

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155772	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER COBBLESTONE CROSSINGS HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802	
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.</p> <p>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 for 2 of 8 staff observed for infection control which had the potential to affect 5 random residents observed for infection control (Residents B, C, D, E, and, H). Findings include: On 10/1/20 at 10:33 a.m. to 10:45 a.m., a Nurse Aide (NA) Student 7 was observed near the 200 hall nurses' station assisting Resident B. She touched the resident's arm and shoulder area. She was not observed to wash her hands or use hand sanitizer. She proceeded down the hallway and assisted Resident C in her wheelchair to the sitting area. She touched the resident's wheelchair hand grips and touched the resident's shirt/right shoulder area. She was not observed to wash her hands or use hand sanitizer. At 10:36 a.m. she went into Resident D's room to answer a call light, at this time she shut the door. At 10:38 a.m. NA Student 7 came out of Resident D's room and assisted Resident H with her sweater. She was not observed to use hand sanitizer or wash her hands after touching Resident H. At 10:45 a.m. she went into Resident D's bathroom and applied gloves she was not observed to wash her hands or use hand sanitizer prior to applying the gloves. She assisted Resident D with personal care and transferred resident from the toilet to wheelchair touching the hand grips of the wheelchair with her gloved hands. She assisted Resident D with handwashing and then removed her gloves. She touched the hand grips of the wheelchair with bare hands and assisted Resident D back into the room. During this time NA Student 7 touched the curtains that separated Resident D's side of the room from her roommate's side. NA Student 7 was not observed to clean the curtain at this time. She then washed her hands. On 10/1/20 at 10:35 a.m., Occupational Therapy Representative (OTR) 10 was observed assisting Resident E to her room. At this time Resident B was observed to touch Resident E's hands with her hands. Resident B was not encouraged nor assisted to wash her hands. During an interview, on 10/1/20 at 11:20 a.m. the Administrator indicated when a resident came in direct contact with another resident by touching them, staff were to assist or encourage residents to wash their hands. Staff should use hand hygiene before and after direct care with a resident. During an interview, on 10/1/20 at 11:37 a.m., NA Student 7 indicated she had not used hand sanitizer or washed her hands between direct contact with Resident B and Resident C. Staff carried small bottles of hand sanitizer with them throughout their shift, she had a bottle earlier that day but had ran out and threw it away. She had not replaced it with a new bottle yet. She should have washed her hands or used hand sanitizer between caring for residents. During an interview, on 10/1/20 at 1:06 p.m., OTR 10 indicated she had observed Resident B touch Resident E's hands. Staff would encourage or assist residents to wash their hands, and she assisted Resident E back to her room to wash her hands. She had not assisted or encouraged Resident B to wash her hands after the occurrence. On 10/1/20 at 11:40 a.m., the Administrator provided a document titled, Guideline for Handwashing/Hand Hygiene, and indicated it was the policy currently being used by the facility. The policy indicated, Purpose: Handwashing is the single most important factor in preventing transmission of infections. Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). 1. All health care workers shall utilize hand hygiene frequently and appropriately. 2. Residents shall be given the opportunity and assistance to wash their hands. 3. Health Care Workers shall use hand hygiene at times such as: .c. Before/after having direct physical contact with residents. d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc. 4. Residents shall be offered the opportunity to wash their hands 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.