

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155846</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREEN HOUSE COTTAGES OF CARMEL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>616 GREEN HOUSE WAY CARMEL, IN 46032</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program when: ten randomly observed staff members failed to wear a surgical or N95 respirator (medical grade) face mask in 5 of 5 resident cottages; one staff member failed to wear appropriate personal protective equipment (PPE), properly sanitize her hands and properly dispose of contaminated PPE while caring for 1 of 1 resident on transmission-based isolation precautions (Resident A); and two randomly observed staff members failed to properly wash their hands. These deficient practices had the potential to spread infections, including COVID-19, to all 51 residents in the facility. Findings include: During an interview, on 10/13/20 at 9:00 a.m., the Executive Director (ED) indicated the facility had six resident cottages, but Cottage 6 was unoccupied. (1) Cottage 1 - During an observation, on 10/13/20 at 10:45 a.m., in Cottage 1, Certified Nurse Aide (CNA) 3 was in the common area kitchen wearing a cloth face mask. There was one resident in the common area. During an interview, on 10/13/20 at 10:45 a.m., CNA 3 indicated she was the Cook for Cottage 1 and a CNA. She indicated there was no other mask under her cloth face mask. During an observation, on 10/13/20 at 10:46 a.m., in Cottage 1, CNA 4 was in the common area wearing a cloth face mask. During an interview, on 10/13/20 at 10:46 a.m., CNA 4 indicated she did not have any other mask under her cloth face mask. She had a medical grade mask in her car. She indicated there was no issue with the supply of medical grade masks and demonstrated there was a supply of surgical grade face masks in a basket hanging on the outside of Resident A's room door. Cottage 2 - During an observation, on 10/13/20 at 10:50 a.m., CNA 10 was observed in the common area of the cottage wearing a cloth mask. There were two residents observed to be in the common area at this time. When questioned, CNA 10 indicated the facility provided masks to employees when needed and indicated there was ample supply. Cottage 3 - During an observation, on 10/13/20 at 11:00 a.m., CNA 11 was observed to be wearing only a cloth mask. Ten residents were observed in the common area at this time. When questioned, CNA 11 indicated there were no positive residents and no quarantined residents in the cottage. During an observation, on 10/13/20 at 11:10 a.m., housekeeper 12 was observed to exit from a resident's room and go to a housekeeping cart in the hallway. Housekeeper 12 was observed to be wearing a cloth mask. During an interview at this time, she indicated she was not wearing another mask under the cloth mask. Cottage 4 - During an observation, on 10/13/20 at 10:58 a.m., in the common area of Cottage 4, LPN 6 was wearing a cloth face mask. There were three residents in the common area. She indicated at this time, she did not have another mask under her cloth face mask. During an observation, on 10/13/20 at 10:58 a.m., Housekeeper 7 was exiting a resident room in Cottage 4 while wearing a cloth face mask. She indicated in an interview, at this time, she did not have another face mask under her cloth mask. During an observation, on 10/13/20 at 10:58 a.m., Physical Therapist (PT) 8 was exiting a resident's room in Cottage 4 wearing a cloth face mask. During an interview, at this time, she indicated there was no other mask under her cloth face mask and asked if it was a problem. Cottage 5 - During an observation, on 10/13/20 at 10:48 a.m., the Life Enrichment Director was observed exiting Cottage 5 wearing a cloth face mask. She indicated in an interview, at this time, she did not have another mask under her cloth face mask. During an observation, on 10/13/20 at 10:49 a.m., in Cottage 5, Licensed Practical Nurse (LPN) 5 was providing care to Resident C while wearing a cloth face mask. During an interview, at this time, LPN 5 indicated she did not have another mask under her cloth mask. During an interview, on 10/13/20 at 12:46 p.m., the ED and Director of Nurses (DON) indicated their expectation was all staff wear medical grade masks, either surgical or N95 respirators, at all times in resident care areas. There was not an issue of inadequate supply of medical grade masks. The ED acknowledged the current facility policy on face masks did not adequately address what type of face masks should be worn. The facility's undated policy, titled Staff Wearing Face Mask, provided by the ED on 10/13/20, indicated .Direct care staff need to maintain a proper mask when in resident care areas. Cannot pull it down when in the nurse's station, or charting. ISDH (Indiana State Department of Health) requirement is that all direct care staff maintain a face mask when at work The Indiana State Department of Health Epidemiology Resource Center guidance: COVID-19 Information for Long-Term Care Facilities, last updated on 08/17/20 (<a href="https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_08.17.20.pdf">https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_08.17.20.pdf</a> accessed on 09/24/20), indicated: Direct care providers should wear a surgical mask for the duration of their shifts. (2) During an interview, on 10/13/20 at 9:00 a.m., the ED indicated the facility had one resident on transmission-based isolation precautions