

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155822	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2020
NAME OF PROVIDER OF SUPPLIER CEDAR CREEK HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 18275 BURR STREET LOWELL, IN 46356	
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 infection control guidelines were in place and implemented to properly prevent and/or contain COVID-19 related to personal protective equipment (PPE) not worn properly with resident interaction and the improper storage of extended use PPE for random observations for infection control on 2 of 4 Units. (The High 200 and 300 Units) Findings include: 1. During a random observation, on 9/19/20 at 9:14 a.m., multiple isolation gowns, which were placed on top of each other, were observed hanging from the edge of resident room doors as well as door knobs on the High 200 Unit, which included rooms 213 through 224. Interview with RN 1 at the time, indicated the unit was currently a yellow zone, which meant the residents were in contact and droplet precautions and being monitored for COVID-19. She also indicated there were hooks inside of the resident rooms to hang the gowns when they were done being used. During a random observation, on 9/19/20 at 9:28 a.m., multiple isolation gowns, which were placed on top of each other, were observed hanging from the edge of resident room doors as well as door knobs in Rooms 301, 303, 304, 305, and 307. A blue isolation gown was rolled into a ball and placed inside the space between the handrail and wall outside of room [ROOM NUMBER]. A sign was posted indicating the 300 Unit was a yellow zone. Interview with the Director of Nursing (DON) on 9/19/20 at 9:55 a.m., indicated there were hooks on the back of the door in each resident's room. The gowns were to be placed on the hooks and not hung from the edge of the door or door knobs. The current facility policy titled, COVID-19 Guideline for Facemasks and PPE was provided by the DON on 9/19/20 at 2:08 p.m. The policy indicated gowns may be removed and placed on a hook directly inside the resident's room for re-use. 2. During a random observation, on 9/19/20 at 9:50 a.m., a CNA was observed removing the breakfast tray in room [ROOM NUMBER]. A sign on the resident's door indicated he was in contact and droplet precautions. The CNA did not wear a gown while she was in the resident's room. At 12:32 p.m., lunch trays were being delivered to the High 200 Unit which included Rooms 213 through 224. A nurse and CNA were observed entering some of the rooms without gowns to deliver the lunch trays. A sign was posted indicating the unit was a yellow zone. The residents on the unit were in contact and droplet precautions and being monitored for COVID-19. Interview with the Assistant Director of Nursing on 9/19/20 at 1:24 p.m., indicated staff should put on a gown before entering a room in the yellow zone. The current facility policy titled, COVID-19 Guidelines for Contact/Droplet Precautions was provided by the Director of Nursing on 9/19/20 at 2:08 p.m. The policy indicated healthcare professionals who entered a resident room in the yellow zone were required to adhere to standard precautions and use an approved facemask, eye protection, gown and gloves. 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.