STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155858	A. BUILDING _____ B. WING _____	**10/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RESTORACY OF WHITESTOWN, THE	**6712 RESTORACY DRIVE WHITESTOWN, IN 46075**

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** - Some	**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 follow Centers for Disease Control (CDC) guidance during a pandemic and ensure infection control practices for COVID-19 were implemented for staff utilizing Personnel Protective Equipment (PPE) properly for 4 of 4 random staff observations for infection control, and also failed to provide 14 day isolation for a resident who returned from an extended hospital stay (Resident C) for 1 of 3 randomly selected resident reviews. Findings include: 1. On 10/13/2020 at 10:10 a.m., during a tour of the facility Building 1, with the Director of Nurses (DON), Cook 5 was observed as he prepared food, in a common kitchen/ dining area. Cook 5 had his surgical mask pulled down below his chin. On 10/13/2020 at 10:35 a.m., during a tour of the facility Building 6, with the DON, Cook 6 was observed as he prepared food, in a common kitchen/ dining area. Cook 6 had his surgical mask pulled below his nose, only covering his mouth. On 10/13/2020 at 10:55 a.m., during a tour of the facility Building 5, with the DON, Cook 4 was observed as she prepared food, in a common kitchen/ dining area. Cook 4 had was wearing a cloth face mask. No face shield was observed. On 10/13/2020 at 11:00 a.m., during a tour of the facility Building 5, with the DON, Certified Nurse Aid (CNA) 3 was observed, as she interacted with an unidentified resident in the dining room. She was wearing a cloth face mask without a surgical mask over it. No face shield was observed. On 10/13/2020 at 11:16 a.m., during an interview, the DON indicated all employees should wear masks properly, covering their mouth and nose, at all times, in the facility. All staff had receiving in-service training on how to properly wear face masks. Cook 4 had an allergy to the surgical mask, which caused a rash on her face, she could not tolerate it at all, even over top of her cloth mask. CNA 3 also had an allergy, her face would break out with blisters, if she wore a surgical mask against her skin. The DON indicated the employees with allergies [REDACTED]. The facility followed all Indiana Department of Health (IDOH), and Center for Disease Control and Prevention (CDC) guidelines for PPE use. On 10/13/2020 at 11:48 p.m., the DON provided a current facility policy, dated 09/15/2020, titled (Name of Facility) COVID Update. She indicated it was from (Name of Consultant Group). This policy indicated, .Staff must be wearing procedural/surgical facemasks supplied by the facility. Should they have difficulty or a sensitivity to the masks, this will be addressed by the Administration or the DON. Alternatives may be used example: cloth mask with or without a filter .Use of Face Shields or Protective Eyewear/Goggles 2. On 10/13/2020 at 11:40 a.m., the electronic medical record was reviewed for Resident C. The record indicated on 10/6/2020 at 9:00 p.m., an X-ray of Resident C's left hip, taken after a fall, had reported an abnormal finding. The Nurse Practitioner (NP) was contacted and gave an order to send the Resident to the hospital. On 10/06/2020 at 9:47 p.m., Resident C was transported by ambulance to the hospital, for evaluation of her injury. On 10/09/2020 at 3:58 p.m., Resident C returned from the hospital. Resident C returned to her room, and no isolation was ordered. On 10/13/2020 at 10:20 a.m., during a tour of Building 4, with the DON, no resident rooms were observed as isolation rooms. On 10/13/2020 at 12:20 p.m., during an interview, the DON indicated building 4 had no isolation residents. Resident C had been admitted to the hospital due to a pelvic fracture. She had not been placed in isolation upon her return from the hospital. Residents who went out to appointments or hospital visits, non COVID related, and were asymptomatic with routine screening, did not require isolation on return. The facility followed all Indiana Department of Health (IDOH), and Center for Disease Control and Prevention (CDC) guidelines for isolation and quarantine. On 10/13/2020 at 12:50 p.m., the DON provided a copy of the Indiana Department of Health's Visitation Guidelines for Long-term Care Facilities, dated 06/29/2020. This document indicated .Known COVID-19 Negative Status: if residents are admitted from the hospital who have a COVID-19 negative test during that admission and are not under treatment for [REDACTED]. She then provided a document titled, Indiana Department of Health's COVID-19 Guidance for Hospital Discharge to Long-Term Care Facilities, dated 08/17/2020. This document indicated, .Category 1: Patients for whom there is no clinical concern for COVID-19 (e.g., no fever, no new cough and no shortness of breath): These patients are acceptable for transfer to LTCF facility without COVID-19 testing .Category 1 NO COVID Concern: Acceptable to return via standard process The DON indicated she was not aware of any more recent guidance for hospital re-admissions. Indiana Department of Health's Visitation Guidelines for Long-term Care Facilities - Updated 09/23/20, indicated .New Admissions or Re-admissions: CDC recommends managing the unknown COVID-19 status for all new admissions or re-admissions to the facility. (Examples of readmissions are those who are admitted from extended hospital, or those who have gone on family stays that extend over a period of days during the COVID-19 outbreak) .Unknown COVID-19 Status: CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19 .Residents can be transferred out of the observation area to the general population area of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission) .Testing at the end of this period could be considered to increase certainty that the resident is not infected but is not required .If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation . All recommended PPE should be worn during care of newly-admitted or readmitted residents under observation for unknown COVID status; this includes use of facemask, eye protection (i.e., goggles or a disposable 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 by healthcare provider when PPE is indicated 3.1-18(b)(1)

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.