

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER BERTHA D GARTEN KETCHAM MEMORIAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 601 E RACE ST ODON, IN 47562	
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.</p> <p>Based on observation, interview, and record review, the facility failed to prevent and/or contain the spread of COVID-19 for 4 of 7 residents in droplet and contact precautions, signs were missing from the room doors, and lacked the guidance for what type of PPE (Personal Protective Equipment) to use when entering the resident's room. (Residents 2, 3, 4, 5). Findings include: 1. On 10/21/20 at 9:10 A.M., during the initial tour, RN 2 indicated Resident 3 had been newly admitted to the facility, and was in quarantine for 14 days. Staff were to follow droplet and contact precautions when entering the resident's room. There were no signs on the resident's door which indicated what kind of precautions the resident was on, or what kind of personal protective equipment (PPE) to wear when caring for the resident. 2. On 10/21/20 at 9:10 A.M., during the initial tour, RN 2 indicated Resident 4 had been newly readmitted to the facility, and was in quarantine for 14 days. Staff were to follow droplet and contact precautions when entering the resident's room. There were no signs on the resident's door which indicated what kind of precautions the resident was on, or what kind of personal protective equipment (PPE) to wear when caring for the resident. 3. On 10/21/20 at 9:10 A.M., during the initial tour, RN 2 indicated Resident 5 had been newly admitted to the facility, and was in quarantine for 14 days. Staff were to follow droplet and contact precautions when entering the resident's room. There were no signs on the resident's door which indicated what kind of precautions the resident was on, or what kind of personal protective equipment (PPE) to wear when caring for the resident. 4. On 10/21/20 at 9:20 A.M., during the initial tour, the Memory Care Director indicated Resident 2 had been newly admitted to the facility, and was in quarantine for 14 days. Staff were to follow droplet and contact precautions when entering the resident's room. There were no signs on the resident's door which indicated what kind of precautions the resident was on, or what kind of personal protective equipment (PPE) to wear when caring for the resident. On 10/21/20 at 10:30 A.M., during an interview with the Infection Prevention nurse, she indicated residents in quarantine should have the appropriate signs on the doors. On 10/21/20 at 12:50 P.M., the Infection Prevention nurse provided the current facility policy, Isolation - Categories of Transmission-Based Precautions, dated 2011. The policy included: Signs - The facility will implement a system to alert staff to the type of precaution resident requires 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.