

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155719	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2020
NAME OF PROVIDER OF SUPPLIER GEORGE ADE MEMORIAL HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3623 EAST STATE RD 16 BROOK, IN 47922	
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	Provide and implement an infection prevention and control program. Based on observation, record review and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and or contain COVID -19 related to failure to continue transmission based precautions for a resident who tested positive for COVID-19 for 1 of 1 residents reviewed for COVID-19 protocol. (Resident 1) Finding includes: On 10/3/20 at 12:30 p.m., the Resident 1 was observed seated in her private room eating lunch. There were no transmission based precautions in place. The record for the resident was reviewed on 10/3/20 at 12:40 p.m. The resident was tested for COVID-19 on 9/28/20 with all of the other residents in the facility using the polymerase chain reaction (PCR) test. On 10/1/20, the resident was the only one to receive a positive result. She had previously been in contact with a COVID-19 positive staff member. She was moved out of her room and placed on standard, contact and droplet isolation precautions on the designated COVID Unit. On 10/1/20, the resident received a rapid point of care (POC) COVID -19 test administered by the facility staff. That test was negative. She was then given another PCR test on 10/1/20. On 10/2/20, the result of the second PCR test was negative. She was removed from the COVID Unit and returned to her room with no isolation precautions remaining in place. The document titled, COVID-19 Control Measures for (Name of facility) Interim Guidance, dated March 20, 2020, was provided by the Administrator on 10/3/20 at 12:45 p.m. The document indicated, .If patient have been screened and their testing is POSITIVE for COVID-19 c) Maintain Standard, Contact and Droplet Precautions (including eye protection) During an interview with the Director of Nursing (DON) on 10/3/20 at 12:00 p.m., she indicated the resident did not have any symptoms so they wanted to verify the results of the test. After receiving the two negative tests, they assumed it was a false positive test and moved her out of the COVID Unit. 3.1-18(a)		
F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on record review and interview, the facility failed to ensure the Infection Preventionist had completed a specialized training course necessary for the COVID-19 survey protocol. This had the potential to affect all 56 residents residing in the facility. Finding includes: During a visit on 10/3/20, the Director of Nursing (DON), who is the the facility's Infection Preventionist, lacked a certificate which indicated she had completed a training course related to infection prevention and control. During an interview with the DON on 10/3/20, at 12:00 p.m., she indicated she was the Infection Preventionist and she had not completed any specialized training courses for that position, but was aware she needed to complete a training course.		

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.