

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155794	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER RETREAT AT THE STRATFORD, THE		STREET ADDRESS, CITY, STATE, ZIP 2460 GLEBE ST CARMEL, IN 46032	
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 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 when one randomly observed staff member failed to wear a surgical or N95 respirator (medical grade) face mask in one of eight resident rooms (Resident B), and five randomly observed staff members failed to sanitize or wash their hands during resident care (Residents B, C and D) for 3 of 8 residents observed for infection control. Findings include: 1. During an observation, on 10/14/20 at 9:50 a.m., [MEDICATION NAME] Care Aide (CCA) 1 exited Resident B's room and walked down the hallway to the nurses' station of the skilled nursing facility (SNF). She was wearing a cloth face mask. Licensed Practical Nurse (LPN) 4 was also walking down the hall and did not address that CCA 1 was wearing a cloth face mask. During an interview, on 10/14/20 at 9:50 a.m., CCA 1 indicated she was not wearing another face mask under her cloth face mask. She indicated she had worked at the facility for a month and was not aware she needed a medical grade face mask. During an interview, on 10/14/20 at 11:50 a.m., the Director of Nurses (DON) and Regional Care Director (RCD) indicated all staff members in the SNF and adjoining Assisted Living Facility were expected to wear a medical grade face mask at all times. Resident B's family hired CCA 1 through the facility, from a home health agency affiliated with the facility. She was expected and had been trained by the facility to wear a surgical face mask during resident care on the SNF. 2. During an observation, on 10/14/20 at 9:50 a.m., CCA 1 was in the hallway of the SNF near Resident B's room. She removed her cloth mask, walked to the nurses' station and returned near Resident B's room wearing a surgical mask with the white side (inside) out. She then turned the mask around and put it back on with the blue side out. When the surveyor asked her if the white side was contaminated now because it was worn on the outside, she walked back to the nurses' station and put on a new mask with the blue side out. At 9:53 a.m., CCA 1 walked into Resident B's room, visited with the resident and then exited the room. She did not sanitize or wash her hands during these continued observations, i.e., when she touched her face mask, or entered and exited a resident room. During an observation, on 10/14/20 at 9:53 a.m., Certified Nurse Aide (CNA) 2 entered Resident B's room. She unbagged new and unused nasal oxygen tubing and placed it in another bag hanging on the resident's oxygen tank. CNA 2 left the resident's room. CNA 2 walked to the nurses' station, touched her mask, picked up two unused surgical masks, and handed them to another staff member. CNA 2 did not sanitize or wash her hands during these continued observations, i.e., when she entered or exited Resident B's room, handled oxygen equipment, touched her face mask, or handled the unused face masks. During an observation, on 10/14/20 at 10:01 a.m., LPN 4, CNA 2, and Qualified Medication Aide (QMA) 3 walked into Resident B's room without sanitizing their hands. When they exited the room, only LPN 4 sanitized her hands. During an observation, on 10/14/20 at 11:34 a.m., Activity Aide 5 assisted Resident D to his room by wheelchair from a common area of the SNF. She removed his face mask and placed it on a nearby table. She then walked back to the common area, assisted Resident C to his room by wheelchair and removed his mask. She did not wash or sanitize her hands during these continued observations. During an interview, on 10/14/20 at 11:38 a.m., Activity Aide 5 indicated she did not wash or sanitize her hands after entering or exiting the residents' rooms or after touching the residents' face masks. During an interview, on 10/14/20 at 11:50 a.m., the DON and RDC indicated their expectations for staff were they washed or sanitized their hands immediately upon entering or exiting a resident room. The outside of the face mask was considered contaminated. Staff members should wash or sanitize their hands after touching a resident's or their own face mask. The facility's Infection Control Policy and Procedure Manual, dated December 2007 and provided by the DON on 10/14/20, indicated .Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions The policy provided did not specify what type of face mask staff members should wear and was not updated to reflect current guidance from the Indiana State Department of Health or the Centers for Disease Control and Prevention. 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. The facility's Infection Control Policy and Procedure Manual, dated as revised on August 2014 and provided by the DON on 10/14/20, indicated .Standard Precautions .2. Hand Hygiene: a. Staff will perform hand hygiene frequently, including before and after all resident contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves 3.1-18(a) 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.