

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER WOODVIEW A WATERS COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 3420 EAST STATE BLVD 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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure preventative infection control measures were implemented on 4 of 4 units and for 1 of 1 family members permitted to provide laundry services to a resident. The deficient practice had the potential to effect 66 of 66 residents in the facility. Findings include: On initial tour of the facility on 6/16/2020, the Rehabilitation hall was observed. At 9:00 a.m., Qualified Medication Aide (QMA) 1 was observed in the hall with her face mask on. Both of her nostrils were visible over the top edge of the face mask. QMA 1 was observed to go into a resident's room, which had a holder for and contained PPE. The Director of Nursing (DON) indicated this resident was in contact precautions. On 6/16/2020 at 9:05 a.m., QMA 2 was observed in the North hall with a cloth face mask on. The QMA's nostrils were visible over the top of her mask. On 6/16/2020 at 9:07 a.m., Certified Nursing Assistant (CNA) 3 was observed in a resident's room at the bedside on the North hall. She was observed to have a cloth mask on with both nostrils visible over the top of her mask. On 6/16/2020 at 9:10 a.m., Housekeeper 11 was observed in a room cleaning on the North hall. He was observed to have a cloth mask on. On 6/16/2020 at 9:14 a.m., the Dementia Unit (Hope Springs) was toured with the DON. CNA 4 was observed to exit the shower room with her nostrils visible over the top edge of the mask. A resident was observed in the shower room at this time with another staff member. On 6/16/2020 at 9:15 a.m., Housekeeper 5 was observed on the Dementia Unit cleaning. She was observed with her mask on, however, her nostrils were visible over the top of the mask. On 6/16/2020 at 10:00 a.m., the Administrator was interviewed. She indicated staff provided their own masks, stored them in a brown paper bag, and took the mask home after their work day was done. She indicated when staff returned to the facility, they had their mask available upon entry into the building. She indicated staff asked for masks frequently and the facility would provide new masks for staff if needed. She indicated the staff who wear cloth masks, them at home in their personal washers and dryers. She indicated staff could wear cloth, surgical and/or N 95 masks. On 6/16/2020 at 11:03 a.m., CNA 6 was observed standing in the hall near the dining room. She was observed to have a mask on with both nostrils visible over the top edge of her mask. On 6/16/2020 at 11:05 a.m., Certified Occupational Therapy Assistant (COTA) was observed in the therapy department on the South Hall. She was observed to be wearing a cloth masks with 2 round plastic devices observed on the front of the mask. She indicated her mask had 2 vents on it. She indicated she washed her mask nightly and also wears a surgical mask at times. She indicated she wore her surgical mask home and disposed of it at home. On 6/16/2020 at 11:10 a.m., Housekeeper 7 was observed in a resident's room mopping on the South hall. He was observed with a cloth mask on. He indicated at the end of his day, he kept his mask on until he gets home. He indicated he washed his cloth mask every other day but more frequently if it's hot out. He indicated he had 1 cloth face mask to wear. On 6/16/2020 at 11:14 a.m., Housekeeper 11 was interviewed. He was observed with a cloth mask on. He indicated he washed his mask daily at home. He indicated if properly worn, the mask should cover his entire nose. He indicated he just recently switched from wearing a surgical mask to a cloth mask. On 6/16/2020 at 11:15 a.m., QMA 2 was interviewed. She indicated at the end of her work day, when she was out of the building, she took her mask off, put it in a plastic bag, took it home and washed it daily. She indicated if the face mask was on properly, the nose should be covered completely. On 6/16/2020 at 12:20 p.m., LPN 9 was interviewed. She was observed to be wearing a cloth mask. She indicated she washes her cloth mask daily at home. She also indicated when the face mask was properly worn, the nose should be entirely covered. On 6/16/2020 at 12:31 p.m., CNA 11 was interviewed. She was observed wearing a cloth mask. She indicated she washed her face mask daily at home. She further indicated when properly worn, the face mask should cover her entire nose. She indicated the facility did provide her with a disposable mask and paper bag to keep it in but she chose to wear the cloth mask. On 6/16/2020 beginning at 11:45 a.m., the DON provided a copy of the Strategies for Optimizing the Supply of PPE dated 3/19/2020. This included but was not limited to, the following: .following highlights summarize the CDC (Centers for Disease Control) guidelines on PPE use: Implement limited re-use of facemasks .Discard if soiled, damaged or hard to breathe through . The DON was interviewed at this time and indicated this Strategy was included in the mask policy inservice dated 6/2/2020. The DON