related to COVID-19. Resident A was on isolation precautions because she was recently admitted to the facility and, per facility protocol, would be on isolation precautions for 14 days. During an observation, on 10/13/20 at 10:45 a.m., there were baskets hanging on the outside of Resident A's room which contained disposable gowns, gloves, surgical face masks, and disposable temperature strips. There was no eye protection (neither goggles or face shield). During an observation, on 10/13/20 at 12:02 p.m., in Cottage 1, CNA 9 was preparing to enter Resident A's room with the resident's lunch tray. The CNA was wearing a surgical face mask. She did not wash or sanitizer her hands before putting on her PPE. She put on a blue, disposable gown and then disposable gloves. She did not put on eye protection or tie the back of her gown. When she entered the room with the tray, she assisted the resident to the side of the bed. The resident indicated she did not want to eat, so CNA 9 helped reposition her legs back onto the bed and covered her with her blanket. At 12:05 p.m., the CNA then exited the room with the lunch tray, placed the tray on a bench and then removed her gown and gloves. Without washing or sanitizing her hands, the CNA then walked to the common area kitchen with the food tray and disposable PPE. She placed the tray on the counter, disposed the contaminated gown and gloves into an open trash can in the common area near the kitchen counter and then washed her hands at the nearby sink. Resident A's chart was reviewed on 10/13/20 at 9:30 a.m. The [DIAGNOSES REDACTED]. During an interview, on 10/13/20 at 12:05 p.m. with CNA 9 and 4, when asked about eye protection, CNA 9 indicated the facility did not instruct her about goggles or eye protection and there was none at Resident A's door. CNA 4 indicated she did not know anything about eye protection. During an interview, on 10/13/20 at 12:46 p.m., the ED and DON indicated staff should not discard PPE in a common area. Contaminated PPE should be discarded inside the residents' rooms. The staff should tie the back of the gown to cover the back torso. Staff should wash their hands immediately after removing PPE. They were not certain about whether staff were required to wear eye protection, but they would investigate it. The facility's undated policy, COVID-19 Personal Protective Equipment: Donning, provided by the ED on 10/13/20 at 1:00 p.m., indicated .Donning Step 1: Perform Hand Hygiene .Donning Step 2: Don Gown .Tie the neck and waist ties in bows that are easy to release as this will facilitate easy removal by eliminating the need to struggle with untying knots. Donning Step 3: Don N95 Respirator .Donning Step 4: Don Face Shield and/or Goggles .Eyeglasses are not a substitute for eye protection .Donning Step 5: Don Gloves The facility's policy, COVID-19 Personal Protective Equipment: Doffing, dated 3/12/20, indicated .Doffing Step 1: Perform Hand Hygiene. Perform hand hygiene on the patient care gloves for a minimum of 20 seconds or until the hand sanitizer is dry. Doffing Step 2: Doff Gown .Doffing Step 3: Gloves .Place gently into the waste .Doffing Step 4: Perform Hand Hygiene. Perform hand hygiene for a minimum of 20 seconds or until the hand sanitizer is dry. Doffing Step 5: Face Shield. The last item of PPE to come off in the patient care area is the face shield .Place the face shield gently into the waste face down. Doffing Step 6: Exit the Patient Care Area. As you exit the only item of PPE remaining is your N95</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1) respirator .Doffing Step 7: Perform Hand Hygiene. Perform hand hygiene for a minimum of 20 seconds or until the hand sanitizer is dry (3) During an observation, on 10/13/20 at 10:58 a.m., in Cottage 4, Housekeeper 7 washed her hands at a sink in the common area for less than 10 seconds. She used her bare hands to stop the faucet instead of using a dry towel. The Housekeeper then opened the door to the cottage garage, demonstrated to the surveyor where PPE was stored, picked up some trash, closed the door to the garage, and then washed her hands at the same sink in the common area. She washed her hands for less than 10 seconds and did not use a towel to stop the faucet. During an observation, on 10/13/20 at 11:56 a.m., CNA 9 was assisting residents during the meal service in Cottage 1. She took a tray to an unidentified resident's room. When she exited the room, she washed her hands at the common sink for less than 10 seconds and stopped the faucet with her bare hands. She then picked up another lunch tray and delivered it to Resident A. The facility's undated policy, titled Hand Hygiene/Hand Washing, provided by the ED on 10/13/20, indicated .Procedure: 1. Wet hands with warm running water. 2. Apply hand washing soap and distribute over hands. 3. Vigorously rub hands together 20 seconds, generating friction on all surfaces of the hands and fingers, including thumbs, backs of the fingers, backs of the hands, and beneath finger nails. Use a nail brush if necessary. 4. Rinse hands thoroughly to remove residual soap to prevent [MEDICAL CONDITION]. 5. Turn off water with a paper towel. 6. Dry hands thoroughly and dispose in waste basket. When to Wash Hands: 7. Before assisting an elder to eat or drink. Before and after performing a task that includes handwashing in the procedure .10. After handling any contaminated items (linens, soiled adult briefs, trash) 3.1-18(a) 3.1-18(l)</p>		