

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155809	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2020
NAME OF PROVIDER OF SUPPLIER GREY STONE HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 10445 DUPONT OAKS BLVD FORT WAYNE, IN 46845	
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 - Minimal harm or potential for actual harm Residents Affected - Many	<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, interview, and record review the facility failed to ensure measures to prevent the potential spread of COVID-19 were in place according to current CDC guidelines. This had the potential to effect 85 of 85 residents residing in the facility. Findings include: 1. During an continuous observation on 10/22/20 at 11:13 A.M. to 11:20 A.M. the following was observed: Staff 2 was sitting at a table in the facility's screening area working as a screener. A health care visitor was observed being screened by Staff 2, which included taking the health care visitor's temperature. Staff 2 was not wearing a mask. The Surveyor was then screened by Staff 2, which included Staff 2 taking her temperature. Staff 2 was not wearing a mask. Staff 2 then walked the Surveyor from the screening area, to the front desk, then to the office area. Staff 2 stopped at the office area and walked back to the front desk. Staff 2 then walked again to the office area. Staff 2 was not wearing a mask at any time during the continuous observation. During an observation on 10/22/20 at 12:29 P.M., 3 staff members were about 2 feet apart talking. The 3 staff member's masks were not covering their noses. During an observation on 10/22/20 at 12:34 P.M., Staff 4's mask was not covering her nose while she was walking through the hall, 2 residents were less than 6 feet away. During an observation on 10/22/20 at 12:37 P.M., Staff 5 was observed to be talking with another staff member. They were about 2 feet apart. Staff 5's mask was not covering her nose. During an observation on 10/22/20 at 12:38 P.M., Staff 6's mask was not covering her nose or mouth. There were 4 residents within 6 feet of her while the mask was not over her nose and mouth. During an observation on 10/22/20 at 12:42 P.M., Staff 5 was observed to be talking with another staff member. They were about 2 feet apart. Staff 5's mask was not covering her nose. During an observation on 10/22/20 at 1:00 P.M., Staff 7 pulled his mask down below his nose and mouth while answering a question. After answering the question the mask was placed back over his mouth and nose. During an observation on 10/22/20 at 1:05 P.M., Staff 7 was in the ice cream parlor talking with 3 other staff. They were about 2 feet from each other. 2 residents were present in the room as well, but were more than 6 feet away. Staff 7's mask was not covering his mouth or nose. The IP was interviewed on 10/22/20 at 2:13 P.M. During the interview the IP indicated masks should be worn by all staff and the masks should be covering their nose and mouth. The IP also indicated the facility follows CDC, ISDH, and corporate guidance in regards to COVID-19. Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/23/20 from the Centers for Disease Control (CDC) website. The guidance indicated to Implement Universal Source Control Measures. HCP should wear a facemask at all times while they are in the facility. 2. During an observation on 10/22/20 at 11:48 A.M., Physical Therapy Assistant 12 was observed in Resident 20's room. She had on a KN95 mask and goggles, but was not wearing a gown or gloves. During an observation on 10/22/20 at 11:50 A.M., CNA 11 was observed in Resident 20's room. She had on a surgical mask and goggles, but was not wearing a gown or gloves. During an observation on 10/22/20 at 11:51 A.M., LPN 10 was observed in Resident 20's room. She had on a surgical mask, gloves, and goggles. She was not wearing a gown. During an observation on 10/22/20 at 12:36 P.M., CNA 11 was observed in Resident 21's room. She was wearing a surgical mask and goggles. She was not wearing a gown or gloves. There was a sign on the door indicating Resident 21 was on droplet precautions. During an observation on 10/22/20 at 4:23 P.M., LPN 10 was observed in Resident 22's room. She was wearing a surgical mask and goggles. She was not wearing a gown or gloves. There was a sign on the door indicating Resident 22 was on droplet precautions. A COVID Testing Tracking Log for new admissions was provided by the IP on 10/22/20 at 4:00 P.M. The Log indicated Resident 20 was admitted on [DATE] and his last day of quarantine was on 11/3/20, Resident 21 was admitted on [DATE] and his last day of quarantine was on 10/23/20, and Resident 22 was admitted on [DATE] and his last day of quarantine was on 11/4/20. Licensed Practical Nurse (LPN) 10 was interviewed on 10/22/20 at 11:40 P.M. During the interview LPN 10 indicated new admissions or re-admissions were placed on the facility's yellow unit for 14 days. These residents are tested when they come to the facility and again 7 days later. After a resident has 2 negative tests, not all Personal Protective Equipment (PPE) is required to go into those rooms. For the first 7 days they are supposed to wear an N95 mask, gown, gloves, and protective eye wear. After the 2 negative tests staff wear a mask and goggles. Certified Nursing Assistant (CNA) 11 was interviewed on 10/22/20 at 11:42 P.M. During the interview CNA 11 indicated she was working on the hall with new admissions and re-admissions as well as those out of quarantine on that hall. She indicated she wore a surgical mask during her shift and went into rooms on droplet precautions and those not on droplet precautions wearing the same surgical mask. CNA 13 was interviewed on 10/22/20 at 4:24 P.M. During the interview CNA 13 indicated she was working on the yellow hall and she wore a surgical mask during her whole shift. She indicated she went into resident rooms on droplet precautions and resident rooms not on droplet precautions and wore the same surgical mask. The IP was interviewed 10/22/20 at 12: 11 P.M. During the interview the IP indicated when a resident is newly admitted or readmitted to the facility they are placed in a room in the yellow area of the facility for 14 days. When they first come they are on droplet precautions and are tested for COVID-19. They are tested again on day 7 and day 14. She indicated the facility has been trying to save on PPE, so after a 2nd negative test on day 7, they only require staff to wear eye protection and a mask when going in to those rooms. The residents are still quarantine and are not able to leave their rooms. The only thing that changes is the PPE staff are to wear when going into those rooms. When they first come in there is a droplet precaution sign on the door and staff are to wear an N95 mask, gown, gloves and protective eyewear. They take the sign down after the 2nd negative test on day 7. Staff then know they do not have to wear a gown and gloves when going into those rooms. Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/23/20 from the Centers for Disease Control (CDC) website. The guidance indicated to Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Responding to Coronavirus (COVID-19) in Nursing Homes (April 2020) was retrieved on 10/23/20 from the Centers for Disease Control (CDC) website. The guidance indicated to Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. 3.1-18(a)</p>		