

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER BYRON HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 1661 BEACON STREET FORT WAYNE, IN 46805	
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 - Some	<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 observation, interview and record review, the facility failed to ensure infection prevention precautions were taken as recommended for 4 of 4 randomly observed residents and 3 of 4 observed staff members. Findings include: 1. On 7/7/2020 at 11:30 a.m., the Chief Executive Officer (CEO), Health Facility Administrator (HFA1) and the Director of Nursing (DON) were interviewed. They indicated they currently had no residents or staff who were positive for COVID-19. They indicated each neighborhood (unit) had 20 private rooms and 2 semi private rooms on each neighborhood. On 7/8/2020 at 11:35 a.m., the main kitchen was observed through the opened door connected to the entry/lobby area. A Dietary Staff member was observed to have a mask on but with the top edge of the mask between the Dietary Staff's nose and mouth, with nostrils visible over the top edge of the mask. On 7/8/2020 at 1:05 p.m., the kitchen serving area was observed on the Kennedy Unit. Dietary Staff 4 was observed behind the kitchen counter picking up dishes. He was observed to have a mask on the neck area, with nose and mouth visible. On 7/8/2020 at 1:10 p.m., the secured Mauch Drive Unit was observed. The dining area was observed with 4 residents observed at a square table, one resident on each side of the table. None of the residents were observed with a mask on, at the table and/or the unit. Staff member 5 was observed sitting in a chair at the corner of the table assisting a resident to eat. The 4 residents at the table were within 6 feet from each other while seated at the table. The residents were seated on opposite sides of the square table facing each other, within a 6 feet distance. On 7/8/2020 at 3:00 p.m., the CEO, HFA 1 and HFA 2 were interviewed. They were made aware of the observations of the kitchen staff in the main kitchen and the kitchen on the Kennedy unit with mask on but not covering their nose and/or mouth. The CEO, HFA 1 indicated staff wearing a mask depended on what the staff were doing. The CEO indicated staff were not expected to wear a mask at all times. She indicated if there were no residents within a certain range, staff would not be expected to wear a mask. She indicated if outside a certain range, staff could take their mask off, unless they were sneezing or coughing. The CEO, HFA 1 indicated it was hard to breathe with the mask on and was not healthy for staff. She indicated it was a lot to ask the staff to wear a mask for 8 hours. She indicated she would reference the facility policy and procedure regarding the acceptable distance from residents for mask usage. The CEO, HFA 1 indicated when wearing a mask, the mask should cover both the nose and the mouth entirely. On 7/8/2020 at 3:15 p.m., the CEO, HFA 1 was provided a copy of the current CDC Guidelines, dated 6/25/2020 Preparing for COVID-19 in Nursing Homes. This document was obtained from https://cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. The document included but was not limited to the following: .HCP (healthcare provider) should wear a facemask at all times while they are in the facility .Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility . On 7/8/2020 at 3:30 p.m., the Administrator provided a current copy, dated 3/12/2020, of the facility policy and procedure Infection Control - Novel Coronavirus Prevention and Response. The policy and procedure included but was not limited to, the following: .COVID-19 is a new respiratory disease, caused by a novel (or new) coronavirus .[MEDICAL CONDITION] is spread from person-to-person, especially those within six (6) feet contact of one another through respiratory droplets that are produced when an infected person coughs or sneezes .Policy Interpretation and Implementation: The Infection Preventionist will determine the facility risk associated with COVID-19 through surveillance of present illnesses in the facility and periodic review of the status of COVID-19 outbreak through the CDC website. The Infection Preventionist will notify facility management of any changes suggested in the prevention .or any other recommendations. No current risk - facility will implement interventions for prevention and prepare for an outbreak .Interventions to prevent the spread of respiratory germs within the facility .Keep residents and employees informed by answering questions and explaining what they can do to protect themselves and their fellow residents (.spatial separation .) .Have them (residents) wear a facemask if they must leave the room for medically necessary procedures .Educate staff on proper use of personal protective equipment .wearing masks over the mouth and nose when directly providing care to a resident for a prolonged amount of time .Promote easy and correct use of personal protective equipment . On 7/8/2020 at 3:35 p.m., the Director of Nursing (DON) was interviewed. She indicated she had the dimensions of the dining room table measured on the Mauch Drive unit, where the 4 residents were observed to be seated at on 7/8/2020 at 1:10 p.m. The DON indicated each side of the square table was 48 inches. 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.