

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155730	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER RIPLEY CROSSING		STREET ADDRESS, CITY, STATE, ZIP 1200 WHITLATCH WAY MILAN, IN 47031	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, observation, and interview, the facility failed to follow appropriate infection control guidelines for newly admitted residents during a COVID-19 pandemic related to transmission based precautions for 3 of 6 residents reviewed. (Residents D, E, and F) Findings include: 1. The clinical record for Resident D was reviewed on 10/16/20 at 3:40 P.M. The Admission record indicated the resident was admitted on [DATE] to Unit 3, a memory care unit. [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. The resident was admitted from home. The resident was not placed in droplet and contact isolation precautions, that would have required staff to wear gowns, goggles or a face shield, gloves, and masks for 14 days after admission. 2. The clinical record for Resident E was reviewed on 10/16/20 at 3:45 P.M. The Admission record indicated the resident was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. The resident was admitted to Unit 5, the rehabilitation unit, from the hospital, on hospice, and was quarantined due to Covid-19 precautions. Hospital records indicated the resident tested negative for Covid-19 on 09/16/20. The resident was not placed in droplet and contact isolation precautions, that would have required staff to wear gowns, goggles or a face shield, gloves, and masks, for 14 days after admission. 3. The clinical record for Resident F was reviewed on 10/16/20 at 3:50 P.M. The Admission record indicated the resident was admitted on [DATE] to Unit 5, the rehabilitation unit. [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED]. The resident was admitted from the hospital and was quarantined due to Covid-19 precautions. Hospital records indicated the resident tested negative for Covid-19 on 10/07/20. The resident was not placed in droplet and contact isolation precautions, that would have required staff to wear gowns, goggles or a face shield, gloves, and masks, for 14 days after admission. On 10/16/20 at 3:45 P.M., the room Resident F resided in on Unit 5 was noted to have an isolation cart in the hallway outside of the room door. The room door was open. During an interview on 10/16/20 at 3:46 P.M., LPN (Licensed Practical Nurse) 10 indicated Resident F was in contact isolation for a urinary tract infection. The resident toileted herself. The staff wore gloves and a gown only when emptying her toilet and they wore gloves when passing medications. During an interview on 10/16/20 at 2:42 P.M., the Administrator indicated newly admitted residents were placed in quarantine in a private room for 14 days, usually on Unit 5. Most new residents had a recent COVID-19 test prior to admission, especially a newly admitted resident that was experiencing respiratory symptoms. Staff wore masks and gloves when providing care to the residents in quarantine. These residents were not on Contact-Droplet Isolation precautions. During an interview on 10/16/20 at 3:00 P.M., LPN 11 indicated newly admitted residents would go to a private room, and be quarantined for 14 days. Residents were routinely monitored for signs and symptoms of COVID-19, but staff did not need to wear all of the Contact and Droplet Isolation PPE (personal protective equipment) if a resident was on quarantine. The current Facility Quarantine policy was provided by the Administrator on 10/16/20 at 3:20 P.M. The policy indicated, .Residents with Possible Exposure .Duration: 14 days .Resident will stay in room . The CDC (Centers for Disease Control and Prevention) Preparing for Covid-19 in Nursing Homes guidance, updated on June 25, 2020, indicated, .Create a Plan for Managing New Admissions and Readmissions .HCP (Health Care Professionals) should wear .respirator .eye protection .gloves, and gown when providing care for these residents. Residents can be transferred out of the observation area to the main facility if they remain .without symptoms for 14 days after their admission . 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.