

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2020
NAME OF PROVIDER OF SUPPLIER MOUNT VERNON NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1415 COUNTRY CLUB RD MOUNT VERNON, IN 47620	
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>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis for 5 of 5 residents observed. Residents were not provided facial coverings during personal care, residents were observed in the hall with no facial coverings on and not social distancing, and hand hygiene was not performed while providing resident care. (Resident 26, Resident 37, Resident 13, Resident 3, Resident 4, CNA 1) Findings include: 1. On 9/26/20 at 11:32 a.m., CNA 1 and CNA 2 were observed to provide pericare (washing of the genitals and anal area) to Resident 26. CNA 1 performed hand hygiene and donned gloves prior to the start of the care. CNA 1 was observed to apply barrier cream to the resident's rectal area and inner buttocks prior to applying a clean brief on the resident and clean linen for the resident's bed. Throughout the resident's care, CNA 1 was observed to pull her scrubbed pants up with her gloved hands. CNA 1 was observed to hold clean sheets against her scrub top and also under her left arm prior to applying the clean linen on the resident's bed. No glove change or hand hygiene was performed during the care. The resident did not wear a mask or facial covering throughout the care. 2. On 9/26/20 at 12:10 p.m., CNA 1 and CNA 2 were observed to provide personal care to Resident 37. The resident lacked a mask or facial covering throughout the care. On 9/26/20 at 12:35 p.m., CNA 2 indicated gloves should be changed and hand hygiene performed, prior to and after resident care, if gloves become soiled, or if you touch yourself. Linens should be carried in front of you and not against your body. CNA 1 indicated she did not provide a face mask or facial coverings to the resident during personal care and was unaware the resident should wear a face mask or use facial covering. 3. On 9/26/20 at 1:43 p.m., CNA 3 and CNA 4 were observed to provide a bed bath to Resident 13. Resident 13 was a resident on the secured dementia yellow unit. While being provided a bath, Resident 13 was observed to cough at times. The resident lacked a face mask or facial covering throughout the bathing process. 4. On 9/26/20 at 2:10 p.m., Resident 3 was observed ambulating in the hall on the yellow unit. The resident was not wearing a face mask. Resident 4 was observed to propel herself out of her room with no face mask on and was observed sitting next to Resident 3 in the hall. QMA 1 was observed to be at the medication cart, but did not remind either resident to apply a face mask nor was a face mask offered to either resident. . On 9/26/20 at 2:20 p.m., CNA 3 indicated she did not provide a face mask or facial coverings to the residents during personal care. She indicated the residents on the secured dementia care unit would oftentimes remove the face mask and some of the residents would chew on them. On 9/6/20 at 2:30 p.m., the Administrator indicated she had started educating the staff regarding the wearing of masks by residents during care and when they are out of their rooms and reminding the residents to wear a mask. She indicated some of the residents would remove their mask or refuse to wear them. The current facility policy, Hand Hygiene Policy, dated 3/ 2018, provided by the Director of Nursing on 9/26/20 at 3:00 p.m., included, but was not limited to the Indication for Handwashing but not limited to: When hands are visibly soiled with blood or body fluids or visibly dirty. After contact with bodily fluids or excretions, mucous membranes. The current facility policy, COVID-19 Face Mask Guidance, dated 6/25/20, provided by the Director of Nursing on 9/26/20 at 3:00 p.m., included, but was not limited to, a surgical mask should be utilized by a resident when they are coming into close contact with a staff member or another resident. All residents that come out of their room are required to wear a mask (surgical or cloth). 3.1-18(b) 3.1-18(l)</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.