STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155364	A. BUILDING _____ B. WING _____	**10/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BYRON HEALTH CENTER	**1661 BEACON STREET FORT WAYNE, IN 46805**

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	**Provide and implement an infection prevention and control program.** Based on observation, interview and record review, the facility failed to ensure infection control practices were consistently implemented for reusable equipment. This had the potential to affect 85 of 85 residents residing in the facility. Findings include: On 10/22/2020 at 8:35 a.m., a Staff member 1 was observed behind the front desk. On the counter were observed several sign in sheets, an infrared thermometer, pulse oximeter and a thermometer with a probe for oral use. A box of probe covers was observed attached to this thermometer. A basket with alcohol wipes was observed near the back side of the desk. On 10/22/2020 at 8:50 a.m., Staff member 2 was observed to approach the front desk. They were observed to pick up the pulse oximeter, put it on their finger, then returned it to the desk, without sanitizing the oximeter after use. Staff member 2 picked up the thermometer with the probe, put a clean sheath on the probe, checked their oral temperature, and returned the thermometer to the counter, without cleaning it after use. Staff member 2 did not show their temperature to the receptionist. Staff member 2 was observed to document on one of the forms at the desk, then leave the front desk area without cleaning the pulse oximeter and thermometer after use. On 10/22/2020 at 9:00 a.m., Staff member 3 was observed to approach the front desk. They were observed to put the pulse oximeter on their finger, then return it back to the desk without cleansing the oximeter after use. They were then observed to pick up the thermometer with the probe, put a clean sheath on the probe, checked their oral temperature, and returned the thermometer to the counter, without cleaning it after use. Staff member 3 was not observed to show their temperature to the receptionist. Staff member 3 was observed to document on one of the forms at the desk, then left the front desk area without sanitizing the pulse oximeter and thermometer after use. On 10/22/2020 at 9:10 a.m., the employee and visitor screening logs were reviewed. The log had listed employee names and a place to document the temperature, oxygen saturations and if the staff member was having any signs/symptoms of covid. On 10/22/2020 at 9:15 a.m., Staff member 4 provided a copy of the Lobby Procedure for Taking Temperatures during COVID-19 Pandemic Episode. This document was undated. The policy indicated the following: For Staff: Every staff member who comes to the lobby for a temperature, needs to take their temperature and show the receptionist their temperature. For Vendors: Every vendor who comes to the lobby for a temperature, needs to take their temperature and show the receptionist their temperature. On 10/22/2020 at 9:30 a.m., the Receptionist 5 was interviewed. She indicated she checked the employee screening list throughout the day to ensure no staff and/or visitors had answered any of the questions in a way that would cause concern. She indicated she did not check teh forms between each staff or immediately to prevent ill staff from working. She indicated there was no place on the form to indicate she had reviewed the answers on the form. She indicated the staff would take their own temperatures but she took the temperatures of the vendors. She indicated the thermometer should be cleaned after every use. On 10/22/2020 at 10:14 a.m. the Chief Executive Officer (CEO) was interviewed. She indicated the facility had a visit by the Indiana State Department of Health Infection Preventionist on September 8, 2020. The CEO provided a copy of the report. Recommendations included but were not limited to the following: Centralized staff screening with an assigned screener at the point of entry. On 10/22/2020 at 12:05 p.m., the Infection Preventionist (IP) was interviewed. She indicated the thermometers and pulse oximeters should be cleaned between each and every use. . 3.1-18(a)

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.