

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OF SUPPLIER NORTH PARK NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 650 FAIRWAY DR EVANSVILLE, IN 47710	
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 on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis for 5 of 5 residents observed. Residents were not provided facial coverings during personal care and residents were not social distancing in the hall. (Resident 26, Resident 53, Resident 39, Resident 17, Resident 25) Findings include: 1. On 10/26/20 at 9:19 a.m., Resident 26 and Resident 53 were observed to be sitting in the hall across from the nurse's station. CNA 1 was observed to be feeding Resident 26 the breakfast meal and Resident 53's meal was observed to be sitting on an overbed table in front of him. Resident 53 did not have a mask on and was sleeping in his chair. Resident 39 was observed to be sitting next to Resident 26. Resident 39 was wearing a face mask and indicated she was watching Resident 26 eat. During the meal, CNA 1 left Resident 26 and Resident 53 and went down the hall. Neither resident had a face mask on and Resident 39 continued to be seated next to Resident 26. 2. On 10/26/20 at 10:54 a.m., CNA 1 and CNA 2 were observed to reposition Resident 17 in bed. The resident was not wearing any facial covering and no mask or facial covering was offered to the resident. 3. On 10/26/20 at 10:59 a.m., CNA 1 and CNA 2 were observed to provide pericare (washing of the genitals and rectal area) to Resident 25. The resident lacked a face mask or facial covering throughout the personal care and was not offered facial covering by either of the CNAs. On 10/26/20 at 11:48 a.m., Resident 25 indicated she had a face mask to wear when she exited her room, but had never been asked to wear any facial covering or face mask during care. The clinical record for Resident 25 was reviewed on 10/26/20 at 1:07 p.m. [DIAGNOSES REDACTED]. A quarterly MDS (Minimum Data Set) assessment, dated 8/7/20, indicated the resident had no cognitive impairment. 4. On 10/26/20 at 11:16 a.m., CNA 1 and CNA 2 were observed to transfer Resident 26 to bed and provide pericare. The resident lacked a face mask or facial covering throughout the personal care and was not offered facial covering. 5. On 10/26/20 at 11:30 a.m., CNA 1 and CNA 2 were observed to transfer Resident 53 to bed and provide pericare. The resident lacked a face mask or facial covering throughout the personal care and was not offered facial covering. On 10/26/20 at 10:55 a.m., CNA 1 and CNA 2 indicated some of the residents cannot nor would not wear a face mask or covering during care. CNA 2 indicated the residents were care planned not to wear their face mask. The current facility policy, COVID-19 Resident Policy, revision date 10/26/20, provided by the Director of Nursing (DON) on 10/26/20 at 2:50 p.m., lacked documentation of the resident wearing facial covering during care. The policy indicated the residents should wear a mask when they were out of their rooms. On 10/26/20 at 3:10 p.m., the Administrator indicated the policy, COVID-19 Resident Policy lacked information regarding the wearing of masks during care. The facility lacked documentation of a policy for facial coverings during care of the resident and social distancing. On 10/26/20 at 3:25 p.m., the Director of Nursing indicated the residents should be social distancing while out in the hall. 3.1-18(b)</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.