

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155691	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER MORRISTOWN MANOR		STREET ADDRESS, CITY, STATE, ZIP 868 S WASHINGTON ST MORRISTOWN, IN 46161	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to utilize PPE (personal protective equipment) per their policy by utilizing the same PPE for multiple residents. This had the potential to affect 7 out of 100 residents that reside in the facility. (Residents B, C, D, E, F, G and H) Findings include: An observation was conducted of the hallway identified as the yellow zone, on 9/11/20 at 11:15 a.m., with the Director of Nursing (DON). There was a total of 8 residents with one of them being positive for COVID-19. The other 7 residents were identified as new admissions to the facility and the need to be on isolation until the facility tested those residents for COVID-19. CNA (Certified Nursing Assistant) 2 was scheduled as the direct care staff person for the yellow zone. There were numerous gowns located outside resident rooms. There were 2 gowns tucked into a hand rail outside of Resident G's room and another gown located on top of a red bin labeled trash only. CNA 2 proceeded to enter the unit and donned that gown that was previously located on top of the red bin labeled trash only. There were other gowns hanging outside Resident D's and Resident H's room. There was a gown hanging on the back of a shower chair located outside of Resident J's room. Resident J was identified as being COVID-19 positive. CNA 2 proceeded to walk down the hallway, after donning the gown that was previously located on top of the red bin, and went into Resident C's room. When CNA 2 exited Resident C's room she doffed that same gown and tucked it within the hand rail outside of Resident C's room. An interview conducted with CNA 2, during the time of observation, indicated she wears the same gown for all residents on the yellow zone. She wears a gown specifically for Resident J who was positive for COVID-19 and identified the gown directed for Resident J as the gown located on the back of the shower chair located in the hallway, outside of Resident J's room. During an interview, on 9/11/20 at 11:20 a.m., the DON indicated the staff should not be reusing PPE for different residents. The facility was going to buy hooks to keep the PPE stationed in that resident's room for the intended use for that resident only. The facility utilizes reusable gowns as well as disposable gowns. 1. The clinical record for Resident B was reviewed on 9/11/20 at 12:25 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed 2. The clinical record for Resident C was reviewed on 9/11/20 at 12:27 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed 3. The clinical record for Resident D was reviewed on 9/11/20 at 12:29 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed 4. The clinical record for Resident E was reviewed on 9/11/20 at 12:31 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed 5. The clinical record for Resident F was reviewed on 9/11/20 at 12:33 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed 6. The clinical record for Resident G was reviewed on 9/11/20 at 12:35 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed 7. The clinical record for Resident H was reviewed on 9/11/20 at 12:36 p.m. A physician's orders [REDACTED]. Droplet/contact isolation. All meals, activities, therapy and services must be provided in room with isolation precautions followed A policy titled Infection Control Precautions, dated October of 2014, was provided by the DON on 9/11/20 at 11:00 a.m. The policy indicated the following, .Contact Precautions: are intended to prevent transmission of (known or suspected) infectious agents. Contact precautions are additional steps taken above and beyond standard precautions and should be utilized in certain situations that can be found in the precautions table policy. Contact precautions do not require a physician's orders [REDACTED]. Provide an infection control cart containing personal protective equipment in the resident's room for all visitor and employees to utilize .Personal protective equipment should be removed while in the resident's room and disposed of in the normal trash receptacle .Droplet precautions: applies to a resident known or suspected to be infected with a pathogen that can be transmitted by droplet route A document titled Zones, undated, was provided by the DON on 9/11/20 at 1:19 p.m. The document indicated the following, .Green .Current in-house asymptomatic resident .Residents from YELLOW zone who tested negative for COVID-19 .YELLOW .Admission/Readmission Monitoring .Resident admission/readmission from hospital with no test and no symptoms .Resident admission/readmission from the hospital with negative tests and no symptoms .Removal Criteria from Zones .YELLOW - Admission/re-admission will be tested on days 3-5 to determine if they go into the Green Zone (Negative for COVID-19) or Red Zone (positive for COVID-19) 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.