STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155524	A. BUILDING 00 B. WING	03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HEALTH CENTER AT GLENBURN HOME	618 W GLENBURN ROAD LINTON, IN 47441

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00373343 and IN00374092. This visit included a COVID-19 Focused Infection Control Survey. Complaint IN00373343 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00374092 - Substantiated. Federal/State deficiencies related to the allegations are cited at F888. Survey dates: March 9 and 10, 2022 Facility number: 000230 Provider number: 155524 AIM number: 100275000 Census Bed Type: SNF/NF: 97 Total: 97 Census Payor Type: Medicare: 8 Medicaid: 67 Other: 22 Total: 97 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 15, 2022.	F 0000	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. Respectfully submitted, Jean Johanningsmeier, HFA Administrator Health Center of Glenburn Home	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 0888 SS=D Bldg. 00	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. §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. §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 (ii) Staff who provide support services for the			

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	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. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (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; (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; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (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; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;			

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	(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; (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: (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 (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; (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 antibodies or convalescent plasma for COVID-19 treatment; and			

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	(x) Contingency plans for staff who are not fully vaccinated for COVID-19. 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; Based on interview and record review, the facility failed to develop policies and procedures for staff vaccination. The policy lacked what type of education would be provided quarterly to unvaccinated staff members, failed to have a deadline for staff members to be vaccinated, and what actions would be taken if the deadline was not met. Findings include: 1. During an interview on 3/10/2022 at 1:10 p.m., Employee 1 indicated she was not vaccinated for COVID-19 and had no knowledge of what additional education was required quarterly for unvaccinated staff members. During an interview on 3/10/2022 at 1:15 p.m., Employee 2 indicated she was not vaccinated for COVID-19 and had no knowledge of what additional education was required quarterly for unvaccinated staff members. A review of the policy title "Employee COVID-19 Vaccination Exemption" dated, 3/1/2022, indicated, "5. ...Exempted employees will be required continuing education quarterly ..."	F 0888	**F888 requires the facility to develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19.** 1.***The corrective action taken for those residents found to have been affected by the deficient practice is:*** No residents were affected by this alleged deficient practice. 2. ***The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that:*** All residents have the potential to be affected by the alleged deficient practice, thus the following corrective actions have been taken; a review of all employee records has been completed to ensure each employee was either fully vaccinated, scheduled to complete a vaccine series when eligible, or has an approved exemption on file,	04/01/2022

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	The policy lacked additional information on what specific continuing education the facility would provide for unvaccinated/exempted staff members. During an interview on 3/10/2022 at 2:25 p.m., Employee 3 indicated the facility planned to provide additional education for unvaccinated/exempted staff members however, the policy was not specific on what that education would be. 2. The Employee COVID-19 Vaccination Exemption Policy, dated 3/1/2022, lacked documentation of a deadline for staff to be vaccinated and what actions would be taken if deadline was not met. During an interview at 3/10/22 at 2:45 p.m., Employee 3 indicated the policy lacked documentation of deadline for staff to be vaccinated and what action taken if deadline was not met. This Federal tag relates to Complaint IN00374092. 3.1-18(b)(1)		(See Attachment A). 3.***The measures that have been put into place to ensure that the deficient practice does not recur is:*** As a means to ensure ongoing compliance the facility policies regarding employee vaccinations and vaccine exemptions were reviewed and updated to include specific quarterly education requirements for unvaccinated staff, specific timeframes for the completion of vaccine series or exemptions and what actions would be taken if these requirements were not completed timely, (See Attachment B). All unvaccinated employees will be educated regarding the facility's additional requirements for individuals with religious or medical exemptions for the COVID-19 vaccine. 4.***The corrective action taken to monitor to ensure the deficient practice will not recur is:*** 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 C). 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	

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			quarters. An additional Quality Assurance tool has been developed and implemented to monitor for compliance with quarterly education of individuals with religious or medical exemption for the COVID-19 vaccine, (See Attachment D). This tool will be completed by the Infection Control Preventionist or designee at the end of each quarter, (i.e. March, June, September, and December) to ensure all education requirements have been met. The outcomes of these tools will be reviewed at the facility's Quality Assurance meetings with the plan of action adjusted accordingly, as warranted. 5.The above corrective action will be completed on or before April 1, 2022.	