

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155857	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER TRANQUILITY NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain infection control practices by touching food with bare hands during food service, not maintaining 6 feet of distance between residents during dining or activities, staff not wearing face masks covering their noses and mouths, ensuring monitoring for residents and screening staff for signs and symptoms of COVID-19. This had a potential to affect 28 of 28 residents that reside in the facility. (Resident 1, 6, 13, 14, 16, 19, 25, 27) Findings include: 1. An observation of lunch service on the TBI ([MEDICAL CONDITION]) unit was made on 10/13/20 at 12:12 p.m. KA 4 (Kitchen Assistant) was serving food from the steam table. KA 4 did not have any gloves as she grabbed the plates from a multi-shelf cart. As KA 4 grabbed the plates, her thumb touched the eating surface of the plates. She would then touch the utensil handles, the top of the multi-shelf cart and the meal tickets. KA 4 did not use any hand hygiene when going from clean to possibly contaminated surfaces. When making a cheeseburger, KA 4 reached into a bread wrapper with bare hands, but then was instructed by another kitchen worker to use tongs. So KA 4 then removed her hand from the bread package and used tongs to bring out the bread and place it on a plate. She then grabbed the cheese, which was in a wrapper and contained multiple slices. KA 4 opened the wrapper, with her bare hands, and grabbed a slice of cheese and placed it on the burger along with a piece of bread to complete the cheeseburger. KA 4 did not perform any hand hygiene prior to touching the food with bare hands. The burger was then served to Resident 19. A Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices policy provided by the ED (Executive Director) on 10/13/20 indicated, 1. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents .8. Contact between food and bare (ungloved) hands is prohibited. 9. Food service employees will be trained in the proper use of utensils such as tongs, gloves, deli paper and spatulas as tools to prevent foodborne illnesses . 2. a. An observation of the TBI dining room was made on 10/13/20 at 12:16 p.m. Residents 19 and 27 were seated at the same dining table across from each other and neither residents were wearing masks. The dining tables are round and approximately 4 feet in diameter. Residents 19 and 27 were not maintaining 6 feet of distance during dining. An interview with DON (Director of Nursing) conducted on 10/13/20 at 12:45 p.m. indicated residents should be seated at least 6 feet apart in the dining room. b. An observation of the TBI dining room was made on 10/13/20 at 3:30 p.m. Residents 13, 16, and 25 were all seated at the same table prior to activities. The residents were not wearing masks nor were they socially distanced. 3. An observation was made on 10/13/20 at 3:45 p.m. of RN 5 (Registered Nurse) sitting at the nursing station next to LPN 2 with her mask pulled down below her nose and mouth leaving her nose and mouth uncovered. An interview with the DON conducted on 10/13/20 at 4:12 p.m. indicated all staff need to wear their masks while in the facility and the mask should be worn correctly.</p> <p>4a. The clinical record for Resident 1 was reviewed on 10/13/19 at 1:37 p.m. The [DIAGNOSES REDACTED]. A physician order [REDACTED]. A physician order [REDACTED]. There were no nursing assessments or physician orders [REDACTED]. 4b. The clinical record for Resident 6 was reviewed on 10/13/19 at 2:00 p.m. The [DIAGNOSES REDACTED]. A physician order [REDACTED]. There were no nursing assessments or physician orders [REDACTED]. 4c. A Clinical Record Review for Resident 14 was conducted on 10/13/20. Resident 14's [DIAGNOSES REDACTED]. Resident 14 was admitted to the facility on [DATE]. A physician's orders [REDACTED]. A physician's orders [REDACTED]. Resident 14's orders did not contain an order to monitor the resident for signs/symptoms of COVID-19. Resident 14's clinical record did not indicate she was being monitored for signs/symptoms of COVID-19 other than temperature and respirations. An interview was conducted with the Director of Nursing on 10/13/20 at 3:06 p.m. She indicated the nursing staff was not assessing the residents for signs and symptoms of COVID 19. She would have nursing start assessing the residents to monitor for COVID-19. 5. The Employee Temperature Log was provided by the Director of Nursing on 10/13/20 at 3:06 p.m. It indicated the staffs' temperatures were obtained when they entered the building. There were no staff screening questionnaires regarding COVID-19 that were given to the staff when they entered the facility. An interview was conducted with the Director of Nursing on 10/13/20 at 6:00 p.m. She indicated the staff temperatures are taken, but no screening questionnaires related to COVID-19 are obtained when they enter the facility. She had been working in the facility for a week and had never filled out a screening questionnaire related to COVID-19. A COVID-19 Employee Requirements policy not dated was provided by the Director of Nursing on 10/13/20 at 5:53 p.m. It indicated .Team Members Responsible: All Community Team Members. 1. All employees will wear a face mask upon entering the campus and the mask will remain on until they leave the campus .3. All employee (sic) will complete a COVID-19 questionnaire and notify DON immediately, of any yes answers to questions . Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) during Coronavirus Disease 2019 (Covid 19) Pandemic from the CDC (Centers for Disease Control) at www.cdc.gov, dated 7/15/20, was retrieved on 10/13/20. It Indicated . 1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19. Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with [DIAGNOSES REDACTED]-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented .Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection .Re-evaluate admitted patients for signs and symptoms of COVID-19. While screening should be performed upon entry to the facility, it should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated (e.g., place any patient with unexplained fever or symptoms of COVID-19 on appropriate transmission-based precautions and evaluate) . 31-18(b)</p>		
F 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure weekly staff testing for COVID-19 was obtained in accordance with(NAME)county positivity rate of 5.8%. This had a potential to affect 28 of 28 residents that reside in the facility. (Respiratory Therapy (RT) 1, License Practical Nurse (LPN) 2, Certified Nursing Assistant (CNA) 3) Findings include: 1. A COVID-19 lab test dated 8/31/20 indicated RT 1 was negative. An interview was conducted with RT 1 on 10/13/20 at 3:46 p.m. She indicated it had been 2 to 3 weeks ago, since the last time she had been tested for COVID-19. 2. A COVID-19 lab test dated 6/23/20 indicated CNA 3 was negative. An interview was conducted with CNA 3 on 10/13/20 at 3:48 p.m. She indicated she had been tested a month ago for COVID-19. 3. The facility did not have a COVID-19 lab test for LPN 2 on file. An interview was conducted with LPN 2 on 10/13/20 at 3:47 p.m. She indicated she had never been tested for COVID-19. An interview was conducted with the Director of Nursing (DON) on 10/13/20 at 6:00 p.m. She indicated after</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 0886</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>speaking with RT 1 and CNA 3, they reported they had been tested in September for COVID-19. The results could not be located. The previous DON could have their results. LPN 2 worked part time in the facility and had not been tested. She would review the guidance of frequency of testing the staff. All the staff are scheduled to be tested on [DATE].</p>		