| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **155223** | A. BUILDING _____ B. WING _____ | **07/16/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **WATERS OF COVINGTON, THE** | **1600 E LIBERTY ST COVINGTON, IN 47932** |

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) |
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| F 0880<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, record review, and interview, the facility failed to follow CDC guidance during a pandemic and ensure infection control practices for COVID-19 were implemented when a resident (B) exhibited symptoms of COVID-19, after another resident (K) had tested positive for COVID-19, and isolation precautions were not put into place, for 3 of 8 residents reviewed for infection control (Residents B, G, J). Resident B resided in a room with Resident J, shared a bathroom with Resident G, and resided on the HS hall with a total of 14 other residents, resulting in potential exposure of other residents to COVID-19. Findings include: 1. During an interview, on 7/14/20 at 9:47 a.m., Registered Nurse (RN) 7 indicated Resident B had received a new order for a COVID-19 screening on 7/13/20 during the evening shift due to nausea, vomiting, and headache symptoms, but had not been symptomatic prior to 7/13/20 or during the current shift. During an observation, on 7/14/20 at 9:56 a.m., Resident B was observed in her room lying in bed. A roommate was also observed in the room, Resident J. A sign on the door indicated green zone (a zone where only surgical mask and gloves were required). There was no signage on the door to indicate isolation precautions (special precautions to prevent the spread of germs), and no personal protective equipment (PPE) cart was observed. The resident's door was open. The room was observed to have a shared bathroom with Resident G. During an observation, on 7/14/20 at 12:11 p.m., Personal Care Assistant (PCA) 14 was observed opening Resident B's door with a surgical mask on. At this time, PCA 14 indicated the resident was not on contact droplet precautions and he had only worn a surgical mask and gloves while care was provided. A sign on the door indicated green zone, surgical mask and gloves required. There was no signage on the door to indicate isolation precautions. A PPE cart was observed outside of the resident's room. Resident B's record was reviewed on 7/14/20 at 10:50 a.m. [DIAGNOSES REDACTED]. A quarterly Minimum Data Set (MDS) assessment, dated 4/08/20, indicated the resident had a moderate cognitive impairment and required extensive staff assistance of 1 with bed mobility, transfers, dressing, toilet use, and personal hygiene. A physician's orders [REDACTED]. A Medication Administration Record [REDACTED]. A physician's orders [REDACTED]. A physician's orders [REDACTED]. A physician's orders [REDACTED]. A bed board, dated 7/14/20, indicated 15 residents resided on the HS hall. During an interview, on 7/14/20 at 9:40 a.m., Certified Nursing Assistant (CNA) 8 indicated HS hall had no symptomatic residents, and no residents were on contact droplet precautions for COVID-19. If a resident was on contact droplet precautions staff would wear an N95 mask, gown, gloves, and a face shield or goggles when resident care was provided. During an interview, on 7/14/20 at 10:44 a.m., the Housekeeping Supervisor indicated all residents with suspected COVID-19 were moved to the FW unit and placed in the yellow zone. There were no other residents on the other halls suspected COVID-19. During an interview, on 7/14/20 at 10:49 a.m., the DON indicated there were no residents presumptive for COVID-19 at this time. During an interview, on 7/14/20 at 11:34 a.m., Resident B indicated she had not been feeling well for at least a week. She had been having symptoms of nausea, headaches, and at times had been short of breath. The nurse had been made aware of the nausea and headaches but she was unable to remember if she had reported the shortness of breath. During an interview, on 7/14/20 at 12:13 p.m., RN 7 indicated when the resident received an order for [REDACTED]. At this time, the green zone sign was removed and a yellow zone sign was placed on the resident's door. During an interview, on 7/14/20 at 2:52 p.m., Qualified Medication Aide (QMA) 20 indicated Resident B shared a room with Resident J. The resident's room also shared a bathroom with the room next door where Resident G resided. Both Resident B and Resident G utilized the bathroom for toileting. She also indicated she was the one who had cared for Resident B, on 7/13/20, when the resident reported nausea, vomiting, and a headache. The resident was not placed in contact droplet precautions when the new physician order [REDACTED]. During an interview, on 7/14/20 at 3:05p.m., the DON indicated the Nurse Practitioner (NP), on 7/10/20, had put an order in the resident's clinical record for droplet precautions and a COVID-19 screen in error. The resident had received a physician's orders [REDACTED]. He felt they were one-time symptoms and the need for contact droplet precautions was not required. The resident was tested for COVID-19 today, on 7/14/20, and the sample was being sent to the lab and pending test results. 2. Resident J's record was reviewed on, 7/14/20 at 3:00 p.m. A bed board, dated 7/14/20, indicated Resident J resided in the same room as Resident B. A census document, indicated the resident had resided in a private room on FW from 6/25/20 through 7/8/20, and was moved to a semi private room on HS hall on 7/9/20. An Admission Minimum Data Set (MDS) assessment, dated 7/2/20, indicated the resident required extensive assistance with bed mobility, transfers, toilet use, and personal hygiene. A physician's orders [REDACTED]. Current physician's orders [REDACTED]. The sample was sent to the lab, but results were not available yet. Resident J was not symptomatic and was tested because she was transferred from a private room on the FW unit, on 7/9/20, where another Resident K had been tested for COVID-19, on 7/6/20, and the results came back positive on 7/10/20. 3. During an observation, on 7/14/20 at 9:55 a.m., Resident G was observed in her room. A sign on the door indicated green zone, surgical mask and gloves required. There was no signage on the door to indicate isolation precautions, and no personal protective equipment (PPE) cart was observed. The resident's door was open. The room was observed to have a shared bathroom with Resident B. Resident G's record was reviewed on 7/14/20 at 2:48 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 6/2/20, indicated the resident required extensive staff assistance of 1 with bed mobility, transfers, dressing, toilet use, and personal hygiene. A physician's orders [REDACTED]. A census document, indicated the resident resided in a semi-private room on HS hall. During an interview, on 7/14/20 at 2:54 p.m., Personal Care Assistant (PCA) 23 indicated Resident G shared a conjoined bathroom with Resident B and both residents used the bathroom for toileting. Resident G was not on any type of isolation precautions and Resident B was on contact droplet precautions. On 7/14/20 at 12:56 p.m., the Administrator provided an undated document titled, Suspected/Diagnoses/treatment of [REDACTED]. The policy indicated, .VII. Procedure: a. in an attempt to decrease the transmission or acquisition of the COVID-19, certain standards must be practiced to ensure the resident experiencing the infection and the remaining resident population are safe .3. If a resident is suspected to have COVID-19 the physician should be notified immediately and transmission-based contact and droplet precautions should be implemented immediately .5. The resident location should be evaluated and if the affected resident currently has a roommate, the other resident should preventatively be placed on contact and droplet precautions as well, while co-horting the two potentially affected residents The ISDH Guidance for out-of-hospital facilities, dated 3/29/20, indicated, The following is guidance for out of hospital facilities who house patients with a confirmed or suspected case of COVID-19. There are a few guiding principles: 1. Placement of patient /resident in contact-droplet precautions with proper PPE, including gown, glove, and mask with face shield or eye protection. 2. Proper donning and doffing of personal protection equipment when in contact with COVID-19 residents Reduce the movement of staff between patients with and without COVID-19 precautions with proper PPE- gown, glove, and mask with face shield or eye protection .Patients/residents with known or suspected COVID-19 should be cared for in a single-person (private) room with the door closed. Airborne infection isolation rooms (AIIR) are not required. Patients/residents with known or suspected COVID-19 should not share bathrooms with other patients/residents. All patients/residents returning from the hospital with suspected or confirmed COVID-19 should be cared for in a private room, or Cohorted with other patients of the same status in the same unit, wing, hallway, or building. Patients with close |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | (continued... from page 1)<br>contact with a confirmed COVID-19 patient (e.g., roommate or infected staff without wearing PPE) should be isolated and follow 14 day self-monitoring guidelines. If they develop symptoms, and are confirmed or suspected to have COVID-19, they should remain isolation until at least 7 days after symptom onset and 72 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough), whichever is longer . The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, indicated, dated 6/25/20, indicated If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, 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. Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement .If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected [DIAGNOSES REDACTED].g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident . The CDC guidance - Coronavirus Disease Symptoms, dated 5/13/20, indicated What you need to know, anyone can have mild to severe symptoms. Older adults and people who have sever underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Watch for symptoms, 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, and diarrhea This Federal tag relates to Complaint IN 663. 3.1-18(b)(2) |