

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER RENSSELAER CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1309 E GRACE ST RENSSELAER, IN 47978	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and or contain COVID -19 related to a staff member not removing an isolation gown and gloves and performing hand hygiene upon exiting a resident's room who was on Droplet Isolation Precautions during a random observation. (Employee 1 and Resident 3) Finding includes: During an observation on 10/13/20 at 2:05 p.m., Employee 1 exited Resident 3's room. The isolation gown and gloves were still being worn and hand hygiene had not been performed. Employee 1 indicated at the time of the observation, she had been in with the room, assisted the resident to lie down on the bed, and was providing one on one care. It was, ok to come out into the hallway with the gown and gloves still on. She then sat in a chair in the hallway located outside the room, beside the door to the room with full PPE still on. A sign on the door of the room indicated all Personal Protective Equipment (PPE) was to be removed before the room was exited and hand hygiene was to be performed immediately after removing the PPE. Employee 1 then stood up and re-entered the room and assisted the resident with her shirt, covered her up, exited the room, and sat back in the chair in the hallway. The isolation gown and gloves were still being worn and hand hygiene had not been completed. The resident then attempted to rise out of bed unattended. Employee 1 re-entered the room, assisted the resident to lie down in the bed, placed the resident's legs on the bed, and replaced the cover. Employee 1 then exited the room and sat in the hallway chair. She then repositioned her safety glasses with the gloved hand. Hand hygiene was not performed and the gloves and isolation gown were not removed. Resident 3's record was reviewed on 10/13/20 at 3 p.m. The [DIAGNOSES REDACTED]. The re-admitted was 10/9/20. A Nurse's Progress Note, dated 10/10/20 at 7:48 a.m., indicated Droplet Precaution Isolation was required for 14 days due to being readmitted into the facility. During an interview on 10/13/20 at 1:15 p.m., the Director of Nursing indicated residents who were newly admitted or readmitted were placed in Contact/Droplet Isolation for 14 days. During an interview on 10/13/20 at 4:58 p.m. the Assistant Director of Nursing indicated the chair was in the wrong place and should not have been in the hallway. Employee 1 was re-educated on donning and doffing the PPE for residents who were in isolation. She was providing one on one care to Resident 3 and had not been providing care for any other resident on the hallway. A facility policy, dated 5/7/20, titled, Transmission-based Precautions and Isolation Procedures, received from the Director of Nursing as current, indicated, .Standard Precautions .Hand hygiene .Before and after all resident contact . 3.1-18(a)</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.