STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155258	A. BUILDING _____ B. WING _____	**08/25/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	**205 MARINE DR ANDERSON, IN 46016**

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.** Based on observation, record review and interview, the facility failed to assure staff donned facemasks properly, maintained a single entrance into facility, and completed health screening of employees to reduce possible exposure of residents with an illness, such as COVID 19. Findings include: 1. During an observation on the 200 hall on 8/25/20 at 1:50 p.m., PCA 2 was observed walking down resident hallway with her mask placed below her nose. During an interview, PCA 2 indicated she had been educated on how to properly wear her facemask and was not wearing it correctly. 2. During an observation on the 200 hall on 8/25/20 at 2:33 p.m., QMA 3 was observed entering the building through the North doors at the end of the 200 hall. During an interview, QMA 3 indicated she enters and exits the facility from this entrance. She indicated she did take her temperature upon entering, but did not sign the screening sheets on the table or record her temperature anywhere. She denied receiving any education regarding screening upon entry to the facility or the use of a single entrance. 3. During an observation on the 200 hall on 8/25/20 at 2:35 p.m., RN 4 entered a code to the locked door at the north end of the 200 hall and allowed QMA 5 to enter building. During an interview, QMA 5 indicated she uses this entrance to enter and exit the facility. She indicated her understanding was this was the employee entrance. She denied any education regarding a single entrance to the facility. An observation of the north door at the end of the 200 hall lacked any signage regarding using the front entrance to the facility. 4. A review of the Start of Shift Daily Employee Screening Log provided by the Administrator on 5/25/20 at 2:54 p.m., indicated, of the 16 healthcare staff who had entered the building for the 1st and 2nd shifts on 5/25/20, only three staff had completed the Start of Shift Daily Employee Screening Log. During an interview on 8/25/20 at 2:54 p.m., the Administrator indicated staff were required to wear their masks correctly for the entire shift, to cover both the nose and mouth. Staff was to use the front entrance doors and complete a temperature and sign-in screening sheet from the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. She indicated the front entrance was locked at 5:00 p.m. on weekdays and throughout the weekend. The only entrance from 5:00 p.m. to 8:00 a.m., Monday through Friday and on weekend was the north door at the end of the 200 hallway. She indicated the staff should not use that entrance during the daytime hours, Monday through Friday. She indicated staff was to document temperature and complete the screening questions on the sign-in sheets upon entering the building. She was not aware the staff was using the north door at the end of the 200 hallway to enter the building and not completing the screening. The Administrator indicated there was no written policy or documented education for the screening forms, but the staff had been shown the forms during COVID 19 training and educated on the entrance policy in March 2020. No other information was provided prior to exit. 3.1-18(a)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE