

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAJESTIC CARE OF CONNERSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1029 E 5TH STREET CONNERSVILLE, IN 47331</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to ensure personal protective equipment (PPE) was stored in an appropriate manner for use in the yellow zone. This had the potential to affect 9 residents that reside on the yellow zone. Findings include: During an observation of the yellow zone, on 10/14/20 at 3:35 p.m., there were 3 gowns hanging on separate hooks in the hallway upon entrance to the yellow zone. Another gown was tucked into the right hand rail along with a face shield tucked into the left and right hand rail. There were 2 face shields placed on a singular hook and touching. room [ROOM NUMBER] was observed with 2 gowns hanging on a singular hook and touching. room [ROOM NUMBER] was observed with a gown hanging on the doorknob and making contact with the floor. room [ROOM NUMBER] was observed with a gown hanging on the back of a chair inside the room. room [ROOM NUMBER] was observed with 2 gowns hanging on a singular hook and touching. Staff Member 4 was observed in room [ROOM NUMBER] with face shield, mask, and gown in place with a rolling cart in that room. Staff Member 4 proceeded to walk out of room [ROOM NUMBER], wearing the same PPE while in that room, and walked down the yellow zone hallway and out the double doors. She removed her face shield and gown outside of the yellow zone and walked down a hallway outside of the yellow zone that was identified as part of the green zone. An interview conducted with Nurse 5, on 10/14/20 at 3:45 p.m., indicated the administrative staff supply the PPE for the yellow zone. The staff have 1 gown for each resident with the nurse and Certified Nursing Assistant (CNA) utilizing that 1 gown for each resident. Upon entry onto the yellow zone, we have our PPE, a gown and face shield, which we place on these hooks when we enter the yellow zone. These are considered clean but Nurse 5 indicated she wears her gown, identified as clean, to pass medications from room to room as well. An interview conducted with the Director of Nursing Services (DNS), on 10/14/20 at 4:05 p.m., indicated she was given the okay to utilize 1 gown per resident room but there are enough hooks present to have 1 gown, per staff member, for each resident to avoid cross contamination. A policy titled Isolation - Categories of Transmission-Based Precautions, revised 2/2018, was provided by the DNS on 10/14/20 at 3:45 p.m. The policy indicated the following, .Contact Precautions. 48. Gown. 49. In addition to wearing a gown as outlined under Standard Precautions, wear a gown (clean, nonsterile) for all interactions that may involve contact with the resident or potentially contaminated items in the resident's environment. Remove the gown and perform hand hygiene before leaving the resident's environment A document regarding zones related to COVID-19, no date or title, was provided by the DNS on 10/14/20 at 3:10 p.m. The document indicated the following, .YELLOW .In house residents suspected of COVID-19 based upon direct exposure or symptoms .Precautions .Residents wear masks .Droplet &amp; Contact Precautions with full PPE A document titled Strategies for Optimizing the Supply of Isolation Gowns, updated 10/9/20, was reviewed from the Centers for Disease Control and Prevention (CDC) website. The document indicated the following, .Re-use of isolation gowns .The risks to HCP (healthcare personnel) and patient safety must be carefully considered before implementing a gown reuse strategy. Disposable gowns generally should NOT be re-used, and reusable gowns should NOT be reused before laundering, because reuse poses risks for possible transmission among HCP and patients that likely outweigh any potential benefits .If reuse is considered, gowns should be dedicated to care of individual patients. Any gown that becomes visibly soiled during patient care should be disposed of or, if reusable, laundered 3.1-18</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.