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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155662 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/09/2020 |
| NAME OF PROVIDER OF SUPPLIER REHABILITATION CENTER AT HARTSFIELD VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP 503 OTIS R BOWEN DR MUNSTER, IN 46321 | |
| 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 | <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 guidelines were in place related to proper isolation signage and ensuring staff were aware of resident isolation status. This had the potential to affect 7 of 7 residents who resided on the C unit. Finding includes: On 9/9/20 at 1:20 p.m., the C Unit was observed. There were isolation carts outside each door and a sign on each door which indicated, Stop, See Nurse Before Entering. The signage on the doors was identical for each room. There was no specific isolation type designation noted on the resident doors. During an interview with LPN 1 on 9/9/20 at 1:27 p.m., she indicated there was no resident on C Unit on isolation precautions. The isolation carts were there as a precaution against Covid-19. When new admissions came to the facility, they were quarantined for 14 days, but all residents on that unit had been there longer with no new admissions. During an interview with CNA 1 on 9/9/20 at 3:20 p.m., she indicated she normally worked on C hall. She was not aware of any residents who had an active infection [MEDICAL CONDITION] which required isolation precautions. That information would be communicated to her by the nurse. During an interview with the Infection Preventionist (IP) on 9/9/20 at 2:30 p.m., she indicated residents were tested for Covid 19 in the hospital before coming to the facility. They used to be required to be quarantined for 14 days, now they required 5 days as a precaution. The isolation carts were for enhanced PPE use. On 9/9/20, a list of residents with Multi-Drug Resistant Organism infections was received from the IP. There was one resident identified on the C Unit who had a [MEDICAL CONDITION]-Resistant Staphylococcus Aureus (MRSA) infection of a wound. The policy titled, Transmission Based Precautions, dated 7/1/17, was received from the Director of Nursing on 9/9/20 at 4:15 p.m. The policy indicated, .Standards .3 Isolation precautions will be identified by using the CDC Guidelines for isolation precautions and, .Procedures .3. Place isolation sign on door 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.