

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1120 E DAVIS DR TERRE HAUTE, IN 47802	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to ensure protective eye wear was utilized to provide close contact care to residents isolated in droplet precautions for 5 of 12 residents reviewed infection control practices (Residents 1, 2, 3, 4, and 5). The facility failed to isolate a [MEDICAL TREATMENT] resident, when returning from [MEDICAL TREATMENT], from another resident for 1 of 1 random observation of infection control practices (Residents 4, and 6). Findings include: During the entrance conference on 6/16/20 at 9:45 a.m., with the Director of Nursing (DON) and Administrator a Yellow Zone (isolation unit) was identified as designated on the first floor of the health center. The DON indicated newly admitted residents, and residents readmitted from hospitals were isolated in droplet precautions on the unit for a period of 14 days to ensure there was no presence of Covid-19. The DON indicated residents who travel outside of the facility for routine [MEDICAL TREATMENT] remained isolated in droplet precautions for the period of time they received [MEDICAL TREATMENT]. On 6/16/20 at 10:40 a.m., with the Assistant Director of Nursing (ADON) a tour of the Yellow Zone was done. Residents 2, 3, 4, and 5 were identified as received [MEDICAL TREATMENT] routinely outside of the facility. Personal Protective Equipment (PPE) was observed on the outside of the occupied room doors. Face shields or goggles for eye protection was not observed. The ADON indicated they were not in place. After the observation the DON was observed with several face shield and placed them in the PPE containers outside of the doors. 1. On 6/16/20 at 11:17 a.m., RN 1 was observed to provide an accu-check to test blood sugar to Resident 1, in droplet precautions. The nurse donned PPE which included a surgical mask, face shield, gown and gloves. The RN was questioned if the face shields had been utilized prior to the DON adding them to the PPE and she indicated they had not. Resident 1's clinical record was reviewed on 6/16/20 at 2:00 p.m. An entry tracking form was noted with an admitted from an acute hospital on [DATE]. A [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. A plan of care included but was not limited to, Covid-19 Precautions, Active with interventions of Social Distancing education given to residents. Isolation for 14 days for all entering from hospital. Monitor for s/s covid every shift and report any abnormal findings to md (medical doctor.) 2. On 6/16/20 at 10:40 a.m. Resident 2 was observed in a Yellow Zone, droplet precautions, room in a wheelchair wearing oxygen. Resident 2's clinical record was reviewed on 6/16/20 at 2:10 p.m. An Admission Minimum Data Set (MDS) assessment, dated 6/2/20, coded the resident as utilized oxygen, and received [MEDICAL TREATMENT]. The assessment coded the resident as required extensive assistance with toileting and hygiene and was always incontinent of bowel and bladder. A physician's orders [REDACTED]. A plan of care documented as Active (Current) status, addressed the resident went to [MEDICAL TREATMENT] center on Monday, Wednesday, and Friday. A plan (current) addressed Covid-19 Precautions for [MEDICAL TREATMENT] patient remained in place while on [MEDICAL TREATMENT]. 3. Resident 3's clinical record was reviewed on 6/16/20 at 2:15 p.m. An annual MDS assessment, dated 4/3/20, indicated the resident received [MEDICAL TREATMENT], oxygen therapy, and utilized Bi PAP (Bilevel Positive Airway Pressure.) The resident's [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. A plan of care with current status addressed the problem of Covid-19 precautions with intervention of [MEDICAL TREATMENT] patient will remain in Yellow unit while on [MEDICAL TREATMENT]. 4. On 6/16/20 at 11:00 a.m., Certified Nursing Assistant (CNA) 2 was interviewed. She indicated she provided restorative services to residents in the Yellow Zone and throughout the Health Center. She assisted other CNAs as needed, and identified Resident 5, in the Yellow Zone, as required assistance at times emptying a [MEDICAL CONDITION] bag. She indicated PPE was worn but did not include any kind of eye protection. Resident 5's clinical record was reviewed on 6/16/20 at 1:50 p.m. A quarterly MDS assessment, dated 6/7/20, coded the resident had a [MEDICAL CONDITION], required extensive assistance of two for toilet use and personal hygiene. The ADON was interviewed on 6/17/20 at 2:42 p.m., and indicated the resident had been out of the facility for a couple of days for an orthopedic procedure and remained in droplet contact isolation. 5. On 6/16/20 at 10:40 a.m. Resident 4 was observed in a wheelchair in the common area of the first floor, close to the nurses' station with staff in the area. The resident appeared to be sleeping and had a face mask on below his chin. He was less than six feet from Resident 6, seated in a wheelchair without a face mask. At 11:14 a.m., the residents were observed in the same position. A nurse indicated Resident 4 had been sent back from [MEDICAL TREATMENT] due to diarrhea. The resident was then taken to his isolation room in the wheelchair by staff. The Resident 4's clinical record was reviewed on 6/16/20 at 2:15 p.m. An annual MDS assessment, dated 3/27/20, coded the resident with [DIAGNOSES REDACTED]. The assessment coded the resident as required extensive assistance of one for locomotion, toileting, and personal hygiene. A physician's orders [REDACTED]. An order was noted to test the resident's blood sugar with finger stick test every hour of sleep, dated 1/15/20, and blood sugar tests four times daily with sliding scale insulin coverage, dated 1/25/20. A care plan identified as Active (Current) status, addressed the resident be in Covid-19 precautions (yellow zone) while on [MEDICAL TREATMENT]. Resident 6's clinical record was reviewed on 6/16/20 at 2:20 p.m. A Quarterly MDS assessment, dated 3/26/20, coded the resident with severe cognitive impairment, required extensive assistance of one for locomotion in a wheelchair. The facility's policy provided by the DON on 6/16/20, from, Heaton Resources, dated March 2020, addressed Infection Precautions, Droplet Precautions, included but was not limited to Droplet precautions are implemented to control the spread of infections by droplets through short distances in the air. Droplets are large particles (greater than 5 microns) that can be inhaled when an infected person coughs, sneezes or talks. Respiratory procedures like suctioning can also generate droplets. The COVID-19 coronavirus is primarily spread through droplets. Facemasks should be placed on anyone suspected or confirmed to have COVID-19. In addition, facemasks should be worn when coming within six feet of a suspected or confirmed COVID-19 infected individual in order to protect from respiratory droplets. Masks, gowns, gloves and goggles should be worn during procedures that expose healthcare personnel to splashes or sprays of secretions. The CDC guidance - Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown, indicated, 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 (Health Care Provider) 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 3.1-18(b)(2)</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.