

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER CARMEL HEALTH & LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 118 MEDICAL DR CARMEL, IN 46032	
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 implement their infection prevention and control program when two staff members failed to properly put on and remove personal protective equipment (PPE) and to perform proper hand hygiene during care for 2 of 6 residents on transmission-based precautions (Resident C and B). Finding includes: During an interview, on 10/08/20 at 9:10 a.m., the Administrator indicated all staff members were expected to wear N95 masks, which were re-used between residents throughout their shifts. There were no residents who had COVID-19 or exhibited COVID-19 symptoms. There were six residents on isolation precautions because they were recently admitted. The facility protocol was to follow the current guidance of the Centers for Disease Control and Prevention (CDC) by placing all newly admitted or readmitted residents on isolation precautions for 14 days whether or not they had been tested in the hospital. Taped on the outside of Resident C's and B's doors were papers indicating the residents were on droplet transmission-based precautions (TBP). Two undated flyers from the CDC were also taped to the outside of the residents' doors which described what PPE to wear and the procedure for putting on and removing PPE as follows: - Sequence for Putting on Personal Protective Equipment. The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE. 1. GOWN. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist. 2. MASK OR RESPIRATOR. 3. GOGGLES OR FACE SHIELD Place over face and eyes and adjust to fit. 4. GLOVES. Extend to cover wrist of isolation gown. - How to Safely Remove Personal Protective Equipment (PPE) Example 1. There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infection materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GLOVES. Outside of gloves are contaminated! If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer. Discard gloves in a waste container. 2. GOGGLES OR FACE SHIELD. Outside of goggles or face shield are contaminated! If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer. If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container. 3. GOWN. Gown front and sleeves are contaminated! If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer. Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties. Pull gown away from neck and shoulders, touching inside of gown only. Turn gown inside out. Fold or roll into a bundle and discard in a waste container. 4. MASK OR RESPIRATOR. Front of mask/respirator is contaminated - DO NOT TOUCH! 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER MOVING ALL PPE. PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE. 1. Resident C's record was reviewed on 10/08/20 at 12:58 p.m. The [DIAGNOSES REDACTED]. During an observation, on 10/08/20 at 10:30 a.m., Qualified Medication Aide (QMA) 2 was preparing to enter Resident C's room on the 700 Hall. QMA 2 was wearing an N95 respirator face mask (medical grade, filtered face mask). She put on her remaining PPE in the following sequence: gloves, then gown, and then goggles. The blue, disposable gown did not cover her back torso. She indicated she probably needed to get a yellow gown but continued to enter the room in the blue gown. Before she exited the room, she took off and discarded the gloves, goggles and gown into the resident's trash can in the following sequence: gown, goggles, then gloves. She did not clean or sanitize her hands between steps of removing her PPE or before exiting the room. With the contaminated hands she left the room, closed the resident's door, pushed a rolling blood pressure/vital sign device to her medicine cart and then sanitized her hands at the medicine cart. During an observation, on 10/08/20 at 12:15 p.m., Certified Nurse Aide (CNA) 1 was distributing meal trays to residents on the 700 Hall. CNA 1 was wearing an N95 face mask. As she was preparing to enter Resident C's room, she put on her remaining PPE in the following sequence: gown, gloves, and goggles. The disposable blue gown did not cover her back torso. She entered the room, set up the resident's tray and then disposed the gloves and gown in the resident's trash can. She did not sanitize her hands between steps of removing her PPE or before leaving the resident's room. With her contaminated hands she placed her goggles in her pocket, opened the door to the laundry/trash room, disposed the PPE in the laundry/trash room, closed the door to the laundry/trash room, opened the door to the common 700-Hall pantry and then washed her hands at the pantry sink. 2. Resident B's record was reviewed on 10/08/20 at 1:13 p.m. The [DIAGNOSES REDACTED]. During an observation, on 10/08/20 at 12:25 p.m., CNA 1 was preparing to enter Resident B's room on the 700 Hall to deliver his meal tray. CNA 1 was wearing her N95 mask and put on the remaining PPE in the following order: blue disposable gown, goggles from her pant pocket and then gloves. The blue gown did not cover her back torso. After setting up the resident's tray, she first removed her gown and then her gloves and placed them in the resident's trash can. She then placed the goggles back into her pocket. She sanitized her hands before exiting the room but did not sanitize her wash her hands between steps of removing her PPE including placing the contaminated goggles in her pants pocket. During an interview, on 10/08/20 at 12:30 p.m., CNA 1 indicated the proper sequence to put on her PPE was gown, goggles and then gloves. She indicated the proper way to remove her PPE was to take off her gown, gloves and then goggles. With the surveyor, she reviewed the CDC instructions taped to Resident B's door and indicated she had described removing her PPE in the improper sequence. She indicated she had been trained to follow the sequence for both putting on and removing PPE as described on the CDC flyer. During an interview, on 10/08/20 at 3:00 p.m., the Director of Nursing (DON) indicated they had placed signs on all the doors of isolated residents describing what PPE to wear and how to put on and remove the PPE. When asked what sequence staff should follow to put on and remove the PPE, the DON did not offer a sequence but indicated staff were expected to follow the directions described on the sign. They had been trained on the sequence. He also indicated staff members must immediately sanitize or wash their hands before leaving a resident's room. There were no hand sanitizer dispensers in the resident rooms, but he indicated staff members carried hand sanitizer in their pockets and all rooms had sinks. The Administrator provided the facility's undated Infection Prevention and Control Program policies and procedures binder on 10/08/20 at 10:30 and indicated they were the most recent policies. They included the following: Sequence for putting on personal protective equipment (PPE) 1. Gown; 2. Mask or Respirator; 3. Goggles or Face Shield; 4. Gloves. Gowns: Gowns should fully cover the torso, fit close to the body and cover the arms to the wrists. Gowns should be worn as part of Contact and Droplet precautions as needed in Standard Precaution Steps of Removing PPE. Removal of PPEs must be done in a specific order and with care to prevent possible contamination of your self or your clothing. Proper removal will protect both the resident and staff. Contamination is the primary concern. Sequence for Removing PPE. Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door. 1. Gloves Outside of Gloves is Contaminated! 2. Goggles or Face Shield. Outside of goggles or face shield is contaminated! Place in designated receptacle for reprocessing or in waste container. 3. Gown. Gown front and sleeves are contaminated! 4. Mask or Respirator. PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE. Sequence for removing PPE. - Gloves; - Goggles/Eye Protection; - Gown; - Mask. Last Step for PPE Removal: WASH</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.

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