STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155712	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COVERED BRIDGE HEALTH CAMPUS	1675 W TIPTON ST SEYMOUR, IN 47274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm** - Immediate jeopardy **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, interview, and record review, the facility failed to ensure infection control practices for COVID-19 were followed during the pandemic, related to failing to identify symptoms of COVID-19 and did not isolate the residents with symptoms to help mitigate the spread of COVID-19 for 4 of 4 residents reviewed for infection control. (Residents B, E, C, F) The Immediate Jeopardy began on 10/02/20, when the facility failed to identify symptoms of COVID-19 and did not isolate the residents to help mitigate the spread of COVID-19. The Administrator was notified of the Immediate Jeopardy on 10/09/20 at 05:47 P.M. Findings include: 1. The clinical record for Resident B was reviewed on 10/9/20 at 11:45 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 07/14/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The resident resided on the 100 hall. An open ended physician's orders [REDACTED]. If over 100 degrees, open appropriate event and notify the MD/ NP (Nurse Practitioner). The Vitals Report for October 2020 indicated the resident had elevated temperatures on the following dates and times: - 10/02/20 at 6:33 P.M., temperature of 101.4 degrees Fahrenheit, - 10/03/20 at 8:21 A.M., temperature of 100.7 degrees Fahrenheit, - 10/03/20 at 12:47 P.M., temperature of 99.7 degrees Fahrenheit, - 10/03/20 at 8:58 P.M., temperature of 101.8 degrees Fahrenheit, - 10/03/20 at 11:39 A.M., temperature of 99.6 degrees Fahrenheit, - 10/04/20 at 9:42 A.M., temperature of 99.8 degrees Fahrenheit, - 10/06/20 at 7:51 P.M., temperature of 100.1 degrees Fahrenheit An open ended physician's orders [REDACTED]. An open ended physician's orders [REDACTED]. The October 2020 EMAR (Electronic Medication Administration Record) indicated the resident received the as needed Tylenol on the following dates and times: - 10/03/20 at 9:42 A.M., for a fever of 100.7, - 10/03/20 at 9: 06 P.M., for fever - 10/04/20 at 4: 01 P.M., for fever and pain A Progress Note, dated 10/03/20 at 5:16 A.M., indicated the resident began running a fever at the beginning of the shift on the evening of 10/02/20. The resident has a skin wound to right flank and began Bactrim (antibiotic) DS on 10/02/20 in the A.M. The resident had no other symptoms of illness and no respiratory symptoms. The residents temperature was now 98.2. A Progress Note, dated 10/03/20 at 2:21 P.M., indicated the physician was contacted regarding the resident running temperatures despite ATB (antibiotic) treatment. The NP ordered CBC (Complete Blood Count) with differential, CMP (Complete Metabolic Panel), CRP (C- Reactive Protein) for inflammation, Procalcitoninc, and a UA (Urinalysis) C&S (Culture and Sensitivity). The NP stated to call her with the results. A Progress Note, dated 10/3/20 at 10:21 P.M., indicated the resident's labs were obtained. At 9 P.M., the resident had a temperature of 101.8 temporally and as needed Tylenol was given for fever. A Progress Note, dated 10/04/20 at 6:47 A.M., indicated the resident had was crying loudly on/off through the night. As needed Tylenol was given as ordered for pain and fever. Temperature 99.3 temporal at this time after as needed Tylenol was given at 4 A.M. A Progress Note, dated 10/06/20 at 7:18 P.M., indicated the resident was assessed at this time and was noted to have a temperature of 100.0, BP (Blood Pressure) 81/47, pulse 70, respirations 20, oxygen 93% on room air. The resident continues to state Don't feel good. MD notified of vital signs, complaints, and current diagnosis. Orders were received to send to the ER (emergency room) for evaluation and treatment. A Progress Note, dated 10/07/20 at 3:45 A.M., indicated the resident arrived to the facility and has been moved to the red zone due to positive COVID-19 test. Resident will remain in isolation. A Physician assessment dated [DATE] indicated, .Intake .COVID Symptoms: Reports Fever >greater than 100.4 . The clinical record had no indication the resident had been placed in isolation until the positive COVID-19 result on 10/07/20. During an interview on 10/09/20 at 1:43 P.M., the Administrator indicated Resident B had not been placed on isolation until the positive COVID test on 10/07/20. 