

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155593</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INDIANA MASONIC HOME HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>800 FREEMASON PARKWAY FRANKLIN, IN 46131</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 0744  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident with dementia was assessed for appropriate treatment and services were delivered to attain or maintain the highest practicable psychosocial well-being for 1 of 4 residents reviewed for behaviors related to staff wearing facial masks. (Resident C) Findings include: The clinical record of Resident C was reviewed on 8/13/20 at 12:30 p.m. [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment, dated 5/20/20, indicated Resident C was severely cognitively impaired. The clinical record lacked a behavior assessment and care plan regarding behaviors toward facial masks worn by staff while providing personal care to Resident C. Interview, on 8/13/20 at 12:44 p.m., CNA (Certified Nursing Assistant) 2 indicated Resident C .tended to pull at the staff member's mask, trying to pull it off her face, and would become upset at times when the mask was covering the CNA's mouth area. Interview, on 8/14/20 at 11:30 a.m., LPN (Licensed Practical Nurse) 1 indicated Resident C .seemed to be intimidated when staff wore facial masks covering their mouth and would attempt to pull the facial mask off the staff's face. LPN 1 was not aware of any specific assessments or care plans that addressed Resident C's behaviors in response the facial masks worn by staff. Interview, on 8/14/20 at 2:00 p.m., the Director of Nursing indicated the facility lacked a specific behavior assessment and care plan for Resident C's behaviors regarding staff wearing facial masks. On 8/14/20 at 9:00 a.m., the Director of Nursing provided a copy of the Nursing Services and Sufficient Staff policy, dated October 2017, and indicated it was the current policy in use by the facility. A review of the policy indicated, .it is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .care for resident's needs as identified through resident assessments and described in the plan of care .providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to resident's needs . 3.1-37(a)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a staff member's personal protective equipment was appropriately donned when assisting a resident with personal care for 1 of 4 residents reviewed for infection control. (Resident C) Findings include: On 8/13/20, from 12:40 p.m. to 12:44 p.m., observed CNA (Certified Nursing Assistant) 2 in Resident C's room. CNA 2 was sitting directly in front of the resident, with a distance of approximately 2 feet between the two individuals. CNA 2 was assisting Resident C with her noon meal. CNA 2 was wearing a facial mask (personal protective equipment). CNA 2's nose and mouth area were observed to not be covered. During an interview at that time, CNA 2 indicated the nose and mouth area were supposed to be covered while working with the resident. Interview, on 8/13/20 at 1:00 p.m., RN (Registered Nurse) 3 indicated all staff were required to wear a facial mask and always keep the nose and mouth areas covered. The clinical record of Resident C was reviewed on 8/13/20 at 12:30 p.m. [DIAGNOSES REDACTED]. The quarterly Minimum Data Set (MDS) assessment, dated 5/20/20, indicated Resident C was severely cognitively impaired. On 8/13/20 at 2:00 p.m., the Director of Nursing provided a copy of the Personal Protective Equipment Policy, dated 4/2/20, and indicated it was the current policy in use by the facility. A review of the policy indicated, .this facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff .personal protective equipment' or PPE, refers to a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with pathogens. It includes gloves, gowns, face protection (facemask, goggles, and face shields) .All staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate during resident care activities . Cloth face coverings (7/14/20) guidance was retrieved on 8/14/20 from the Centers of Disease Control (CDC) website. A review of the guidance indicated, .cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of [MEDICAL CONDITION] (COVID-19), particularly when used universally within a community setting. All Americans have a responsibility to protect themselves, their families, and their communities .wear your mask correctly .put it over your nose and mouth and secure it under your chin . Guidance for Personal Services in Long-term Care (6/29/20) guidance was retrieved on 8/14/20 from the Indiana State Department of Health (ISDN) website. A review of the guidance indicated, .ensure social distancing of at least 6 feet when possible .masks are required . 3.1-18(b)		

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.