

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER WATERS OF MUNCIE, THE		STREET ADDRESS, CITY, STATE, ZIP 2400 CHATEAU DR MUNCIE, IN 47303	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation , record review, and interview, the facility failed to utilize infection prevention and control strategies to mitigate the spread of COVID-19, during a global pandemic, for 2 of 3 residents reviewed for infection control (Resident 11 and Resident 13). Findings include: During an interview, on 10/14/20 at 10:00 a.m., the Director of Nursing (DON) indicated the first COVID-19 positive resident was identified while at the hospital on [DATE]. She indicated the facility was notified by the hospital on [DATE] of the first positive result and outbreak testing was initiated on 10/11/20. She indicated the facility had a total of 6 positive residents, four were hospitalized and two were transferred to a sister facility. During an observation of 400 Hall, on 10/14/20 at 11:02 a.m., the vacant room of Resident 11 was labeled with the name plates for Resident 11 and Resident 13. The door was closed to Resident 11's room with a sign labeled, Yellow Zone. Two double occupancy rooms with open doors, were also observed in the 400 Hall, contained two residents without face coverings. A. Review of Resident 13's clinical record was completed on 10/14/20 at 1:21 p.m. [DIAGNOSES REDACTED]. Review of an order, dated 9/3/20, indicated Resident 13 had a active PRN (as needed) order to test for COVID-19 screening. Review of an order dated 10/08/20 indicated Resident 13 began Yellow Zone Transmission Based Precautions. Review of a Nurse's note, dated 10/9/20 at 12:44 a.m., indicated Resident 13 had increased confusion, general weakness and an elevated temperature. Review of a Nurse's note, dated 10/9/20 at 10:25 a.m., indicated the Resident 13 had a dry non-productive cough. Review of vitals for Resident 13, on 10/9/20 at 11:45 p.m., indicated a 101.3 degrees Fahrenheit temperature. Review of vitals for Resident 13, on 10/11/20 at 11:08 a.m., indicated a 99.6 degrees Fahrenheit temperature. Review of a Nurses note, dated 10/11/20 at 1:55 p.m., indicated the physician ordered COVID testing for Resident 13. Review of a Progress note, dated 10/11/20 at 4:00 p.m., indicated Resident 13 had a positive COVID result. B. Review of resident 11's clinical record was completed on 12/14/20 at 11:49 a.m. [DIAGNOSES REDACTED]. Review of an order dated 9/3/20 indicated Resident 11 had a active PRN (as needed) order to test for COVID-19 screening. Review of an order, dated 7/21/20, indicated Resident 11 had an order for [REDACTED]. During an interview, on 10/14/20 at 3:07 p.m., the Assistant Director of Nursing (ADON) indicated signs and symptoms of COVID-19 included: elevated temperature, cough, increased respirations, loss of taste or smell, or decreased oxygen saturation. During an interview, on 10/14/20 at 3:13 p.m., the DON indicated Resident 13 had an elevated temperature on 10/09/20 during the time he roomed in the Green Zone with Resident 11. She indicated Resident 13 was not tested for COVID-19 until 10/11/20. During an interview, on 10/14/20 at 3:34 p.m., the DON indicated it was appropriate if nursing staff asked the provider for an order to test for COVID-19 if a resident was symptomatic with an elevated temperature and the chart lacked an order. Review of a current facility policy, titled Infection Control: COVID-19 Prevention, Visitation, Surveillance & Education Guidelines, dated 3/9/20 and provided by the Administrator on 10/1/20 at 3:34 p.m., indicated the following: i. Suspected cases 1. A resident should be suspected of having the COVID-19 if they are/have: a. Presenting with respiratory infection symptoms such as a cough, sore throat, and fever . 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. 4. If the resident is suspected to have COVID-19 the local health department, state health department, and appropriate federal entities will be notified immediately as well to ensure appropriate testing measures are activated . 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 droplet precautions as well while cohorting the two potentially affected residents Review of current Center for Disease Control (CDC) guidance for Symptoms of Coronavirus indicated the following: .Older adults and people who have severe 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 . People with COVID-19 have had a wide range of symptoms reported - ranging from mild 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 .This list does not include all possible symptoms 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.