

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155328		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/14/2023	
NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00418845 and Complaint IN00418079.</p> <p>Complaint IN00418845- Federal/state deficiencies related to the allegations are cited at F880.</p> <p>Complaint IN00418079- No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 13, 14, 2023.</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Census Bed Type: SNF/NF: 62 Total: 62</p> <p>Census Payor Type: Medicare: 0 Medicaid: 47 Other: 15 Total: 62</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 19, 2023.</p>			F 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Compliant Survey Revisit.</p>		
F 0880 SS=D Bldg. 00	483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Doug Lynch

HFA

01/10/2024

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 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 30 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.

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	<p>the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident</p>						

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	<p>under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained to mitigate the spread of COVID-19 for 2 of 4 observations. Staff were observed to enter COVID- 19 positive resident rooms without the proper PPE (Personal Protective Equipment). (Room 218, Room 211)</p> <p>Findings included:</p> <p>On 12/14/23 at 8:29 a.m., LPN 1 was observed to have on a surgical mask and gown. LPN 1 was observed to don gloves and enter room 218. LPN 1 did not have on a N95 or eye protection before entering the room. Room 218 had an isolation sign</p>			F 0880	<p>The two staff members LPN 1 and Therapy 1 have been counseled on this practice.</p> <p>All other residents have the potential to be affected by this practice. Staff have been educated by DNS/Designee regarding donning/doffing o PPE when entering room designated for isolation.</p> <p>Staff to be inserviced on donning/doffing and proper mask</p>		12/31/2023

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	<p>on the door and a sign with instructions on how to don and doff PPE (Personal Protective Equipment). The isolation sign included, but was not limited to: Isolation -Droplet/Contact Precautions. In addition to standard precautions, staff and providers must : Hand hygiene: when entering and exiting and wear all PPE listed below: Gown, N95 Respirator, Eye Protection (face shield or goggles), Gloves.</p> <p>Room 218 was an isolation room for Covid- 19.</p> <p>On 12/14/23 at 11:38 a.m., Therapy 1 was observed to don a gown, N95 mask and gloves and enter room 211. Therapy 1 did not apply eye protection. Room 211 had an isolation sign on the door and a sign with instructions on how to don and doff PPE (Personal Protective Equipment). The isolation sign included, but was not limited to: Isolation -Droplet/Contact Precautions. In addition to standard precautions, staff and providers must : Hand hygiene: when entering and exiting and wear all PPE listed below: Gown, N95 Respirator, Eye Protection (face shield or goggles), Gloves.</p> <p>Room 218 was an isolation room for Covid- 19.</p> <p>On 12/13/23 at 8:40 a.m., LPN 1 indicated to enter a COVID -19 isolation room the PPE required was a gown, gloves, goggles or face shield, and a respirator mask. LPN 1 indicated she had on a surgical mask, gown and gloves when she entered room 218.</p> <p>On 12/14/23 at 1:01 p.m., the DON provided a document titled " Personal Protective Equipment (PPE) Donning and Doffing" The document included, but was not limited to: Gown 1. perform hand hygiene...N-95 Respirator (if droplet Contact Precautions or if required during aerosol generating procedure) ... Goggles, Protective</p>				<p>usage. DNS/Designee will round each shift to observe staff donning and doffing PPE, ensuring proper technique and protocols are followed.</p> <p>Corrective action: The DNS/Designee will be responsible for the auditing of these practices by completing a PPE usage QAPI tool weekly x 4 weeks, bi-monthly times 2 months, monthly times 4 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee overseen by the ED. If the the threshold of 100% is not achieved, an action plan will be developed.</p> <p>Date of correction: 12/31/23</p>		

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	Eyewear or Face Shield * If goggles, protective eyewear, or face shield are on extended use and already in place, skip to gloves...Gloves ... This citation relates to Complaint IN00418845. 3.1-18(b)						