STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155348	A. BUILDING 00 B. WING	01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PARKVIEW CARE CENTER	2819 NORTH ST JOSEPH AVE EVANSVILLE, IN 47720

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00418557 and IN00423281. Complaint IN00418557- Federal/state deficiencies related to the allegations are cited at F880. Complaint IN00423281- Federal/state deficiencies related to the allegations are cited at F880. Survey dates: January 2, 3, 2024. Facility number: 000239 Provider number: 155348 AIM number: 100290150 Census Bed Type: SNF/NF: 78 Total: 78 Census Payor Type: Medicare: 11 Medicaid: 40 Other: 27 Total: 78 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 4, 2024.	F 0000	January 18, 2024 Brenda Buroker Director Division of Long Term Care Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 RE: Parkview Care Center Complaint Survey S3ZM11 Dear Ms Buroker; On January 3, 2024 a Complaint Survey was conducted at our facility. By submitting the enclosed material, Parkview Care Center nor its management company are not admitting the truth or accuracy of any specific findings or allegations. Parkview Care Center reserves the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective January 18, 2024 to the State findings of the Complaint Survey conducted on January 3, 2024.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Krista Adams		01/17/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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			Parkview Care Center respectfully requests a desk review. Please feel free to contact the facility if any additional information is needed. Respectfully submitted, Krista Adams, B.S.N., R.N. HFA Executive Director Parkview Care Center	
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 the development and transmission of communicable diseases and infections. §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: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers,			

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	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; §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 under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the			

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	facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 control practices were maintained to mitigate the spread of COVID-19 for 3 of 4 observations. Staff were observed to enter COVID- 19 positive resident rooms without the proper PPE or correct donning of PPE (Personal Protective Equipment). (Room 307, Room 314, Room 320,) Findings included: On 1/2/24 at 8:39 a.m., LPN 1 was observed to have on an N95 mask, don a gown, gloves, face shield and enter room 320. LPN 1 did not fasten the gown at the neck. Room 320 had an isolation sign on the door and a sign with instructions on how to don and doff PPE (Personal Protective Equipment), including, but not limited to...put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP (healthcare professional)... Room 320 was in isolation for Covid- 19. On 1/2/24 at 8:40 a.m., CNA 1 was observed to have on an N95 mask, don a gown, gloves and enter room 314. CNA 1 did not fasten the gown at the neck. Room 314 had an isolation sign on the door and a sign with instructions on how to don and doff PPE (Personal Protective Equipment),	F 0880	This Plan of Correction is to serve as Parkview Care Center's credible allegation of compliance. By submitting the enclosed materials, Parkview Care Center nor its management company are admitting the truth or accuracy of any specific findings or allegations. Parkview Care Center reserves the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective January 18, 2024 to the state findings of the Complaint Survey conducted on January 3, 2024. Parkview Care Center respectfully requests a desk review. F – 880 *1.) The corrective action taken for those residents found to have been affected by the deficient practice is* the LPN identified as LPN 1 and the CNA identified as CNA 1 were re-educated by the	01/18/2024

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	including, but not limited to...put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP (healthcare professional)... Room 314 was in isolation for Covid- 19. On 1/3/24 at 8:33 a.m., LPN 1 was observed to have on an N95 mask, don a gown, gloves and enter room 307. LPN 1 did not fasten the gown at the neck or have on eye protection before entering the room. Room 307 had droplet isolation signage on the door and required PPE with instructions on how to don and doff the PPE. The signage included, but was not limited to...put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP (healthcare professional)... make sure their eyes, nose, and mouth are fully covered before room entry...eye protection: facesheild or goggles must cover top, bottom and sides of eyes with no gaps (* for all HCP regardless of vaccination status)... On 1/3/24 at 8:45 a.m., LPN 1 indicated the PPE required to enter a COVID-19 isolation room was a gown, mask, shield, and gloves. On 1/3/24 at 10:34 a.m., the Administrator provided the current COVID-19 policy with a revision date of 11/28/23. The policy included, but was not limited to, the facility will follow the Core Principals of COVID-19 Infection Prevention as outlined below and defined by CMS and CDC to mitigate COVID-19 entry into the facility...6. appropriate staff use of Personal Protective Equipment (PPE)...1. HCP caring for residents with confirmed SARS-CoV-2 infection should use full PPE (gowns, gloves, eye protection, and a NIOSH-approved N95 or equivalent or higher-level respirator)...		Infection Preventionist on the use of proper personal protective equipment in isolation rooms. The LPN and CNA were educated by the Infection Preventionist on proper donning and doffing of personal protective equipment with return demonstration. The residents residing in Room 307, Room 314 and Room 320 are receiving care by nursing staff members who are properly wearing an N95 mask, gown secured properly at the neck, gloves and face shields in accordance with acceptable standards of infection control practices. No resident experienced a negative outcome due to not maintaining infection control practices to mitigate the spread of COVID-19. *2.) The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is* all residents have the potential to be affected by this alleged deficient practice. All facility personal care and services are being provided to all residents in isolation by staff members who are wearing N95 masks, gowns secured properly at the neck, gloves and face shields in accordance with acceptable standards of infection control practices. No resident experienced a negative outcome due to not maintaining infection control practices to mitigate the	

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	This citation relates to Complaint IN00423281 and IN00418557. 3.1-18(b)		spread of COVID-19. *3.) The measures that have been put into place to ensure that the deficient practice does not recur is* a mandatory in-service has been conducted by the Infection Preventionist for all facility staff on the facility's infection control practices related to donning and doffing of personal protective equipment including the wearing of N95 masks, gowns secured properly at the neck, gloves and face shields. Each staff member has successfully completed a return demonstration of these tasks with the Infection Preventionist. *4.) The corrective action taken to monitor to ensure the deficient practice will not recur is that* a Quality Assurance tool has been developed and implemented to monitor the facility's infection control practices. This tool will monitor the facility staff donning and doffing of personal protective equipment including the fastening of the gown at the neck. This tool will be completed by the Infection Preventionist nurse and/or their designee daily Monday-Friday for 6 weeks. At the end of six weeks, a QAPI (Quality Assurance/Performance Improvement) meeting will be conducted to determine if any changes are needed to the plan of correction. If compliance has been achieved at the end of the	

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			six weeks, then the monitoring will be completed weekly for four weeks, then monthly for three months, then quarterly for three quarters. The outcomes of these tools will continue to be reviewed at the facility's QAPI (Quality Assurance/Performance Improvement) meetings for six months or longer if compliance is not achieved. If compliance has not been achieved after the initial six weeks, then daily monitoring will continue for an additional six weeks or longer until continued compliance is achieved.	