

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF TERRE HAUTE		STREET ADDRESS, CITY, STATE, ZIP 3500 MAPLE AVE TERRE HAUTE, IN 47804	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure droplet isolation precautions were followed for 2 of 4 residents reviewed for infection control (Residents 2 and 3). Findings include: On 8/24/20 at 10:20 a.m., Licensed Practical Nurse (LPN) 5 indicated Resident 2 and Resident 3 resided in a room together and were under droplet isolation precautions, due to Resident 2 experiencing episodes of emesis (vomiting) on 8/20/20 and 8/21/20. Staff had their own hand sanitizer that they received at the beginning of their shift and staff were to sanitize their hands prior to entering and exiting resident rooms. Staff were to wear personal protective equipment (PPE) of a mask, gown, gloves, and goggles/face shields for all droplet isolation precaution rooms, including Resident 2's and Resident 3's room. On 8/24/20 at 10:25 a.m., during a tour of the facility, Resident 2's and Resident 3's room was observed with an isolation cart beside the door in the hallway and a sign on the door, indicating to SEE NURSE BEFORE ENTERING ROOM. Certified Nursing Assistant (CNA) 6 was observed from the hallway in Resident 2's and Resident 3's room. Resident 2 and Resident 3 were both seated next to each other in their wheelchairs. CNA 6 was observed assisting Resident 3 with her footwear. Then made Resident 2's bed with bed sheets. CNA 6 was wearing a face mask, but she was not observed wearing gloves, a gown, nor goggles/face shield. CNA 6 came out of the room without washing nor sanitizing her hands. She went to the isolation cart and retrieved personal protective equipment (PPE) of a pair of gloves, a gown and a face shield with her bare un-sanitized hands. She sat the items down on the top of the isolation cart, went down the hallway to the hand sanitizer, and sanitized her hands. She returned to the isolation cart and donned (put on) the PPE of gloves, face shield and a gown, then went back into the room and finished making Resident 2's bed. On 8/24/20 at 10:42 a.m., Unit Manager/Registered Nurse (RN) 7 indicated the isolation carts should have a hand sanitizer container. Staff were to sanitize their hands upon entry to all residents' rooms and sanitize their hands upon exiting the residents' rooms. Resident 2 and Resident 3 shared a room and were under droplet isolation precautions. Staff were to wear PPE of a mask, gloves, a gown and a face shield or goggles when in a droplet isolation room. On 8/24/20 at 12:04 p.m., CNA 6 indicated she had been in-serviced to wear a mask and goggles, while working in the building and to sanitize her hands when entering and exiting residents' rooms. Staff were to wear PPE of a mask, gloves, a gown, and a face shield or goggles, for all droplet isolation rooms. CNA 6 indicated she had received in-services about the PPE equipment of when to wear PPE and how to put on the PPE, and procedures for caring for droplet isolation residents. On 8/24/20 at 2:15 p.m., the Infection Preventionist indicated staff should continuously wear a face mask, while in the facility, and don PPE of gloves, a gown, and a face shield or goggles, for all droplet isolation residents and sanitize their hands upon entrance and exit of the isolation rooms. Exiting a resident's droplet isolation room, the facility recommends staff to wash their hands with soap and water, prior to exiting the isolation room. Resident 2's medical record was reviewed, on 8/24/20 at 1:45 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 8/10/20, indicated Resident 2 had a severe cognitive impairment and required extensive assist of two staff for bed mobility, transfers, personal hygiene, and dressing. A current physician's orders [REDACTED]. A progress note, dated 8/21/20 at 2:05 p.m., indicated Resident 2 was on isolation precautions, due to vomiting. Resident 2 had a contact/droplet isolation precautions, related to covid-19 symptoms, care plan, initiated on 8/21/20, with the goal of microorganisms will not be spread from person to person through next review period. Interventions for the care plan, included but were not limited to, be aware of surroundings to avoid contamination of environment, maintain use of contact droplet precautions at all times, and wear appropriate protective equipment for function performing. Resident 3's medical record was reviewed, on 8/24/20 at 2:00 p.m. An annual Minimum Data Set (MDS) assessment, dated 6/24/20, indicated Resident 3 was cognitively intact and required extensive assist of two staff for bed mobility, total assistance of two staff for transfers, was non-ambulatory, and required extensive assistance of two staff for dressing. A current physician's orders [REDACTED]. A progress note, dated 8/23/20 at 3:33 p.m., indicated Resident 3 continued on isolation precautions due to roommate vomiting. On 8/24/20 at 2:20 p.m., the Infection Preventionist provided and identified as a current facility policy, titled General Infection Control Practices, Handwashing/Hand Hygiene dated August 2019, which indicated, .Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors .Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies .Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations .Before and after direct contact with residents .Before and after entering isolation precaution settings .Hand hygiene is the final step after removing and disposing of personal protective equipment On 8/24/20 at 2:20 p.m., the Infection Preventionist provided and identified as a current facility policy, titled, General Infection Control Practices, dated October 2018, which indicated, .Contact Precautions .Contact Precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment .Staff and visitors will wear gloves (clean, non-sterile) when entering the room .Gloves will be removed and hand hygiene performed before leaving the room .Droplet Precautions .Droplet precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets (larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking .Masks will be worn when entering the room .Gloves, gown, goggles should be worn if there is a risk of spraying respiratory secretions 3.1-18(b)(2)</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.