

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF TERRE HAUTE		STREET ADDRESS, CITY, STATE, ZIP 3500 MAPLE AVE TERRE HAUTE, IN 47804	
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 follow Centers for Disease Control (CDC) guidance during a pandemic and ensure infection control practices for COVID-19 were implemented for proper hand hygiene, personal protective equipment (PPE) use, and social distancing between staff for 8 of 15 staff observed for infection control. Findings include: 1. On 10/13/20 at 10:54 a.m., Dietary Aide (DA) 7 and DA 10 were observed at the staff screening entrance area without social distancing and without a mask covering their faces. During this time, Certified Nursing Assistant (CNA) 9 was observed to enter the area without social distancing and without a mask covering her face. During an interview, on 10/13/20 at 1:36 p.m., DA 7 indicated she had returned from lunch and was at the screening area to clock in. The clock in process required them to use face identification on iPad tablets. Both iPad tablets were located next to each other on a table and required both her and DA 10 to have their masks off to clock in. She indicated they should have social distanced during this time, but that was how the system was set up for them to clock in. 2. On 10/13/20 from 11:04 a.m. to 11:17 a.m., Certified Nursing Assistant (CNA) 11 was observed carrying a meal tray out of a green zone (non-isolation, universal precautions used) room and sat it down on a cart in the 600 hallway, no hand hygiene was observed at this time. She then applied PPE and entered a yellow zone (contact droplet precautions) room, no hand hygiene was observed at this time. At 11:13 a.m. she was observed to exit the yellow zone room without PPE and a meal tray carried with her bare hands. The meal tray was observed to be touching her clothing, she then grabbed the meal tray from the hallway and carried both meal trays to the dining room. While in the dining room she was observed to touch a Styrofoam cup from the yellow zone room with her bare hands, no hand hygiene was observed. She proceeded to an area with PPE and at this time changed her face covering mask to a new one, touching her face with her bare hands. No hand hygiene was observed during this time. At 11:17 a.m. she was observed to wash her hands. During an interview, on 10/13/20 at 11:18 a.m., CNA 11 indicated she should have carried the isolation meal tray away from her body and she should have washed her hands after touching the Styrofoam cup. She also indicated she had changed out her mask and had not used any hand hygiene and should have done so prior to changing her mask. 3. On 10/13/20 at 11:26 a.m., Housekeeper 14 was observed cleaning a yellow zone (contact droplet precautions) room. She was observed at the doorway with PPE on that included, but was not limited to gloves. At this time, she reached into her pocket and pulled out a set of keys that she used to open a lock on the housekeeping cart. She then placed the keys back in her pocket. At 11:30 a.m. she was observed to remove the PPE and exit out of the room. No hand hygiene was observed at this time. She reached into her pocket with bare hands and pulled out a set of keys used to open a lock on the housekeeping cart, no hand hygiene was observed at this time. At this time, she indicated it was difficult to breath with the mask and face shield on, and pulled down her face mask and rubbed her face with her bare hands, no hand hygiene was observed at this time, and the face shield was not observed to be cleaned. During an interview, on 10/13/20 at 3:17 p.m., the Executive Director (ED) indicated face shields and/or face masks are changed and/ or cleaned when visibly soiled or contaminated. It was not the facility's practice to change or clean the face shield when staff went from an isolation room to a non-isolation room.</p> <p>4. On 10/13/20 at 9:53 a.m., an employee breakroom was observed. Housekeeper 20, Housekeeper 21, and Housekeeper 22 were seated at one table, eating, without social distancing and without a mask covering their faces. Housekeeper 21 was observed to get up from her seat, without a face mask, and walk to the other side of the breakroom, a distance of greater than 20 feet. CNA (Certified Nursing Aide) 15 was seated at a table directly next to Housekeepers 20, 21, and 22. All the observed staff members were seated less than 6 feet apart from each other. There were multiple empty tables in the breakroom that would have allowed for social distancing. During an interview with Housekeepers 20, 21, 22, and CNA 15, they indicated, it was facility policy to socially distance while in the breakroom and to wear a face mask whenever they were not eating. A policy titled, Isolation - Categories of Transmission-Based Precautions, dated revised October 2018, was provided by the LPN (Licensed Practical Nurse) Infection Control Preventionist (ICP) on 10/13/20 at 2:30 p.m. The LPN ICP indicated, this was the current policy being used by the facility at this time. The policy indicated, .When transmission-based precautions are in effect, non-critical resident-care equipment items .will be dedicated to a single resident .If re-use of items is necessary, then the items will be cleaned and disinfected according to current guidelines before use with another resident .A policy titled, Novel Coronavirus (COVID-19), dated last revised 8/31/20, was provided by the Administrator on 10/13/20 at 12:52 p.m. The Administrator indicated this was the current policy being used by the facility at this time. The policy indicated, .a facility should require .stakeholders (employees) to wear a surgical facemask and face shield or goggles while in the facility .a stakeholder must always wash hands when removing/ touching any mask and/ or face. A facility should remind residents, stakeholders, and visitors to practice social distancing (no hand shaking, no hugging, staying 6 feet apart) and perform frequent hand hygiene at all times The CDC Guidance. - Strategies for Optimizing the Supply of Eye Protection, updated 7/15/20, indicated, .Eye protection should be removed and reprocessed (cleaned and disinfected) if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one HCP (health care personnel) and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on 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 The CDC Guidance regarding use of masks by health care personnel (HCP). - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated, .HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers .Universal use of a facemask for source control is recommended for HCP 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.