STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155810	A. BUILDING _____ B. WING _____	**10/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VERNON HEALTH & REHABILITATION	**1955 S VERNON ST WABASH, IN 46992**

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	**Provide and implement an infection prevention and control program.** Based on observation and interview the facility failed to ensure employees were wearing masks appropriately during close contact with a resident for 1 of 2 facility tours. Findings include: During the initial tour of the facility on 10/14/20 at 9:07 a.m., Therapy Assistant 3 was observed in the therapy gym talking with a staff member to the right of her and a resident was sitting in front of her, the resident did not have a mask on. Therapy Assistant 3's mask was pulled below her upper lip and exposed her mouth and her nose. She indicated she had hot flashes and had to pull it away from her face and the resident would not leave her mask on. On 10/14/20 at 10:44 a.m. the Therapy Supervisor indicated Therapy Assistant 3 should have worn her mask over her mouth and nose. On 10/14/20 at 2:29 p.m. the Administrator indicated they followed the CDC and Indiana Department of Health guidelines for wearing masks. A current policy titled, COVID-19 Crisis Strategies Face Mask Quick Guide per CDC guidelines, provided by the Administrator on 10/14/20 at 2:57 p.m. indicated the following: Procedure: When there are no suspected cases of COVID-19 in the facility, all staff should wear a surgical type or homemade type masks at all times 3.1-18(a)
F 0886 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure staff with signs and/or symptoms of COVID-19 were tested for COVID-19 before being allowed to return to work for 10 of 10 employees reviewed for employee health monitoring for infection control (Employee 4, Employee 18, Employee 9, Employee 7, Employee 20, Employee12, Employee 3, Employee 41, Employee21, Employee 33). Findings include: Review of the facility's LTC Respiratory Surveillance Line Lists and a facility Staff COVID-19 Surveillance Line List document(s) for September and October 2020 indicated the following: Employee 4 had vomiting, which began on 8/30/20 and resolved on 9/1/20. They had worked on the 300 Hallway. Testing was not applicable. The facility-developed surveillance document indicated her family member had been ill, rather than the employee. Employee 18 had nausea and vomiting, which began on 9/14/20 and resolved on 9/15/20. Testing was marked as not applicable. The facility-developed surveillance document's contact tracing comments indicated she had worked all over the building on 9/11/20. Employee 9's signs and symptoms were not applicable, and testing was not applicable. The facility-developed surveillance document's contact tracing comments indicated she had left early on 9/14 and returned on 9/16, the same date her symptoms had resolved. Employee 7 had nausea and vomiting, which began on 9/15/20. They had worked on the Timms Hallway. Resolution of symptoms was not completed, and testing was marked as not applicable. The facility-developed surveillance document's contact tracing comments indicated she had called off with abdominal pain, returned 9/18, and left early on the same date. Employee 20 had shortness of breath, fever, and cough, which began on 9/10/20. Her symptoms resolved on 9/16/20; no testing was completed. An additional copy of a Line List document, provided by the DON on 10/14/20 at 1:50 p.m., indicated she had the same symptoms, and had been rapid tested on [DATE], and was negative. Employee 12 had a cough, headache, and muscle aches on 9/22/20. Her resolution of symptoms and testing status were not documented. The contact tracing comments indicated she had a doctor's slip. Employee 3 had nausea on 9/28/20, and returned to work on 9/29/20, when the symptoms resolved. A COVID-19 test was not applicable. Employee 21 had vomiting and fever on 9/29/20, and returned to work on 10/1/20. Her symptom resolution date was not documented. A COVID-19 test was not applicable. Employee 41 had nausea and headache on 9/30/20, symptoms resolved on 10/1/20, and she returned to work on 10/2/20. A COVID-19 test was not applicable. Employee 33 had headache and diarrhea on 10/2/20, symptoms resolved on 10/5/20, and she returned to work on 10/6/20. A COVID-19 test was not applicable. Review of a 9/14/20 return to work note indicated Employee 20 had been seen, and could return to work 9/16/20. She had an upper respiratory infection; there was no indication of COVID-19 testing having been completed. Review of a 9/24/20 return to work note indicated Employee 12 had been seen, and could return to work on 9/26/20. There was no indication of COVID-19 testing having been completed. During an interview, on 10/14/20 at 11:15 a.m., the DON indicated the ADON was told to put all call-ins on the LTC Surveillance Line List document. The staff the had not applicable marked were just call-ins. Some of the staff already had current conditions, like GERD, and would have vomiting. She felt like some of the staff had been tested and would locate the information. During an interview, on 10/14/20 at 12:22 p.m., the DON indicated the facility was using an outside lab for staff and resident testing, with a 24-hour turnaround, so they were not using point-of-care (POC) testing. She was not familiar with the type of POC machine the facility had received, as it had not been used due to securing the outside lab. She felt the employees' medical conditions were private, therefore she could not share why illnesses had been determined to be unrelated to COVID-19. The staff wore masks and maintained precautions, so testing would not have been necessary for staff who were ill, if they didn't have direct respiratory symptoms. During an interview, on 10/14/20 at 1:50 p.m., the DON indicated she had used the POC machine to test the three staff members who had signs and symptoms listed on the September respiratory surveillance documents. The tests would not be visible on the REDCap (State Reporting) system, as she had not reported the tests; she was not aware it should have been reported when using the POC machine. During an interview, on 10/14/20 at 2:11 p.m., the Administrator indicated she was not aware staff should be tested for any sign or symptom of COVID-19. During the interview, the CMS memo with the requirement was located in both the facility Infection Control binder, and the facility COVID-19 preparedness binder. Review of CDC Symptoms of Coronavirus web page, updated May 13, 2020 and accessed on 10/14/20, indicated the following: .People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea Review of CMS memo QSO-20-38-NH, dated August 26, 2020, indicated the following: .Staff with symptoms or signs of COVID-19 must be tested and are expected to be restricted from the facility pending the results of COVID-19 testing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE