

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155512	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER PRESENCE SACRED HEART HOME		STREET ADDRESS, CITY, STATE, ZIP 515 N MAIN ST AVILLA, IN 46710	
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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection prevention procedures regarding personal protective equipment (PPE) to prevent the potential spread of COVID-19 according to current Centers for Disease Control (CDC) guidelines. This had the potential to affect 82 of 82 residents residing in the facility. Findings include The facility document titled Mask FAQs, indicated What is universal masking? Universal masking means that anyone (including associates, visitors and vendors) who provide direct care or who will (or could) come within 6 feet of a resident are required to wear a mask. Example: All clinical and non-clinical associates who are providing care or will be in the neighborhoods and working with or around residents, are required to wear a mask. . Why aren't we using N95 masks? . The masks that we use at Ascension Living are designed to fit and provide coverage to a wide variety of face shapes and have been approved by Ascension infection prevention The facility document titled Keeping Our Heroes Safe Personal Protective Equipment Universal Masking, indicated When putting on and taking off mask: . Ensure mask covers below eyes and under the chin During observation on 10/21/2020 at 11:10 A.M., Employee 1 was observed taking resident vital signs in memory care unit. Employee 1's surgical mask was not covering her nose. During an interview on 10/21/2020 at 11:19 A.M., the Memory Unit Director indicated she watched staff and sometimes had to remind them to pull the masks up over their noses. During observation on 10/21/2020 at 11:35 A.M., on B unit, Employee 2 was sitting at the nurses' desk. Her surgical mask was not covering her nose, and when she pulled it up it fell back down. During observation on 10/21/2020 at 11:46 P.M., Employee 6 was observed on the Rehabilitation unit sitting at the nurses' desk talking on the phone; her surgical mask was under her chin; when she pulled it up, it fell down below her nose. During observation on 10/21/2020 at 11:50 A.M., just outside of the kitchen, Employee 3 was observed preparing to take a drink cart to a unit; she was wearing a KN95 mask which was not covering her nose. During observation on 10/21/2020 at 11:51 A.M., another dietary staff was pushing a cart of food to the A unit; her surgical mask was under her chin. During observation on 10/21/2020 at 11:55 A.M., Employee 4 was wearing her surgical mask just at her nose tip line and it was moving up and down below her nose while she talked. During observation on 10/21/2020 at 12:00 P.M., Employee 5 was observed in the A unit kitchenette; her surgical mask was below her nose, she then pulled it down below her chin to take a drink of water and then pulled the mask back up. The mask fell back down below her nose. At 12:03 P.M., Employee 5 was observed plating food; her mask was just at the nose tip and kept falling down below her nose. During observation on 10/21/2020 at 12:10 P.M., Employee 3 was observed in the kitchenette on E unit; her KN95 mask was loose and falling to just below her nose while plating food. During observation on 10/21/2020 at 12:12 P.M., Employee 7 was observed cleaning cabinets and desk tops in the memory unit nurses' station; her surgical mask was under her nose. During an interview on 10/21/2020 at 1:20 P.M., the IP indicated all masks should fully cover the nose and mouth. She indicated she reminds staff of this when she sees it and that they do monitor for mask wearing each shift. At 1:50 P.M., she indicated she could not find a specific mask fit policy but Ascension had a shared Covid file which included the documents noted above. 3.1-18(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.