

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155621	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3400 STOCKER DR EVANSVILLE, IN 47720	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis for 1 of 1 medication administration, 4 of 4 residents who received therapy, 11 of 11 residents observed in the lobbies and halls for 3 of 4 units observations. Masks were observed under staff's chins and below their nose, a medication was handled with bare hands, precautions signs were missing from resident's room who were on precautions, and residents were not social distancing or wearing masks while out of their rooms. (CNA 1, Maintenance 1, LPN 1, Resident 41, Resident 28, Resident 49, Resident 77, LPN 2, Resident 25, Resident 63, Resident 44, Resident 67, Resident 2, Resident 53, Resident 45) Findings include: 1. On 5/26/2020 at 9:10 a.m., CNA 1 was observed standing at the Stocker 1 medication cart with her mask below her chin talking with LPN 1. Four residents were observed in the Stocker 1 lobby area with no masks on and not social distancing. Resident 41 was observed propelling herself through the lobby area and hallways on the Stocker unit with no mask on. 2. On 5/26/2020 at 9:12 a.m., Maintenance 1 was observed walking through the Stocker 1 unit and enter the hall to the Harmony unit with his mask below his nose. 3. On 5/26/2020 at 10:35 a.m., LPN 1 was observed to be administering medications on the Stocker 1 unit. The cup with Resident 28's name on it fell over, with 1 of the resident's pills rolling out onto LPN's 1 papers. LPN 1 picked the pill up with her bare hand, placed it into the medication cup, and administered the medications to the resident. No hand hygiene was performed prior to picking up the medication or after placing the medication into the medication cup. 4. On 5/26/2020 at 10:46 a.m., Resident 49 had a pile of soiled linen on the floor behind her room entry door. 5. On 5/26/2020 at 10:27 a.m., Resident 77 had a holder with disposable gloves and red plastic bags in it on the room entry door. LPN 2 indicated the Resident 77 had an urinary tract infection and was on precautions for VRE ([MEDICATION NAME] resistant [MEDICATION NAME]-a bacterial infection). LPN 2 indicated the staff would don gown, gloves, and a mask when providing care to the resident. The room lacked signage regarding the precautions outside of the room and the holder lacked gowns. 6. On 5/26/2020 at 10:59 a.m., Resident 77 and Resident 25 were observed sitting in the lobby on the Harmony 1 unit. Neither resident was wearing a mask and there was no social distancing of the residents. 7. On 5/26/2020 at 12:00 p.m., Resident 63 and Resident 44 were sitting in the dining room at the same table. The residents were not social distancing and neither were wearing a mask. 8. On 5/26/2020 at 12:22 p.m., Resident 67 indicated she received therapy in the therapy gym. She indicated there were other residents in the gym at the same time and none of the residents wore masks. 9. On 5/26/2020 at 2:00 p.m., the Activity Director was observed to be providing a manicure to a resident in the television area of the Stocker 1 unit. The resident was seated next to another resident with neither resident having a mask on and were not social distancing. The Activity Director's mask was below her nose, while providing the manicures. Resident 41 was observed propelling herself through the Stocker 1 unit with no mask on or social distancing. 10. On 5/26/2020 at 2:25 p.m., Resident 2, Resident 53, Resident 45, and Resident 63 were observed in the therapy gym. Resident 45 and Resident 63 were seated at the same table and were not social distancing. None of the residents wore masks. The Therapy Director was unaware of the Stage 2 Governor's Back on Track plan for long term care facilities. On 5/26/2020 at 1:45 p.m., LPN 1 indicated medications should not be handled with bare hands. Masks should be worn over the mouth and nose. On 5/26/2020 at 3:00 p.m., the Administrator indicated they followed CDC (Center for Disease Control) guidance for social distancing and wearing of masks during the COVID-19 pandemic. The facility did not have a policy for how the masks should be worn. The current facility policy, Administering Medications, revision date 12/2012, provided by the Administrator on 5/26/2020 at 3:27 p.m., indicated Staff shall follow established facility infection control procedures. The current facility procedure, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, provided by the Administrator on 5/26/2020 at 3:27 p.m., indicated PPE must remain in place and be worn correctly. 3.1-18(b)</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.