

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER MEADOWS MANOR EAST		STREET ADDRESS, CITY, STATE, ZIP 3300 POPLAR ST TERRE HAUTE, IN 47803	
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, and interview, the facility failed to follow CDC guidance during a pandemic and ensure infection control practices for COVID-19 were followed by staff for social distancing at least six feet apart for 1 of 1 random observation (Housekeepers N, P, Q, and R). Findings include: On 8/24/20 at 11:08 a.m., six employees were observed sitting in the outdoor break area around two separate patio tables smoking, conversing, not wearing face masks, and not socially distanced from one another. Three employees were sitting and one standing (Housekeepers N, P, Q, and R), while one of them ate, at the small round table nearest the parking lot. Two additional unidentified employees were observed to be at the second small round table at the far end of the patio. On 8/24/20 at 12:53 p.m., the break area patio tables and seating was observed with the Housekeeping Supervisor, Registered Nurse (RN) Infection Preventionist, and Administrator (ADM). The patio had been rearranged with the two round patio tables positioned at either end of the patio, each with two chairs. The RN Infection Preventionist was observed to measure the patio table's tops to be 42 inches across. An In-Service Education log, titled, Infection Control information, Hand Hygiene, and PPE (Personal Protective Equipment), dated 3/12/20 - 3/25/20, indicated all staff members were provided education regarding hand hygiene, PPE donning and doffing, transmission-based precautions, and Coronavirus. All employees were provided education in the form of information packets provided by the CDC (Centers for Disease Control) and WHO (World Health Organization), verbal education, demonstration, and small group discussion. The sign in log indicated, Housekeepers N and P had signed as having received the education. An In-Service Education log, titled, COVID-19 Policy Updates, dated 7/30/20, indicated Housekeepers N, P, and Q had signed as having received the education. On 8/24/20 at 10:07 a.m., the Housekeeping Supervisor indicated, housekeeping staff were not allowed to enter the red zone unit where COVID -19 positive residents were located. Housekeeping staff were donning a gown, surgical mask, face shield, and gloves to go into the yellow unit rooms where residents in respiratory droplet isolation were located. All facility staff who worked the floor, and did not care for residents who were isolated, were to wear surgical masks. On 8/24/20 at 10:10 a.m., the Housekeeping Supervisor indicated, she currently had one housekeeper (Housekeeper S) who had tested positive for COVID-19 after vacationing out of state. Two other housekeeping staff had tested negative, but had been removed from the schedule after having close contact with Housekeeper S. The Housekeeping Supervisor indicated, staff used the breakroom downstairs where seating was placed six foot apart, and were encouraged to maintain social distancing. She indicated, staff were tested for COVID-19 weekly, and were provided with education frequently. On 8/24/20 at 12:45 p.m., the ADM indicated, she and maintenance personnel had measured the patio to ensure tables were spaced apart and had removed excess chairs from patio area allowing for only two chair at each table. She indicated, the round patio tables were measured and found to be less than six feet across. On 8/24/20 at 1:02 p.m., Housekeeper Q indicated, staff were supposed to have stayed six feet apart while at break. They were to wear a mask over their mouth and nose, change gloves between cleaning rooms and when changing tasks, and wipe down high touch points three times a day. Housekeeper Q indicated, having four people at one patio table without masks earlier was not acceptable. On 8/24/2020 at 12:45 p.m., the RN Infection Preventionist provided a COVID-19 Policy, dated 7/27/20, and indicated the policy was the one currently being used by the facility. The policy indicated, Long term care facilities are at a higher risk of developing outbreaks due to home-like settings in close quarters, residents with multiple comorbidities, multiple staff having contact with residents. Once COVID-19 is introduced into a long term care facility, it is very difficult to contain. Policies and procedures are put in place in order to help prevent [MEDICAL CONDITION] from entering the facility and to manage/prevent the spread of [MEDICAL CONDITION] should our facility have a case/cases. Anyone that enters the facility is required to maintain a distance of 6 feet from residents, with the exception of essential caregivers (ECF) and their loved ones. All staff members should enter through rear entrance. They should maintain a distance of 6 feet while awaiting screening. The CDC Guidance. - What you need to know about Coronavirus disease 2020 (COVID-19). Risk of infection with COVID-19 is higher for people who are close contacts with someone known to have COVID-19, for example healthcare workers, or household members. [MEDICAL CONDITION] is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It may also be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possibly their eyes. If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others. 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.