STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155231	A. BUILDING _____ B. WING _____	**09/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RANDOLPH NURSING HOME	**701 S OAK ST WINCHESTER, IN 47394**

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 observation, record review, and interview, the facility failed to ensure infection control measures were followed during a global pandemic of COVID-19 when 2 of 5 residents, reviewed for Transmission Based Precautions due to a suspected COVID-19 infection, lacked immediate implementation of droplet and contact isolation (Resident 13, Resident 31), and failed to maintain six feet social distancing during meals on the memory care unit, for 2 of 2 observations of meals on the memory care unit. Findings include: 1.During a random observation, on 9/21/20 at 1:22 p.m., Residents 13 and 31 were observed without facemasks in room [ROOM NUMBER] and lacked implementation of contact and droplet isolation. room [ROOM NUMBER] lacked isolation signage and personal protective equipment at the entrance. a. Review of Resident 31's clinical record, on 9/21/20 at 2:15 p.m., indicated Resident 31 was the room mate of Resident 13 on 9/21/20 and were still roommates. The clinical record lacked an order for [REDACTED]. A nurse's note, dated 9/21/20 at 11:40 a.m., indicated rapid COVID-19 [MEDICATION NAME] testing was performed and was negative. During a follow up observation, on 9/21/20 at 3:49 p.m., Residents 13 and 31 were observed in their room without contact and droplet isolation precautions. The outside of the room lacked isolation signage and personal protective equipment at the entrance. During an interview with the Director of Nursing (DON), on 9/21/20 at 3:51 p.m., she indicated the facility followed up with a polymerase chain reaction (PCR) swab for this resident and the resident remained without contact and droplet isolation precautions. She indicated they did not isolate the resident but instead waited for the test results to determine if the resident required isolation. The DON indicated the facility process was to wait for testing results before they placed a symptomatic resident into isolation. During an interview with the DON, on 9/21/20 4:02 p.m., she indicated the [MEDICATION NAME] Point of Care (POC) test (rapid result COVID-19 test) was performed on Resident 13 that morning and the polymerase chain reaction (PCR) test (confirmatory COVID-19 test) was in the process of being performed. She indicated Residents 13 and 31 were not in isolation. During an interview with the DON, on 9/22/20 at 9:28 a.m., she indicated immediate droplet and contact isolation should be implemented when a resident exhibited cyanosis (blue skin), an oxygen saturation less than 90 percent, and a respiratory rate of 42. She indicated the roommate also should have been placed in immediate contact and droplet isolation. The DON indicated she was familiar with the facility policy and the facility followed the policy. She indicated the facility did not have a standing order for isolation but an order for [REDACTED]. have been isolated immediately and tested with a COVID-19 antibody test (Igm) and a PCR COVID-19 swab. During an interview with Medical Doctor (MD) 2, on 9/22/20 at 9:40 a.m., she indicated she was not able to rule out COVID-19 and Resident 13 should have been in isolation for 14 days or until the PCR COVID-19 test returned with a negative result. She indicated COVID-19 had been known to cause cardiac conditions. A current facility policy, dated 3/27/20, titled, Coronavirus 2019 (COVID-19) Clinical Care and Facility Protocol, provided by the DON, included, but was not limited to the following: V. Immediate Actions for Signs and Symptoms of Infectious Respiratory Syndrome Patients with signs and symptoms of an Infectious Respiratory Syndrome, with fever, cough, shortness of breath, myalgia and/or other active respiratory symptoms will be place {sic} in isolation immediately . IX. Isolation Precautions, Presumed Positive or Laboratory Confirmed COVID-19 Patients with suspected COVID-19 will be placed in isolation immediately. 2. During an initial observation of the Memory Care Unit on 9/21/20 at 11:25 a.m., nine residents were seated in the dining room less than six foot apart. Two residents were observed seated in chairs with chair arms touching, three residents were seated together at one table, and two other tables had two residents seated directly next to each other. During an interview on 9/21/20 at 11:40 a.m., the DON indicated the facility did not have enough room on the Memory Care Unit to seat residents for meals greater than six foot apart. During an observation on the Memory Care Unit on 9/22/20 at 12:19 pm, the residents were being brought into the dining room by staff for lunch. The 22 residents were seated at eight tables as follows: One table with four residents, Four tables with three residents, and Three tables with two residents. During an interview on 9/22/20 at 12:25 p.m., LPN 4 indicated residents were seated this way for each meal. A current facility policy, dated 3/27/20, titled, Coronavirus 2019 (COVID-19) Clinical Care and Facility Protocol, provided by the DON, included, but was not limited to the following: Residents will maintain a 6 foot social distance. Activities and communal dinning {sic} will be closely monitored to maintain resident's 6-foot social distance. 3.1-18(b)(2)

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.