

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155741	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER FAIRWAY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program to prevent the transmission of communicable diseases and infections as evidenced by: One randomly observed staff member failed to sanitize their hands prior to donning PPE (Personal Protective Equipment) when entering a resident's room who was quarantined for droplet isolation in, one of two resident rooms in 14 day quarantine (Resident B). Three randomly observed staff members failed to sanitize or wash their hands after repositioning their face masks and one staff member failed to leave the mask in place, securely covering their mouth and nose. These deficient practices had the potential to spread infections, including COVID-19, to all thirty-five residents in the skilled nursing facility. Findings include: 1. During observation of the north unit, on 10/21/20 at 10:30 a.m., CNA 4 (Certified Nursing Assistant) was observed to don PPE prior to entering the room of Resident B, who was in 14 day quarantine droplet precautions (yellow zone) following admission to the facility. CNA 4 was not observed to sanitize her hands with ABHR (Alcohol Based Hand Rub) or wash her hands with soap and water, prior to donning the gloves. CNA 4 was observed to doff (remove) the PPE and sanitize their hands after leaving Resident B's room, however when interviewing CNA 4 in the hallway immediately following this observation, CNA 4 was observed to reposition the face mask covering her nose and mouth multiple times with her bare hands while speaking. CNA 4 was not observed to wash or sanitize her hands after touching the mask. During observation of the south unit, on 10/21/20 at 10:45 a.m., Qualified Medication Aide (QMA) 5 was wearing a KN95 (medical grade) face mask. During interview with the QMA 5 at that time, QMA 5 was observed to reposition the KN95 mask covering his nose and mouth multiple times with their bare hands. During and following the interview, QMA 5 was not observed to sanitize their hands with ABHR (Alcohol Based Hand Rub) or wash their hands with soap and water after touching and repositioning the KN95 face mask. During an observation on the north unit, on 10/21/20 at 11:25 a.m., CNA 4 was standing in the hallway at the entrance to an unknown resident's door. CNA 4 repositioned her face mask 3 separate times while speaking with the resident in his room. After concluding the conversation, CNA 4 was observed to walk to the Yellow zone of the facility and sat in a chair, directly across from two residents in 14 day quarantine. CNA was not observed to sanitize her hands with ABHR or wash her hands with soap and water after touching her face mask. During an interview with the DON (Director of Nursing), on 10/21/20 at approximately 11:30 a.m., the DON indicated it was her expectation that all staff would sanitize their hands prior to donning PPE and immediately sanitize their hands after repositioning and/or touching their face mask. Resident B's medical record was reviewed on 10/21/20 at approximately 12:35 p.m. Resident B was admitted to the facility on [DATE]. The resident's [DIAGNOSES REDACTED]. The facility's current policy and procedure titled, Hand Hygiene Policy, with an origination date of 3/2018, provided by the DON and reviewed on 10/21/20 at 11:45 a.m., indicated the purpose of the policy was to provide a standardized approach to Hand hygiene to reduce or minimize the transmission of infection from potential microorganism on the hands of all employees. The policy further indicated Moments of hand hygiene included .Before Clean/Aseptic procedure . The facility's current policy and procedure titled, Personal Protective Equipment (PPE) Donning and Doffing for Droplet Plus Isolation with an original date of 10/2020, provided by the DON and reviewed on 10/21/20 at 11:45 a.m., indicated *PPE must be donned correctly before entering the patient area (e.g. isolation room). The first procedural step listed was 1. Perform hand hygiene. The Indiana State Department of Health Epidemiology Resource Center guidance: COVID-19 Information for Long-Term Care Facilities, last updated on 08/17/20 (https://www.coronavirus.in.gov/files/IN_COVID-19_LTC_08.17.20.pdf accessed on 09/24/20), indicated: Direct care providers should wear a surgical mask for the duration of their shifts. 2. During observation of the main dining area, on 10/21/2020 at approximately 10:50 a.m., an Activity Assistant (AA) 6 was conducting an activity. An estimated twelve residents were observed in the dining room during the activity, with some residents wandering in and out of the dining room and down the halls of the facility. Approximately 70% of the residents in and out of the dining room during the activity were not wearing face masks. E6 was observed wearing a KN95 face mask on her face and standing in the middle portion of the dining room amid the residents. AA6 was read from a papering she held in front of her. As she read, AA 6 was observed to grasp the front of the KN95 mask with her bare hand and pull the mask approximately 2 -3 inches away from her mouth, thus exposing her mouth and mucus membranes to the residents in the room. AA 6 was not observed at any time to sanitize her hands with ABHR or wash her hands after touching the KN95 mask. The facility activity schedule for the day, reviewed on 10/21/20 at approximately 12:20 p.m., indicated an activity of Today in History was scheduled at 10:30 a.m. and Daily Tidbits were scheduled at 11:00 a.m. 3.1-18(b) 3.1-18(l)</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.