

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

PRINTED: 01/20/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155700		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/28/2020	
NAME OF PROVIDER OR SUPPLIER CATHERINE KASPER HOME				STREET ADDRESS, CITY, STATE, ZIP COD 9601 S UNION RD DONALDSON, IN 46513			
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F 0000 Bldg. 00	<p>This visit was for the COVID-19 Focused Infection Control Survey.</p> <p>Survey date: December 28, 2020</p> <p>Facility number: 002982 Provider number: 155700 AIM number: 200382090</p> <p>Census Bed Type: SNF: 3 SNF/NF: 58 Total: 61</p> <p>Census Payor Type: Medicare: 10 Medicaid: 30 Other: 21 Total: 61</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed on January 4, 2021.</p>			F 0000			
F 0880 SS=E 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> <p>§483.80(a) Infection prevention and control program.</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 disclosable 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>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 must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or</p>						

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	<p>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>1. Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and or contain COVID-19, related to, Personal Protective Equipment (PPE) and Alcohol Based Hand Rub (ABHR) was not available for staff usage when entering and exiting a residents rooms who were on Transmission Based Precautions (TBP) (Yellow Zone), this had the potential to effect 24 residents on 4 hallways (A, B, D, and E hallway) who were on TBP.</p> <p>2. Based on observation, interview and record review, the facility failed to ensure staff doffed and donned PPE as indicated and to use an Alcohol Based Hand Rub (ABHR) for hand hygiene before and after the resident room was entered and exited, related to donning PPE and donning and doffing the PPE without hand contamination. (Residents 6, 7, and 8) This had</p>			F 0880	<p>A. DPOC Systemic: 1. A. Root Cause Analysis (RCA) was conducted by IP, DON and Medical Director. Identification noted of front-line staff not having knowledge of continuous updates of PPE regulations. The lack of Awareness and adherence to protective eyewear regulations. Lack of appropriate PPE supplies and isolation carts to meet demand. ABHR gel not readily available to staff. Lacked identification of new admission covid monitoring. B. See Plan of Correction (attached)</p>		01/15/2021

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	<p>the potential to effect the residents who resided on the A and B halls (29 residents)</p> <p>3. Based on interview and record review, the facility also failed to provide appropriate resident care to a resident who was on TBP, related to not assessing the resident for signs and symptoms of COVID-19 three times daily. (Resident 2).</p> <p>Findings include:</p> <p>1A. During an initial tour of the facility on 12/28/20 at 11:30 a.m. through 12 p.m., with the Infection Preventionist present, there were 24 rooms identified as the Yellow Zone (Transmission Based Precautions), on the A, B, D, and E Halls. The room numbers were 203, 209, 213, and 218 on the A-Hall, 227, 228, 229, 230, 233, 234, 234A, 237, 239, 240, and 241 on the B-Hall, 269 on the D-Hall, and 277, 278, 280, 283, 284, 286, 287, and 288 on the E-Hall. There were no PPE carts with a supply of PPE for staff use for entry to the room and there was no ABHR for hand hygiene located at the point of entry or exit of the rooms identified as the Yellow Zone.</p> <p>During an interview on 12/28/20 at 11:30 a.m., the Infection Preventionist indicated the gloves are located in the room, in the bathroom and the Isolation Gowns are reused by the staff during their shift, then disposed of at the end of the shift, and were to be placed on a hook on the back of the room door. The gloves were then observed in a holder on the wall in the bathroom of the rooms, which was located inside the room. The ABHR wall containers were located at the beginning of the halls, in the middle of the hall and toward the end of the hall. She indicated the PPE did not need to be outside of the resident room.</p>				<p>2. LTC self-assessment reviewed and determined to be an accurate reflection of the facility</p> <p>B. Training</p> <p>1. Training was conducted by IP, DON, ED and ADON—see attached documents labeled 1-A, 1-B, 2-A, 2-B, 3-A</p> <p>C. Monitoring</p> <p>1. Nurse manager or designee to do walking rounds daily X 6 weeks, weekly X 2 months, then monthly for 3 months.</p> <p>D. QAPI</p> <p>Audits will be presented/reviewed at QA X 2 quarters.</p> <p>POC</p> <p>Q1-What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No Residents were affected by the deficient practice</p> <p>Q2 -How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Rapid Covid-19 testing was conducted on 1/5/21 and 1/12/21 with no positive results.</p> <p>Q3-What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? More ABHR sanitizer placed down each hallway with dispensers</p>		

