

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 10/07/2020
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 - Few	<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 residents who had not left the facility were not cohorted with residents who had been out to the hospital and required droplet plus (special precaution used for residents with pathogens transmitted by respiratory droplets that are generated by coughing, sneezing, or talking) isolation precautions during a COVID-19 pandemic for 2 of 3 residents reviewed for infection control (Residents B and C). Findings include: 1. On 10/7/20 at 12:00 p.m., Residents B and C were observed in their shared room. A sign on the door indicated isolation precautions were required. Resident B's record was reviewed on 10/7/20 at 1:33 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 7/30/20, indicated the resident was cognitively intact. Census information indicated the resident was hospitalized from [DATE] to 10/6/20. A physician's orders [REDACTED]. A care plan, dated 10/7/20, indicated the resident was admitted with COVID-19 droplet (special precaution used for residents with pathogens transmitted by respiratory droplets that are generated by coughing, sneezing, or talking) precautions until 10/21/20 related to being newly admitted from the hospital. 2. Resident C's record was reviewed on 10/7/20 at 1:50 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 9/4/20, indicated the resident was cognitively intact. Census information indicated the resident was admitted to the facility on [DATE] and had not been hospitalized. Progress notes, dated 9/15/20 to 10/7/20, lacked documentation the resident had been out of the facility or hospitalized. A physician's orders [REDACTED]. The order lacked documentation of why the resident required isolation precautions. A care plan, dated 10/7/20, indicated the resident required COVID-19 precautions until 10/21/20. The care plan lacked documentation of why the resident required isolation precautions. During an interview, on 10/7/20 at 12:02 p.m., Licensed Practical Nurse (LPN) 6 indicated Resident B required droplet plus isolation precautions because she had just returned from the hospital. Resident C did not require isolation precautions, and had not left the facility or been hospitalized. During an interview, on 10/7/20 at 2:07 p.m., the Director of Nursing (DON) indicated Resident B should have been readmitted to a private room when she was readmitted to the facility from the hospital. The ambulance service brought the resident into the building, checked in, then Resident B told them where her room was, so they took her back to her room. The staff were not aware she was returning to the facility until she arrived. The staff nurse reported Resident B was readmitted into the room with Resident C about an hour and a half or two hours after it occurred. At that point, the DON advised the staff nurse to place both residents in droplet plus isolation precautions because the exposure had already occurred. On 10/7/20 at 2:13 p.m., the DON provided a document titled, INFECTION CONTROL POLICY COVID-19, and indicated it was the policy currently being used by the facility. The policy indicated, .Presenting the Spread of COVID-19 within our Campus .c .will ensure appropriate resident placement (isolation) in a single resident space/private room if available Centers for Disease Control and Prevention (CDC) guidance, dated June 25, 2020, titled, Preparing for COVID-19 in Nursing Homes, indicated, .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected 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.