

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155797	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER ASPEN PLACE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 2320 N MONTGOMERY ROAD GREENSBURG, IN 47240	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to screen a vendor upon entrance to the facility during a COVID-19 pandemic for 1 of 2 visitor/vendor related to Infection Control. (Vender 1) Findings include: During an observation on 10/19/20 at 1:24 P.M., Vendor 1 entered the facility, stopped at the screening desk, asked where he could find the leased medical equipment for a resident who no longer resided at the facility. The Guest Relations informed him where he could find the equipment. He went down the hall in the direction he had been instructed without having had his temperature taken or having answered the Covid-19 screening questions. During an interview on 10/19/20 at 1:26 P.M., The Guest Relations Screener indicated all vendors and visitors were to have their temperatures taken and Covid-19 screening questions asked prior to entering the facility. During an interview on 10/19/20 at 3:33 P.M., the DON (Director of Nursing) indicated everyone gets screened at the door including vendors. The screening includes having your temperature taken and answering a questionnaire. There was only one entrance into the facility at this time and there shouldn't be any exceptions to the rule. The COVID-19 SCREENING LOG dated 10/19/20, were provided by the Administrator on 10/19/20 at 1:50 P.M., lacked the name, company name, time of visit, answers to Covid questions or entry temperature for the vendor. The, current facility policy titled, COVID-19 Entry Screening Instructions, with an updated date of 09/14/2020, was provided by the Corporate Clinical Support 10/19/20 at 4:03 P.M. The policy indicated, 1. Every person entering the campus beyond the initial screening area must be screened and signed in each time they enter the campus. This includes employees, family members, outside providers, residents, and visitors of any other nature . 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.