

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155628</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CREEKSIDE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3114 EAST 46TH STREET INDIANAPOLIS, IN 46205</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	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation and interview, the facility failed to ensure infection prevention and control during the COVID-19 pandemic by not donning personal protective equipment (PPE) when entering resident rooms that are on droplet precautions; not performing hand hygiene when exiting resident rooms that are on droplet precautions or after touching the outsides of face masks; and not changing PPE between residents for 2 of 5 residents reviewed for infection control. Findings include:  1. An observation was made at 10:58 a.m., of CNA (certified nursing assistant) 1. She walked into Resident B's room, which is a droplet precaution room, without donning any PPE. CNA 1 turned off the resident's call light by pressing an off button located on the wall over Resident B's bed. Resident B, who resides on the 200 hallway, was in bed at the time and was not wearing a face mask. CNA 1 then exited the room but did not perform hand hygiene prior to exiting. CNA 1 then readjusted her face mask by touching the outside of the mask. No hand hygiene was performed after touching the mask. An interview with CNA 1 conducted at 10:59 a.m. indicated, she had forgot to don the proper PPE for Resident B's room but she should have done so prior to entering into the room and should have performed hand hygiene when exiting the resident's room and after touching the outside of her mask. 2. An observation was made at 12:22 p.m. of CNA 2. CNA 2 was wearing a N95 mask and gloves while she was passing out meals to residents. She entered into Resident C's room, which is a droplet precaution room on the 400 hallway, gave him his meal then exited the room. CNA 2 did not don any PPE prior to entering Resident C's room nor did she doff her gloves or perform any hand hygiene when exiting. She proceeded down the hall to Resident D's room, which is also on the 400 hallway, and with the same gloves and mask on, she delivered Resident D his meal then touched the meal cart. Resident D was not on any isolation precautions. CNA 2 had not doffed her gloves nor performed hand hygiene. During an interview with CNA 2 at 12:26 p.m., she indicated, she didn't need to don droplet precaution PPE because he's just on isolation because he goes to [MEDICAL TREATMENT]. An interview with IP (Infection Preventionist) at 12:24 p.m., indicated, face masks should be discarded when leaving an isolation room or staff may place a surgical mask over their mask then discard the surgical mask when leaving the isolation room. Isolation carts are placed outside the door of the rooms with droplet precautions. The facilities isolation carts do not contain surgical masks. IP stated the facility initially did not place surgical masks in the carts related to the demand on supply in the beginning but now the facility has ample supply of face masks. The Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus received from the IP at 10:35 a.m. indicated, A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put in place. Place resident in an AIIR (sic, Airborne Infection Isolation Room), If no AIIR, place on both contact and droplet precautions .Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. PPE includes: Gloves, Gown, Eyewear, Respiratory Protection .If disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. Perform hand hygiene after discarding. If reusable respirator is used, clean and disinfect according to the manufacturer's recommendations .Hand hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves . 3. An observation of QMA (Qualified Medication Assistant) 1 was made at 11:16 a.m. QMA 1 had prepared medication for a resident on the 100 hallway, but that resident was not in his room so she placed the cup of pills into the medication cart. She then pulled her face mask down with her hand and prepared another resident's medications. While she was preparing the medication, she touched her face with bare hands. QMA 1 did not perform hand hygiene after touching the outside of her face mask nor after touching her face. QMA 1 then grabbed the medication cup and cup of water by the rims of the cups with bare hands and administered them to the resident. The resident's lips touched the rims of the cups. QMA 1 proceeded back to the medication cart without performing hand hygiene. This Federal tag relates to complaint IN 370. 3.1-18 3.1-21(i)(4)</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.