

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155508</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRANSCENDENT HEALTHCARE OF BOONVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>725 S SECOND ST BOONVILLE, IN 47601</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis for 2 of 3 units. Masks were worn below the nose and under the chins by of residents and staff, residents were observed in halls ambulating without masks, and staff was observed entering the facility through two different entrances without masks on, and not screening before entering their work stations. The Seasons' unit (Secured Dementia unit) residents were not observed to wear masks when out of their rooms. (Seasons unit, 30/40 unit, Resident H, Resident G, Resident K, Resident L, Resident M, Resident N, Resident P, Resident Q) Findings include: 1. During an observation on 8/5/20 at 7:25 a.m., the MDS Coordinator and CNA 1 entered the facility without masks on. Both signed in and took their temperatures. The MDS Coordinator walked into the Administrator's office and walked out with a mask on. No hand hygiene was observed. CNA 1 walked into the Administrator's office and walked out with a mask in her hand. She returned to the screening table, wrote something on the form, put her mask on and walked down the hall to the room with the time clock to clock in. No hand hygiene was observed. 2. During an observation on 8/5/20 at 7:26 a.m., Resident H was observed ambulating down the hallway on the Seasons unit without a mask on. No redirection was observed. During a review of Resident H's care plans on 8/5/20 at 8:49 a.m., they lacked a care plan regarding mask use and/or refusal of wearing a mask. 3. During an observation on 8/5/20 at 7:27 a.m., Resident G was observed ambulating down the hallway on the Seasons unit without a mask on. No redirection was observed. Staff was observed in the Dining room and a housekeeper was observed in the hall with the resident. During a review of Resident G's care plans on 8/5/20 at 8:50 a.m., they lacked a care plan regarding mask use and/or refusal of wearing a mask. 4. During an observation on 8/5/20 at 7:28 a.m., Resident K was observed wandering the Seasons unit without a mask on. No redirection was observed. Staff was observed in the Dining room and a housekeeper was observed in the hall with the resident. During a review of Resident K's care plans on 8/5/20 at 9:24 a.m., they included but were not limited to, Resident is at risk for psychosocial well being concerns related to restrictions on visitation imposed by the CDC guidelines related to Covid-19 precautions. Interventions included, but were not limited to, encourage resident to stay in room, if comes out educate on importance of wearing mask. Dated 3/16/20 5. During an observation on 8/5/20 at 7:29 a.m. of the Seasons unit, Residents H, L, M, N, and P were observed sitting at the dining tables, and getting up and down to wander the unit. None of the residents had masks on. The breakfast meal had not yet arrived to the unit. No redirection was observed. Staff was observed in the dining room and a housekeeper was observed down the hall. During a review of Resident L's care plans on 8/5/20 at 8:45 a.m., they lacked a care plan regarding mask use and/or refusal of wearing a mask. During a review of Resident M's care plans on 8/5/20 at 8:47 a.m., they lacked a care plan regarding mask use and/or refusal of wearing a mask. During a review of Resident N's care plans on 8/5/20 at 9:26 a.m., they included but were not limited to, Resident is at risk for psychosocial well being concerns related to restrictions on visitation imposed by the CDC guidelines related to Covid-19 precautions. Interventions included, but were not limited to, encourage resident to stay in room, if comes out educate on importance of wearing mask. Dated 3/16/20 6. During an observation on 8/5/20 at 7:33 a.m., Resident Q was observed ambulating in front of the nurses station on the 30/40 unit with her rolling walker. Resident Q had her mask under her chin. LPN 1 was at the medication cart on the 30/40 unit in front of the nurses' station, and observed the resident and began to prepare her morning medications. No redirection or education was observed regarding mask use. During a review of Resident Q's care plans on 8/5/20 at 9:30 a.m., they included but were not limited to, Resident is at risk for psychosocial well being concerns related to restrictions on visitation imposed by the CDC guidelines related to Covid-19 precautions. Interventions included, but were not limited to, encourage resident to stay in room, if comes out educate on importance of wearing mask. Dated 3/16/20 7. During an observation on 8/5/20 at 7:35 a.m., Housekeeping 1 was observed on the 30/40 unit going in/out of resident rooms cleaning. Housekeeping 1 was wearing her mask under her nose. 8. During an observation on 8/5/20 at 7:36 a.m., QMA 1 was observed preparing medications at the medication cart on the 30/40 hall. QMA 1 was wearing her mask under her nose. 9. During an observation on 8/5/20 at 7:40 a.m., PTA 1 was observed to enter the facility through the therapy entrance. PTA 1 walked past the screening table and into the therapy gym. No mask was observed. One resident was observed, masked, in the therapy gym. PTA 1 noticed the observation, put on a mask, and returned to the entrance with PTA 2. PTA 1 and PTA 2 screened each other. PTA 2 had already been observed in the therapy gym, masked. During an interview on 8/5/20 at 7:43 a.m., PTA 1 indicated all staff should have a mask on when entering the therapy gym and should be screened immediately when entering the facility. Therapy staff enters through the therapy entrance and are to be screened by other therapy staff, and the nursing department enters through the main entrance and are screened there. During an interview on 8/5/20 at 9:25 a.m., The Director of Sales/Marketing indicated the masks are very difficult to keep up, but management went around the entire facility to remind everyone to pull up their masks. The facility is going to immediately order ear savers to ensure the masks stay pulled up over the nose, and to prevent slippage. During an interview on 8/5/20 at 11:25 a.m., the DON (Director of Nursing) indicated he had been reminding staff on the Seasons unit to educate and remind residents to wear masks when out of their rooms. He acknowledged this had been a concern. During a review of the current policy, Covid-19 PPE- Mask Usage, dated 5/6/20, provided by the Administrator on 8/5/20 at 9:31 a.m., indicated, In an effort to ensure the safety and well-being of all residents and staff during an outbreak of the [MEDICAL CONDITION], the facility should utilize face masks in accordance with acceptable standards of infection control practices and per guidance of the Indiana State Department of Health .All ancillary staff who do not provide direct resident care will wear washable cloth masks while in the facility. The masks are to be washed daily for reuse .All staff who provide direct care, such as CNAs, QMAs, licensed nurse will wear a surgical mask their entire shift. During a review of the current policy, Covid 19 Pandemic Guidelines, dated 3/15/20, provided by the Administrator on 8/5/20 at 9:31 a.m., indicated, All employees .will be subject to the screening process. Each employee will be screened prior to starting each shift each day they work .The screening process will be in accordance with the CDC guidelines .The Infection Preventionist should be assessing, monitoring, and assuring compliance with all infection control practices .The facility should be locked with one entrance in non-patient area set up for screening .Residents, resident representatives, other visitors should be educated on [MEDICAL CONDITION] . This Federal tag relates to Complaint IN 030. 3.1-18(b)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.