

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HARBOUR MANOR HEALTH &amp; LIVING COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1667 SHERIDAN RD NOBLESVILLE, IN 46060</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, record review and interview, the facility failed to assure staff wore Personal Protective Equipment (PPE) properly and failed to follow health screening recommendations to prevent the spread of COVID-19. Findings include: 1. During an observation on the 100 hall on 5/19/20 at 10:59 a.m., LPN 3 was seated at the nurse's station with her facemask around her neck, with her nose and mouth exposed, she spoke with an unmasked resident seated across the desk from her. During an interview, LPN 3 indicated she had to blow her nose a lot today and was having difficulty breathing. She had an N95 mask on her face during the interview with the head bands reversed in back of her head causing a gap on bilateral sides of her mask. She indicated she was aware of the facility policy requirement that a mask be worn during her shift and she was aware her mask was not currently donned properly. 2. During an observation on the Memory Care unit on 5/20/20 at 11:05 a.m., LPN 4 was observed seated at the nurse's station with her facemask around her neck, with her nose and mouth exposed. Two unmasked residents were seated in chairs by the nurse's station. During an interview, LPN 4 indicated she was aware she should have her facemask applied over her nose and mouth, but she was taking a break from wearing it while she charted on the computer. 3. During an observation on the 100 hall on 5/20/20 at 11:10 a.m., CNA 5 was observed standing at the nurse's station with her facemask on with her nose exposed. During an interview, CNA 5 indicated her facemask slips down below her nose a lot and she realized she needed to cover her nose and mouth when working in the facility. During an interview on 5/20/20 at 11:25 a.m., the Corporate Consultant Nurse indicated staff were required to wear their masks correctly for the entire shift, to cover both the nose and mouth. 4. During review of the staff screening documentation on 5/19/20 at 2:00 p.m., the record lacked documentation of 11 temperatures in the 4 weeks of documentation reviewed. On 5/18/20, a temperature of 100.5 was documented for CNA 7 and the employee completed her shift as assigned without being screened further. During an interview on 5/19/20 at 2:37 p.m., the Administrator indicated the facility had educated staff on the screening process and the need to notify the charge nurse of temperature and/or symptoms for further assessment. The screening documentation should not lack temperatures. During an interview on 5/20/20 at 2:14 p.m., the Unit Manager indicated she assisted CNA 7 obtain her temperature and recalled the temperature was 97.5. She indicated the employee had mentioned she might enter an elevated temperature to see if anyone was reviewing the information as a joke. The Unit Manager indicated she did not review what CNA 7 had entered as her temperature. A current facility policy, dated 3/31/20, titled, COVID-19 Updates, provided by the Corporate Nurse Consultant, included, but was not limited to the following: a. PPE updates: i. Reference the CDC for guidelines for PPE use: We are following the cdc guidance for pandemic planning: ii. <a href="https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html">https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html</a> . c. Temperature Screening: .ii. Temperature screening for Associates will increase to recommended 100.0. No other information was provided prior to exit. This federal tag relates to Complaints IN 013 and IN 875. 3.1-18(a)		
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.