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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155763 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/20/2020 |
| NAME OF PROVIDER OF SUPPLIER NORTH RIDGE VILLAGE NURSING & REHABILITATION CENTE | | STREET ADDRESS, CITY, STATE, ZIP 600 TRAIL RIDGE RD ALBION, IN 46701 | |
| 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 - Many | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection prevention procedures regarding personal protective equipment (PPE) to prevent the potential spread of COVID-19 according to current Centers for Disease Control (CDC) guidelines. This had the potential to affect 41 of 41 residents residing in the facility. Findings include The facility's document titled Implement Universal Source Control Measures-Reference CDC, was provided by the Administrator on 10/20/2020 at 1:19 P.M. when she indicated this was the procedure the facility followed. The document was dated July 15, 2020 and stated When available, facemask's are preferred over cloth face covering for HCP as facemask's offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is needed. The facility's policy titled Handwashing/Hand Hygiene, received August 2015, stated 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap . and water for the following situations: . 1. After contact with objects . in the immediate vicinity of the resident During observation on 10/20/2020 at 10:37 A.M., Employee 1 was observed wearing a cloth facemask below her nose. During an interview at that time, Employee 1 indicated the facility did provide surgical masks but wearing PPE was up to the employees, so she just wore a clean cloth mask each day. During an interview on 10/20/2020 at 10:42 A.M., Employee 2 indicated she knew for sure that 2 laundry staff wore cloth masks, but was not sure about any other staff. During on observation on 10/20/2020at 10:42 A.M. Employee 3 was observed walking through the facility wearing a cloth facemask. During an interview on 10/20/2020 at 10:48 A.M., the Administrator indicated all masks should cover the nose and mouth and that usually only the residents wear cloth masks. During an interview no 10/20/2020 at 10:58 A.M., Employee 4 indicated surgical masks are provided at the screening tables for both employees and visitors. During the interview, her surgical mask fell below her nose. During observation on 10/20/2020 at 11:06 A.M., Employee 5 and Employee 6 were at the nurses' station; both had surgical masks on below their noses. During an observation on 10/20/2020 at 12:03 P.M., Employee 6 was passing lunch trays on the 400 hall. Employee 6 entered room [ROOM NUMBER] with tray, and exited the room carrying the resident's stainless steel tumbler and placed it on top of the hall tray cart. Employee 6 then proceeded to take the next tray to room [ROOM NUMBER] and the next to room [ROOM NUMBER]. Employee 6 failed to wash hands or use hand sanitizer in between rooms [ROOM NUMBERS] and in between rooms [ROOM NUMBERS]. During an interview on 10/20/2020 at 12:10 P.M., the Director of Nursing indicated staff should wash hands or use hand sanitizer before and after each tray pass.</p> <p>3.1-18 (a)</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.