

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER NEWBURGH HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 10466 POLLACK AVE NEWBURGH, IN 47630	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis. All 80 residents in the facility were on contact/droplet precautions. Signs were not appropriately placed denoting the type of PPE (personal protective equipment) needed for contact/droplet precaution rooms. Residents were observed in the halls without masks, or wearing them under their noses. On the North unit 11 of 14 resident doors were open, the East unit had 24 of 24 room doors open, and the West unit had 23 of 23 doors open. This had the potential to affect 80 residents in the facility. (Resident F, Resident G, Resident H, Resident J, Resident K) Findings include: During the initial tour on 9/15/20 from 9:00 a.m. through 9:35 a.m., the following was observed, 1. The signs posted outside the 24 resident rooms on the East hall indicated, see nurse. No signs were noted to indicate type of PPE to be worn in rooms. During an observation on 9/15/20 at 1:48 p.m., PPE signs were noted next to each doorway and see nurse sign. 2. All residents on the East unit were on contact/droplet precautions 24 of 24 doors for these residents were open. 3. During an observation on 9/15/20 at 9:02 a.m., Resident G was observed sitting in his wheelchair in the hall outside his room. Resident G was not wearing a mask. Staff was observed down the hall at the nurses' station. At 9:05 a.m., Resident G was observed to wheel down to the nurses' station to sit beside it. No mask was observed. LPN 1 was observed at the nurses' station and no redirection was observed. During an interview with LPN 1 on 9/15/20 at 9:06 a.m., she indicated all residents were on contact/droplet precautions and should remain in their rooms. If a resident is seen outside their room they should be educated on mask use and redirected to their room. She was unsure if doors should be closed for contact/droplet precautions. During an interview with CNA 1 on 9/15/20 at 9:07 a.m., she indicated all residents in the facility are on contact/droplet precautions until they are ruled out for Covid-19. She indicated she was unsure if room doors should be closed. During an interview with LPN 2 on 9/15/20 at 9:08 a.m. she indicated all residents were on contact/droplet precautions and should remain in their rooms. She was unsure if doors should be closed for droplet precautions. 4. During an observation on 9/15/20 at 9:13 a.m., Resident H was observed sitting half in her doorway and half in the hall. Resident H did not have a mask on. Staff walked by and acknowledged the resident, but no redirection was observed. At 9:15 a.m., the Administrator was observed to assist Resident H with her mask, but did not redirect the resident to stay in her room. 5. During an observation on 9/15/20 at 9:14 a.m., Resident J was observed in her wheelchair in the hallway. Resident J did not have a mask on. Staff was observed to walk by, but no redirection was observed. 6. During an observation on 9/15/20 at 9:15 a.m., Resident K was observed in her wheelchair in the hallway. Resident K did not have a mask on. Staff was observed to walk by, but no redirection was observed. 7. During an observation on 9/15/20 at 9:17 a.m., Resident F was observed in her wheelchair in front of the nurses' station. Resident F's mask was under her nose. Staff was observed at the nurses' station, but no redirection was observed.</p> <p>8. On 9/15/20 at 8:45 a.m., the West Hall was observed during the initial tour of the facility. Signs were posted on the outside of every resident room that indicated See nurse before entering. There were no signs present that indicated what type of PPE was needed for each resident room. The doors to every resident room, 23 of 23 on the West Hall were open to the hallway during the initial tour. 9. On 9/15/20 at 9:03 a.m., the North Hall was observed. Signs were posted on the outside of every resident room that indicated See nurse before entering. There were no signs present that indicated what type of PPE was needed for each resident room. The doors were open to the hallway for 11 of 14 rooms observed on the North Hall during the initial tour of the facility. 10. On 9/15/20 at 12:30 p.m., the East Hall and West Hall were observed. 24 of 24 rooms on the East hall and 23 of 23 rooms were observed to have doors open to the hallway at that time. During an interview on 9/15/20 at 8:50 a.m., LPN 3 indicated that the entire building (80 residents) was on Transmission Based Precautions due to the potential exposure to Covid 19. LPN 3 indicated that the doors to resident rooms were normally open to the hallway and she was not sure if they should be closed due to their Contact and Droplet precautions. On 9/15/20 at 10:05 a.m., LPN 4 indicated that all residents in the building are now on Contact and Droplet isolation. LPN 4 indicated that she was not sure if the doors to resident rooms should be closed to the hallway. During an interview on 9/15/20 at 12:39 p.m. with the Infection Preventionist, she indicated all residents in the facility were on contact/droplet precautions. She indicated all residents were to remain in their rooms, and if they were observed out, they were to be redirected to their rooms with an in room activity. She indicated if a resident was alert, they could close their door, but they typically did not for contact/droplet precautions. She indicated they also could pull a curtain, but they had not done that. During a review of the current policy, Isolation-Categories of Transmission Based Precautions, revised June 2010, provided by the Infection Preventionist on 9/15/20 at 9:30 a.m., it indicated, .Droplet precautions .When a private room is not available and cohorting is not achievable, use a curtain and maintain at least 3 feet of space between the infected resident and other residents and visitors .Special air handling and ventilation are unnecessary and the door to the room may remain open. The facility policy did not include the directives for treatment of [REDACTED]. During a review of the CDC (Centers for Disease Control) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (Covid-19) Pandemic Infection Control guidance, updated 7/15/20, on 9/15/20 at 1:50 p.m., it indicated, .Patient placement if admitted , place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection in a single-person room with the door closed. The patient should have a dedicated bathroom . During a review of the current policy, Resident use of facial mask or facial covering during Covid-19, revised 6/3/20, provided by the Administrator on 9/15/20 at 2:14 p.m., it indicated, Residents will remain in their room as much as able, When the resident must leave their room, staff will assist resident with hand hygiene and with placing mask, staff will continue to gently redirect and encourage social distancing of at least six feet . 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.