

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER CASTLETON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7630 E 86TH ST INDIANAPOLIS, IN 46256	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to utilize recommended PPE (Personal Protective Equipment) during care for 2 of 10 residents reviewed for infection control (Resident E, F). Findings include: The clinical record for Resident E was reviewed on 6/22/2020 at 3:10 p.m. The resident's [DIAGNOSES REDACTED]. He was admitted to the facility on [DATE] from an acute care hospital, where he had received treatment related to [MEDICAL CONDITION] and falls. The clinical record did not contain a physician's orders [REDACTED]. She was admitted to the facility on [DATE] from an acute care hospital, where she received treatment for [REDACTED]. The newly admitted or readmitted residents were transitioned from the observation area to other parts of the facility after 14 days, if no signs or symptoms of Covid-19 were displayed. On 6/22/2020 at 3:15 p.m., Resident E's room was observed. There was a sign posted on the door of his room which instructed to see nurse before entering. There was not a container with PPE available outside of his door. During an interview on 6/22/2020 at 3:29 p.m., CNA (Certified Nursing Assistant) 2 and LPN (Licensed Practical Nurse) 1 indicated PPE was not used when they entered rooms on the observation unit. There were no Covid -19 positive residents in the building at that time and when there were Covid- 19 positive residents then they wore PPE when entering those rooms. They wore N 95 masks while on the observation unit. They were assigned to care for patients on the observation unit and another hallway in the facility during their shift. On 6/23/2020 at 11:40 a.m., Resident F was observed sitting on her bed. A COTA (Certified Occupational Therapy Assistant) was sitting in a chair by the end of her bed. She was wearing a mask over her mouth and her nose was exposed. She was speaking to Resident F and was typing on a lap top computer. She did not have on a gown, gloves or a face shield. During an interview on 6/23/2020 at 11:41 a.m., RN (Registered Nurse) 4 indicated masks would not be worn below the nose. Masks should cover both the nose and mouth. During an interview on 6/23/2020 at 12:30 p.m., the DON indicated that full PPE, including masks, gloves, gowns and face shields, was only used when providing ADL (Activities of Daily Living) care, for all other care staff utilized only an N-95 mask. This was to optimize the use of PPE. The facility currently had an adequate supply of PPE in stock. PPE was accessible for use with care. On 6/23/2020 at 9:05 a.m., the ED (Executive Director) provided the Infection Control- Coronavirus Policy, revised 5/20/20 which read .Policy: It is the standard of this facility to comply with disaster preparedness requirements, infection prevention and control, CDC guidelines and local health department requirements. Procedure: The facility shall implement the following items with review and revision as indicated .24. Facility will implement the following CMS (Centers for Medicare and Medicaid Services) Guidelines as able, 'Nursing Homes should continue to admit any individual that they would normally admit to their facility, including individuals from hospitals where a case of COVID - 19 was/is present. Also, if possible, dedicate a unit/ wing exclusively for any residents coming or returning from the hospital. This can serve as a step- down unit where they remain for 14 days with no symptoms .', 28. Facility will implement isolation precautions for resident(s) with possible exposure to COVID 19 . Responding to Coronavirus (Covid-19) in Nursing Homes from the CDC at www.cdc.gov dated 4/30/20, was retrieved on 6/22/20. It indicated .Considerations for new admissions or readmissions to the facility .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of 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. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE . 3.1-18(b)</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.