

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155791</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BLAIR RIDGE HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>269 MEADOWVIEW DR PERU, IN 46970</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on record review, observation and interview, the facility failed to ensure doors were closed for residents in quarantine for 7 of 10 residents reviewed for infection control. (Residents 2, 3, 4, 5, 6, 7 &amp; 8) Finding include: During a tour of the 100 hall quarantine 'yellow zone', on 10/15/2020 from 10:00 A.M. to 10:15 A.M., the following was observed: Signs indicating droplet precautions/quarantine, were posted on each resident door. Plastic bins and/or a metal cart were stationed outside each resident room containing PPE (personal protective equipment). Resident 2 was in her room, lying in bed with the door wide open. Resident 3 was sitting in a recliner in her room with the door wide open and wearing no face mask. Resident 4 was sitting in a recliner in her room with the door wide open and wearing no face mask. Resident 5 was sitting in a chair in her room with the door wide open and wearing no face mask. Resident 6 was sitting in a chair in her room with the door wide open and wearing no face mask. Resident 7 was lying in bed in her room with the door wide open and wearing no face mask. Resident 8 was sitting in a chair in her room with the door wide open and wearing no face mask. The residents clinical records lacked the documentation of justification as to why the doors were opened and lacked documentation of educating the residents about wearing face masks if their door was opened. During an interview, on 10/15/2020 at 10:16 A.M., the Director of Nursing indicated the doors on the yellow quarantine hall should have been closed, or the residents should have been wearing masks. A policy on droplet precautions was requested on 10/15/2020 at 2:10 P.M., but one was not provided. 3.1-18(b)(1)</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.