STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155715	A. BUILDING _____ B. WING _____	10/16/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LUTHERAN COMMUNITY HOME	111 W CHURCH AVE 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.

(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 -** 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, record review, and interview, the facility failed to ensure infection control practices for COVID-19 were implemented during the pandemic, when the facility failed to place newly admitted residents in transmission-based precautions on the facility's yellow unit, for 5 of 10 residents reviewed for infection control (Residents B, C, D, E, F). Four residents on this unit exhibited symptoms of COVID-19 and did not have isolation precautions implemented until they tested positive for COVID-19. This created the increased likelihood of [MEDICAL CONDITION] spreading throughout the unit while staff were caring for residents without wearing all recommended PPE (personal protective equipment). The Immediate Jeopardy began on 10/08/20, when the facility failed to implement transmission based precautions when newly admitted residents began having symptoms of COVID-19 and to ensure infection control practices for COVID-19 were followed. The Administrator was notified of the Immediate Jeopardy on 10/14/20 at 3:51 P.M. The Immediate Jeopardy was removed on 10/16/20 but noncompliance remained at lower scope and severity level of pattern, no actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: 1. During an observation and interview on 10/14/20 at 10:13 A.M., the yellow unit (residents, if potentially exposed to COVID-19, should be cared for in a COVID-potentially exposed zone until 14 days) was observed. There were no indications the residents were on transmission based precautions. CNA 3 entered Resident F's room to assist the resident with filling out a menu. She walked into the resident's room towards the resident's bed. The CNA was not wearing a gown. The DON (Director of Nursing) indicated the residents on the unit were all new admissions/re-admissions. The residents were quarantined to their room but were never on any droplet precautions. The facility had been looking to implement droplet precaution, but they were going through too many gowns. There were 6 residents on the yellow unit. The nurse on duty was working the yellow and red (area for resident's with COVID-19 positive) zone. The following residents were recently admitted , had resided on the yellow unit, and tested positive for COVID-19 during their 14 day quarantine: 2. The clinical record for Resident B was reviewed on 10/14/20 at 10:20 A.M. An Admission MDS assessment, dated 10/02/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. A Progress Note, dated 10/08/20 at 5:57 A.M., indicated the resident had been awake most of the night and had 2 cups of tea, complaining of a sore throat. The writer had messaged the NP (Nurse Practitioner) to request as needed cough drops. A Progress Note, dated 10/08/20 at 6:50 P.M., indicated the resident had complaints of a sore throat and not being able to clear mucus from her throat. A fax was sent to the NP and a new order was obtained for cough drops. A Progress Note, dated 10/10/20 at 3:36 P.M., indicated the resident was noted to have a cough, sore throat, and runny nose. The resident was afebrile. The writer notified the weekend supervisor. The resident was tested for COVID-19 and the resident was placed on isolation precautions. The LTC (Long Term Care) Respiratory Surveillance Line List, indicated Resident B's symptom onset date was 10/08/20 that included cough, sore throat and runny nose. The collection date was 10/10/20 and the resident's results were acquired on 10/10/20. The resident tested positive for COVID-19. The clinical record lacked any documentation that the resident was placed in transmission based precautions prior to testing positive for COVID-19 on 10/10/20. 3. The clinical record for Resident C was reviewed on 10/14/20 at 10:20 A.M. An Admission MDS assessment, dated 10/05/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. A Progress Note, dated 10/10/20 at 2:47 A.M., indicated at 0000 (midnight) the resident complained of feeling like she couldn't breath. She stated that it feels like an elephant is sitting on my chest when I try to take a breath. Vital signs taken and recorded. The resident did not want to go to the ER (emergency room). The NP was notified and new orders were obtained to give [MEDICATION NAME] (diuretic medication), obtain a CBC (Complete Blood Count) with differential, BMP (Basic Metabolic Panel), BNP (Brain Natriuretic Peptide), and a chest X-ray. A Progress Note, dated 10/11/20 at 10:42 P.M., indicated the resident complained of Elephant on my chest again. The vital signs were taken and recorded. The NP was notified and new orders were obtained for [MEDICATION NAME] and another NP would see the resident in the morning. A Physician Assessment, dated 10/12/20, indicated .Intake .COVID symptoms: Reports Shortness of Breath . A Progress Note, dated 10/13/20 at 9:52 A.M., indicated the resident was placed in isolation due to COVID-19 diagnosis. The LTC Respiratory Surveillance Line List, indicated Resident C's symptom onset date was 10/10/20 that included shortness of breath. The collection date was 10/13/20 and the resident's results were acquired on 10/13/20. The resident tested positive for COVID-19. The clinical record lacked documentation that the resident had been placed on transmission based precautions prior to the positive COVID-19 results on 10/13/20. 