

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155620	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER ZIONSVILLE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP 675 S FORD RD ZIONSVILLE, IN 46077	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow CDC guidance during a pandemic and ensure infection control practices for COVID-19 were implemented for a staff member wearing a mask to reduce potential exposure to residents. This deficient practice had the potential to effect 23 of 23 memory care residents. Findings include: On 10/14/20 at 12:29 p.m., Housekeeper 9 was observed wearing a valve mask and only utilizing one of two straps to hold it over her mouth and nose. She was not wearing the lower strap. She indicated she did not know valve masks were prohibited and the area of the building she cleaned was the front lobby and all of the memory care area, including resident rooms. On 10/14/20 at 12:31 p.m., the Assistant Director of Nursing (ADON) indicated both straps of a mask are to be worn to hold the mask in place. On 10/14/20 at 12:45 p.m., The Executive Director (ED) indicated she was not aware of a specific mask policy regarding valve masks, and believed as long as staff were wearing an N95 masks it was approved, but she would look into valve masks. A current policy, titled, Implementing Prevention Measures for COVID-19, dated 6/2020, was provided by the ED on 10/13/20 at 3:08 p.m. A review of the policy indicated, Staff should not wear an N-95 respirator with an expiratory valve. If it is worn, a surgical mask must be worn over the N-95 respiratory covering the expiratory valve. CDC guidance, Personal Protective Equipment: Questions and Answers dated 8/8/20, indicated, An N95 respirator with an exhalation valve does provide the same level of protection to the wearer as one that does not have a valve. The presence of an exhalation valve reduces exhalation resistance, which makes it easier to breathe or exhale. Some users feel that a respirator with an exhalation valve keeps the face cooler and reduces moisture build up inside the face piece. However, respirators with exhalation valves should not be used in situations where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve may allow exhaled air to escape into the sterile field. If you only have a respirator with an exhalation valve available, cover the exhalation valve with a (surgical or procedure mask) that does not interfere with the respirator fit. CDC guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated on 7/15/20, indicated, .Implement Universal Source Control Measures .Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19 .HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers .Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape 3.1-18(b)(1)</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.