STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155329	A. BUILDING _____ B. WING _____	**06/18/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROSEWALK VILLAGE	**1302 N LESLEY AVE INDIANAPOLIS, IN 46219**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to utilize appropriate PPE (Personal Protective Equipment) when entering rooms of residents on droplet precautions for 3 of 4 residents reviewed for infection control (Residents 6, 16, and 78) Findings include: 1. The clinical record for Resident 78 was reviewed on 6/18/2020 at 12:15 p.m. The resident's [DIAGNOSES REDACTED]. She was admitted to the facility on [DATE]. The clinical record contained a physician's orders [REDACTED]. 2. The clinical record for Resident 16 was reviewed on 6/18/2020 at 12:45 p.m. The resident's [DIAGNOSES REDACTED]. He was admitted to the facility on [DATE]. The clinical record contained a physician's orders [REDACTED]. On 6/18/2020 at 12:30 p.m., CNA (Certified Nursing Assistant) 1 was observed entering Resident 78's room. An isolation cart was located outside of her room. CNA 1 did not don a gown, gloves, or eye protection prior to entering the room. She picked up a lunch tray from the bedside table and exited the room, went down the hallway and placed the lunch tray into the dietary cart. She then went into Resident 16's room. His room had an isolation cart outside the door and a sign on the door indicting he was in droplet isolation precautions. She did not don a gown, gloves, or eye protection prior to entering the room. She picked up a lunch tray from the bedside table and exited the room. During an interview on 6/18/2020 at 12:32 p.m., CNA 1 indicated that Resident 16 was in droplet isolation and she should have a gown on when entering his room. On 6/18/2020 at 1:20 p.m., the DNS (Director of Nursing Services) was interviewed. He indicated PPE should be donned prior to entering isolation rooms. 3. The clinical record for Resident 6 was reviewed on 6/18/20 at 12:29 p.m. The [DIAGNOSES REDACTED]. The June, 2020 physician's orders [REDACTED]. Special Instructions: All services provided in room, effective 6/9/20 through 6/22/20. The 6/9/20, 1:27 p.m. progress note read, res (resident) currently LOA (leave of absence) eye appt (appointment,) An observation of Resident 6 was made on 6/18/20 at 1:32 p.m. She was sitting in her wheel chair in her room. There was no sign on the door to indicate she was in isolation. There was an isolation bin, containing PPE, just outside of the door to the left of Resident 6's room. The door to the left of Resident 6's room had a sign on it, indicating that resident was in isolation. An interview was conducted with the DNS (Director of Nursing Services) on 6/18/20 at 1:47 p.m. He indicated the facility had been placing residents in isolation for 14 days after an outside appointment, but was unsure if Resident 6 was in isolation at this time. An observation was made on 6/18/20 at 2:33 p.m. Resident 6 was in her wheel chair being assisted back into her room. The person assisting her was wearing a mask with the top placed just under her nose, leaving her entire nose completely visible. No additional PPE was donned prior to assisting Resident 6 back into her room. There was still no sign on the door. An interview was conducted with RN (Registered Nurse) 2 on 6/18/20 at 2:35 p.m. She indicated she was an agency staff person. If she were to see an aide not wearing the appropriate PPE upon entrance into a resident's room who was on isolation, she would pull the aide to the side and let her know. She stated, It can be hard to remember who's in isolation. Normally, there would be a sign on the door and an isolation bin just outside the door. An interview was conducted with the DNS on 6/18/20 at 2:54 p.m. He indicated Resident 6 was on his isolation list that morning, so she should be in isolation currently. The CDC (Centers for Disease Control) Preparing for COVID-19 in Nursing Homes guidance reads, Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. On 6/18/2020 at 1:20 p.m., the DNS provided the Standard and Transmission-Based Precautions (Isolation) Policy, reviewed 2/2020, which read Policy: The facility shall utilize the appropriate transmission-based precautions based on the means of transmission and the infectious agent or organism involved. The isolation precautions should be the least restrictive possible for the resident under the circumstances. Purpose: to implement appropriate transmission-based precautions to prevent the transmission of infections DROPLET PRECAUTIONS: .Use of Personal Protective Equipment - Mask in addition to gown and gloves. 3.1-18(a)

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