

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155811	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER WELLBROOKE OF AVON		STREET ADDRESS, CITY, STATE, ZIP 10307 EAST COUNTY ROAD 100 NORTH INDIANAPOLIS, IN 46234	
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 personal protective equipment (PPE) was worn in a resident's room which required droplet isolation precautions (special precautions to prevent the spread of germs which are spread in tiny droplets caused by coughing and sneezing) during a COVID-19 pandemic for 1 of 3 residents reviewed for infection control (Resident B). Finding includes: On 10/21/20 at 12:49 p.m., Physical Therapist (PT) 6 was observed in Resident B's room with no isolation gown on. Resident B's room had a personal protective equipment (PPE) cart outside the door. A sign on the resident's door indicated droplet isolation precautions (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) were required. Resident B's record was reviewed on 10/21/20 at 1:28 p.m. Census information indicated the resident was admitted to the facility on [DATE]. A physician's orders [REDACTED]. A care plan, dated 10/12/20, indicated the resident required isolation related to possible COVID-19 exposure. Interventions included, but were not limited to, use principles of infection control and universal/standard precautions. During an interview, on 10/21/20 at 12:53 p.m., Licensed Practical Nurse (LPN) 7 indicated isolation gowns should have been worn into any resident's room on droplet isolation precautions. The isolation gown should have been put on prior to entering the resident's room. During an interview, on 10/21/20 at 1:50 p.m., the Executive Director indicated staff should have put on PPE, including an isolation gown, prior to entering a room which required droplet isolation precautions. On 10/21/20 at 2:24 p.m., the Assistant Director of Health Services (ADHS) provided a document titled, COVID-19 Guidelines for Contact/Droplet Precautions, and indicated it was the policy currently being used by the facility. The policy indicated .PROCEDURES: 1. Contact/Droplet Precautions should be used for a resident that has unknown status, documented or suspected to be infected with COVID-19 which can be transmitted by droplets that can be generated by the individual coughing, sneezing, talking .b. Personal Protective Equipment: 1. Implement isolation cart that includes, gloves, mask, gown, and eyewear outside resident's room .c. Staff in rooms: .2. All staff entering and exiting room will follow proper contact/droplet precautions, with PPE donned (gown, gloves, mask, eye protection) and doffed/dropped of following infection control policies 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.