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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>155494</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>06/26/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WATERS OF SCOTTSBURG, THE</b>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP<br><b>1350 N TODD DR<br/>SCOTTSBURG, IN 47170</b> |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| F 0880<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure transmission based precautions as ordered by the physician were followed for 12 of 15 residents reviewed for infection control. (Residents B, C, D, E, F, G, H, J, K, M, N, and O) Findings include: During observations of the dementia unit Yellow Zone, on 6/26/20 between 9:15 a.m. and 9:45 a.m., the DON (Director of Nursing) was present on the unit wearing only a surgical mask. LPN (Licensed Practical Nurse) 4 and CNA (Certified Nursing Aide) 5 were observed exiting patient rooms wearing only a surgical mask and goggles. CNA 6 was only wearing a surgical mask, she did not have goggles or a face mask in place. LPN 4 was observed to walk off the unit and into the green zone without changing or doffing her goggles or face mask. During an observation on 6/26/20 at 10:15 a.m. LPN 4 was working at the green zone nurse's station in the same face mask. Her goggles were resting on top of her head. She was cleaning the chairs and surfaces of the green zone nurses station. She then sat down and started charting at the nurses station computer. During an observation on 6/26/20 at 11:30 a.m., CNA 7 came out of Resident O's room on the yellow zone. She was only wearing a face mask. During a continuous observation on 6/26/20 from 12:00 p.m. to 12:10 p.m., RN 8 began serving trays on the green portion of Eagle Court Hall. She then donned a face shield, and was wearing a mask, but did not gown up as she delivered a tray to Resident M's room. She then pulled the cart down onto the yellow zone and served Resident N's room. RN 4 came onto the hall at 12:01 wearing goggles and a face mask, she indicated these were the same face mask she had been wearing all day, including when she was on the yellow unit on the dementia unit. She went into Resident P's room and spoke with her, then exited, and went into Resident M's room. She asked LPN 8 to help her move the resident up in bed. As they did CNA 7 came onto the hall and passed the remaining tray to Resident O's room. She wore a face mask and goggles but no gown. RN 4 and RN 8 exited Resident M's room. RN 4 went to the medication cart and began going through medication cards. She did not remove her PPE (personal protective equipment). RN 8 laid her face shield down in Resident P's wheel chair with the shield side facing the seat of the wheelchair. She walked into the medication storage room, then onto the (NAME) hall, and into Resident O's room. She did not at any point remove or change her face mask. During the clinical record review on 6/26/20 at 11:00 a.m., the census report indicated the following residents resided on the Dementia Unit Yellow Zone: Residents B, C, D, E, F, G, H, J, K, and L. The census report indicated the following residents resided on the Eagle Court Yellow Zone: Residents M, N, and O. The census report indicated Resident P resided on the Eagle Court Green Zone and Resident O resided on the (NAME) Hall Green Zone. The following residents had physician's orders [REDACTED]. J (Start Date 6/4/20), Resident K (Start Date 6/4/20), Resident M (Start Date 6/16/20), Resident N (Start Date 5/28/20), and Resident O (Start Date 6/11/20). Resident L, Resident P, and Resident O did not have any orders for transmission based precautions. During an interview between 9:15 a.m. and 9:45 a.m., the DON indicated only 9 residents remained on the dementia unit. The area was a presumptive yellow unit as they had all been exposed to COVID from the positive residents. They only wore a face shield and mask on the unit. During an interview between 9:15 a.m. and 9:45 a.m., LPN 4 indicated she was responsible for both the dementia unit yellow zone, and the new admissions yellow zone. She did not change PPE in between the two zones, she wore the same mask and goggles down the green zone hall as she went to the other yellow unit since she was still working on a yellow zone During an interview between 9:15 a.m. and 9:45 a.m., CNA 6 indicated she hadn't realized she did not have a face shield on, she must have taken her goggles off and left them in her vehicle. During an interview at approximately 9:50 a.m., the MDS (Minimum Data Set) coordinator indicated they had been concerned about cross contamination, when the nurse walked off the dementia unit wearing the same PPE to walk through the green zone to another yellow zone, but their corporation had told them this was how they were supposed to do it. During an interview at 11:31 a.m., CNA 7 indicated when she had gone in to answer the call light in Resident O's room, she did not have goggles or a face shield and had just risked it. She did not want the call light to keep going off. She was supposed to wear a face shield or goggles on the yellow zone, but she did not believe they had to wear gowns on the yellow zones. During an interview on 6/26/20 at 12:30 p.m., the DON indicated she would expect staff to follow the policy regarding precautions. She was not aware the gown was recommended by the CDC (Centers of Disease Control), if they come in and had negative testing they were not doing gowns. That's what she understood their corporation had told them to do. As long as staff were not going down green hallways it was ok to go from one yellow area to the other, corporate had told them this was ok. The Corporate Email Document, provided on 6/26/20, at 10:30 a.m., dated 6/11/20, indicated, . Gowns should only be used in the yellow zone if a patient is symptomatic and then only in that pts (patients) room . The most current, but undated PPE and Universal Precautions Guideline Policy, provided on 6/26/20 at 12:17 p.m., by the MDS coordinator, included, but was not limited to, . d . i . Contact transmission/contact precautions . 3. Common variables included with contract (SIC) precautions include hand hygiene, gloves, gown and appropriate disinfectants . ii. Droplet Precautions involves droplets generated by the resident, the employee, or visitor primarily during coughing, sneezing, and talking or during the performance of certain procedures . 1. Common variables included with droplet precautions are resident placement, gloves, and hand hygiene, mask, goggles, and resident transport . Responding to Coronavirus (COVID-19) in Nursing Homes (April 2020) was retrieved on 6/26/2020 from the Centers of Disease Control (CDC) website. The guidance included but was not limited to, .All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown . This Federal tag relates to Complaint IN 194 3.1-18(a) 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.