

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155787</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INDIANA VETERANS HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3851 N RIVER RD WEST LAFAYETTE, IN 47906</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<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 observation, record review and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and or contain COVID-19 related to residents, who were new admissions/re-admissions to the facility, with an unknown COVID-19 status were not placed into Transmission Based Precautions (TBP) for 14 days, for 7 of 7 new admitted /readmitted residents reviewed for TBP Precautions. (Residents 1, 2, 3, 4, 5, 6, and 7) Finding includes: During the a tour of the facility, on 10/20/20 at 9:30 a.m. through 10:40 a.m., with the Infection Preventionist (IP), she indicated the residents on the New Admission Unit were on a 14 day quarantine. They were not place on TBP since they had a negative COVID-19 test prior to admission/readmission and a negative COVID-19 test after admission. An observation of the New Admission Unit indicated there were seven residents on the unit. The staff were wearing a surgical mask to enter the rooms. The 6 rooms utilized no TBP Precautions (Personal Protective Equipment) (PPE) in place and there were no signs on the door which indicated the residents were on TBP. During an interview, on 10/20/20 at 10:45 a.m., the Infection Preventionist indicated the new and readmissions were on quarantine for 14 days, without precautions. The resident had to have a negative COVID-19 test within 72 hours of admission and then they were tested for COVID-19 again once they were in the facility. The New Admission Unit had designated staff who worked on the unit. Resident 1's record was reviewed on 10/20/20 at 4:01 p.m. and was admitted on [DATE]. Resident 2's record was reviewed on 10/21/20 at 8:30 a.m. and was admitted on [DATE]. Resident 3's record was reviewed on 10/21/20 at 8:45 a.m. and was admitted on [DATE]. Resident 4's record was reviewed on 10/21/20 at 9 a.m. and was admitted on [DATE]. Resident 5's record was reviewed on 10/21/20 at 9:07 a.m. and was admitted on [DATE]. Resident 6's record was reviewed on 10/21/20 at 9:17 a.m. and was admitted on [DATE]. Resident 7's record was reviewed on 10/21/20 at 9:30 a.m. and was admitted on [DATE]. A facility policy, titled Transmission Based Precautions, dated 3/2018 and received from the IP as current, indicated transmission based categories were contact and droplet. The Contact Precautions indicated, anyone who entered the room were to wear a gown and gloves. No equipment or supplies were to leave the room, and the PPE's were to be removed before the room was exited. The Droplet Precautions indicated, gowns, gloves, masks, and/or face shields were to be worn within three feet of the resident. No equipment or supplies were to leave the room and the PPE's were to be removed before the room was exited. A stocked Isolation Cart with appropriate supplies will be obtained for the resident and signs which indicated the type of precaution were to be posted at the door. A Professional Resource web-site, titled Centers for Disease Control and Prevention - Long Term Care, dated 6/25/20, indicated new admissions into a facility should be placed in a single-person room or in a separate observation area to be monitored for COVID-19. An N95 mask or higher-level respirator, eye protection, gloves, and a gown were to be worn by the Health Care Professionals who provided care to the residents. The resident could be transferred out of the observation area if afebrile or and without symptoms for 14 days after their admission into the facility. 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.