

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER MILLER'S MERRY MANOR		STREET ADDRESS, CITY, STATE, ZIP 640 W ELLSWORTH ST COLUMBIA CITY, IN 46725	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure infection control practices were followed in regards to preventative measures for the spread of COVID-19. Resident 1 Findings include: The clinical record of Resident 1 was reviewed on 10/14/2020 at 1:30 p.m. The resident had been admitted to the facility on [DATE] . [DIAGNOSES REDACTED]. On 10/14/2020 at 9:17 a.m., QMA 1 was interviewed. She indicated Resident 1 was in droplet and contact precautions because he was a new admission. She indicated when she goes into a resident's room who was in contact and droplet precautions in the Yellow zone, she would do the following: In the overlay on the outside of the door, there were pockets which held brown paper bags. The bags were labeled with staff names on them. She indicated each staff caring for that resident would have a bag, with an N 95 mask and a pair of goggles. She indicated prior to entering the isolation room, she would take off the goggles and mask she was wearing, hold them as she removed the goggles and N 95 mask out of the bag labeled with her name. She would then place the goggles and mask she had removed from her face and place them in the paper bag. She would then put on the N 95 mask and pair of goggles she had removed from the paper bag in the overlay. She indicated she changed mask and goggles prior to going into the room. QMA 1 indicated once in the room, she does hand hygiene, puts on the gown and then gloves. QMA 1 then indicated prior to leaving the room, she would remove gloves and gown and perform hand hygiene. Once outside the room, she removes the mask and goggles and holds them while she removes the mask and goggles from the paper bag. She then puts on the goggles and N 95 from the bag on after placing the goggles and mask she had just removed into the bag. She indicated she then performed hand hygiene. On 10/14/2020 at 9:20 a.m. Resident 1's room was observed. The door was closed and an overlay was observed on the outside of the door. Brown paper bags with names on them were observed in pockets of the door. The following signs were on the door: Contact Droplet precautions. Perform hand hygiene, N 95 mask when entering room, eye protection, gown, gloves when entering room, keep door closed. Sequence for putting on personal protective equipment (PPE): gown, mask or respirator, goggles or face shield, gloves. How to safely remove PPE example 1: Gloves, goggles or face shield, gown, mask or respirator and wash hands or use an alcohol based hand sanitizer immediately after removing all PPE. Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE. On 10/14/2020 at 9:35 a.m., Nurse 1 was observed outside the room of Resident 1. Nurse 1 was observed with an N 95 mask and goggles on. She was observed to enter the room, put on a gown taken from behind the door as well as perform hand hygiene and put gloves on. She was then observed to walk over to the resident who was sitting in a chair. She was observed to provide care to the resident by assisting with the Peripherally inserted central catheter (PICC) line. She was observed to stand within 1 foot of the resident in his chair. She indicated she would be back in about a half hour. When she finished, she was observed to take her gown off and hang it on the back of the door, remove gloves and perform hand hygiene. She was then observed to exit the room and stood in the hall, without changing her mask or faceshield. On 10/14/2020 at 9:39 a.m., the Unit Manager was interviewed. She indicated she did not have another mask or goggles in a bag on the resident's overlay to change into, but she should have. She indicated she had left them in her office. She indicated she had not changed her mask and/or goggles prior to entering the resident's room and/or when she exited the resident's room. She was observed to go to her office. She was then observed to pull out another N 95 mask from her desk, and changed the mask she had worn out of the resident's room. She was observed to touch the front of the mask she was taking off and put the used mask she had worn in the resident's room on her desk. She indicated she had a shield at her desk. She was not observed to have sanitized the goggles she was wearing. She indicated before she had gone into the resident's room, she should have removed her mask and goggles, put them in the paper bag and removed the goggles and mask from the bag and put those on. She indicated when she came out of the isolation room, she should have removed the mask and goggles from the bag, removed the other goggles and mask from her face and replace those to the bag. She indicated she should have then put on the goggles and and N 95 from the bag. On 10/14/2020 at 10:00 a.m. the Infection Preventionist (IP) was interviewed. She indicated staff should change their mask and goggles before going into the contact and droplet isolation rooms. She indicated paper bags in the overlay had an extra pair of goggles and a mask with each staff's name on it. She indicated staff were to replace the goggles and mask they were wearing with those in the bag. She indicated gowns for each staff were hanging on the back of the door in the room. She indicated after the staff was done in the isolation room, they were to hang the gown on the back of the door, remove gloves, perform hand hygiene. She indicated outside the room, staff was to remove their goggles and mask and replace them with the goggles and mask which they had put in the bag on the door. On 10/14/2020 at 12:50 p.m., IP provided a copy of the education provided to all staff on 10/11/2020 and 10/13/2020. She indicated the education included PPE removal. She indicated the education also included the goggles and mask needed to be changed out with the goggles and mask in the paper bag on the door, before entering and after leaving the isolation room. A copy of the PPE removal education indicated the following: gloves - remove and discard in room, perform hand hygiene in room with hand sanitizer, gown - remove and discard in room; exit room and close door; masks and eyeshields - remove and discard unless reusing due to limited supply, perform hand hygiene. Documentation indicated Nurse 1 had attended the inservice 10/11/2020 and 10/13/2020. On 10/14/2020 at 1:45 p.m., Nurse 1 was interviewed. She indicated the N 95 masks were kept in the bags on the door overlay until the mask was soiled. On 10/14/2020 at 1:50 p.m., the IP was interviewed. She indicated Nurse 1 should have had a bag with extra goggles and and N 95 mask in the overlay on the isolation room door. She indicated Nurse 1 should have switched out the goggles and N 95 she was wearing prior to going in to the residents room and then also when the exited the contact and droplet isolation room. The IP indicated Resident 1 had not had any signs and/or symptoms related to COVID 19 since admission to the facility. The IP indicated the resident was in contact and droplet precautions since admission and would be for a total of 14 days. 3.1-18(b)(1)</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.