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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155236 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/08/2020 |
| NAME OF PROVIDER OF SUPPLIER AVON HEALTH & REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 4171 FOREST POINTE CIRCLE AVON, IN 46123 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0880 Level of harm - Immediate jeopardy Residents Affected - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to follow CDC guidance during a pandemic and ensure infection control practices for COVID-19 were implemented for a resident with symptoms of COVID-19 who resided on the memory care unit with 30 other residents (Resident B), a resident who was exposed to COVID-19 who resided on a green unit (a unit that houses residents with low risk of infection/who have not been exposed) with 27 other residents (Resident C), and 2 residents with symptoms of COVID-19 who resided on green units with 27 other residents prior to being moved to a red unit (an isolation unit for residents with COVID-19) (Residents D and F) resulting in potential exposure of other residents to COVID-19 for 4 of 4 residents reviewed for infection control. The Immediate Jeopardy began on 6/03/20, when Resident B was observed in the memory care lounge with 8 other residents. Resident C was observed in her room on the green unit, room door open, with no isolation precautions (special precautions to prevent the spread of germs) in place, and Residents D and F were found to have resided on a green unit with no isolation precautions with symptoms COVID-19 prior to being moved to a red unit. The Administrator, Director of Clinical Services, and Regional Director of Quality were notified of the Immediate Jeopardy at 5:13 p.m. on 6/04/20. The immediate jeopardy was removed on 6/05/20, but noncompliance remained at a lower scope and severity of pattern, no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: 1. On 6/04/20 at 12:34 p.m., Resident B was observed in the memory care unit lounge area, with eight other residents. No residents were wearing masks. Resident B's record was reviewed on 6/04/20 at 2:19 p.m. [DIAGNOSES REDACTED]. A Physician's Order, dated 10/03/19, indicated the resident resided on a secure memory care unit. A quarterly Minimum Data Set (MDS) assessment, dated 4/06/20, indicated the resident had a severe cognitive impairment and required extensive staff assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. Physician's Orders, dated 6/03/20, indicated [MEDICATION NAME] (an antibiotic) 100 milligrams (mg) by mouth twice daily for pneumonia for seven days and obtain COVID-19 test. Current Physician's Orders lacked documentation of an order for [REDACTED]. The physician was notified and ordered a chest x-ray. A chest x-ray, dated 6/03/20, indicated increased patchy densities in the right lung base since a prior study, consistent with atelectasis (lung collapse) or infiltrate. A bed board, dated 6/03/20, indicated 31 residents resided on the memory care unit. During an interview, on 6/04/20 at 11:58 a.m., the Director of Clinical Services (DCS) indicated Resident B was only tested for COVID-19 because she was diagnosed with [REDACTED]. During an interview, on 6/04/20 at 3:03 p.m., the Regional Director of Quality indicated when a resident had symptoms of COVID-19, they should have been put on droplet plus isolation precautions (infection prevention and control interventions to be used in addition to routine practices and are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions) and tested. A Physician's Order should have been in place for the isolation precautions. During an interview, on 6/04/20 at 3:41 p.m., the DCS indicated Resident B was tested for COVID-19 on 6/03/20. The sample was sent to the lab, but results were not available yet. 2. On 6/04/20 at 11:36 a.m., Resident C was observed in her room, lying in bed. There was no signage on the door to indicate isolation precautions (special precautions to prevent the spread of germs), and no personal protective equipment (PPE) cart was observed. The resident's door was open. Resident C's record was reviewed on 6/04/20 at 2:35 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 4/15/20, indicated the resident had a moderate cognitive impairment and required limited staff assistance with bed mobility, transfers, and toilet use. A Physician's Order, dated 6/03/20, indicated obtain COVID-19 test. Current Physician's Orders lacked documentation of an order for [REDACTED]. During an interview, on 6/04/20 at 11:34 a.m., Certified Nursing Assistant (CNA) 4 indicated Resident C was tested for COVID-19 because her previous roommate (Resident F) was positive for COVID-19, and she was exposed. Isolation precautions were not required because the resident was not symptomatic. During an interview, on 6/04/20 at 11:58 a.m., the Director of Clinical Services (DCS) indicated Resident C should have been on isolation precautions because she was tested for COVID-19 on 6/03/20. She thought the order was in place. Resident C's previous roommate was positive for COVID-19, so Resident C was exposed. The results of the COVID-19 test were not available yet. 3. Resident D's record was reviewed on 6/04/20 at 2:20 p.m. [DIAGNOSES REDACTED]. A quarterly Minimum Data Set (MDS) assessment, dated 4/28/20, indicated the resident had a moderate cognitive impairment and required extensive staff assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. A change in condition note, dated 5/26/20, indicated the resident had an oxygen saturation (the amount of oxygen in the blood) of 74 percent without oxygen, decreased appetite, and nonproductive cough. Physician's orders, dated 5/26/20, indicated chest x-ray to be obtained, oxygen at two liters (l) via nasal cannula to keep oxygen saturation above 90 percent every shift for shortness of breath, and COVID-19 test. Physician's orders, dated 5/26/20 to 6/3/20, lacked documentation of an order for [REDACTED]. A nurse's note, dated 5/27/20, indicated the resident's COVID-19 test was positive, and the resident would be moved to the COVID-19 unit. The note lacked documentation of any isolation precautions in place prior to the resident's move. Census information indicated the resident moved from the green unit (a unit that houses residents with low risk of infection) to the red unit (an isolation unit for residents with COVID-19) on 5/27/20. 