

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER TIMBERCREST CHURCH OF THE BRETHREN HOME		STREET ADDRESS, CITY, STATE, ZIP 2201 EAST ST NORTH MANCHESTER, IN 46962	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on observation, interview and record review, the facility failed initiate facility-wide Covid-19 testing after a staff person tested positive for Covid-19 (Employee 2). Findings include: During an observation on 10/13/20 at 9:10 a.m., the facility had a scheduled monthly Covid-19 all-staff testing in progress. Review of the Covid-19 staff testing surveillance log, indicated Employee 2 tested positive for Covid-19 by the Point-of-Care (POC) system at the facility on 10/11/20. Review of Employee 2's time card report, she last worked on 10/8/20. She provided transportation for two residents, one from assisted living and one from health care. On 10/9/20, Employee 2 picked up a family member, who resided at the facility in assisted living, for an outdoor visitation and car trip. During an interview on 10/13/20 at 1:33 p.m., the Infection Control Preventionist indicated they reviewed the Visitation Guidelines for Long-term Care Facilities, provided by the Indiana Department of Health, dated 9/25/20, which indicated the following: a new COVID-19 positive staff member does not count as a new facility-onset case. Such cases, however, must still be reported to the state Department of Health as new facility cases He indicated since it was issued by the State, they did not feel it was an outbreak and did not initiate facility-wide testing for residents and staff. On 10/13/20 at 2:09 p.m., the Director of Nursing (DON) indicated Employee 2 tested positive while in the parking lot of the facility on 10/11/20. She then went immediately to a respiratory clinic visit for the Polymerase Chain Reaction (PCR) test. Employee 2 received a message on 10/12/20 at 1:50 p.m., which indicated she needed to call the Indiana Health Department. She told the DON she had tested positive with PCR test. The employee last worked on Thursday (10/8/20), but came to the facility parking lot on Sunday (10/12/20) after she began to feel ill. The employee did not come into the building during her visit, but picked up the resident outside and drove to an orchard. They were both wearing a mask during the visit. The resident was able to get herself back into the building. The resident has been in isolation since 10/12/20. She had not been tested and was not showing any signs or symptoms of illness. Review of the contact tracing for Employee 2, provided by the DON on 10/13/20 at 2:30 p.m., indicated the following: On 10/11/20 at 3:00 a.m., Employee 2 reported signs and symptoms of illness that included, but was not limited to, headache, swollen lymph nodes and cough. The tracing indicated she had been exposed to a person who tested positive on 9/28/20 outside of the facility. She was wearing a mask and spent less than 15 minutes and more than 6' apart from the affected person. Review of a facility memo, dated 9/2/20, titled, New Testing Requirements for Staff and Residents .., which was provided by the Administrator on 10/13/20 at 12:03 p.m. The memo indicated the following: As of September 2, (name of facility) along with all other nursing home facilities in the country are required to test all staff and residents for COVID-19 when certain situations arise. These situation are: 1. Testing a resident or staff member when consistent with COVID-19. 2. When an outbreak of Covid-19 is declared. This will result in ALL staff and ALL residents. CMS defines an outbreak as one new case among nursing home staff or one new nursing home-onset case among residents. Because there is no absolute separation between Residential and Health Care/Crestwood all residents in the Manor will be subject to these testing</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.