

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DANVILLE REGIONAL REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>255 MEADOW DR DANVILLE, IN 46122</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, observation, and record review, the facility failed to ensure personal protective equipment (PPE) was worn by visitors when in a resident's room who required droplet isolation (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) precautions during a COVID-19 pandemic for 1 of 3 residents reviewed for infection control (Resident B). Findings include: During an interview, on 10/9/20 at 11:27 a.m., Licensed Practical Nurse (LPN) 4 indicated Resident B had visitors in her room. Resident B required droplet isolation (special precautions to prevent the spread of germs that are spread in tiny droplets caused by coughing and sneezing) precautions. The visitors had masks on, but no gowns, gloves, or eye protection. She probably should have asked them to put on gowns, gloves, and eye protection before they entered Resident B's room. On 10/9/20 at 11:29 a.m., Resident B's room was observed with two visitors and Resident B inside the room. Both visitors wore masks, but no gowns, gloves, or eye protection. A sign on Resident B's door indicated, .DROPLET + PRECAUTIONS: EVERYONE MUST: .Put on mask, eye protection, gown and gloves before room entry Resident B's record was reviewed on 10/9/20 at 1:27 p.m. A quarterly Minimum Data Set (MDS) assessment, dated 9/16/20, indicated the resident had a moderate cognitive impairment. [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. On 10/9/20 at 11:30 a.m., the Director of Nursing Services (DNS) indicated Resident B required droplet isolation precautions, and anyone who entered the room, including visitors, should have worn a gown, mask, eye protection, and gloves. A staff member normally accompanied visitors to the room and made sure they donned personal protective equipment (PPE). During an interview, on 10/9/20 at 11:58 a.m., the Executive Director (ED) indicated Resident B required droplet isolation precautions because she was exposed to an employee who tested positive for COVID-19. Resident B was previously infection with COVID-19, and was considered recovered. On 10/9/20 at 1:46 p.m., the ED provided a document titled, Policy Title: Visitation during COVID 19 Public Health Emergency, and indicated it was the policy currently being used by the facility. The policy indicated, Policy: It is the policy .to allow and encourage visitation when advisable per the procedure below while maintaining safety and core infection control processes .Visitation: .If resident is in droplet plus isolation .visitors must wear droplet plus PPE 3.1-18(b)(2)</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.