

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER SYMPHONY OF DYER		STREET ADDRESS, CITY, STATE, ZIP 1532 CALUMET AVENUE DYER, IN 46311	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interview, the facility failed to maintain infection control practices and procedures related to placing a resident into the appropriate isolation who was exhibiting signs and symptoms of COVID-19 for 1 of 3 residents reviewed for falls and random observations of health care professionals not wearing a face mask properly. (Resident B) Findings include: 1. The closed record for Resident B was reviewed on 8/31/20 at 1:10 p.m. The resident was admitted to the facility on [DATE], with hospital admissions on 2/27, 3/19 and 4/24/20. [DIAGNOSES REDACTED]. The 5 day Medicare Minimum Data Set (MDS) assessment, dated 4/7/20, indicated the resident was not alert and oriented and had short and long term memory problems. The resident needed extensive assist with 1 person physical assist for transfers, bed mobility and locomotion on and off the unit. The resident's body temperature was taken at least three times a day as follows: 4/20/20 at 6:16 a.m. 100.7 degrees Fahrenheit (F) 4/20/20 at 8:51 a.m. 98.8 F 4/20/20 at 2:39 p.m. 97.4 F 4/20/20 at 5:38 p.m. 98.4 F 4/20/20 at 7:25 p.m. 103.3 F 4/20/20 at 9:45 p.m. 101.9 F 4/20/20 at 10:43 p.m. 101.9 F 4/21/20 at 2:23 a.m. 102.3 F 4/21/20 at 5:30 a.m. 99.8 F A Nurse Practitioner (NP) Progress Note, dated 4/20/20 at 4:20 p.m., indicated the resident's vital signs were stable and there was no documentation regarding the low grade fever of 100.7 degrees. A Nurses' Note, dated 4/20/20 at 7:38 p.m., indicated the resident was observed sliding out of his wheelchair onto the floor in the common area. The resident was assisted back into the wheelchair and had no complaints of pain. There was a bruise noted to his lateral left outer thigh. The resident's Power of Attorney (POA) was notified. A Nurses' Note, dated 4/20/20 at 9:45 p.m., indicated the resident was noted with an elevated temperature of 103.3 F orally at 7:25 p.m. Tylenol 650 milligrams (mg) was administered. The NP was notified and advised to monitor the resident's temperature and order a chest X-ray. The POA was informed and verbally agreed to the plan. A STAT (immediate) chest X-ray was ordered. A Nurses' Note, dated 4/21/20 at 2:29 a.m., indicated the resident was observed with elevated temperatures throughout the shift. There was no documentation indicating the resident had been placed in transmission based precautions and/or droplet isolation for having early signs of COVID-19. A NP Progress Note, dated 4/22/20 at 1:08 p.m., indicated at the time of the evaluation the patient was seated at the community table in his wheelchair. He was markedly confused. He denied discomfort. The staff reported he was eating and sleeping well and there had been no complaints of nausea, vomiting, diarrhea or constipation. His chest x-ray result was negative for any cardiopulmonary process. His urinalysis was negative. He had not spiked a temperature in 2 days. He did not exhibit any respiratory symptoms. This could be from his suspected osteo[DIAGNOSES REDACTED] (bone infection). A NP Progress Note, dated 4/24/20 at 8:36 a.m., indicated the resident was evaluated for a change in condition. Upon arrival to the room, the resident was seen sitting in bed attempting to perform physical therapy. He was noted to be pale and trembling. His respiratory rate was elevated and he appeared mildly short of breath. His lungs were clear to auscultation. His temperature was 97.9 and his blood sugar was 200. His heart rate was approximately 137. His oxygen saturation was 81%. Five liters of oxygen was applied and his oxygen saturation only rose to 83%. At that point, 911 was called to have him transferred to the emergency department. Interview with the Interim Director of Nursing (DON) on 9/1/20 at 10:30 a.m., indicated the resident was not placed in droplet precautions when he had a body temperature of 100.7 degrees. The NP had assessed the resident and ordered a chest X-ray and a urinalysis. When those tests came back negative, her rationale for the fever was due to the osteo[DIAGNOSES REDACTED]. Transmission based precautions and placing the resident in droplet isolation was not initiated. The resident was tested for COVID-19 at the hospital on [DATE] and tested positive. The resident did not have a roommate at the time. The current CDC (Center for Disease Control) Coronavirus disease 2019 (COVID 19) guidance indicated a person may have [MEDICAL CONDITION] if exhibiting these signs and symptoms: cough, shortness of breath or difficulty breathing, fever, chills, sore throat, and muscle pain. Symptomatic patients should be isolated as soon as possible to prevent further spread of [MEDICAL CONDITION]. Healthcare workers should have the appropriate Personal Protective Equipment (PPE) such as a gown, face mask and protective eyewear while providing care for symptomatic patients.</p> <p>2. During a random observation on 9/1/20 at 3:13 p.m., CNA 1 was observed walking onto the South Unit with her face mask underneath her chin. The mask was not covering her nose or mouth. She then stopped by the nurses' station where a resident was present. Interview with the South Unit Manager on 9/2/20 at 10:00 a.m., indicated the CNA should have been wearing her mask properly. This Federal tag relates to Complaints IN 469 and IN 396. 3.1-18(b)(1)</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.