

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155725	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY PLACE HEALTH CENTER AND ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP 1750 LINDBERG RD WEST LAFAYETTE, IN 47906	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure an isolation unit for residents pending COVID-19 test results was identifiable to staff and visitors and failed to ensure proper personal protective equipment (PPE) for each isolation room was available and utilized by the staff. This deficient practice had the potential to affect 11 of 24 residents on the health care side of the facility. Findings include: During an observation, on 10/15/20 at 3:30 p.m., there was no signage indicating the 1100 hallway had been designated for the yellow zone for residents pending COVID-19 tests results. There were no isolation carts down the yellow zone hallway. Some resident room doors were open. During an interview, on 10/15/20 at 3:58 p.m., RN 7 indicated she was taking care of the COVID positive resident and the residents on the yellow zone hallway. She acknowledged there was no signage for the red zone COVID unit or for the yellow zone. She indicated they double mask because each staff was given an N95 mask at the nurse's station in a bag. They use a surgical mask over the N95 mask the whole shift while taking care of residents in the yellow zone. There were no isolation carts with PPE outside or inside the resident rooms. The staff only wore masks. Gowns, gloves, goggles or face shields were not available at the resident rooms. During an interview, on 10/15/20 at 3:54 p.m., the Director of the Assisted Living did not have a reason why there were no isolation carts in the 1100 hallway for residents pending COVID-19 test results. She was unaware of the need for droplet precautions (PPE such as gowns, gloves, goggles or face shields) to be taken. During an interview, on 10/15/20 at 6:54 p.m., the DON indicated they use the guidelines for PPE in accordance for with the Centers for Disease Control and Prevention (CDC) Coronavirus 2020. According to the CDC updates, titled Responding to Coronavirus (COVID-19) in Nursing Homes, dated 04/30/20, indicated .Resident Cohorting .Assign dedicated health care provider (HCP) to work only on the COVID-19 care unit .Place signage at the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms According to the CDC updates, titled Preparing for COVID-19 in Nursing Homes Infection Control for Nursing Homes, dated 06/25/20, indicated .Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices .Personal Protective Equipment (PPE) .Perform and maintain an inventory of PPE in the facility .HCP should wear 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 3.1-18(a)</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.