provided a copy of the memo dated 4/2/2020 from the Administrator. This memo included but was not limited to, the following: .The following facility protocols have been activated to reduce the risk of exposure .Wear your facility issued mask at all times ensure it is covering your nose and mouth . The DON provided a copy of the Covid-19 Exposure Risk Reduction Plan, dated 4/22/2020, from the Administrator. The plan included but was not limited to, the following: All employees are required to follow the 5 step COVID-19 .reduction plan per the protocol outlined below .Mask-ALL employees MUST Wear Mask covering nose, mouth, and lower part of face at all times . The DON was interviewed at this time On 6/16/2020 at 11:46 a.m., the DON was interviewed. She indicated the Covid-19 Exposure Risk Reduction Plan dated 4/22/2020, was posted at the only entrance to the facility, where staff enter and exit. She indicated this Plan was included in the mask policy inservice dated 6/2/2020. On 6/16/2020 beginning at 11:47 a.m., the DON provided a copy of the memo regarding wearing face masks to all staff from the Administrator, dated 6/2/2020. The memo included but was not limited to, the following: Why we have collectively been able to keep COVID-19 out of our facility? 1. By wearing face masks as directed (covering both your mouth and nose) .Please be advised that you must wear your face mask at all times while in the facility .we will continue to wear face masks per Centers for Medicare/Medicaid Services and Indiana State Department of Health guidelines . The DON also provided a copy of the COVID-19 memo from the(NAME)County Department of Health. This memo included the following: Current Covid-19 PPE Recommendations from CDC, 3/19/2020) which included the following: Surgical masks are an acceptable alternative when the supply chair of respirators (N 95) cannot meet demand . She provided a copy of the in-service attendance record, dated 3/30/2020 for the following: PPE, proper way to take off and put on, mask disposal; and PPE Issuance, Face Mask. On 6/16/2020 at 12:45 p.m., the DON, Administrator and Director of Operations were interviewed. They were made aware of concerns of staff not wearing masks properly with nares exposed and staff (clinical and those providing service in resident rooms) wearing cloth masks. They indicated their building was and has been free of any Covid cases. They indicated they understood staff should have their masks covering their nose entirely. They indicated they had cloth masks delivered to the facility, not certain by whom. They indicated they were trying to conserve their supply of disposable masks. They further indicated they were aware of the EMResource service and at this time, they are good with their supply of masks. On 6/16/2020 at 1:30 p.m., the Administrator provided a copy of the COVID-19 Long Term Care Facility Guidance dated 4/2/2020. This memo included the following: .Long term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE . The document on the CDC website, www.cdc.gov, regarding Recommendations for Cloth Face Covers Coronavirus 2019, indicated the following: The cloth face coverings recommended are non surgical masks or N 95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance . 2. On 6/16/2020 at 10:30 a.m., the Administrator was interviewed. She indicated there was one family who did their family member's laundry. She indicated the family does not come into the facility to obtain the resident's laundry. The family notified the facility when they would</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>pick up the laundry. The resident's laundry was made available to the family for pick up at an arranged time. She indicated the family would notify the facility when they would drop the clean laundry off, not coming into the facility. On 6/17/2020 at 11:46 a.m., the DON provided a copy of the Covid-19 Infection Control New Admissions/Transfers policy and procedure dated 4/1/2020. The purpose was To establish protocol for new admissions to reduce the risk of potential exposure of infectious illness or diseases .Protocol .Clothing articles will be bagged and laundered upon admission . On 6/16/2020 at 1:44 p.m. the Administrator was interviewed. She indicated she was unaware of any contact with the family in regards to their knowledge of Covid-19 prevention and/or transmission. On 6/16/2020 at 1:45 p.m., the Administrator provided a copy of the undated policy and procedure for Environmental Infection Control Protocol during COVID - 19 pandemic. The policy and procedure included, but was not limited to, the following: If family decides to continue doing laundry at home, the facility will review the request on a case by case basis. The decision will be made after ensuring that the family is knowledgeable about prevention of Covid-19 transmission and there is a low risk of cross contamination upon return of the laundry to the facility. The family will not be allowed to enter the facility to pick up laundry items, to prevent unnecessary exposure. The facility may discontinue the process if any problem is identified. 3.1-18(a)</p>		