

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155766	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER MAPLE MANOR CHRISTIAN HOME INC		STREET ADDRESS, CITY, STATE, ZIP 643 W UTICA ST SELLERSBURG, IN 47172	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to ensure appropriate infection control practices for COVID-19 related to employee screening for 3 of 31 staff members (LPN 2, DA 3, and CNA 4) and prompt isolation and testing of a resident with signs and symptoms of COVID-19 for 1 of 3 residents reviewed for infection control. (Resident 3) Findings include: 1. During the clinical record review on 10/21/20 at 10:45, Resident 3's [DIAGNOSES REDACTED]. The care plan, dated 4/20/20, indicated the resident had a chronic non-productive cough. Interventions included but were not limited to, observe for and report as needed, abnormal breathing patterns and signs and symptoms of respiratory distress. The physician's orders [REDACTED]. The physician's orders [REDACTED]. Notify MD (medical doctor) if temperature 100 or greater and/or new onset of respiratory symptoms, twice daily for screening. The Physician's note, dated 9/23/20 at 11:08 a.m., indicated the resident was seen for poor intake and wheezing. The resident was assessed to have chest wheezing throughout the lungs and coarse lung sounds. The nurses note, dated 9/23/20 at 2:52 p.m., indicated the nurse practitioner (NP) had seen the resident for cough and congestion, new orders were given for antibiotics to treat for [MEDICAL CONDITION]. No orders for COVID testing or isolation were written at that time. The nurse's note, dated 9/24/20 at 11:16 a.m., indicated the resident had wheezing to the bilateral lungs and a wet cough. The clinical record lacked documentation of any orders to isolate or test the resident for COVID-19. During an interview on 10/21/20 at 11:08 a.m., the Infection Preventionist indicated staff should notify the physician immediately of any symptoms of COVID-19. The clinician typically ordered a test for any symptoms of COVID-19. Symptomatic residents should be tested . During a subsequent interview, on 10/21/20 at 12:02 p.m., the Infection Preventionist indicated she was notified of the resident having a cough but she was not sure why the clinician had not ordered a test. The resident had displayed symptoms of COVID-19, and she should have been tested for COVID-19. The placing a resident in isolation was a nursing measure and would not have required a physician's orders [REDACTED].></p> <p>2. A review of the Employee Entry Screen form, dated 10/21/20, indicated LPN (Licensed Practical Nurse) 2, Dietary Aide 3, and CNA (Certified Nursing Aide) 4 failed to screen for symptoms, and take their temperature before starting their shift. During an interview on 10/21/20 at 12:50 p.m., LPN 2 indicated she came to work at 6:15 a.m. She stated No, I didn't sign and complete the screening. She indicated she took her temperature, but did not write it down. They were supposed to take their temperatures and answer the screening questions, she had forgotten. During an interview on 10/21/20 at 1:11p.m., Dietary Aide 3 indicated she did not screen in or take her temperature when she arrived to work at 11:37 a.m. She stated I forgot. I was supposed to screen in when I came in. During an interview, on 10/26/20 at 1:25 p.m., the IP indicated she had spoken to CNA 4, and she said she had not screened in that day before her shift started. The staff were supposed to screen in and take their temperature before the start of their shift. 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.