department. The facility was informed of Resident B's positive COVID-19 status on 4/22/20 per an interview with the AVP (Area Vice President) on 4/24/20.</p> <p>An observation was made on 4/24/20 at 12:47 p.m., of Resident B's room. It was located on a small hallway along with 6 additional rooms.</p> <p>On 4/23/20, the facility moved the residents from their rooms on that hallway and relocated the residents. Five of those residents were moved into rooms on a different hall with a roommate. An interview with IP (Infection Preventionist) on 4/24/20 at 4:04 p.m., indicated, the residents were moved from their rooms, which were in the same hallway as Resident B's room, as a measure to quickly form</p>						

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	<p>an isolation unit and that some residents were moved into rooms with roommates.</p> <p>An interview with AVP on 4/24/20 at 4:04 p.m., indicated, the decision was made to move the residents off that hallway to create the isolation unit. He did not think the residents were persons under investigation for COVID-19 because Resident B was initially negative for COVID-19 on 4/18/20 and probably got COVID-19 at the hospital when admitted for pneumonia. The facility did not recognize that the same staff that cared for Resident B prior to be admitted to the hospital had also cared for the other residents on that hallway. None of those rooms were under contact precautions so gowns and gloves were not required for entry to those rooms and all residents cared for by those staff members might have been potentially exposed to COVID-19 during Resident B's stay at the facility. As a result of moving the potentially exposed residents to another hallway, the facility had potentially exposed residents who were potentially unexposed prior to getting a roommate.</p> <p>The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, indicated, "Dedicate Space in the Facility to Monitor and Care for Residents with COVID-19 ...Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them"</p>						

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	<p>The ISDH Guidance for out-of-hospital facilities, dated 3/29/20, indicated, " ...Patients with close contact with a confirmed COVID-19 patient (e.g., roommate or infected staff without wearing PPE) should be isolated and follow 14 day self-monitoring guidelines. If they develop symptoms, and are confirmed or suspected to have COVID-19, they should remain isolation until at least 7 days after symptom onset and 72 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough), whichever is longer ..."</p> <p>This Federal Tag relates to Complaint IN00325660.</p> <p>3.1-18(b)(1)</p>						