4. The clinical record for Resident D was reviewed on 10/14/20 at 10:20 A.M. An Admission MDS assessment, dated 10/06/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. A COVID-19 Rapid [MEDICATION NAME] Test was performed on 10/10/20 at 4:30 P.M., for the resident due to a possible exposure. A Progress Note, dated 10/13/20 at 9:53 A.M., indicated the resident was on isolation precautions due to COVID-19 diagnosis. The only symptoms document for the resident were located on the respiratory line list. The resident had a cough. The LTC Respiratory Surveillance Line List, indicated Resident D's symptom onset date was 10/10/20 that included a cough. The collection date was 10/13/20 and the resident's results were acquired on 10/13/20. The resident tested positive for COVID-19. The clinical record lacked documentation that the resident had been placed on transmission based precautions prior to the positive COVID-19 test result on 10/13/20. 5. The clinical record for Resident E was reviewed on 10/14/20 at 10:20 A.M. The admission MDS assessment was in progress. The resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. The resident was asymptomatic and tested for COVID-19 on 10/10/20 with routine testing. The resident's test results were acquired on 10/10/20. The resident tested positive for COVID-19 and was placed on isolation at that time. The resident was on the yellow unit upon the 10/03/20 admission. The resident was not on droplet isolation until seven days later when a positive COVID-19 test result was acquired on 10/10/20. During an interview on 10/14/20 at 12:22 P.M., RN 2 indicated that when nursing staff were assigned to a unit then they would stay on that unit for the entire shift. When a resident was placed on droplet precautions the staff should wear goggles/face shield, gloves, gown, and a mask. The residents on the yellow unit have been placed on quarantine to their rooms for 14 days and staff only wore goggles/face shield and a mask when providing care for them. They have discussed requiring full PPE when caring for the residents, but full PPE had not been implemented. During an interview on 10/15/20 at 11:57 A.M., CNA (Certified Nurse Aide) 3 indicated staff had not been wearing gowns with any residents on the yellow unit. She was always assigned to the yellow unit and would work the yellow unit her entire shift. The current facility policy titled INFECTION CONTROL POLICY NOVEL CORONOVIRUS PREVENTION AND RESPONSE, with a revised date of September 4, 2020, and provided by the Administrator on 10/14/20 at 2:00 P.M. The policy indicated .Interventions to prevent the spread of respiratory germs within the facility: .This facility will respond promptly upon suspicion of illness associated with novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION] .ii. In general, for car of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet precautions . The CDC guidance - Preparing for COVID-19 in Nursing Homes, dated as updated 6/25/20, indicated the following: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. -Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the

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) resident can be monitored for evidence of COVID-19. HCP should wear 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 when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. The CDC guidance, Responding to Coronavirus (COVID-19) in Nursing Homes, dated as updated 4/30/20, indicated the following: Resident with new-onset suspected or confirmed COVID-19 - Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of [DIAGNOSES REDACTED]-CoV-2 testing. The Immediate Jeopardy that began on 10/08/20 was removed on 10/16/20, when the facility intiated staff to wear gowns when entering a room on the yellow hall and all staff were inserviced on appropriate PPE and signs and symptoms of COVID-19. The Immediate Jeopardy was removed but noncompliance remained at the lower scope and severity of pattern, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy, because the IP will need to review and log daily all residents with symptoms, conduct surveillance for potential infection outbreaks, and determine trends of all infections, and report any noted trends to the ED, DON, and Medical Director. 3.1-18(a)