2. The clinical record for Resident E was reviewed on 10/09/20 at 3:27 P.M. A Quarterly MDS assessment, dated 07/29/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The resident resided on the 100 hall and was a roommate to Resident F. An open ended physician's orders [REDACTED]. An open ended physician's orders [REDACTED]. The Vitals Report for September 2020 and October 2020 indicated the resident had elevated temperatures on the following dates and times: - 09/29/20 at 9:37 A.M., temperature of 99.0 degrees Fahrenheit, - 09/29/29 at 1:18 P.M., temperature of 99.0 degrees Fahrenheit, - 09/29/20 at 7:49 P.M., temperature of 99.1 degrees Fahrenheit, - 10/02/20 at 8:56 P.M., temperature of 102.4 degrees Fahrenheit, - 10/03/20 at 10:19 A.M., temperature of 99.7 degrees Fahrenheit, - 10/03/20 at 8:50 P.M., temperature of 99.8 degrees Fahrenheit, - 10/04/20 at 8:01 A.M., temperature of 99.8 degrees Fahrenheit, - 10/04/20 at 9:21 P.M., temperature of 100.7 degrees Fahrenheit A Physician Assessment, dated 10/3/20. . Plan: Fever 1. We will go ahead and obtain a CBC with differential, basic metabolic panel and chest x-ray for evaluation. 2. Does not appear that she had a urinary tract infection at this time. 3. Per the director of nursing she just had a COVID test on 10/1/2020 we will go ahead and hold on repeating this at this time. Despite the fact that she is currently symptomatic as opposed to being an asymptomatic test yesterday . A Progress Note, dated 10/3/20 at 12:15 A.M., indicated that just prior to 9 P.M., the writer had went into the resident room to obtain temperature and oxygen saturation for COVID protocol monitoring. Temporal temp was noted to be 102.0. An oral temperature was taken and noted to be 102.4. Resident had denied any signs or symptoms of COVID, other illness, or pain. The physician was notified of the fever. Resident was then assessed by a physician via telehealth. New orders were obtained for a CBC and BMP (Basic Metabolic Panel) now as well as chest x-ray in the AM. COVID testing was not performed as the resident was last tested on [DATE] and results were pending at the time. A Metabolic/Nutrition Event--Abnormal Temperature Event, dated 10/02/20, indicated the resident had a temperature of 102.4. The clinical record had no indication the resident had been placed in isolation. During an observation on 10/09/20 at 3:48 P.M., Resident E was in her room with a roommate, Resident F. There was no indication the residents were in isolation. The room was across the hall diagonally from Resident B's room. During an interview on 10/09/20 at 12:33 P.M., LPN (Licensed Practical Nurse) 2 indicated that when a resident had an elevated temperature then they should be placed in the yellow hall on isolation and call the DON (Director of Nursing) and Administrator. If the resident had a roommate then they should be isolated too. When a resident is moved to the yellow hall then the nurse would document in a progress note. 3. The clinical record for Resident C was reviewed on 10/9/20 at 11:30 A.M. A Quarterly MDS assessment, dated 09/22/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. The resident received oxygen therapy during the assessment review period. The resident resided on the 100 hall of the facility. The room was 3 doors down on the same side of the hallway as Resident B. An open ended physician's orders [REDACTED]. An open ended physician's orders [REDACTED]. A Progress Note, dated 09/04/20 at 10:13 A.M., indicated the resident was currently on 4 liters of oxygen, and her O2 sat (oxygen saturation level) was 92%. The resident was in no distress and did not complain of shortness of air at that time. The NP (Nurse Practitioner) had been notified of an O2 sat of 89%. There were no new orders. A Progress Note, dated 09/25/20 at 7:53 A.M., that was recorded as a late entry on 09/28/20 at 7:55 A.M. and was edited due to incorrect data on 09/28/20 at 7:56 A.M. indicated the NP was aware of a resident episode of low oxygen saturation with no new orders. The resident's lungs were clear, and the resident remained afebrile. The resident had a [DIAGNOSES REDACTED]. The resident's O2 sat levels had remained normal since that time and the resident remained asymptomatic. A Progress Note, dated 10/07/20 at 11:48 A.M., indicated the resident had been tested for COVID-19 and the results were pending. A Progress Note, dated

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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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) 10/07/20 at 11:49 A.M., indicated the resident was noted to have a low O2 sat that was confirmed by nursing staff. The NP confirmed low air movement in the residents lungs and gave a new order to the the resident to the ER to evaluate and treat for hypoxemia, and an increased complaint of shortness of air. The resident was transferred. A Progress Note, dated 10/09/20 at 1:57 P.M., indicated the Resident tested positive for the rapid COVID-19 test that was performed at the local hospital. The Resident was expected to return to the facility in isolation in the red zone. A Physician Assessment, dated 10/07/20 indicated, .Intake .COVID Symptoms: Reports Shortness of Breath .seen today for an acute visit for staff report of low SpO2. Staff report SpO2 is 73-78% on 4L per NC (nasal cannula) .