

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER VALPARAISO CARE & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 606 WALL STREET VALPARAISO, IN 46383	
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	<p>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 guidelines were in place and implemented as ordered related to isolation procedures and COVID-19 monitoring for 3 of 3 residents reviewed for infection control monitoring. (Residents G, F and H) Findings include: 1. On 8/17/20 at 1:55 p.m., a sign was observed on Resident G's door that indicated, See Nurse Before Entering. There was a set up on the door with isolation gowns and gloves. The resident's record was reviewed on 8/17/20 at 1:20 p.m. [DIAGNOSES REDACTED]. The resident was ventilator dependant. A physician's orders [REDACTED]. A physician's orders [REDACTED]. A Care Plan dated 8/14/20, indicated the resident was on isolation due to pneumonia with high temperature. The record lacked evidence temperatures were monitored three times daily as ordered. The August temperatures were recorded as follows: . 8/16/2020 at 8:46 AM 98.9 F 8/15/2020 at 1:37 PM 97.4 F 8/14/2020 at 10:04 PM 99 F 8/14/2020 at 3:43 PM 99.3 F 8/14/2020 at 1:51 PM 99.3 F 8/13/2020 at 9:51 AM 99.5 F 8/13/2020 at 5:53 AM 99.5 F 8/12/2020 at 1:18 PM 97.6 F 8/11/2020 at 1:42 PM 98.0 F 8/10/2020 at 7:36 AM 97.3 F 8/09/2020 at 1:25 PM 98.4 F 8/08/2020 at 7:23 AM 98.8 F 8/07/2020 at 9:14 AM 98.4 F 8/06/2020 at 9:44 AM 98.0 F 8/05/2020 at 9:59 AM 98.6 F 8/04/2020 at 3:52 PM 98.4 F 8/03/2020 at 3:20 PM 98.0 F During an interview with LPN 2 and LPN 3 on 8/17/20 at 1:55 p.m., LPN 2 indicated the resident was on Contact isolation. She indicated the resident had a fever a couple of days ago and the doctor had ordered a urine culture. Residents were not put on Droplet isolation unless they had a respiratory infection, like pneumonia. LPN 3 questioned if the resident didn't have pneumonia at that time. Both LPNs consulted the resident's record and determined she did have pneumonia and was on Droplet precautions. During an interview with Respiratory Therapist 1 on 8/17/20 at 2:07 p.m., she indicated she did not know what type of isolation the resident was on. There was sometimes a sign indicating what type of precautions to follow or she would ask the nurse. During an interview with the Administrator on 8/17/20 at 2:16 p.m., she indicated residents in the facility were monitored every shift for signs and symptoms of COVID-19 and their temperature was checked daily. The residents' temperatures were checked every shift based on nursing judgment. The policy titled, Standard and Transmission Based Precaution (Isolation) Policy, reviewed July 2020, was received from the Administrator on 8/18/20 at 10:30 a.m. The policy indicated, .Post appropriate transmission based precaution sign on the resident door or on wall above room . The sign should indicate the Transmission based precaution the resident is on and the required personal protective equipment (PPE)</p> <p>2. Record review for Resident F was completed on 8/17/20 at 1:59 p.m. [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) assessment, dated 6/2/20, indicated the resident was moderately cognitively impaired. The Infection Control Log, dated 7/8/20, indicated the resident had a [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. This included: Temp/Fever of 100 or higher, chills, congestion or runny nose, diarrhea, nausea or vomiting, shortness of breath or difficulty breathing, new or worsening cough, sore throat, muscle or body aches, fatigue, headache, new loss of taste and smell. The resident's record indicated temperature checks were completed once a day. The record lacked documentation to indicate the resident's temperature was checked every shift. Interview with LPN 1 on 8/17/20 at 3:21 p.m., indicated they would only check the resident's temperatures once daily. The order indicated to check the temperature every shift so that should have been completed. 3. Record review for Resident H was completed on 8/18/20 at 11:11 a.m. [DIAGNOSES REDACTED]. The Admission MDS (Minimum Data Set) assessment, dated 8/5/20, indicated the resident was severely cognitively impaired. A Care Plan, dated 8/16/20, indicated the resident was restricted to their room in droplet isolation for 14 days due to potential exposure to COVID-19 prior to admission/readmission. An intervention included to monitor for fever and signs or symptoms of respiratory illness each shift. A physician's orders [REDACTED]. This included: Temp/Fever of 100 or higher, chills, congestion or runny nose, diarrhea, nausea or vomiting, shortness of breath or difficulty breathing, new or worsening cough, sore throat, muscle or body aches, fatigue, headache, new loss of taste and smell. The resident's record indicated temperature checks were completed once a day. The record lacked documentation to indicate the resident's temperature was checked every shift. Interview with the Clinical Education Coordinator on 8/18/2020 at 11:18 a.m., indicated the order was to check for a fever every shift. Staff should have checked the resident's temperature every shift. 3.1-18(a)</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.