

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155417</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HICKORY CREEK AT SCOTTSBURG</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1100 N GARDNER AVE SCOTTSBURG, IN 47170</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, interview and record review, the facility failed to ensure infection control practices were followed during the COVID-19 pandemic related to a staff member's appropriate use of a face mask for 1 of 3 observations for infection control. (CNA 3) Findings include: Upon facility entrance on 10/22/20 at 2:11 p.m., CNA (Certified Nursing Assistant) 3 was observed at the medication cart with her mask under her chin and her face shield flipped back behind her head while eating. There were 2 residents and a nurse within 2 feet of CNA 3. CNA 3 placed her mask back up over her nose and mouth, walked behind the nurse's station, pulled her mask down under her chin and then took a drink of water. During an interview on 10/22/20 at 4:47 p.m., the Director of Nursing indicated staff should have a face shield and mask in place at all times. On 10/22/20 at 3:05 p.m., the Interim Administrator provided a current copy of the document titled COVID-19: Mitigation Guidance - Standard Operating Procedure dated October 2020. It included, but was not limited to, Policy: This facility will utilize strategies based on CDC (Centers for Disease Control), CMS (Centers for Medicaid and Medicare Services), state guidance, and policies to mitigate and reduce the spread of infection. General Guidance. Staff may remove mask to eat or drink and it is expected that they are more than 6 feet away from other staff and residents when mask is removed 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.