

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155786</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALLISONVILLE MEADOWS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10312 ALLISONVILLE RD FISHERS, IN 46038</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed during the COVID-19 pandemic for residents related to appropriate mask usage, droplet plus precaution, proper doffing of PPE (personal protective equipment), and hand hygiene for 6 of 9 staff observed for infection prevention. (NA 10, Therapist 6, CNA 2, LPN 3, PTA 4, and WA 5) Findings include: 1. The clinical record for Resident G was reviewed on 9/3/20 at 2:35 p.m. The resident's [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. An observation of Resident G's room was made from the hallway on 9/3/20 at 2:15 p.m. He was sitting on the side of his bed working with Therapist 6. The door to his room was fully open. There was a sign on the door that indicated, Droplet + Precautions .Door to room must remain closed. An observation of Resident G's room was made with RN 11 on 9/3/20 at 2:16 p.m. The door remained open with Resident G still sitting on the side of his bed, working with therapy. RN 11 asked Resident G and the therapist if she could shut the door. Resident G indicated she could, so RN 11 shut the door. RN 11 indicated the door was supposed to remain closed. An interview with IP (Infection Preventionist) was conducted on 9/3/20 at 12:16 p.m. The IP indicated for all residents on Droplet + precautions their rooms should have the doors shut at all times. An interview was conducted with the DON (Director of Nursing) on 9/3/20 at 2:30 p.m. He indicated therapy was continuously being educated to close the residents' doors related to Droplet + precautions. The Droplet + precaution sign read, Everyone must: Clean their hands (hand sanitizer or hand washing) before entering and when leaving the room. Put on mask, eye protection, gown and gloves before room entry. N95 respirator is required for aerosol generating procedures. Remove PPE (except mask) before exiting room. Remove mask or respirator after exiting the room and closing the door followed immediately by hand hygiene. Door to room must remain closed. 2. An observation was made in the 100 hall dining room on 9/3/20 at 2:05 p.m. RN 11 and NA (Nurse Aide) 10 were talking in the dining room. RN 11 was standing at a medication cart while NA 10 was standing by a chair, looking through a backpack. NA 10 had no mask on at this time. After they finished talking, NA 10 walked out of the dining room and into the hallway with no mask. NA 10 was reminded to wear a mask, so she turned around, came back into the dining room, retrieved a mask from her backpack, put the mask on, then proceeded out of the dining room and down the hall.</p> <p>3. An observation was made on 9/3/20 at 12:11 p.m. of CNA (Certified Nursing Assistant) 2 on the 100 hallway with her mask pulled down below her nose leaving her nose uncovered. 4. An observation was made on 9/3/20 at 12:15 p.m. of LPN (Licensed Practical Nurse) 3 sitting at the central nursing station. He had his mask pulled down below his nose leaving his nose uncovered. 5. An observation was made of PTA (Physical Therapy Assistant) 4 on 9/3/20 at 12:13 p.m. PTA 4 was exiting Resident F's room (the resident was on Droplet + precautions) with a rolling stool. PTA 4 had removed one glove and placed it into the garbage can in the room and then he grabbed the front of his isolation gown with both hands (one was gloved, one was not) and pulled his gown off from the front. He then removed his face shield and without performing any hand hygiene he picked up the rolling stool by its support pole and carried it down the 100 hallway then placed it in the doorway to the Physical Therapy room. PTA 4 was still wearing the same N95 mask he had on in the isolation room. He then performed hand hygiene with an alcohol based hand sanitizer. He sprayed a cleaner onto the seat of the stool and wiped it then placed the stool back into the Physical Therapy room. He did not clean the support pole prior to placing the stool back in the Physical Therapy room nor did he doff his PPE in a way as to not contaminate himself. PTA 4 did not change his mask after leaving a Droplet + isolation room. 6. An observation was made of the dining room on 9/3/20 at 12:20 p.m. During food service, WA (Wellness Assistant) 5 had touched the outside of her N95 mask then proceeded to serve Resident H a drink. She then served Resident J and Resident K their meals without performing any hand hygiene after touching the outside of her mask or between residents. A Face Mask Guideline, provided by the DON (Director of Nursing) on 9/3/20 at 1:45 p.m., indicated, All staff that work in the facility are always required to wear the appropriate face mask in all departments (this will include break times if staff are going out on break together) .If a staff member is not wearing mask appropriately it should be corrected immediately, and hand hygiene performed .and If a staff member touches their face mask to adjust it, they should perform hand hygiene immediately . A How To Safely Remove Personal Protective Equipment instruction sheet was provided by DON on 9/3/20 at 1:45 p.m. It indicated the steps taken to remove PPE were: 1. Gloves Outside of gloves are contaminated. If your hands get contaminated during glove removal, immediately was your hands or use an alcohol-based hand sanitizer. Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove. Hole removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove. Discard gloves in a waste container. 2. Goggles or Face shield- Outside of goggle or face shield are contaminated. If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol based hand sanitizer. Remove goggles or face shield from the back by lifting head band or ear pieces. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in waste container. 3. Gowns. Gown front and sleeves are contaminated. If you hands get contaminated during gown removal, immediately was you hands or use an alcohol based hand sanitizer. Unfasten gown ties, taking care that sleeves don't contract you body when reaching for ties. Pull gown away from neck and shoulders, touching inside of gown only. Turn down inside out. Fold or roll into a bundle and discard in a waste container. 4. Mask or Respirator. Front of mask/respirator is contaminated--DO NOT TOUCH! If your hands get contaminated during mask/respirator removal, immediately wash your hands or use alcohol based hand sanitizer. Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front. Discard in waste container. 5. Wash hands or use an alcohol based hand sanitizer immediately after removing all PPE. This Federal tag relates to IN 485. 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.