

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/23/2021
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NAME OF PROVIDER OR SUPPLIER GI-XXXIV SUMMERS POINTE OPERATOR LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1 SUNSET DRIVE WINCHESTER, IN 47394
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey. This visit included a Residential COVID-19 Quality Assurance Walk Through.</p> <p>Survey dates: November 22 and 23, 2021</p> <p>Facility number: 013838</p> <p>Residential Census: 29</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 1, 2021.</p>	R 0000		
R 0407 Bldg. 00	<p>410 IAC 16.2-5-12(b)(1-4) Infection Control - Noncompliance (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.</p> <p>Based on observation, interview and record review, the facility failed to properly utilize infection prevention and control strategies, during a COVID-19 pandemic, to mitigate the spread of COVID-19 for 5 of 5 residents reviewed for infection prevention during medication administration. (Residents 4, 16, 20,</p>	R 0407	<p>The potentially affected residents were evaluated and they had no adverse affects from this practice.</p> <p>-How the facility will identify other residents having the potential to be affected by the same deficient</p>	12/10/2021

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>25, and 30)</p> <p>Findings include:</p> <p>During an interview upon arrival to the facility, on 11/22/21 at 9:13 a.m., the Director of Nursing (DON) indicated the facility was in outbreak testing due to a COVID positive resident in the building at the time of the survey.</p> <p>During a medication pass observation, on 11/22/21 at 4:07 p.m., Qualified Medication Aide (QMA) 4 wore a face shield that was supported on the bridge of her nose and contained a large gap across the top of the face shield just above the eyes. The face shield did not rest against the forehead and lacked a snug fit for eye protection when QMA 4 passed medication within 2 feet from Resident 30.</p> <p>During an interview at the time of observation, on 11/22/21 at 4:07 a.m., QMA 4 indicated a face shield with the foam across the top that was fitted to the forehead above the eyes was only required in transmission based precaution rooms.</p> <p>During a medication pass observation, on 11/22/21 at 4:11 p.m., QMA 4 wore a face shield that was supported on the bridge of her nose and contained a large gap across the top of the face shield just above the eyes. The face shield did not rest against the forehead and lacked a snug fit for eye protection when QMA 4 passed medication within 2 feet from Resident 25.</p> <p>During a medication pass observation, on 11/22/21 at 4:18 p.m., QMA 4 wore a face shield that was supported on the bridge of her nose and contained a large gap across the top of the face shield just above the eyes. The face shield did</p>		<p>practice and what corrective action will be taken.</p> <p>The facility has continued to monitor all residents for any potential affects of this practice and found no adverse affects for any resident. The corrective action taken immediately was to discontinue use of any inappropriate face shield and initiated the use of appropriate fitting face shields.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>The facility will ensure and monitor an effective infection control program that includes monitoring staff members for the proper use of PPE, specifically the appropriate type face shield that fits fully against the forehead for a snug fit for eye protection.</p> <p>The Administrator and the Director of Nursing reviewed the supply of approved face shields and provided education to staff that included demonstration and observation of appropriately fitting face shields. The Director of Nursing will check daily for two weeks that all staff are using the appropriate face shields. The Director of Nursing will continue to check weekly for two additional weeks to ensure compliance. The Administrator and Director of</p>	

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	<p>not rest against the forehead and lacked a snug fit for eye protection when QMA 4 passed medication within 2 feet from Resident 20 .</p> <p>During a medication pass observation, on 11/22/21 at 4:26 p.m., QMA 4 wore a face shield that was supported on the bridge of her nose and contained a large gap across the top of the face shield just above the eyes. The face shield did not rest against the forehead and lacked a snug fit for eye protection when QMA 4 passed medication within 2 feet from Resident 4 .</p> <p>During a medication pass observation, on 11/22/21 at 4:37 p.m., QMA 4 wore a face shield that was supported on the bridge of her nose and contained a large gap across the top of the face shield just above the eyes. The face shield did not rest against the forehead and lacked a snug fit for eye protection when QMA 4 passed medication within 2 feet from Resident 16 .</p> <p>During an interview at the time of observation, on 11/23/21 at 9:53 a.m., QMA 4 indicated she passed medications to all residents that needed medications in the facility on her shift and indicated she wore the face shield she had on with a large gap at the top in all rooms for medication administration except the one room in transmission based precautions.</p> <p>During an interview, on 11/23/21 at 10:01 a.m., the DON indicated the community transmission rate was high for the facility's county. She indicated the facility followed Center for Disease Control Guidelines for infection prevention personal protective equipment (PPE) requirements based on the community transmission level of COVID-19. The DON indicated she was not aware the face shields</p>		<p>Nursing will them make periodic checks every week to ensure continued compliance.</p> <p>-How the corrective actions will be monitored to ensure the deficient practice will not recur ie, what quality assurance program will be put into place and An all staff in service to educate all staff of appropriate PPE and face shields will be completed by December 15, 2021. Monitored compliance for use of PPE began on 11/29/2021, included checking inventory and availability of face shields, distribution of appropriate face shields and education to staff. The Administrator and the Director of Nursing are responsible and will continue to monitor with periodic checks every week for one month, then monthly to ensure compliance. The compliance audit will be submitted at each month's quality assurance meeting beginning in December 2021.</p> <p>-By what date the systemic changes will be complete. Effective date is 12/10/2021 .</p>	

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	<p>needed to fit without gaps around the eyes.</p> <p>During an interview, on 11/23/21 10:08 a.m., the Administrator indicated she received the Long Term Care newsletter emails that were sent out with the Indiana Department of Health guidelines.</p> <p>During an interview at the time of observation, on 11/23/21 at 10:13 a.m., the DON indicated QMA 4's face shield lacked the foam at the top of her face shield where it created a gap and was not fitted around the eyes for protection.</p> <p>During an interview, on 11/23/21 at 10:15 a.m., the Administrator indicated she had purchased the face shields with the gap at the top because some staff preferred them since they did not steam up as bad.</p> <p>A current policy, titled "Personal Protective Equipment (PPE)," provided by the Administrator on 11/23/21 at 10:34 a.m., indicated the following: "Purpose: The objective of the Personal Protective Equipment (PPE) Program is to protect employees and residents from the risk of injury and/or illness by creating a barrier against workplace hazards. Personal protective equipment is not a substitute for good engineering or administrative controls or good work practices but should be used in conjunction with these to ensure the safety and health of employees and residents. Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required and that such use will lesson the likelihood of occupational injury and/or illness...."</p> <p>A current policy, titled "Infection Prevention &</p>			

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	Control," provided by the DON on 11/23/21 at 10:41 a.m., indicated the following: "PURPOSE: To minimize the risk of transmission of infection to staff members and residents. POLICY: It is the policy of this community to prevent and/or minimize the spread of infectious diseases through infection control practices based on a variety of resources, including but not limited to, guidelines from The Centers for Disease Control and Prevention (CDC)...."						