

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155796	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER CEDARS THE		STREET ADDRESS, CITY, STATE, ZIP 14409 SUNRISE CT LEO, IN 46765	
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 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the care plan accurately reflected anxiety 1 of 3 residents reviewed. Findings include: The clinical record for Resident F was reviewed on 7/7/20 at 10:00 A.M. [DIAGNOSES REDACTED]. An order dated 1/8/20, indicated Resident F was to see the Psychiatric Nurse Practitioner for evaluation and treatment of [REDACTED] M., indicated Resident F had 6 documented times of anxiety in the month of April. A Social Service note dated 6/1/20 at 2:03 P.M., indicated Resident F had 4 documented times of anxiety in the month of May. A Social Service note dated 7/8/20 at 1:59 P.M., indicated Resident F had 14 documented times of anxiety in the month of June. There was no documentation available for review to indicate Resident F had a care plan addressing anxiety. The Director of Nursing was interviewed on 7/10/20 at 11:21 A.M. During the interview the DON indicated Resident F had anxiety and was taking medication for anxiety. She also indicated Resident F did not have a care plan addressing anxiety and she should have had one. A policy for Care Planning was requested on 7/10/20 at 12:23 P.M. The DON indicated the facility does not have a Care Planning policy, but the facility follows state and federal regulations. This Federal citation is related to Complaint IN 558. 3.1-(a)(b)(1)		
F 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to ensure a Registered Nurse was on duty 8 consecutive hours 7 days a week. This has the potential to affect 42 of 42 residents residing in the facility. Findings include: Nursing schedules dated May 2, 2020 through July 4, 2020 were provided by the Director of Nursing (DON) on 7/7/20 at 2:00 P.M. The nursing schedules indicated there was no Registered Nurse working 8 consecutive hours on 5/2, 5/9, 5/17, 5/30, 6/6, 6/27, and 7/4. The DON was interviewed on 7/8/20 at 9:55 A.M. During the interview the DON indicated the facility does not have RN coverage 8 consecutive hours 7 days a week and has not for a while. She also indicated RN coverage is lacking during the weekends and there was no RN working 8 consecutive hours on the above dates and there should have been. The facility has been posting RN jobs, but has not been able to hire one. The DON further indicated there were 3 RNs employed by the facility. A policy was requested for RN staffing on 7/9/20 at 10:10 A.M. The DON indicated the facility does not have an RN staffing policy, but follows state and federal regulations. This Federal citation is related to Complaint IN 951 3.1-(b)(3)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure infection control practices were followed for 1 of 3 observations, and failed to ensure the completion of infection tracking for 4 of 4 residents reviewed. and employees of the facility. Findings include The facility's policy titled Infection Control, revised 6/8/20, indicated: Policy: It is the policy of this facility to maintain an infection control program designed to maintain a safe, sanitary, and comfortable environment and to prevent, or eliminate when possible, the development and transmission of disease and infection. Standards: 1. This facility has established an Infection Control Program to reduce or prevent the risks of nosocomial infections in residents and staff. 2. The Infection Control Program meets the guidelines of the Department of Health, Center for Disease Control, OSHA, local, state and federal rules. The facility's policy titled Resident Infection Tracking, Resident Immunization Tracking, dated 4/28/08, indicated: Policy: It is the policy of The Cedars to establish guidelines for identifying, repotting, tracking, and documenting of Resident's infections present at the time of admission and those acquired in the house (nosocomial). . 1. Infections present at the time of admission as well as nosocomial infections will be monitored for cause. . 4. The Infection Control Nurse of designee will update and maintain the infection control log and individual resident infection reports. a) These reports will be reviewed monthly and per to identify significant trends. 1. During observation on 7/7/2020 at 11:42 AM, the room of Resident K was noted to have a sign on the wall above a supply cart, which stated see nurse before entering. Employee 1 was observed to walk into the room with gloves already on both hands.No hand hygiene had been observed. Employee 1 began speaking to the resident and touched the resident on the shoulder while speaking to them. Employee1 left the room, walked down the hall and directly into the room of Resident M, touched Employee1's own mask several times while speaking with Resident M, then walked down the hall and directly into the room of Resident N, without performing hand hygiene or changing gloves. Employee 1 was observed to touch the couch pillows while speaking with Resident N without performing hand hygiene or changing gloves. Employee 1 failed to remove gloves and use hand sanitizer or wash hands prior to leaving each room and before entering the next room. Employee 1 kept the same gloves on since before she entered the room of Resident K. During an interview on 7/7/2020 at 11:42 AM, Employee 1 indicated Resident K was in isolation for [MEDICAL CONDITIONS] infection. During an interview on 7/7/2020 at 12:05 PM, both the Administrator and Director of Nursing Services (DNS) indicated Employee 1 should have changed her gloves. 2. The facility provided a list of current residents with rashes. The list included 4 residents (Resident M, Resident N, Resident O, and Resident P). The list indicated all residents were improved. During record review of facility infection logs on 7/7/2020, the logs for November and December, 2019 both indicated there were no skin infections in the facility. The log for January 2020 indicated there were 5 skin infections identified as 4 [MEDICAL CONDITION] infections and 1 toe infection. The log for February 2020 indicated there was 1 skin infection furuncle of the perineum. These logs all failed to evidence there were any rashes reported and/or tracked for dates of onset, treatment, and resolution for residents. There were no logs available for review in the time frame regarding any information for employee infections. The infection logs for March through July of 2020 were requested on 7/7/2020. The DNS indicated this information was in the computer in Point Click Care, and she had to get us access. On 7/8/2020, the information was unable to be accessed. The DNS indicated she would print it out. The information was provided on 7/9/2020 at 10:00 AM. The information did not indicate any infection tracking regarding residents or employees for March, April, May, and July of 2020. The June infection tracking did not indicate tracking of treatment and resolution of skin/soft tissue infection for Resident P. During an interview on 7/8/2020 at 1:34 P.M., the ADNS indicated the facility did not have infection tracking for rashes right now, but was able to provide a list of treatments for rashes by resident. This was available on the electronic medication list. He indicated the Infection Preventionist (IP) should have been tracking this but was off work for a while so the DNS was trying to keep up on things. The ADNS indicated [MEDICATION NAME] Cream (used to treat scabies) was ordered as [MEDICATION NAME] per the facility medical director for Resident M, Resident N, Resident O, and Resident P. There were no logs		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155796	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER CEDARS THE		STREET ADDRESS, CITY, STATE, ZIP 14409 SUNRISE CT LEO, IN 46765	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>available for review to indicate the facility had tracked employee infections. During an interview on 7/8/20 at 1:45 P.M., Employee 8 indicated she had tested positive via scraping for scabies, but the facility was denying any resident had scabies. During an interview on 7/8/2020 at 2:45 P.M., the DNS indicated the facility only tracked the rashes thru notes and skin issues. The facility followed Centers for Disease Control (CDC) guidelines. There was some improvement in some of the rashes. Since they thought the rashes were contact [MEDICAL CONDITION], their sheets and clothing were washed in Dreft, and the facility was trying to determine what it was. She indicated it would be a medical necessity to find out what it was, and the doctors did not think it was scabies. [MEDICATION NAME] Cream had been ordered as a preventative based on the report from Employee 8's dermatologist [DIAGNOSES REDACTED].M., the DNS indicated the facility needed to track infections better. The infections should have been tracked, the facility was aware of that problem now, and would start tracking. This Federal citation is related to Complaints IN 352, IN 591, IN 743, IN 377, IN 592, and IN 624. 3.1-18(a)</p>		