

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER DYER NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1124 NORTH MAIN DYER, TN 38330	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on a letter of communication with families from the facility, electronic mail (e-mail), laboratory results, and interview, the facility failed to ensure timely notification of families of positive Coronavirus 19 (COVID-19) results for 4 of 4 sampled residents (Resident #1, #2, #3, and #4) reviewed. The facility had a census of 75 residents residing in the facility. The findings include: Review of a letter dated 7/8/2020, showed, 'To: Responsible Parties/Families of residents at (Named Facility) From: Management .We will communicate the results of testing on the (Named Company) website . Review of the facility's weekly employee COVID-19 laboratory test results showed 2 new COVID-19 positive employee test results on 7/17/2020, and 2 new COVID positive employee test results on 7/24/2020. Review of an email dated 7/18/2020, showed .Sent: Saturday, July 18, 2020 11:03 AM .Can you (Corporate Accountant) update the information for (Named Facility)? We (facility) have two more positive staff tests . Review of an email dated 7/28/2020, documented, .Sent: Tuesday, July 28, 2020 12:45 PM .Please post the following to the web site for family notification: On July 24, 2020, we (facility) received positive COVID-19 tests on two employees . The (Named Company) website, viewed 7/30/2020, documented, Below you will find current information regarding COVID-19 for each facility. This information will be updated as new cases arise and weekly . During an interview conducted on 7/30/2020 at 2:12 PM, the Director of Nursing (DON), was asked how soon resident representatives of families are updated of positive COVID-19 residents or employees. The DON stated, .we sent out a letter that the website would be updated weekly .a lot of the results we get come in late on Friday night .Only corporate office (can update the site). No one here has access to do that .(named the Administrator) sends an email to corporate . During an interview conducted on 7/31/2020 at 11:02 AM, the (Named Company) Accountant confirmed that she updates the website with the information provided by the facility. The Accountant was unable to provide a history showing when changes were made to the site. The Accountant stated, There was one time (7/18/2020) that I didn't get the email until Monday because I was out of town . The Accountant confirmed that an email was sent on 7/18/2020 stating positive results had been received, but that she updated the website on 7/20/2020. The Accountant was asked when the website was updated with the current results showing positive cases as of 7/24/2020. The Accountant stated On the 28th (7/28/2020) .he (the facility Administrator) sent it to me on the 28th and I updated it that day .</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.