(resident) appears extremely short of breath .lips are cyanotic .denies chest pain .denies fever or chills .reports increasing shortness of breath the last couple of days . The clinical record had no indication the resident had been placed in isolation prior to the resident being sent to the local hospital on [DATE]. 4. The clinical record for Resident F was reviewed on 10/09/20 at 2:26 P.M. An Admission MDS assessment, dated 09/04/20 indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The resident did utilize oxygen therapy during the assessment review period. The resident resided on the 100 hall, and was a roommate of Resident E. The room was across the hall, diagonally from Resident B's room. An open ended physician's orders [REDACTED]. An open ended physician's orders [REDACTED]. The Vitals Report for September and October 2020 indicated the resident had elevated temperatures on the following dates and times: - 09/11/20 at 7:54 P.M., temperature of 99.6 degrees Fahrenheit, - 09/14/20 at 7:54 P.M., temperature of 99.2 degrees Fahrenheit, - 09/24/20 at 10:34 A.M., temperature of 99.3 degrees Fahrenheit, - 10/01/20 at 7:23 P.M., temperature of 99.1 degrees Fahrenheit, - 10/02/20 at 7:28 A.M., temperature of 99.1 degrees Fahrenheit, - 10/03/20 at 9:02 P.M., temperature of 99.3 degrees Fahrenheit, - 10/07/20 at 3:09 P.M., temperature of 99.7 degrees Fahrenheit, - 10/07/20 at 6:55 P.M., temperature of 99.7 degrees Fahrenheit, - 10/08/20 at 8:01 A.M., temperature of 99.8 degrees Fahrenheit, There were no progress notes in the resident's clinical record regarding the resident's elevated temperatures. There was no indication in the resident's clinical record that the resident was in any type of isolation. During an observation on 10/09/20 at 3:48 P.M., Resident F was in her room with a roommate, Resident E. There was no indication the residents were in isolation. During an interview on 10/09/20 at 3:48 P.M., CRMA (Certified Residential Medication Aide) 3 indicated that she had not worked since the previous weekend. She was not notified in report today of any residents that resided on the 100 hall that had recently experienced a fever. There were no residents on the 100 hall in isolation. During an interview with the DON and Administrator on 10/09/20 at 4:51 P.M., the DON indicated the facility consulted the Nurse Practitioner, and the Nurse Practitioner did not consider Resident F's temperatures as fever. It was not considered a fever until the temperature was 100.4 F. When asked about CDC (Centers for Disease Control) guidance related to what would be considered a fever, the Administrator indicated the facility would follow the Nurse Practitioner's guidance related to what would constitute a fever. The LTC (Long Term Care) Respiratory Surveillance Line List the facility currently utilized for data collection and active monitoring of both residents and staff indicated, .Definition of Fever .(1) a single oral temp > 37.8 (degrees) C (100 F) or (2) repeated oral temps > 37.2 C (99 F) or rectal temps > 37.5 C (99.5 F) or (3) a single temp > 1.1 C (2 F) over baseline from any site (oral, tympanic, axillary) . The current facility policy, titled Guidelines for Covid-19 Standard of Practice, with a most recent revision date on 03/11/20, was provided by the DON on 10/09/20 at 2:51 P.M. The policy indicated, .Evaluate and Manage Residents with Symptoms of Respiratory Infection .Promptly assess residents for fever and symptoms and signs of respiratory infection .Implement appropriate infection prevention practices for symptomatic residents .Isolation precautions should be made on a case-by-case basis and in consultation with public health officials . The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, dated as updated 6/25/20, indicated the following: Evaluate and Manage Residents with Symptoms of COVID-19. Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (T greater than or equal to 100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom. Residents with COVID-19 should, ideally, be cared for in a dedicated unit or section of the facility with dedicated HCP (see section on Dedicating Space). As roommates of residents with COVID-19 might already be exposed, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test. Residents with known or suspected COVID-19 should be cared for using all recommended PPE, 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 face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated. The Immediate Jeopardy that began on 10/02/20 was removed on 10/10/20 at 2:46 P.M., when the facility audited all residents in the facility for new onset of COVID-19 symptoms with any residents showing symptoms of COVID-19 had been placed on contact/droplet precautions, and all staff were inserviced/educated on signs and symptoms of COVID-19 and contact/droplet precautions. 3.1-18(a)