

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155349	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2020
NAME OF PROVIDER OF SUPPLIER SAINT ANNE HOME		STREET ADDRESS, CITY, STATE, ZIP 1900 RANDALLIA DR 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>Based on observation, interview, and record review the facility failed to implement and maintain infection control practices during a pandemic outbreak. This had the potential to effect 46 of 120 residents residing on the 1st floor (40 residents) and the 1st floor rehab hall (6 residents). Findings include: 1. During an observation on 10/2/20 at 12:13 P.M., Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7 were observed to be eating in the rehab dining room. All residents were sitting 6 feet apart and they were each sitting at their own table. During an observation in the dining room on 10/2/20 at 12:16 P.M., Resident 5 and Resident 7 were 2 feet apart talking. Licensed Practical Nurse (LPN) 12 was interviewed on 10/2/20 at 11:48 A.M. During the interview LPN 12 indicated the residents on the rehab hall were new admissions. Some of them are tested for COVID-19 at the hospital before coming to the facility and some were not. LPN 12 also indicated residents admitted from the hospital are placed in quarantine for 14 days after being admitted to the facility. Most of the residents on the rehab hall were currently in quarantine, but a few no longer were. LPN 12 indicated residents from the rehab hall, both residents on quarantine and not on quarantine, go to the dining room to eat together. A Quarantine Log to Identify Residents at Risk for COVID-19 was provided by the Administrator on 10/2/20 at 11:49 A.M. The log indicated Resident 2 was a new admission from the hospital, her first day of quarantine was 9/19/20. Quarantine was no longer required for this resident on 10/3/20. Resident 3 was a new admission from the hospital, her first day of quarantine was 9/18/20. Quarantine was no longer required for this resident on 10/2/20. Resident 4 was a new admission from the hospital, his first day of quarantine was 9/25/20. Quarantine was no longer required for this resident on 10/7/20. Resident 5 was a new admission from the hospital, her first day of quarantine was 9/26/20. Quarantine was no longer required for this resident on 10/10/20. The Quarantine Log indicated Resident 3 was no longer required to be in quarantine on 10/2/20. It also indicated Resident 6 and Resident 7 were not on quarantine. A policy, dated 8/2020, was provided by the Administrator on 10/2/20 at 11:49 A.M., titled Admission and Readmission. The policy indicated 1. Readmissions are those who are admitted from an extended hospital or those who have gone to stay with family that extend over a period of time. 2. New resident admissions or readmissions will be quarantined for 14 days and monitored for COVID-19 related symptoms. 4. If and when the symptoms related to COVID-19 begin, testing will be done as soon as possible to identify if the resident is COVID-19 positive. 5. Resident's quarantined will remain in place for 14 days or until we receive negative test results. 6. New Admissions and readmissions with unknown COVID-19 Status: A. Resident will be placed in a private room on the general population area, or B. Two residents returning from the hospital or community at the same time could be placed in a shared room, or C. Resident could be placed in a separate observation area if the area is set up so the resident can be monitored for evidence of COVID-19. 7. Residents can be transferred out of the observation area to the general population area of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/5/20 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. 2. During a continuous observation on 10/2/20 at 2:02 P.M. until 2:18 P.M. the following was observed: Registered Nurse (RN) 14 and Certified Nursing Assistant (CNA) 13 went into Resident 4's room. They both left the room and did not change their cloth gowns. RN 14 went into Resident 2's room. RN 14 left Resident 2's room and did not change her cloth gown. Resident 2 was on Quarantine. RN 14 and CNA 13 went into Resident 5's room. RN 14 and CNA 13 both left Resident 5's room and did not change their cloth gowns. Resident 5 was on quarantine. LPN 12 was interviewed on 10/2/20 at 11:48 A.M. During the interview LPN 12 indicated staff wear the same cloth gown during their entire shift. They go into rooms where residents are on quarantine and then into rooms where residents are not on quarantine and gowns are not changed. RN 14 was interviewed on 10/2/20 at 2:19 P.M. During the interview RN 14 indicated she came to work on the rehab hall at 11:00 A.M., and has had on the same gown since. She has worn the same gown for all residents she has worked with. RN 14 indicated she would change her gown if it was soiled. RN 14 indicated she goes into rooms where residents are on quarantine and then into rooms of residents that are not on quarantine and she wears the same cloth gown. CNA 13 was interviewed on 10/2/20 at 2:29 P.M. During the interview CNA 13 indicated if residents don't have COVID-19 staff wear the same cloth gowns for all residents on the rehab hall. CNA 13 did indicate if she left the rehab hall she would change her gown. Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/5/20 from the Centers for Disease Control (CDC) website. The guidance indicated Make necessary PPE available in areas where resident care is provided. Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff. Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. Implement strategies to optimize current PPE supply even before shortages occur, including bundling resident care and treatment activities to minimize entries into resident rooms. Prioritizing gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile). 3. LPN 12 was observed to be wearing a cloth mask on 10/2/20 at 11:48 A.M., while working on the rehab hall. LPN 12 was interviewed at this time and she indicated the facility gives staff the choice to wear surgical masks provided by the facility or they can wear their own cloth masks. RN 15 was observed to be wearing a cloth mask on 10/2/20 at 12:13 P.M., while working on the 100 hall. RN 14 was observed to be wearing a cloth mask on 10/2/20 at 12:20 P.M., while working on the rehab hall. CNA 16 was observed to be wearing a cloth mask on 10/2/20 at 12:36 P.M., while working on the 300 hall. CNA 16 was interviewed at this time and she indicated she was a new hire and was not sure if the facility provided masks. The one she was wearing was brought from home. CNA 18 was observed to be wearing a cloth mask on 10/2/20 at 1:20 P.M., while working on the 100 hall. CNA 18 was interviewed at this time and she indicated the facility provides staff with a surgical mask or staff can provide a cloth one of their own. Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/5/20 from the Centers for Disease Control (CDC) website. The guidance indicated HCP should wear a facemask at all times while they are in the</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 - Some	<p>(continued... from page 1)</p> <p>facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. 3. A Quarantine Log to Identify Residents at Risk for COVID-19 was provided by the Administrator on 10/2/20 at 11:49 A.M. The log indicated Resident 9 was readmitted from the hospital and her quarantine started on 9/21/20. Quarantine was no longer required for this resident on 10/5/20. During an observation of Resident 9's room on 10/2/20 at 1:18 P.M., there were no signs or other information present to alert staff Resident 9 was on quarantine. RN 15 was interviewed on 10/2/20 at 12:13 P.M. During the interview RN 15 indicated she was working with residents on part of the 100 hall (which included Resident 9's room) and no residents were quarantined to her knowledge. She also indicated a sign would be placed on the door to alert staff if a resident was quarantined. CNA 18 was interviewed on 10/2/20 at 1:20 P.M. During the interview CNA 18 indicated she was working on the 100 hall. No residents on the hall were quarantined including Resident 9 that she was aware of. A sign would be placed on the outside of a resident's door if they were on quarantine so staff would know. CNA 19 was observed in Resident 9's room on 10/2/20 at 1:22 P.M. CNA 19 had her mask pulled down below her mouth and nose. The mask was placed back over her nose and mouth before exiting the room. CNA 19 was interviewed on 10/2/20 at 1:24 P.M. During the interview CNA 19 indicated no residents on the 100 hall were quarantined including Resident 9. CNA 19 also indicated if a resident were on quarantine a sign would be on the door to alert staff. During an observation with the Director of Nursing (DON) on 10/2/20 at 1:56 P.M., there were no signs or other information present to alert staff Resident 9 was on quarantine. The DON was interviewed at this time. The DON indicated when a resident is on quarantine a sign is usually placed on the door to alert staff. Resident 9 was confused and the DON thought she may get upset if a sign was placed on the door. She also indicated she thought staff knew Resident 9 was on quarantine because they should have checked the quarantine log. The Administrator was interviewed on 10/2/20 at 2:35 P.M. During the interview the Administrator indicated when a resident is sent out to the hospital or is newly admitted to the facility they are placed in quarantine for 14 days. They are closely monitored and stay in their room to the best of their ability. The facility does provide surgical masks to direct care staff, but direct care staff are allowed to wear cloth masks of their own if they want to. The Administrator indicated the facility follows CDC and ISDH guidance to the best of their ability in relation to COVID-19. The Administrator was interviewed on 10/2/20 at 3:51 P.M. During the interview the Administrator indicated the residents in the facility currently on quarantine were not tested for COVID-19 at the hospital prior to admission. Nor had the residents currently on quarantine been tested or had results from a COVID-19 test while at the facility. 3.1-18(a)</p>		