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	<p>During an interview on 12/28/20 at 11:40 a.m., the Infection Preventionist indicated most of the residents, who were in a Yellow Zone room had been exposed to COVID-19 or there had been positive COVID-19 residents who had resided on the hallway.</p> <p>A facility policy, titled "COVID-19 LTC (Long Term Care) Facility Infection Control Guidance Standard Operating Procedure", dated 11/22/20 and received as current from the Assistant Director of Nursing (ADON), indicated Isolation Carts or bins would be outside each individual room.</p> <p>A facility policy, titled, "Transmission-Based Precautions", dated 3/26/20, and received as current from the ADON, indicated the PPE's were to be donned upon entry to the room.</p> <p>A Professional Resource Web Site, "www.cdc.gov/coronavirus/2019", indicated the CDC (Centers for Disease Control and Prevention) recommended using alcohol based hand sanitizers with 60-95% alcohol in healthcare settings.</p> <p>2A. During an observation on 12/28/20 at 4:05 p.m., Nurse 1 entered Resident #6's room. The sign on the entry door to the room, indicated the resident was in a Yellow Zone room, TBP, Contact Droplet Precautions. An Isolation Gown and gloves were donned prior to entry to the room. Prior to the room being exited, she doffed the gloves, completed hand hygiene with soap and water in the room, and then doffed the Isolation Gown and touched the outside of the gown as it was doffed (contaminated side of the gown), then walked down the hall and used the ABHR.</p> <p>On 12/28/20 at 4:10 p.m., Nurse 1 entered Resident</p>				<p>accommodating one dispenser for every 3 resident rooms.</p> <p>Personal Protective Equipment carts will be placed outside each "Yellow Zone" room. The carts will contain Gloves, Gowns, ABHR sanitizer and Donning and Doffing procedure sequence.</p> <p>Education provided on 1/8/21 including Temperature Screening, Where to obtain supplies when needed. Guidance of green, yellow and red zones, and signage for all doors.</p> <p>Education with return demonstration provided to targeted staff on 1/13/21 and 1/14/21, on donning and doffing gowns and hand hygiene. Also, differences of red, yellow and green zones. Employees to wear masks and eye protection.</p> <p>Laminated Red, Yellow and Green quick reference cards for employees to place in name badge holder.</p> <p>Orders need obtained to monitor for covid signs and symptoms for anyone in yellow zone-Updated admission checkoff list to include obtaining order for covid monitoring of signs and symptoms</p> <p>Q4-How the corrective action(s) will be monitored to ensure the deficient practice will not recur I.E., what quality assurance program will be put into place? Nurse manager or designee to do walking rounds daily X 6 weeks, weekly X 2months, then monthly</p>		

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	<p>7's room without gloves or an Isolation Gown. Once inside the doorway, she obtained an Isolation Gown from the hook on the back of the entry door. She touched the outside of the gown while she donned the gown and was unable to easily find the ties on the gown. She then donned gloves without hand hygiene being completed. After the medications were administered to the resident, Nurse 1 then doffed the gloves, and then the gown with the outside of the gown being touched. She then washed her hands with soap and water. No ABHR was used for hand hygiene.</p> <p>2B. During an observation on 12/28/20 at 5:15 p.m., CNA 2 entered Resident #8's room with the evening meal tray. The sign on the entry door indicated the resident was in a Yellow Zone room, TBP, Contact Droplet Precautions. CNA 2 had not donned gloves, an Isolation Gown, or a face shield upon the room being entered. She touched the over the bed table and assisted the resident with the meal set up. The ADON was present during the observation and acknowledged the CNA had not donned the PPE's.</p> <p>A facility policy, titled, "Transmission-Based Precautions", dated 3/26/20, and received as current from the ADON, indicated residents who were known or suspected to be infected with an infectious agent would be placed on Transmission-Based Precautions (Contact and Droplet Precautions). Staff caring for the resident were to wear a gown, gloves, and mask (PPE's) for all interactions. The PPE's were to be donned upon entry to the room.</p> <p>The instructions for donning and doffing PPE, provided by the ADON as current on 12/28/20 at 5:32 p.m., indicated hand hygiene was to be performed before and after the PPE was donned</p>				<p>for 3 months. Audits will be presented/reviewed at QA X 2 quarters.</p> <p>Q5-By what date the systemic changes will be completed? 1/15/2021</p>		

