

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAJESTIC CARE OF CONNERSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1029 E 5TH STREET CONNERSVILLE, IN 47331</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and interview, the facility failed to follow infection control guidelines related to Covid-19 for appropriate mask usage for 3 of 18 staff observed in the West Building (LPN 4, Staff Member 5, and the Maintenance Director) and failed to maintain social distancing of at least six feet between residents while dining for 19 of 22 residents during meal observations in the East Building. This deficient practice had the potential to affect all 74 residents that resident in the East and West Buildings. Findings include: 1 During a random observation, on 8-18-20 at 11:30 a.m., LPN 4 was observed seated at nurse's station on the 600 and 700 hall nurse's station . Two other employees were located less than 6 feet from her. LPN 4 had a surgical mask type facial covering on with the mask bunched up under her chin. During an observation and interview, on 8-20-20 at 12:32 p.m., the Maintenance Director was observed with his facial covering below his nose while talking and standing within six feet of others. During an observation and interview, on 8-19-20 at 3:15 p.m., Staff Member 5 was observed pushing a laundry cart from near the nurse's station on the 900 hall to a shower room on the 600 hall. The staff member's facial covering was located under her nose. The staff member removed her facial covering to speak with a person located within four feet of her. On 8-21-20 at 12:14 p.m., the Director of Nursing provided a copy of an educational handout of an undated CDC (Center for Disease Control) document entitled, Sequence for Donning Personal Protective Equipment (PPE). This document indicated, Mask or Respirator. Secure ties or elastic bands at middle of head and neck. Fit flexible band to nose bridge. Fit snug to face and below chin . 2. An observation of the lunch meal was conducted on 8-18-20 at 11:32 a.m., of the Memory Care Unit Dining Room. There were 19 residents observed being served lunch by a total of 3 staff with an additional 2 staff assisting residents with dining. The residents were observed seated in the following manner: - two separate tables, measuring 41.5 inches by 41.5 inches with three residents seated at each table. - two tables pushed together and each measuring 41.5 inches by 41.5 inches with four residents and two staff. - two round tables, measuring 42 inches in diameter with two residents each seated at each table. - one round table, measuring 60 inches in diameter with four residents. Each of the 5 total staff had facial coverings in place. None of the residents had facial coverings in place due to eating their meal. During an interview, on 8-18-20 at 11:32 a.m., the Memory Care Unit (MCU) Director indicated due to the setting being a dementia unit, it was hard to separate the residents. An observation of the MCU dining room was conducted on 8-18-20 at 7:15 p.m. The dining room tables were observed to be more separated than at the lunch meal earlier the same date. During an interview, on 8-18-20 at 7:16 p.m., LPN 3 indicated the facility had moved the tables and seats to be more socially distanced for the evening meal and the residents seemed to have no concerns with the changes. The residents were seated at 1 to 2 residents per table for evening meal. An observation of the lunch meal was conducted on 8-19-20 at 11:54 a.m., of the MCU Dining Room. 19 residents were observed being served lunch by a total of 3 staff with an additional 2 staff assisting residents with dining. Residents were observed seated in the following manner: - one table measuring 41.5 inches by 41.5 inches with two residents seated at the table - one table measuring 41.5 by 41.5 inches with four residents and one staff member seated. - two round tables, measuring 42 inches in diameter with two residents each seated at each table. - one round table, measuring 60 inches in diameter with four residents seated there. Each of the 5 total staff had facial coverings in place. None of the residents had facial coverings in place due to eating their meal. On 8-21-20 at 12:14 p.m., the Director of Nursing provided a copy of a procedure entitled, Communal Dining Transition Guidelines. This policy was undated, but indicated to be the procedure currently utilized by the facility. This procedure indicated, Requirements to Begin Communal Dining .No resident or staff have a pending COVID test result. It has been 14 days since a staff member tested positive for COVID. The community has been COVID free for 14 days. Adequate staff in place to support communal dining .Determine how communication will occur when there is a change in facility status and communal dining must be halted or can commence .Identify all areas in the community that can be used as a dining area. Arrange tables in all dining areas so they are at least six feet apart .Remove all extra chairs from dining areas to prevent residents from sitting too close to one another--must maintain 6 feet between residents at all times . This deficiency relates to the COVID-19 Infection Control Survey. 3.1-18(b)(1)(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.