

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155799	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE MARION LLC		STREET ADDRESS, CITY, STATE, ZIP 614 WEST 14TH STREET MARION, IN 46953	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to follow their policy for screening staff suspected of COVID infection, resulting in a direct care employee working with residents, pending test results for COVID-19 (Employee 5). Findings include: During an interview, on 4/27/20 at 10:33 a.m., during the Entrance Conference, the Administrator indicated the facility had one direct care staff member (Employee 5), with suspected COVID-19. She was tested on Thursday 4/23/20, and the employee was told she was positive, per her physician's office. The local health department had then contacted Employee 5 on Sunday 4/26/20, and informed her the results were indeterminate and she needed to be re-tested on Monday 4/27/20. Review of an Employee temperature log, on 4/27/20 at 11:10 a.m., indicated Employee 5 had signed in on 4/22/20 and had a sore throat and cough, with allergies [REDACTED]. She had signed in on 4/23/20, and same was documented under comments. The document indicated she had no respiratory symptoms, on the three prior shifts she had been screened on, since the log began on 4/17/20. During an interview, on 4/27/20 at 11:25 a.m., the DON indicated she had personally screened Employee 5 on both 4/22/20 and 4/23/20. The employee had no fever, no other signs and symptoms, and had told the DON she had seasonal allergies [REDACTED]. Review of the daily nursing schedules indicated Employee 5 had worked 4/20/20 and 4/21/20 in the Healthcare area, and 4/22/20 and 4/23/20 on the Assisted Living unit. During an interview, on 4/27/20 at 11:36 a.m., the Administrator indicated Employee 5 had worked on 4/23/20, had gone to her doctor on 4/24/20, and had been taken off the facility schedule on 4/24/20, when she notified the facility of her test results. Review of Employee 5's COVID-19 test results indicated it had been collected on 4/23/20 at 9:45 a.m. The results were indeterminate, and recommended re-collection of the specimen. During an interview, on 4/27/20 at 12:35 p.m., the DON indicated Employee 5 had been screened to determine if she had been around anyone with COVID-19 and had not worked anywhere else. She felt she had been taking all precautions. The DON spoke to the Administrator, and they both felt it was safe for the employee to work. She did work on 4/23/20 at 2:00 p.m., after being tested. Review of the COVID-19 IP Toolkit provided to the facility by ISDH on 3/25/2020 indicated the following, COVID-19 Guidance for Healthcare Workers, dated 3/16/20 Screening Symptoms and Responding Appropriately Facilities should develop a plan for how to screen for symptoms and evaluate ill healthcare workers. For instance, on days the healthcare worker is scheduled to work, the facility should take the temperature and assess for symptoms prior to starting work or have the healthcare worker report their temperature and absence of symptoms prior to starting work. If the healthcare worker begins to exhibit symptoms, such as cough, sore throat, fever or shortness of breath, they must be sent home for self-quarantine and testing immediately. The Guidance for Out of Hospital Facilities, also in the Toolkit, lasted updated 3/29/20, indicated the following: Staff who develop symptoms confirmed or suspected to be COVID-19 should call the Indiana State Department of Health at [PHONE NUMBER] (open 24/7) to determine if testing is needed. They should also call their local health department to make them aware. They should follow home quarantine recommendations from the CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html - and can return to work when the following conditions have been met; Fever free for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers). and Other symptoms have improved (for example, when your cough or shortness of breath have improved) and At least 7 days have passed since your symptoms first appeared. Review of an interim policy addressing healthcare crisis related to Human [MEDICAL CONDITION], dated 3/20/20, and revised 3/24/20 indicated the following: .5. Any staff with a fever and/or respiratory symptoms will result in the staff being screened for PUI and sent home with local health department being notified as indicated utilizing the PUI algorithm This Federal Tag relates to Complaint IN 759: 3.1-18(b)(6)</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.