

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155621</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINE HAVEN HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3400 STOCKER DR EVANSVILLE, IN 47720</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis. Residents were observed without masks when out of their rooms, and wearing them under their nose and chins. Staff were observed with masks under their noses, uncovered linens were observed on the COVID-19 unit, and employee masks were observed in plastic containers with a lid, and unfolded or folded incorrectly, and the COVID-19 plastic barrier lacked signage to alert staff of the type of precautions and PPE (personal protective equipment) needed on the unit. This had the potential to affect 81 out of 81 residents in the facility. ( Resident 91, Resident 6, Resident 34) Findings include: 1. During an observation on 10/5/20 at 8:58 a.m., upon entry to the facility a rack was observed with plastic containers with lids. Inside were employee masks. All employee masks were kept in the plastic containers. During a follow up observation on 10/5/20 at 9:22 a.m., the masks inside the plastic containers were observed to be folded incorrectly or not folded at all in the plastic containers. During an interview with the DON (Director of Nursing) on 10/5/20 at 11:20 a.m., he indicated all staff kept their masks in the plastic storage containers. They had previously had the masks in paper bags per CDC (Centers of Disease Control) guidance, but were told they were not adequately sealed so they purchased the plastic containers. The Indiana Department of Health Infection Preventionist (IP) was in last week and also indicated the plastic containers did not meet CDC guidance and the masks needed to be in a paper bag. He indicated they were still awaiting the IP's recommendations from her visit, so they had not changed the mask storage. The DON indicated there were 81 residents in the facility at this time, and the facility employed 125 staff members. 2. During an observation on 10/5/20 at 9:23 a.m., an uncovered linen cart was observed through the door window of the COVID-19 unit, near the double doors. Staff was observed at the nurses' station. 3. During an observation on 10/5/20 at 9:24 a.m., the plastic barrier of the COVID-19 unit was observed. No signage was noted on the plastic denoting it as a COVID-19 unit, or what type of PPE (personal protective equipment) needed to be worn on the unit, or that the unit was on contact/droplet precautions. 4. During an observation on 10/5/20 at 9:26 a.m., Resident 91 was observed in her wheelchair, sitting at a table adjacent from the nurses' station. Resident 91's mask was under her chin. RN 1 was observed at the nurses' station, and the Receptionist identified the resident, but no reminders or redirection was observed. During an observation on 10/5/20 at 11:04 a.m., Resident 91 was observed ambulating in her wheelchair near the reception desk. Resident 91's mask was under her chin. The Receptionist was at the desk. No reminders or redirection was observed. During a review of Resident 91's clinical record on 10/5/20 at 1:52 p.m., indicated Resident 91 was severely cognitively impaired. Resident 91's medical [DIAGNOSES REDACTED]. Resident 91's care plans indicated, but were not limited to, Resident is at high risk for signs and symptoms of COVID-19. Interventions included, but were not limited to, educate staff, resident, family, and visitors of COVID-19 signs and symptoms and precautions., follow facility protocol for COVID-19 screening/precautions, observe for signs and symptoms of COVID-19, provide in room activities of choice as able. 5. During an observation on 10/5/20 at 9:26 a.m., Resident 6 was observed sitting in her wheelchair in the common area adjacent to the nurses' station. Resident 6 was not wearing a mask. RN 1 was observed at the nurses' station, but no reminders or redirection was observed. During a review of Resident 6's clinical record on 10/5/20 at 1:58 p.m., it indicated Resident 6 was severely cognitively impaired. Resident 6's medical [DIAGNOSES REDACTED]. Resident 6's care plans indicated, but were not limited to, Resident is at risk for social isolation related to COVID-19 visitation restrictions. Interventions included, but were not limited to, educate staff, resident, family, and visitors of signs and symptoms of COVID-19, follow facility protocol for COVID-19 screening/precautions. 6. During an observation on 10/5/20 at 9:28 a.m., LPN 1 was observed with her mask under her nose. LPN 1 was sitting at the nurses' station less than six feet away from CNA 1. LPN 1 pulled up her mask as this surveyor approached. 7. During an observation on 10/5/20 at 9:31 a.m., LPN 2 was observed with her mask under her nose. LPN 2 indicated she needed a new mask, but did not obtain a new mask immediately. LPN 2 pulled up her mask as this surveyor approached. 8. During an observation on 10/5/20 at 9:34 a.m., Resident 34 was observed sitting in her wheelchair in the dining room, looking out the window. Resident 34 was not wearing a mask. Resident 34 indicated she did not have a mask. During a review of Resident 34's clinical record on 10/5/20 at 10:55 a.m., it indicated Resident 34 was cognitively intact. Resident 34's medical [DIAGNOSES REDACTED]. Resident 34's care plans did not include a care plan related to COVID-19. During an interview with the DON on 10/5/20 at 11:20 a.m., he indicated linens should be covered, and all staff and residents should be wearing masks over their nose and mouth. During an interview with the DON on 10/5/20 at 2:26 p.m., he indicated he just put the signage on the plastic barrier of the COVID-19 unit. He further indicated the facility did not have a specific written policy related to the COVID-19 unit signage. During a review of the current policy, Departmental (Environmental Services)- Laundry and Linen, revised January 2014, provided by the DON on 10/5/20 at 2:24 p.m., it indicated, Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts. During a review of the current policy, Personal Protective Equipment-Face Masks, revised July 2009, indicated, Facility personnel must wear a face mask when performing any task that may involve the splashing of blood or body fluids into the nose or mouth and when the use of eyewear is indicated. Face masks must be changed when they become moist or soiled. The facility lacked a specific written policy related to resident mask use. 3.1-18(b) 3.1-18(l)</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.