

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155670</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SIGNATURE HEALTHCARE OF NEWBURGH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5233 ROSEBUD LANE NEWBURGH, IN 47630</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 - 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, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis with potential to effect 4 of 4 residents observed. A staff member was observed to wear a cloth face mask in hallway while ambulating a resident, and a staff member indicated an isolation gown was not worn during resident Covid testing. (Resident 51, Resident 52, Resident 53, Resident 81) Findings include: 1. On 10/15/2020 at 8:59 a.m., a rolling cart containing COVID-19 rapid testing supplies was observed in the hallway outside room [ROOM NUMBER], with 3 staff members working with supplies. RN 1 was observed to be wearing a N95 mask, goggles, and left the hallway to obtain isolation gowns, then returned and added a bag of isolation gowns to the supply cart. RN 1 proceeded to perform COVID-19 testing while wearing correct PPE (Personal Protective Equipment). RN 1 indicated she had just taken over the testing of residents and the DON (Director of Nursing) had been doing testing previously. On 10/15/2020 at 9:17 a.m., the DON was interviewed and indicated they were doing COVID-19 testing to be sent to the lab and rapid testing. She indicated she wore a mask, goggles, and gloves to obtain the test swabs this morning, and had not been wearing an isolation gown during the obtaining of samples from the residents she had swabbed. room [ROOM NUMBER] was observed to have Resident 51 and Resident 52, and room [ROOM NUMBER] was observed to have Resident 53 in them, they had been tested by the DON. 2. On 10/15/2020 at 9:05 a.m., the Restorative Aide was observed wearing a black cloth mask with Trick or Treat across it, and eye protection while ambulating Resident 81 in the hallway, on the Green Zone 100 Unit. No underlying surgical mask was observed. Restorative Aide indicated she believed it was a N95 mask due to the way it was made and she usually wore a blue surgical mask under it. On 10/15/2020 at 9:17 a.m., the DON indicated the Restorative Aide usually wore a surgical mask under the cloth mask. On 10/15/2020 at 1:56 p.m., the Administrator indicated the Restorative Aide had been told a million times to wear a surgical mask under the cloth one. On 10/15/2020 at 2:04 p.m., the Administrator provided the current facility policy COVID-19 Testing Policy, last reviewed date 8/25/2020. The Policy indicated, but was not limited to, Don appropriate PPE: gown, gloves, mask, and eyewear. 3.1-18(b)(1)</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.