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	<p>and doffed.</p> <p>The Yellow Zone sign located on all the Yellow Zone resident room doors, indicated the following PPE's were to be donned prior to the room entry: A N95 mask or approved KN95 mask Universal eyewear : faceshield or goggles Single gown with each encounter, if crisis capacity, then one gown per each staff member per resident, per shift could be used. Gloves.</p> <p>The policy, titled, "Sequence for Removing Personal Protective Equipment", received from the ADON on 12/28/20 at 5:32 p.m., indicated the gown front and sleeves were contaminated, the gown was to be turned inside out, and folded or rolled into a bundle and discarded.</p> <p>3A. During an interview on 12/28/20 at 11:30 a.m., the Infection Preventionist indicated Resident #2 was a new admission to the facility and was in a Yellow Zone room for a 14 day quarantine.</p> <p>During an interview on 12/28/20 at 11:50 a.m., the Infection Preventionist indicated a resident who is in a Yellow Zone or Red Zone (COVID-19 positive) were to have vital signs, temperature, and lung sounds were assessed every shift/three times a day.</p> <p>Resident #2's record was reviewed on 12/28/20 at 1:20 p.m. The diagnoses included, but were not limited to, diabetes mellitus. The admission date was 12/22/20.</p> <p>The temperatures were obtained on 12/22/20 at 11:05 p.m., 12/23/20 at 8:45 a.m., and 12/26/20 at 1:07 p.m.</p>						

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	<p>The oxygen saturation levels were obtained on 12/22/20 at 11:06 p.m., 12/23/20 at 8:45 a.m., and 12/26/20 at 1:08 p.m.</p> <p>The Daily Skilled Charting indicated: On 12/23/20 at 3:44 p.m., the vital signs and oxygen saturations were from 12/23/20 at 8:45 a.m. assessment and the respiratory status was within normal limits (WNL) On 12/24/20 at 3:15 p.m., the vital signs and oxygen saturations were from 12/23/20 at 8:45 a.m. and the respiratory status was WNL. On 12/25/20 at 10:30 a.m., the vital signs and oxygen saturations were from 12/23/20 at 8:45 a.m. and the respiratory status was WNL. On 12/26/20 at 11:51 a.m., the vital signs were from 12/26/20 at 1:07 p.m., and the respiratory status had not been assessed. On 12/27/20 at 1:48 p.m., the vital signs were from 12/26/20 at 1:07 p.m. and the respiratory status was WNL. On 12/28/20 at 11:49 a.m., the vital signs were from 12/26/20 at 1:07 p.m. and the respiratory status was WNL.</p> <p>The Nurses' Progress Notes indicated: On 12/23/20 at 3:58 a.m., there was no shortness of breath, the lung sounds were clear, and no cough was present. On 12/26/20 at 6:10 a.m., the lung sounds were clear. 12/26/20 at 11:28 a.m., the lung sounds were clear. 12/27/20 at 3 a.m., the lung sounds were clear. 12/28/20 at 12:15 p.m., there was no fever.</p> <p>During an interview on 12/28/20 at 3:21 p.m., the ADON indicated no one had entered the order for the resident to be monitored every shift due to being in a Yellow Zone room.</p>						

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