

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1564 S UNIVERSITY BLVD UPLAND, IN 46989	
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, interview, and record review, the facility failed to ensure transmission-based precautions were maintained for a resident with potential exposure to COVID-19 for 1 of 1 residents in droplet isolation (Resident B). Findings include: During a tour of the facility, on 6/4/20 at 9:48 a.m., accompanied by the Infection Preventionist (IP), a sign on the door of a room on the 100 Hall identified the resident as being in droplet plus precautions. The IP indicated the resident, Resident B, was a new admission, and therefore in droplet plus precautions for two weeks following his admission. The IP indicated droplet plus precautions included full personal protective equipment (PPE) - mask, gown, gloves, and goggles or a face shield. During a random observation, on 6/4/20 at 10:09 a.m., PT 5 approached Resident B's room and opened the door. He indicated to the resident he was going to go in, and placed a pump bottle on the floor, just inside the room, to the left side of the door. He then entered the room, without donning additional PPE other than the mask he already wore, and closed the door. During an observation, on 6/4/20 at 10:11 a.m., accompanied by the IP, PT 5 was inside the resident's room, between the door and bed where the resident was laying. He was wearing a mask and a pair of gloves, but no additional PPE. The IP indicated he should be wearing the additional PPE available on the door. The IP indicated, immediately following the observation, the therapy department was responsible for their own inservice education, apart from the facility. Review of a droplet plus room sign, provided by the IP on 6/4/20 at 10:53 a.m., indicated the following: .Make sure their eyes, nose and mouth are fully covered before room entry Resident B's clinical record was reviewed on 6/4/20 at 10:54 a.m. [DIAGNOSES REDACTED]. He had a current physician order [REDACTED]. During an interview, on 6/4/20 at 10:55 a.m., PT 5 indicated he had received training on PPE and transmission-based precautions. He wanted to check with the resident first, to see if he had leg pain, and was documenting everything in his tablet, and had not yet put a gown on when he was observed in the room. Review of a current facility policy, titled ASC COVID-19 Admission Criteria, revised 6/3/20 and provided by the IP on 6/4/20 at 11:29 a.m., indicated the following: .New admissions and readmissions will be placed on droplet plus precautions for 14 days 3.1-18(a)</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.