

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155469	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 4410 W 49TH AVE HOBART, IN 46342	
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, record review and interview, the facility failed to ensure infection control measures were in place related to the absence of an isolation cart and a biohazard bin for two isolation rooms with residents being monitored for possible COVID -19 infections. (rooms [ROOM NUMBERS]) This had the potential to affect 4 of the 4 residents in those rooms. Finding includes: On July 15, 2020 at 10:00 a.m., rooms [ROOM NUMBERS] were observed. There was signage on the doors which indicated the residents were on droplet isolation precautions. There was no isolation cart (a cart containing disposable gowns, masks, gloves and face shields) outside of the room. The Director of Nursing (DON), opened the door to the rooms and looked inside, the carts were not inside the rooms either. There were no biohazard bins observed. The DON indicated there were no biohazard bins in the room at that time. At 10:10 a.m. LPN 1 was observed walking down the hall towards room [ROOM NUMBER]. She had a mask and face shield on. She was carrying a disposable gown and gloves, She donned the gown, then put on the gloves and entered the room and shut the door. At 10:20 a.m., the LPN exited the room wearing only the mask. She indicated she had hung up the gown and faceshield on a hook on the door and thrown the gloves away in the garbage can. The policy, titled Isolation-Initiating Transmission -Based Precautions, revised August 2008, was received from the DON on July 15, 2020 at 11:40 a.m. The policy indicated, 6. a. Ensure that protective equipment (i. e., gloves, gowns, masks, ect.) is maintained near the resident's room so that everyone entering the room can access what they need . 6. c. Ensure that a laundry hamper and appropriate waste containers are placed in/near the resident's room and lined with a red plastic liner During an interview with the DON at the time of the initial observation, she indicated there should be an isolation cart and biohazard bin in the rooms. 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.