STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155664	A. BUILDING _____ B. WING _____	**10/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
EAGLE CREEK HEALTHCARE CENTER	**4102 SHORE DR INDIANAPOLIS, IN 46254**

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, interview, and record review, the facility failed to ensure personal protective equipment (PPE) was doffed and donned appropriately when caring for a resident who required droplet plus isolation (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) precautions for 1 of 3 residents reviewed for infection control (Resident B). Findings include: On 10/14/20 at 11:55 a.m., Certified Nursing Assistant (CNA) 4 was observed to leave Resident B's room wearing an isolation (special precautions to prevent the spread of germs) gown. Signs on Resident B's door indicated the resident required isolation precautions. At the same time Licensed Practical Nurse (LPN) 3 instructed CNA 4 she should not have worn the isolation gown into the hallway. CNA 4 removed the isolation gown, with ungloved hands, and placed it into an uncovered trash can in the hallway. CNA 4 was not observed to perform hand hygiene. CNA 4 proceeded to the linen room, retrieved linens, and returned to Resident B's door. CNA 4 removed an isolation gown from the [MEDICATION NAME] on Resident B's door, and entered the room, without donning the isolation gown. After CNA 4 entered Resident B's room, LPN 3 indicated Resident B required droplet plus isolation (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) precautions because she had an elevated temperature a the day before. She was unsure if Resident B was tested for COVID-19 after she developed an elevated temperature. Personal protective equipment (PPE) should have been doffed before exiting the room, and donned before entering the room, when caring for residents who required droplet plus isolation precautions. Hand hygiene should have been done with the PPE was removed. The isolation gown should have been disposed of in the resident's room. Resident B's record was reviewed on 10/14/20 at 1:46 p.m. A quarterly Minimum Data Set (MDS) assessment indicated the resident had a moderate cognitive impairment. A vital signs record, dated 10/13/20, indicated the resident's temperature was 100.4 degrees Fahrenheit (F). A physician's orders [REDACTED]. A COVID-19 test, dated 10/13/20, was negative. A care plan, dated 10/13/20, indicated the resident required droplet isolation precautions. During an interview, on 10/14/20 at 12:03 p.m., CNA 5 indicated she provided care for residents who required droplet plus isolation precautions. PPE should have been donned before staff entered the room, and doffed before staff left the room. Hand hygiene should have been performed after PPE was doffed. Isolation gowns should not have been worn in the hallway. During an interview, on 10/14/20 at 2:20 pm., the Director of Nursing (DON) indicated PPE should have been donned before staff entered the room and doffed before staff left the room for residents who required droplet plus isolation precautions. Isolation gowns should have been disposed of in the resident's room, not in the hallway. On 10/14/20 at 2:02 p.m., the DON provided a document titled, USE OF PPE WHILE IN THE FACILITY, and indicated it was the policy currently being used by the facility. The policy indicated, .New Admissions, Residents Who Have Been Exposed (Yellow Quarantined/Observation Area) Residents with S&S of COVID, but does not have a positive or waiting on results of their test: These are residents who 'may' be contagious but DO NOT SHOW any signs and symptoms of COVID. (Quarantined area: Full PPE will be used. Full PPE consist N95 masks, gloves, gown and eye covers .Gowns must be disposed of when exiting the resident room and/or changed out between patients 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.