

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 15E667	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER LYNHURST HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 5225 W MORRIS ST INDIANAPOLIS, IN 46241	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff were wearing universal surgical masks that covered their mouth and nose at all times and failed to ensure staff changed gloves and implemented hand hygiene between tasks. This deficient practice had the potential to affect 30 of 30 residents residing in the facility. Findings include: 1. Upon entering the facility, on October 21, 2020 at 8:35 a.m., Employee 3 was in the main hall and was observed to not be wearing a mask. LPN 1 was observed wearing a cloth mask (not a universal surgical mask) positioned below her nose. In an interview, at that time, LPN 1 indicated masks were to be on at all times while in the facility and the mask should have covered the nose and mouth. On October 21, 2020 at 9:41 a.m., CNA 2 was walking in the hall wearing a cloth mask (not a universal surgical mask). The mask was observed to be pulled down under her nose. On October 21, 2020 at 8:44 a.m.; the Director of Nursing (DON) and LPN 6 were sitting in close proximity, in the DON's office, and neither were wearing a mask. In an interview, at that time, the DON indicated they should have been wearing masks. During a walk through of the facility, on October 21, 2020, beginning at 8:50 a.m., the following were observed: LPN 1 was standing at a medication cart in the common hall with her mask positioned below her nose. CNA 4 exited a resident's room and was wearing a cloth mask (not a universal surgical mask). In an interview, on October 21, 2020 at 8:51 a.m., Employee 3 indicated she did not know cloth masks were not to be used. In an interview, on October 21, 2020 at 8:53 a.m., CNA 4 indicated staff can use cloth masks, they just need to have a mask on. During an observation of the kitchen, on October 21, 2020 at 9:51 a.m., Kitchen Staff 5 was sorting clean silverware and observed talking with another kitchen staff member. She was wearing her mask positioned below her nose. In an interview, on October 21, 2020 at 9:53 a.m., the Dietary Manager indicated staff were to have their mouth and nose covered by a mask. In an interview, on October 21, 2020 at 8:54 a.m., the Executive Director (ED) indicated he had observed his staff in cloth masks and was not aware cloth masks were not to be used in the facility. A letter from the Indiana State Department of Health (ISDH), addressed to the Long-Term Care Facility Director, dated March 23, 2020, was found in the COVID-19 binder. A copy of the letter was provided by the DON on October 21, 2020 at 1:12 p.m., and indicated, .essential providers should wear a surgical mask for the duration of their shifts 2. On October 21, 2020 at 8:45 a.m., Employee 3 was observed leaving a resident's room wearing gloves. She then went to a housekeeping cart, put the cleaning items she was holding into the cart, retrieved clean trash bags, and entered the room again. She was not observed to remove her gloves and perform hand hygiene. In an interview, upon her exit, she indicated she did not know to remove her gloves. On October 21, 2020 at 9:50 a.m., QMA 4 was observed leaving a resident's room, wearing gloves, and carrying bagged soiled linen. She was observed to not remove her gloves and perform hand hygiene before entering another resident's room. QMA 4 then gathered linens in that room and exited the room. Upon her exit she removed her gloves and began to move down the hall. QMA 4 was observed not to perform hand hygiene. In an interview, at that time, she indicated she usually would have preformed hand hygiene after removing her gloves. In an interview, on October 21, 2020 at 10:04 a.m., the DON indicated staff were to perform hand hygiene before and after glove use, gloves should not be worn in the halls and gloves should have been changed between tasks. A current facility policy, revised 08/2015, provided by the DON on October 21, 2020 at 1:12 p.m., titled Handwashing/Hand Hygiene indicated, .Use an alcohol-based hand rub .or .soap .and water for the following reasons .after removing gloves. Hand hygiene is the final step after removing and disposing of personal protective equipment .The use of gloves does not replace hand washing/hand hygiene A current facility policy, revised 01/2012, provided by the DON on October 21, 2020 at 1:12 p.m., titled Isolation-Categories of Transmission-Based Precautions indicated, .Gloves and Handwashing .wear gloves (clean, non-sterile) when entering the room .change gloves after having contact with .material .Remove gloves before leaving the room and perform hand hygiene 3.1-18(b)</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.