

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

PRINTED: 09/08/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155616		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/12/2020	
NAME OF PROVIDER OR SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 201 E ELM ST NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a COVID-19 Focused Infection Control Survey. This visit included a Quality Assurance Walk Through Survey.</p> <p>Survey date: August 12, 2020</p> <p>Facility number: 001145 Provider number: 155616 AIM number: 200120200</p> <p>Census Bed Type: SNF/NF: 79 Residential: 5 Total: 84</p> <p>Census Payor Type: Medicare: 15 Medicaid: 62 Other: 2 Total: 79</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on August 18, 2020.</p>			F 0000			
F 0880 SS=E Bldg. 00	<p>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 the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control</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 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 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>program.</p> <p>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:</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</p>						

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	<p>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 and interview, the facility failed to ensure appropriate social distancing of 6 feet or more and mask usage for 8 of 9 residents observed for infection prevention. (Resident's 2, 3, 4, 5, 6, 7, 8, and 9)</p> <p>Findings include:</p> <p>During an observation on 8/12/20 at 10:58 a.m., 6 residents were sitting in the common dining area, participating in an activity. The following was observed:</p> <p>- At table A Residents 2 and 3 were sitting next to each other, less than 6 feet apart. Resident 2 was wearing a mask and Resident 3 was not wearing a mask. Resident 6 was in her wheelchair self-propelling directly behind Resident 2.</p>			F 0880	<p>F 880 Infection Prevention and Control</p> <p>- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>o Activity was canceled and all residents sent back to their rooms</p> <p>o Residents identified will have their Care plans updated to show that they are non-compliant with Social Distancing</p> <p>- 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;</p>		09/03/2020

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	<p>- At table B, Residents 4 and 5 were seated right next to each other, less than 2 feet apart. Neither resident was wearing their mask. Resident 9 was less than 4 feet away at the same table in her wheelchair. Resident 9 was wearing a mask.</p> <p>During a second observation on 8/12/20 at 11:05 a.m., Resident 7 approached table B and stood within 1 foot of Resident 4. Resident 7 spoke with resident 4 while he pulled his mask down exposing his nose to talk. Then Resident 7 moved to table A where he sat within 2 feet of Resident 2.</p> <p>During an interview on 8/12/20 at 11:23 a.m., the Infection Preventionist indicated every resident was supposed to wear their mask. There should only be one resident at each table. The residents should have been sitting at least 6 feet apart, "two or more residents at one table would not be acceptable". When masks are worn they should always be covering the residents nose and mouth.</p> <p>The document titled, "Visitation Guidelines for Long-Term Care Facilities", published by the Indiana State Department of Health on 6/29/20, was provided by the Executive Director as their policy on 8/12/20 at 12:15 p.m., and included, but was not limited to, "... Communal Dining and Activities... activities can occur under these conditions... Facilities can adhere to social distancing, such as being seated at least 6 feet apart..."</p> <p>3.1-18(a)</p>				<p>o Will mark areas on the dining room tables that will adhere to social distancing</p> <p>o Residents that can't comply with the social distancing will be asked to go back to their rooms</p> <p>o Activity Director will be educated by Administrator on CDC/ISDH guidelines concerning Covid-19 and Social Distancing related to Resident Activities to be completed on 9/1/2020</p> <p>o All staff In-service on CDC/ISDH guidelines concerning Covid-19 and Social Distancing related to Resident Activities to be completed on 9/2/2020</p> <p>- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>o Infection control Specialist/Designee will Audit/Monitor Activities for correct Social Distancing 3/week for 4 weeks, then 2/week for 3 weeks, and then 1/week for 2 weeks</p> <p>o All findings of the audits will be reported to QAPI committee monthly</p> <p>- By what date the systemic changes for each deficiency will be completed.</p> <p>o 9/03/2020</p>		

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