

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3550 CENTRAL AVE COLUMBUS, IN 47203	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify the physician and resident's representative for a change in temperature related to Covid-19 surveillance for 1 of 3 residents reviewed. (Resident D) Findings include: A Quarterly MDS (Minimum Data Set) assessment for Resident D, dated 04/04/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. The Respiratory Surveillance Report Logs for Resident D were reviewed on 05/14/20 at 12:50 P.M. The surveillance log, dated 05/06/20 at 6:00 A.M. to 2:00 P.M. (day shift), indicated the resident had a temperature of 98.4 degrees Fahrenheit, and a heart rate of 53 beats per minute. The evening shift, 2:00 P.M. to 10:00 P.M., and the night shift, 10:00 P.M. to 6:00 A.M., had no vital signs documented. The surveillance log, dated 05/07/20 at 6:00 A.M. to 2:00 P.M. (day shift), indicated the resident had a temperature of 101.8 degrees Fahrenheit with a heart rate of 132 beats per minute, and a temperature of 101.1 degrees Fahrenheit with a heart rate of 70 beats per minute. No specific times were identified on the log. For evening shift, 2:00 P.M. to 10:00 P.M., the resident had a temperature of 97.5 degrees Fahrenheit, and a heart rate 57 beats per minute. The surveillance logs, dated from 05/08/20 to 05/13/20, indicated the resident did not have an elevated temperature. The Nurse's Notes were provided by the ADON (Assistant Director of Nursing) on 05/14/20 at 3:14 P.M. No notes were documented on the resident's condition after 04/26/20. No notes were provided indicating the resident's physician or representative had been notified of the resident's elevated temperatures on 05/07/20. During an interview on 05/14/20 at 2:10 P.M., the ADON indicated she could not find any further Nurse's Notes for Resident D. The Medication Record for May 2020, was provided by the DON (Director of Nursing) on 05/14/20 at 3:18 P.M. No new orders were dated for 05/07/20. During an interview on 05/14/20 at 2:41 P.M., the Unit Manager indicated the Respiratory Surveillance Logs were completed each shift then turned into the DON. If a resident had an elevated temperature the staff would contact the DON, then the NP (Nurse Practitioner) or the physician who was on call. The staff would document in the Nurse's Notes the resident's temperatures, the respiratory status, any new orders received, and contact the resident's responsible party or family member. The current NOTIFICATION OF CHANGE policy, dated 10/2014, was provided by the ADON on 05/14/20 at 3:14 P.M. The policy indicated, .PURPOSE .To keep resident, legal representative (or interested family member), and physician .aware of changes which directly affect the care and welfare of the resident .All notifications shall be .documented in the clinical record . 3.1-5(a)(2)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on record review and interview, the facility failed to complete respiratory assessments related to monitoring for Covid-19 for 6 of 6 residents reviewed for infection control. (Residents B, C, D, E, F, and G) Findings include: The May 2020 Respiratory Surveillance Log was reviewed on 05/14/20 at 12:50 P.M. The Surveillance Log's included, but were not limited to, the following: resident names, temperature, heart rate, and oxygen level for every resident every shift. The surveillance logs lacked documentation for the following days and shifts (day shift - 6:00 A.M. to 2:00 P.M., evening shift- 2:00 P.M. to 10:00 P.M., night shift - 10:00 P.M. to 6:00 A.M.). a. Resident B lacked documentation on 05/01 all three shifts; 05/02 evening shift; 05/03 and 05/04 day and evening shift; 05/05 evening and night shift; 05/07 all three shifts; 05/08 evening shift; 05/09 day and evening shift; and on 05/10 evening shift. No refusals of assessments were documented for Resident B. b. Resident C lacked documentation on 05/01 night shift; 05/02 day shift; 05/03 day and night shift ; 05/04 evening shift; 05/05 day and evening shift; 05/06 night shift; 05/09 day shift; 05/10 day and evening shift; 05/11 day shift; and on 05/12 and 05/13 day and evening shift. No refusals of assessments were documented for Resident C. c. Resident D lacked documentation on 05/01 night shift; 05/02 day shift; 05/03 day shift; 05/04 evening shift; 05/05 day and evening shift; 05/06 evening and night shift; 05/07 night shift; 05/09 through 05/11 day shift; 05/12 evening shift; and 05/13 day and evening shift. No refusals of assessments were documented for Resident D. e. Resident E lacked documentation on 05/01 night shift; 05/02 day shift; 05/03 day and evening shift; 05/04 evening shift; 05/05 day and evening shift; 05/06 evening and night shift; 05/07 night shift; 05/09 day shift; 05/10 day and evening shift; 05/11 day shift; and 05/12 and 05/13 day and evening shift. No refusals of assessments were documented for Resident E. f. Resident F lacked documentation on 05/01 evening shift; 05/02 day shift; 05/03 day and night shift; 05/04 evening shift; 05/05 day and evening shift; 05/06 night shift; 05/07 night shift; 05/09 and 05/10 day and evening shift; 05/11 day shift; and 05/12 evening shift. No refusals of assessments were documented for Resident F. g. Resident G lacked documentation on 05/01 night shift; 05/02 day shift and evening shift; 05/03 day and evening shift; 05/04 evening shift; 05/05 day and evening shift; 05/06 night shift; 05/07 evening and night shift; 05/08 evening shift; 05/11 day shift; and 05/12 day and evening shift. No refusals of assessments were documented for Resident G. During an interview on 05/14/20 at 1:18 P.M., the DON (Director of Nursing) indicated the Respiratory Surveillance Log Sheet was supposed to be completed each 8 hour shift. Staff were supposed to be doing it since the beginning of the pandemic. Sometimes the staff forgot to put the dates on the records. She now reviews them and has the nurse review, sign, and date the records. If there was missing value on the log then the vital signs did not get assessed. The residents' lists were updated as new residents were admitted . The residents' heart rates, oxygen saturation, and temperatures were to be monitored. The current facility policy titled Pandemic Covid-19 Emergency Preparedness Plan with a revision date of 4/13/20 was provided by the Administrator on 05/14/20 at 12:25 P.M. The policy indicated, .Surveillance Monitoring: The facility shall maintain a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions. The facility shall utilize a Respiratory Surveillance Line List or similar facility tool for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak in the LTC (Long Term Care) facility. 3.1-18(b)(1)(A)		

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.