STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15E681	A. BUILDING _____ B. WING _____	**10/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILDEGARD HEALTH CENTER INC	**802 E 10TH ST FERDINAND, IN 47532**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement infection control measures to prevent the spread of COVID-19 for 3 of 16 residents on the nursing unit. Staff did not change PPE in between caring for presumptive COVID positive residents and negative residents. Presumptive COVID positive residents were not cohorted, and observed with doors open. Residents were not placed on transmission based precautions after a staff tested positive for COVID, potentially effecting 16 of 16 residents living in the facility. (Resident 2, Resident 3, Resident 4) Findings include: 1. During an interview on 10/9/20 at 9:45 A.M., the Administrator indicated 3 residents (Resident 2, Resident 3, and Resident 4) had tested positive for COVID-19 using a POC (point of care) testing machine on 10/7/20. She indicated all 3 residents had been retested with a PCR test 10/8/20 and sent to the lab. Until the result came back, all 3 residents were considered positive, and placed on transmission based precautions. At that time, the results were pending. She also indicated 7 staff had tested COVID positive with a POC test. The positive staff included: a. Pantry Aide 5, tested positive with POC 10/5/20, retested with PCR 10/6, result pending. Had no direct contact with residents. b. LPN 9, tested positive with POC 10/5/20, retested with PCR 10/5, result negative. Last day worked was 10/5/20. c. Maintenance 4, tested positive with POC 10/7, retested with PCR (unknown date), result pending. Had no direct contact with residents. d. Pantry Aide 8, tested positive with POC 10/7/20, retested with PCR 10/7, result negative. e. CNA 12, tested positive with POC 10/7/20, retested with PCR 10/7/20, result pending. Had worked directly with residents, mainly on the hall where the positive residents were. Last day worked was 10/7/20. f. DON, tested positive with POC 10/8/20, retested with PCR 10/9/20, result pending. Did not provide direct care, but did share her office with Resident 3 and Resident 4 while they were presumed positive. Last day worked was 10/8/20. g. SSD (Social Services Director), tested positive with POC 10/8/20, retested with PCR 10/9/20, result pending. Had no direct resident contact since 9/10/20. Last day worked was 10/8/20. The Administrator indicated she believed the POC machine was providing false positives. On 10/9/20 at 10:05 A.M., the following observations were made: 2. Resident 4 was observed sitting in the DON's (Director of Nursing) office across the hall from the nurses station. She was sitting in a chair, facing the hallway, without a face covering. The door to the office was open all the way. A contact/droplet sign was observed hanging from the doorframe. At that time, the Administrator indicated Resident 4 as well as Resident 3 were brought from their rooms to the DON's office during the day, so staff could watch them. She indicated the DON would don a gown to work in the office. 3. Resident 2's door was observed halfway open, a contact/droplet sign outside of the door, a cart was outside of the room that contained PPE, and a sign in sheet was observed on the cart. Resident 4's door was observed open, a contact/droplet sign outside of the door, a cart was outside of the room that contained PPE, and a sign in sheet was observed on the cart. Resident 3's door was observed cracked open, a contact/droplet sign outside of the door, a cart was outside of the room that contained PPE, and a sign in sheet was observed on the cart. Resident 2, Resident 3, and Resident 4's rooms were on the same side of the hall with no barrier to the other side. On the other side of the hall, 3 of the 5 rooms were observed to have their doors open (room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER]). No other resident rooms indicated they were on transmission based precautions. During an interview on 10/9/20 at 10:15 A.M., RN 6 indicated staff would don a disposable gown and gloves to enter a COVID positive room. The same face mask and face shield would be worn throughout the shift, and the face shield would be disinfected when leaving the room of a COVID positive resident. She indicated there were no dedicated staff for the COVID positive residents, and the nurses and aides cared for all residents on the unit in no particular order. She also indicated the door to the DON's office stayed open as to keep an eye on Resident 3 and Resident 4, who stayed there during the day. 4. On 10/9/20 at 10:30 A.M., Resident 7 was observed to walk in the hall past the COVID positive rooms and DON office. She was wearing a cloth mask. 5. On 10/9/20 at 10:48 A.M., Resident 2's clinical record was reviewed. [DIAGNOSES REDACTED]. The most recent annual MDS (Minimal Data Set) Assessment, dated 9/14/20, indicated Resident 2 was cognitively intact. Current physician's orders [REDACTED]. A current COVID positive care plan, dated 10/8/20, indicated interventions, but were not limited to contact droplet precautions: all ADL care, meals, medication administration and activities provided in private room due to positive COVID-19 test. A POC test, dated 10/7/20, was positive for COVID-19. Resident 2 was asymptomatic. 6. On 10/9/20 at 12:17 P.M., Resident 3's clinical record was reviewed. [DIAGNOSES REDACTED]. The most recent quarterly MDS (Minimal Data Set) Assessment, dated 9/28/20, indicated Resident 3 was severely cognitively impaired. Current physician's orders [REDACTED]. A current COVID positive care plan, dated 10/8/20, indicated interventions, but were not limited to contact droplet precautions: all ADL care, meals, medication administration and activities provided in private room due to positive COVID-19 test. A POC test, dated 10/7/20, was positive for COVID-19. Resident 3 was asymptomatic. 7. On 10/9/20 at 12:28 P.M., Resident 4's clinical record was reviewed. [DIAGNOSES REDACTED]. The most recent quarterly MDS Assessment, dated 7/20/20, indicated Resident 4's cognitive status was unable to be assessed. Current physician's orders [REDACTED]. A current COVID positive care plan, dated 10/8/20, indicated interventions, but were not limited to contact droplet precautions: all ADL care, meals, medication administration and activities provided in private room due to positive COVID-19 test. A POC test, dated 10/7/20, was positive for COVID-19. Resident 4 was asymptomatic. On 10/9/20 at 12:20 P.M., PCR lab reports were provided for Resident 2, Resident 3, and Resident 4 that indicated all were negative for COVID-19. During an interview on 10/9/20 at 2:38 P.M., the Administrator indicated the facility had opted to not be a COVID ready facility because they lacked the funds for extra barriers and designated staff for COVID positive residents. She indicated the facility would not change their current floorplan if any of the residents were COVID positive, and were unable to cohort positive residents or put up barriers. She further indicated the residents had voiced they did not want to be transferred to another facility if they were COVID positive. On 10/9/20 at 2:44 P.M., an undated COVID-19 LTC (Long Term Care) Facility Infection Control Guidance form was provided that indicated .All LTC facilities should have a plan to rapidly implement, or implement now, how they will cohort confirmed or presumed COVID-19 residents in their facilities. This can be by wing, floor, or if available, by building. This should be done with expediency . On 10/9/20 at 2:44 P.M., a current Supplies - PPE form, dated 4/16/20, was provided and indicated .Use face masks according to product labeling and local, state, and federal requirements . 3.1-18(b)(2) 3.1-18(j)

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.