

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155704	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER APERION CARE WALDRON LLC		STREET ADDRESS, CITY, STATE, ZIP 505 N MAIN ST WALDRON, IN 46182	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure social distancing was being done between staff when possible, failed to ensure staff were wearing their mask properly covering the mouth and nose for 1 of 1 random observations and failed to complete COVID-19 monitoring per facility policy for 2 of 26 residents reviewed for COVID-19 monitoring. (Resident B and Resident D) Findings include: 1.) During an observation of a dance video that was taped on 6/25/2020 between 2:30 p.m. and 4:30 p.m., CNA 2, QMA 3 and CNA 4 were dancing beside each other in the main dining room of the facility with no social distancing, the Social Service Director (S.S.D.) was dancing in front and pulled her mask down below her mouth and nose and turned toward the other three staff during the dance video. During an interview with the Director Of Nursing (DON) on 7/27/2020 at 10:38 a.m., she verified the staff on the video was CNA 2, QMA 3, CNA 4 and the S.S.D. The DON indicated the dance video was made in the main dining room of the facility on 6/25/2020 between 2:30 p.m. and 4:30 p.m. The DON indicated it was the policy for staff to socially distance at least 6 feet apart when possible and to properly wear a mask covering the mouth and nose at all times while in the facility. The DON verified that CNA 2, QMA 3, CNA 4 were not properly socially distancing during the dance video and the S.S.D. was not wearing her mask appropriately covering her mouth and nose during the dance video. The Infection control interim policy addressing healthcare crisis related to Human [MEDICAL CONDITION] provided by the Administrator on 7/27/2020 at 10:40 a.m., All facility employees in all departments will be required to wear a surgical mask during their shift. Extended use of facemask is the practice of wearing the same facemask for repeated close encounters with several different patients, without removing the facemask between patient encounters. Healthcare providers must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene. The facility policy for Social Distancing provided by the DON on 7/27/2020 at 11:18 a.m., was from the Centers for Disease Control and Prevention (CDC) for COVID-19 Social distancing also called physical distancing means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from other people who are not from your house hold in both indoor and outdoor spaces. Keep a Safe Distance to Slow the Spread. The CDC guidance dated 4/20/2020 Implementing safety practices for Critical Infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19. The guidance included, but were not limited to, employee should wear a facemask at all times while in the workplace and maintain social distancing as work duties permit in the workplace.</p> <p>2. The clinical record for Resident B was reviewed on 7/27/20 at 1:35 p.m. The [DIAGNOSES REDACTED]. Upon record review, there were no COVID-19 monitoring orders noted for Resident B. A document titled Weights and Vitals Summary was provided by the Executive Director (ED) on 7/27/20 at 2:00 p.m. The following date(s) did not have a temperature documented for Resident B: 7/26/20, 7/22/20, 7/18/20, 7/15/20, 7/13/20, 7/10/20, 7/8/20, 6/29/20, 6/28/20, 6/26/20, 6/24/20, 6/20/20, 6/13/20, 6/11/20, 6/10/20, 6/5/20, 6/4/20, & 6/3/20. A physician order, start date of 7/27/20, indicated the following for Resident B, .COVID MONITORING .Loss of smell, fatigue, GI (gastrointestinal) upset, SOB (shortness of breath), Cough, Decreased appetite. every shift 3. The clinical record for Resident D was reviewed on 7/27/20 at 1:38 p.m. The [DIAGNOSES REDACTED]. Upon record review, there were no COVID-19 monitoring orders noted for Resident D. A document titled Weights and Vitals Summary was provided by the Executive Director (ED) on 7/27/20 at 2:00 p.m. The following date(s) did not have a temperature documented for Resident D: 7/26/20, 7/18/20, 6/29/20, 6/28/20, 6/26/20, 6/24/20, 6/20/20, 6/13/20, 6/11/20, 6/5/20, 6/4/20, & 6/3/20. A physician order, start date of 7/27/20, indicated the following for Resident D, .COVID MONITORING .Loss of smell, fatigue, GI (gastrointestinal) upset, SOB (shortness of breath), Cough, Decreased appetite. every shift An interview conducted with the Director of Nursing, on 7/27/20 at 1:20 p.m., indicated she was not able to find COVID-19 monitoring for Resident B and Resident D. She inputted new orders to conduct COVID-19 monitoring every shift. A policy titled INFECTION CONTROL - Interim policy addressing healthcare crisis related to Human [MEDICAL CONDITION], revised 6/11/20, was provided by the ED on 7/27/20 at 10:40 a.m. The policy indicated the following, .Resident Screening, Monitoring & Assessment .All residents will be monitored every shift for symptoms of COVID-19 .AND at a minimum obtain temperature and oxygen saturation level (SaO2%) at least daily unless otherwise specified by state rules This Federal tag relates to Complaint IN 220. 3.1-18(a)</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.