

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155475</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TOWNE HOUSE RETIREMENT COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2209 ST JOE CENTER RD FORT WAYNE, IN 46825</b>	
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  <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></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review the facility failed to ensure measures to prevent the potential spread of COVID were in place according to current CDC guidelines. This had the potential to effect 6 of 6 residents residing in the Health Center at the facility. A Census Report was provided by the Executive Director on 10/16/20 at 11:00 A.M. The Census Report indicated 6 residents were residing in the Health Center at the facility. During an observation on 10/16/20 at 1:30 P.M., Resident 4 was in her room with the door open. There were no signs on the door or other information present to indicate Resident 4 was on isolation. Licensed Practical Nurse (LPN) 6 was interviewed on 10/16/20 at 11:54 A.M. LPN 6 indicated there were no residents currently on isolation in the Health Center. She indicated when a resident was admitted or readmitted from the hospital they followed an algorithm. If the resident had a negative COVID-19 test within 5 days of being admitted to the facility they were not placed on isolation. A resident would be tested at the hospital for COVID-19 prior to admission. The facility would also perform a POC (Point of Care) COVID-19 test when the resident arrived at the facility. A testing algorithm was provided by LPN 6 on 10/16/20 at 12:02 P.M. According to the algorithm if a resident was coming to the facility from the hospital with a negative COVID-19 test within the last 5 days they would not need to be placed on isolation. A Hospital to Post-Acute Care Transfer COVID-19 assessment dated [DATE] was provided by the Executive Director on 10/16/20 at 4:00 P.M. According to the document Resident 4 did not have a COVID-19 test at the hospital prior to being admitted to the facility. The Director of Nursing (DON) was interviewed on 10/16/20 at 2:22 P.M. During the interview the DON indicated the facility tried to get hospitals to do a COVID-19 test for residents prior to admission to the facility. If the hospital did not do a test the facility would do one. A resident would be placed on isolation until the resident had two negative COVID-19 tests. The Executive Director was interviewed on 10/16/20 at 4:33 P.M. During the interview the Executive Director indicated Resident 4 went to the hospital on [DATE] from a residential apartment and was admitted to the Health Center on 10/9/20. The resident was not placed on isolation at any time from her admission date of [DATE] to 10/16/20. Resident 4 was not tested in the hospital for COVID-19 prior to admission, but was tested at the facility on 10/12/20 and had a negative result. The Executive Director indicated the facility follows CDC and ISDH guidance in regards to COVID-19. Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/19/20 from the Centers for Disease Control (CDC) website. The guidance indicated Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Responding to Coronavirus (COVID-19) in Nursing Homes (April 2020) was retrieved on 10/19/20 from the Centers for Disease Control website. Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. 3.1-18(a)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.