

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155763	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/20/2020
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NAME OF PROVIDER OR SUPPLIER  NORTH RIDGE VILLAGE NURSING & REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701
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F 0000  Bldg. 00	<p>This visit was for a COVID-19 Focused Infection Control Survey.</p> <p>Survey Date: October 20, 2020</p> <p>Facility number: 011296 Provider number: 155763 AIM number: 200827620</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payer Type: Medicaid: 4 Other: 37 Total: 41</p> <p>This deficiency refelects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 23, 2020</p>	F 0000		
F 0880 SS=F Bldg. 00	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; 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 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</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.

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	<p>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:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident 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>			

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	<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. Based on observation, interview, and record review, the facility failed to ensure infection prevention procedures regarding personal protective equipment (PPE) to prevent the potential spread of COVID-19 according to current Centers for Disease Control (CDC) guidelines. This had the potential to affect 41 of 41 residents residing in the facility.</p> <p>Findings include</p> <p>The facility's document titled "Implement Universal Source Control Measures-Reference CDC," was provided by the Administrator on 10/20/2020 at 1:19 P.M. when she indicated this was the procedure the facility followed. The document was dated July 15, 2020 and stated "When available, facemask's are preferred over cloth face covering for HCP as facemask's offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face</p>	F 0880	<p><b>What Corrective Action(s) Will Be Accomplished For Those Residents Found To Have Been Affected By The Deficient Practice:</b> No residents were found to be affected by this alleged deficient practice.</p> <p><b>How Other Residents Having The Potential To Be Affected By The Same Deficient Practice Will Be Identified And What Corrective Action(s) Will Be Taken:</b> All residents have the potential to be affected, no other residents were affected by this alleged deficient practice.</p> <p><b>What Measures Will Be Put Into Place and What Systemic Changes Will Be Made To Ensure That The Deficient</b></p>	11/19/2020
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	<p>coverings should not be worn instead of a respirator or facemask if more than source control is needed."</p> <p>The facility's policy titled "Handwashing/Hand Hygiene," received August 2015, stated "7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap ... and water for the following situations: ... 1. After contact with objects ... in the immediate vicinity of the resident ...."</p> <p>During observation on 10/20/2020 at 10:37 A.M., Employee 1 was observed wearing a cloth facemask below her nose. During an interview at that time, Employee 1 indicated the facility did provide surgical masks but wearing PPE was up to the employees, so she just wore a clean cloth mask each day.</p> <p>During an interview on 10/20/2020 at 10:42 A.M., Employee 2 indicated she knew for sure that 2 laundry staff wore cloth masks, but was not sure about any other staff.</p> <p>During on observation on 10/20/2020at 10:42 A.M. Employee 3 was observed walking through the facility wearing a cloth facemask.</p> <p>During an interview on 10/20/2020 at 10:48 A.M., the Administrator indicated all masks should cover the nose and mouth and that usually only the residents wear cloth masks.</p> <p>During an interview no 10/20/2020 at 10:58 A.M., Employee 4 indicated surgical masks are provided at the screening tables for both employees and visitors. During the interview, her surgical mask fell below her nose.</p>		<p><b>Practice Does Not Recur:</b> All staff will be educated on proper mask donning and doffing, including proper type of mask to be worn, with return demonstration All will be educated with return demonstration for hand hygiene, including handwashing and ABHS. All staff will be educated in regard to the facility policy/procedures and CDC guidelines for hand hygiene and PPE. Root Cause Analysis (RCA) was conducted (See Attachment A).</p> <p><b>How The Corrective Action(s) Will Be Monitored To Ensure The Deficient Practice Will Not Recur:</b> Administrator and/or Designee to complete daily IP rounds on scheduled workdays (See Attachment B). Any negative findings will be corrected immediately and forwarded to the Administrator. A report of progress will be forwarded to the QAPI committee monthly for 6 months, then quarterly thereafter, the plan will be adjusted accordingly.</p>		

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	<p>During observation on 10/20/2020 at 11:06 A.M., Employee 5 and Employee 6 were at the nurses' station; both had surgical masks on below their noses.</p> <p>During an observation on 10/20/2020 at 12:03 P.M., Employee 6 was passing lunch trays on the 400 hall. Employee 6 entered room 418 with tray, and exited the room carrying the resident's stainless steel tumbler and placed it on top of the hall tray cart. Employee 6 then proceeded to take the next tray to room 420 and the next to room 423. Employee 6 failed to wash hands or use hand sanitizer in between rooms 418 and 420 and in between rooms 420 and 423.</p> <p>During an interview on 10/20/2020 at 12:10 P.M., the Director of Nursing indicated staff should wash hands or use hand sanitizer before and after each tray pass.</p> <p>3.1-18 (a)</p>				