

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

PRINTED: 12/20/2024
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 10/03/2024	
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 IN00437729, IN00438896, IN00443903, IN00442130, IN00443544, IN00443641.</p> <p>Complaint IN00437729 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438896 No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443903- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442130 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443544 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443641 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: October 1, 2, 3, 2024.</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: 3 Medicaid: 48</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 Post Certification Desk Review in lieu of the Post Survey Revisit.</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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F 0880 SS=D Bldg. 00	<p>Other: 11 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 October 10, 2024.</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19. Staff were observed not properly wearing PPE (Personal Protective Equipment) and practicing infection control practices. (Resident H, 200 unit)</p> <p>Finding includes:</p> <p>On 10/1/24 at 9:00 a.m., the Administrator indicated the facility had 16 residents who were COVID-19 positive.</p> <p>On 10/1/24 at 9:55 a.m., LPN 2 was observed to be wearing a gown, gloves, face shield, and a surgical mask underneath an N-95 mask before entering room 206, a COVID-19 positive room. Room 206 had COVID-19 isolation precautions posted on the door. LPN 2 was observed to exit room 206 wearing the surgical mask, walk to the medication cart, laid the N-95 mask and face shield on top of a binder on the cart. LPN 2 was observed to prepare medications, touch the surgical mask she was wearing with bare hands, no hand hygiene done after. LPN 2 moved the face shield and N-95 mask off the top of the binder, wrote on the binder, opened the narcotic drawer with keys, charted on the computer, picked up the medication cup, donned a gown, gloves, a</p>			F 0880	<p><u>F880 INFECTION PREVENTION & CONTROL</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>·Resident H completed isolation period for COVID 19 with no ill effects noted. Resident was encouraged to follow isolation protocol.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>·All residents have the potential to be affected by the alleged deficient practice. LPN #2 and housekeeper #2 were in-serviced by IP on proper PPE donning and doffing and infection control practices ·All staff that may enter isolation rooms will be in-serviced by</p>		11/01/2024

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	<p>new N-95 mask over the surgical mask, a new face shield and entered room 202, a COVID-19 positive room. Room 202 had COVID-19 isolation precautions posted on the door. LPN was observed to exit room 202 wearing the surgical mask, performed hand hygiene.</p> <p>On 10/2/24 at 8:38 a.m., Housekeeper 2 was observed to don a gown, gloves, face shield, a surgical mask was observed on. Housekeeper 2 entered room 227 a COVID-19 positive room. Room 227 had COVID-19 isolation precautions posted on the door.</p> <p>On 10/2/24 at 8:54 a.m., Resident H was observed to exit room 227, a COVID-19 positive room, go to the nurses station and tell a staff member she needed something. Resident H was not wearing a mask. Two staff members were observed by the nurses station, one staff was observed by Resident H's room at the medication cart, none were heard to inform Resident H of COVID-19 isolation precautions. A resident who was at the nurses station was overheard telling Resident H she was not supposed to be out of her room, Resident H returned to her room.</p> <p>On 10/3/24 at 9:21 a.m., LPN 3 indicated before entering a COVID-19 positive room, a gown, gloves, face shield, N-95 mask should be worn, the surgical mask should be taken off before putting on an N-95 mask.</p> <p>On 10/3/24 at 10:06 a.m., the Administrator provided the current transmission-based precautions for isolation policy with a reviewed date of 4/4/24. The policy included, but was not limited to: ... Droplet/Contact Precautions (formerly droplet plus precautions): is used to designate transmission-based precautions</p>				<p>IP/designee on proper PPE donning and doffing</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>·Observational rounds will be completed by IP/designee daily to ensure proper PPE usage is followed</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>·The DNS/designee will be responsible for the completion of the Infection Control Quality Assurance Tool weekly times 4 weeks, monthly times 6 months, then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of the observations will be reviewed by the QAPI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee.</p>		

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	beyond droplet precautions for residents who meet the criteria for transmission-based precautions with COVID-19, which includes the use of N-95 respirator...HCP (Health Care Personal) should wear an N-95 or higher-level respirator, eye protection (i.e.; goggles or face shield that covers the front and sides of the face), gloves, and gown when caring for these residents...PPE must be appropriately doffed and discarded in trash prior to leaving the room... remove mask/ face protection and dispose before leaving the room...Limit transportation and movement outside of room to medically necessary purposes. Essential movement (therapy, showers, restroom, etc.). When transportation is necessary, ensure that the resident wears a mask and follows Respiratory Hygiene/Cough Etiquette, perform hand hygiene before leaving and upon returning to room... 3.1-18(b)						