

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER EAGLE VALLEY MEADOWS		STREET ADDRESS, CITY, STATE, ZIP 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility staff failed to don and doff personal protective equipment (PPE) appropriately in the yellow zone (residents under observation for Covid-19) for 3 of 11 residents observed in the yellow zone (Resident 57, 18 and 27) and put the residents in the green zone at risk for Covid 19 (virus causing a global pandemic), for 2 of 4 residents observed in the green zone (residents not under observation for Covid-19) (Residents 85 and 13). Findings include: 1. On 10/19/20 at 11:33 a.m., Housekeeping Aide (HA) 5 entered Resident 57's yellow zone room to clean it. He did not wear a gown or eye protection. At 11:52 a.m., HA 5 entered Resident 18's yellow zone room to clean it. He did not wear a gown or eye protection. At 12:08 p.m., HA 5 entered Resident 85's green zone room to clean it after he cleaned the rooms on the yellow zone without a gown or eye protection. At 12:13 p.m., HA 5 entered Resident 13's green zone room to clean it after he cleaned the rooms on the yellow zone without a gown or eye protection. During an interview, on 10/19/20 at 1:09 p.m., HA 5 indicated he cleaned all the rooms in the A hall. He pointed to a color-coded facility floor plan and indicated he cleaned the 8 yellow zone rooms with 11 residents, and then moved on to the remaining 3 green zone rooms with 4 residents. He was told to watch for the Droplet Precaution signs on the doors and he should have worn a gown and eye protection, but he indicated he forgot and he was moving too fast. During an interview, on 10/19/20 at 3:37 p.m., the Administrator indicated it was her expectation, and she had stressed to the staff, to use appropriate PPE when staff entered Droplet Precaution resident rooms. The HA should have donned and doffed gowns and eye protection as he entered and exited each droplet precaution room. 2. On 10/19/20 at 12:27 p.m., Licensed Practical Nurse (LPN) 4 entered Resident 27's room wearing a mask, gown and gloves. Her eye protection goggles were on top of her head. She closed the door. At 12:33 p.m., LPN 4, still in PPE gear and with her goggles still on top of her head, opened Resident 27's door and asked staff for supplies. As she turned back into the room, with her gloved hand moved her goggles down over her eye glasses and closed the door again. During an interview, on 10/19/20 at 3:41 p.m., the Administrator indicated LPN 4 should not have re-adjusted her eye protection in the room without hand sanitizing. A current policy, titled Personal Protective Equipment (PPE) Donning and Doffing for Droplet Plus Isolation, with no date, was provided by the Administrator on 10/19/20 at 2:05 p.m. A review of the policy indicated .PPE must be donned correctly before entering the patient area (e.g., isolation room, or unit if co-horting on all Covid-unit). PPE should not be adjust (e.g., retying gown, adjusting respirator/facemask) during patient care .Procedure steps: .Gown 1. Perform hand hygiene, 2. Let the clean gown unfold without touching any surface. 3. Slide your hand and arms through the sleeves. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. 4. Fasten in back of neck and waist, or tie all of the ties on the gown depending on type .Goggles Protective Eyewear or Face Shield .8. Place goggles, protective eyewear or face shield over face and eyes and adjust to fit 3.1-18(a)		

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.