4. Resident F's record was reviewed on 6/04/20 at 2:47 p.m. [DIAGNOSES REDACTED]. A quarterly Minimum Data Set (MDS) assessment, dated 4/27/20, indicated the resident was cognitively intact and required extensive staff assistance with bed mobility, dressing, toilet use, and personal hygiene. A nurse's note, dated 6/01/20, indicated the resident complained of weakness and tiredness. A COVID-19 test was ordered. The note lacked documentation the resident required isolation precautions. A Physician's Order, dated 6/1/20, indicated COVID-19 test. A lab result, dated 6/1/20, indicated the sample was collected on 6/1/20, and was positive for COVID-19. A Physician's Order, dated 6/03/20, indicated oxygen to maintain oxygen saturation (the amount of oxygen in the blood) above 90 percent. Current Physician's Orders lacked documentation of an order for [REDACTED]. -19 test was positive, and the resident would be moved to the COVID unit. The note lacked documentation of any isolation precautions in place prior to the resident's move. Census information indicated Resident F was Resident C's roommate on the green unit until Resident F was moved to the red unit on 6/3/20. A bed board, dated 6/03/20, indicated 28 residents resided on the green unit. An untitled document, provided by the DCS on 6/04/20 at 11:58 a.m., indicated 19 residents in the facility tested positive for COVID-19. During an interview, on 6/04/20 at 3:03 p.m., the Regional Director of Quality indicated when a resident had symptoms of COVID-19, they should have been put on droplet plus isolation precautions (infection prevention and control interventions to be used in addition to routine practices and are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions) and tested. A Physician's Order should have been in place for the isolation precautions. On 6/5/20 at 5:30 p.m., the DCS provided an untitled document and indicated it was a list of residents who were found to not be isolated appropriately during the facility wide audit. There were three residents who should have been isolated, but were not isolated and had no physician's order, three residents who were isolated but had no physician's order, two residents who were not isolated, had no physician's order, but were found to no longer need isolated, and four residents who no longer needed isolated. Any issues found were corrected during the audit. On 6/04/20 at 11:58 a.m., the Director of Clinical Services (DCS) provided a document titled, Infection Prevention</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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| F 0880 Level of harm - Immediate jeopardy Residents Affected - Some | <p>(continued... from page 1)</p> <p>and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), and indicated it was the policy currently being used by the facility. The policy, last revised 3/17/20, indicated, .Policy: It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to Federal and State/Local recommendations (to include, for example: .Precautions: Standard, Contact, Droplet and/or Airborne Precautions .) Procedure: Resident Care: A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place. Place resident in an AIIR if available. If no AIIR, place on both contact and droplet precautions .In the event of a facility outbreak, institute outbreak management protocols: .Place residents in private rooms on standard, contact, droplet (airborne if available) precautions The ISDH Guidance for out-of-hospital facilities, dated 3/29/20, indicated, The following is guidance for out of hospital facilities who house patients with a confirmed or suspected case of COVID-19. There are a few guiding principles: 1. Placement of patient /resident in contact-droplet precautions with proper PPE, including gown, glove, mask with face shield or eye protection. 2. Proper donning and doffing of personal protection equipment when in contact with COVID-19 residents Reduce the movement of staff between patients with and without COVID-19 precautions with proper PPE- gown, glove, mask with face shield or eye protection .Patients/residents with known or suspected COVID-19 should be cared for in a single-person (private) room with the door closed. Airborne infection isolation rooms (AIIR) are not required. Patients/residents with known or suspected COVID-19 should not share bathrooms with other patients/residents. All patients/residents returning from the hospital with suspected or confirmed COVID-19 should be cared for in a private room, or Cohorted with other patients of the same status in the same unit, wing, hallway, or building. 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 . The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, indicated, If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom. Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement .If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected [DIAGNOSES REDACTED].g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident . The immediate jeopardy that began on 6/03/20 was removed on 6/05/20 when the facility reviewed all residents and residents with symptoms/known exposure were tested and placed in isolation with appropriate door signage and orders for isolation. Staff were reeducated on the isolation policies and procedures, and a plan was created to monitor for isolation procedures for residents with symptoms/pending tests or known exposures. The noncompliance remained at a lower scope and severity of pattern, no actual harm with potential for more than minimal harm that is not immediate jeopardy because of the facility's need for continued monitoring. This Federal tag relates to Complaint IN 071. 3.1-18(a)</p> | | |