

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155665	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER MAJESTIC CARE OF NORTH VERNON		STREET ADDRESS, CITY, STATE, ZIP 701 HENRY STREET NORTH VERNON, IN 47265	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to follow appropriate infection control guidelines for newly admitted residents related to unknown Covid 19 status and transmission based precautions for 6 of 9 residents reviewed. (Residents D, G, B, F, H, and C) Findings include: 1. The Clinical Record for Resident D was reviewed on 06/17/20 at 11:15 A.M. An Admission MDS (Minimum Data Set) assessment, dated 05/27/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The resident was admitted to the memory care unit of the facility from a hospital on [DATE]. At the time of admission, the resident's Covid 19 status was unknown. Review of the resident's physician's orders [REDACTED]. The resident was not placed on droplet and/or contact isolation precautions (requiring staff to wear gowns, goggles or a face shield, gloves, and masks) for 14 days after admission. The resident became symptomatic and was tested for Covid 19 on 06/05/20. The test results were positive. 2. The Clinical Record for Resident G was reviewed on 06/17/20 at 11:20 A.M. An Admission MDS assessment, dated 05/29/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The resident was admitted to the memory care unit of the facility from a local hospital on [DATE]. At the time of admission, the resident's Covid 19 status was unknown. Review of the resident's physician's orders [REDACTED]. The resident was not placed on droplet and/or contact isolation precautions for 14 days after admission. 3. The Clinical Record for Resident B was reviewed on 06/17/20 at 11:20 A.M. An Admission MDS assessment, dated 06/03/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The resident was admitted to the memory care unit of the facility from a hospital on [DATE]. At the time of admission, the resident's Covid 19 status was unknown. Review of the resident's physician's orders [REDACTED]. The resident was not placed on droplet and/or contact isolation precautions for 14 days after admission. The resident became symptomatic, and was tested for Covid 19 on 06/09/20. The test results were positive.</p> <p>4. The Clinical Record for Resident F was reviewed on 06/17/20 at 11:25 A.M. An Admission MDS assessment, dated 06/03/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The resident was admitted to the facility from a local hospital on [DATE]. At the time of admission, the resident's Covid 19 status was unknown. Review of the resident's physician's orders [REDACTED]. The resident was not placed on droplet or contact isolation precautions for 14 days after admission. 5. The Clinical Record for Resident H was reviewed on 06/17/20 at 11:30 A.M. An Admission MDS assessment, dated 06/10/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. The resident was admitted to the facility from a local hospital on [DATE]. At the time of admission, the resident's Covid 19 status was unknown. Review of the resident's physician's orders [REDACTED]. The resident was not placed on droplet and/or contact isolation precautions for 14 days after admission. 6. The Clinical Record for Resident C was reviewed on 06/17/20 at 11:45 A.M. An Admission MDS assessment, dated 06/11/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The resident was admitted to the facility from a local hospital on [DATE]. At the time of admission, the resident's Covid 19 status was unknown. Review of the resident's physician's orders [REDACTED]. The resident was not placed on droplet and/or contact isolation precautions for 14 days after admission. During an interview on 06/17/20 at 2:13 P.M., the Infection Preventionist indicated when the facility received a referral for new residents and there were no respiratory issues or signs or symptoms of Covid 19, the residents were not placed in isolation. They were admitted to the area of the facility where they were expected to remain long term. The facility only required a Covid 19 test from the hospital if the resident had exhibited signs and symptoms while in the hospital. Direct care staff were required to use standard precautions, and wear KN95 (a type of particulate filtering face piece respirator) masks when providing care for the newly admitted, non-symptomatic residents, and all other residents in the facility. Now that there were residents who had tested positive for Covid 19 in the facility, all staff were to wear KN95 masks. The staff that provided direct care to the positive residents were to wear gowns, goggles, face shields, and gloves in addition to the masks. The current, ISDH (Indiana State Department of Health) policy, titled COVID-19 LTC (Long Term Care) Facility Infection Control Guidance Standard Operating Procedure, dated 05/05/2020, was reviewed on 06/18/20. The policy indicated, Patients should be cohorted depending on COVID-19 status. Unknown COVID-19 status (Yellow). All residents in this category warrant transmission based precautions (droplet and contact). This can include residents who are admitted, or readmitted to a facility where they are likely to have been exposed to COVID-19. Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). This Federal tag relates to Complaint IN 513. 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.