

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155802	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER PROVIDENCE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1 SISTERS OF PROVIDENCE ST MARY OF THE WOODS, IN 47876	
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 - Some	<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, record review, and interview, the facility failed to ensure CDC guidance on infection control practices for COVID-19, of personal protective equipment (PPE) and placement in a single room or separate observation area, were implemented for new admissions and readmissions to the facility for 7 or 7 residents reviewed for infection control (Resident 210, 209, 211, 206, 212, 207, and 208). The facility failed to ensure infection control practices for COVID-19 were followed to ensure residents were not exposed to COVID-19 by rooming 2 newly admitted residents (Residents 209 and 206) who required isolation and monitoring for COVID-19 with 2 residents (Residents 211 and 212), who were free from COVID 19 symptoms for at least 14 days, for 4 of 7 residents reviewed for infection control. Findings include: 1. During an observation, on 6/17/20 at 10:18 a.m., Resident 210 was observed in her room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation, on 6/18/20 at 9:01 a.m., Resident 210 was observed in her room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 210's profile was reviewed on 6/17/20 at 9:43 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation on, 6/18/20 at 8:59 a.m., Resident 209 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 209's profile was reviewed on 6/17/20 at 9:45 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. During an observation on, 6/17/20 at 10:20 a.m., Resident 211 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation on, 6/18/20 at 8:59 a.m., Resident 211 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 211's profile was reviewed on 6/17/20 at 9:45 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. During an observation, on 6/17/20 at 10:30 a.m. Resident 206 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation, on 6/18/20 at 9:03 a.m. Resident 206 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 206's profile was reviewed on 6/17/20 at 9:35 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. During an observation, on 6/17/20 at 10:30 a.m. Resident 212 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation, on 6/18/20 at 9:03 a.m. Resident 212 was observed in his room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 212's profile was reviewed on 6/18/20 at 9:37 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. During an observation, on 6/17/20 at 10:35 a.m., Resident 207 was observed in her room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation, on 6/18/20 at 9:05 a.m. Resident 207 was observed in her room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 207's profile was reviewed on 6/18/20 at 9:38 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. During an observation, on 6/18/20 at 9:07 a.m. Resident 208 was observed in her room. No isolation cart was observed outside of the resident's room and no droplet precaution sign was observed on the door. Resident 208's profile was reviewed on 6/18/20 at 9:38 a.m. The profile indicated the resident admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of physician's orders [REDACTED]. She indicated they followed the ISDH COVID-19 guidance for hospital discharge to long-term care facilities. On 6/17/20 at 9:41 a.m., the Administrator provided a document titled, ISDH COVID-19 Guidance for Hospital Discharge to Long-Term Care Facilities, and indicated it was the policy currently being used by the facility. The policy indicated, Admission/Re-admission to a long term care facility .2. Category 2: Patients for who there is clinical concern for COVID-19, but negative testing: If patients have negative COVID-19 testing during hospitalization , then they are acceptable for transfer to LTCFs .symptom-based strategy for discontinuation of transmission-based precautions, the such precautions should continue after transfer per CDC's symptom-based strategy. On 6/17/20 at 9:41 a.m., the Administrator provided a document titled, COVID-19 INFECTION CONTROL POLICY, and indicated it was the policy currently being used by the facility. The policy indicated, .Exposure Risk Categories and Appropriate PPE: Preventing the Introduction of COVID-19 into our Campus I. The primary goal of PHC is to prevent COVID-19 from being introduced within our campus. Prevention efforts include: a. Following Standard Precautions, which are the minimum infection prevention practices that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where health care is delivered The CDC guidance - Considerations for new admissions or readmissions to the facility, indicated, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2- infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE 3.1-18(b)(2)</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.