STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155682	A. BUILDING _____ B. WING _____	**09/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WOODMONT HEALTH CAMPUS	**1325 ROCKPORT RD BOONVILLE, IN 47601**

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 -** Few	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to ensure infection control practices for Covid 19 were followed, PPE (personal protective equipment) including face shields were not properly cleaned or disposed of in a manner to prevent contamination, and failed to dispose of trash and contain linen located on an isolation hall, for 2 of 2 halls used for residents in contact and droplet precautions. (100 and 200 halls) Findings include: 1. On 9/16/20 at 9:20 A.M., during the entrance conference, the Administrator indicated that 100 and 200 halls were Yellow Zones. All residents were considered to be in contact and droplet precautions. He indicated a resident was sent to hospital on Sunday and was identified as positive with Covid on Monday 9/14/2020. On 9/16/20 at 9:50 A.M., during the initial tour of the 200 hall, Staff 2 was observed to come out of Resident 1's room. Signs on the door indicated Resident 1 was on contact and droplet precautions. Staff 2 was holding a used isolation gown in his hand, moving his hands about, and stated, I don't know where to put this. Staff 2 was preparing to place the gown in an open trash can in the hall, when RN 1 was alerted. RN 1 informed Staff 2 that he needed to put the gown in the trash in the resident's room. Staff 2 indicated, There is no trash can in the room. On 9/16/20 at 1:50 P.M., Corporate Nurse 1 indicated she had educated Staff 2 on the proper disposal of gowns. 2. On 9/16/20 at 9:50 A.M., during the initial tour of the 200 hall, RN 1 indicated she was the Director of Nursing (DON) at a sister facility and was at this facility to assist. Signs were on each resident door that indicated the residents were on contact and droplet precautions. A table was observed along a wall that had several pairs of goggles loosely lying on it. RN 1 indicated at that time that she was unsure of the facility's policy for cleaning and storing the goggles, but at her facility, the goggles would be cleaned while setting on a paper towel. The paper towel would then be thrown away. RN 1 indicated since the facility staff were wearing face shields, the goggles were probably not necessary. On 9/16/20 at 9:55 A.M., during the initial tour of the 100 hall, a long table was observed which had several pairs of goggles setting out loosely on paper towels. Staff 3 was observed to exit a resident's room. She removed her face shield, set it down on the table, part of the way on a paper towel. She cleaned the face shield, and then left the paper towel sitting on the table. RN 1 indicated she needed to educate staff. 3. On 9/16/20 at 11:45 A.M., during observation of the 100 hall, a tall trash can was observed to have towels and washcloths loosely overflowing from the top. Bags of dirty linen were on top of the linen. On 9/16/20 at 1:55 P.M., during observation of the 100 hall, the same trash can was observed to be overloaded with laundry, both in and out of bags. Two other tall trash cans were over filled with bags of trash and laundry. LPN 1 indicated at that time that he was not sure why the bags of trash and laundry were there. He indicated it appeared to be from different rooms. He indicated he had already emptied one of the trash cans. Corporate Nurse 1 was alerted at that time, and indicated she would get it taken care of. On 9/16/20 at 11:00 A.M., the Administrator provided the current facility policy, Enhanced Infection Prevention and Control Program for COVID-19, dated 6/1/20. The policy included, Purpose: To establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and help prevent the development and transmission of COVID-19 .Monitors compliance with infection prevention and control practices and procedures .Monitor cleaning and disinfecting medical equipment .Monitors effectiveness of facility's waste handling/disposable programs .Education and competency assessment to ensure staff follow .standards, policies and procedures. Therefore, staff must be informed and competent 3.1-18(b)(2)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE