STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155728	A. BUILDING _____ B. WING _____	**10/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANDERLEY HEALTH CARE CENTER	**806 S BUCKEYE ST OSGOOD, IN 47037**

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 interview and record review, the facility failed to ensure infection control practices for COVID-19 were followed during the pandemic, related to isolation of a resident with symptoms of COVID-19 to help mitigate the potential spread of COVID-19 for 1 of 3 residents reviewed for infection control. (Resident B) Findings include: The clinical record for Resident B was reviewed on 10/20/20 at 10:30 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 08/26/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The facility's Respiratory Line List documentation indicated Resident B developed symptoms of cough and myalgia, with a Symptom Onset date of 09/21/20. The resident was placed in isolation and tested for COVID-19 on 09/21/20. The resident was negative for COVID-19, but did remain in isolation for 14 days after the test date. Progress Notes documented on 09/05/20 at 8:58 P.M., indicated Resident B had a moist cough, hoarse voice, and a stuffy nose. Progress Notes documented on 09/06/20 at 12:55 P.M., indicated the resident had a slight cough and was given cough medication. The resident had a slightly runny nose. Progress Notes documented on 09/07/20 at 12:52 A.M., indicated the resident had nasal stuffiness and an occasional cough. Progress Notes documented on 09/09/20 at 3:45 P.M., indicated there was a new physician's orders [REDACTED]. Progress Notes documented on 09/14/20 at 3:56 P.M., indicated the resident received the last dose of the antibiotic and continued to have a moist, non-productive cough. Progress Notes documented on 09/19/20 at 10:46 P.M., indicated the resident continued to have a moist, non-productive cough. Progress Notes documented on 09/20/20 at 11:37 A.M., indicated the resident continued to cough and was wheezing. The resident's skin was flushed. The physician ordered a chest X-ray and a cough medication to be administered every 4 hours. Progress Notes documented on 09/21/20 at 3:38 A.M., indicated the resident continued with a moist, non-productive cough. Wheezing and rubs were heard throughout all of the lung fields, and the resident's face was slightly flushed. Progress Notes documented on 09/21/20 at 10:19 A.M., indicated the physician ordered the resident to be tested for COVID-19. The facility continued to wait for the chest X-ray. Progress Notes documented on 09/21/20 at 12:22 P.M., indicated the resident had a bark like cough and audible rhonchi (low pitched, rattling sounds) throughout her lungs. The resident was somewhat lethargic, with increased weakness noted. The resident was tested for COVID-19, and was moved to another room for isolation precautions for 14 days. There was no indication in the resident's clinical record that she was placed in isolation for signs or symptoms of COVID-19 prior to 09/21/20. During an interview on 10/21/20 at 12:18 P.M., the Director of Nursing indicated Resident B had a history of [REDACTED]. The resident was kept in her room when the symptoms started. She did have a roommate. She was not placed in isolation or tested for COVID-19 prior to 09/21/20. The CDC guidance - Symptoms of Coronavirus, dated as updated 05/13/20, indicated the following: People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, dated as updated 6/25/20, indicated the following: Evaluate and Manage Residents with Symptoms of COVID-19. Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (T greater than or equal to 100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below. Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom. Residents with COVID-19 should, ideally, be cared for in a dedicated unit or section of the facility with dedicated HCP (see section on Dedicating Space). As roommates of residents with COVID-19 might already be exposed, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test. Residents with known or suspected COVID-19 should be cared for using all recommended PPE, 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 face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PE is indicated. 3.1-18(a)

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