STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155826	A. BUILDING _____ B. WING _____	**05/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
EVERGREEN CROSSING AND THE LOFTS	**5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254**

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 -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and observation, the facility failed to ensure gowns were changed between resident care activities on an isolation unit for residents who are deemed high risk for COVID-19 infection related to being newly admitted to the facility or having a reason to leave the facility for appointments, but are not actually known to be infected with COVID-19 which potentially exposed residents to COVID-19. This deficiency had the potential to effect 25 of 25 residents residing on the unit (Resident B). Findings include: During an interview, on 5/14/20 at 11:55 a.m., the Administrator indicated there were no residents in the facility infected with COVID-19. Resident B developed respiratory symptoms, and was sent to the hospital. Once at the hospital, Resident B was positive for COVID-19. Resident B passed away at the hospital, and had not returned to the facility. When Resident B resided at the facility, she was on an isolation unit for residents who are deemed high risk for COVID-19 infection related to being newly admitted to the facility or having a reason to leave the facility for appointments, but are not actually known to be infected with COVID-19 (yellow unit). Yellow unit staff were required to wear a gown, goggles, eye protection, and surgical mask. Each staff member was provided with personal protective equipment (PPE) and wore it the entire shift. The PPE was not changed between residents. The staff saved the required PPE, and used it for two to three shifts. They had not had issues with PPE availability. During an interview, on 5/14/20 at 12:50 p.m., Licensed Practical Nurse (LPN) 3 indicated there were no residents in the facility infected with COVID-19. The yellow unit was used to isolate any residents who required visits outside of the facility or newly admitted to the facility. The residents were kept on isolation there for 14 days after the last time they left the facility. On 5/14/20 at 1:50 p.m., the yellow unit was observed with the Administrator. Two housekeepers were in the hallway, a member of nursing staff was sitting at the nurses' desk, and another staff member was sitting at a table next to the nurses' desk, all wearing gowns. No PPE was observed outside of the residents' rooms. The room near the entrance of the yellow unit was reserved for staff to remove and store their PPE. Bags of PPE were observed, including gowns, hanging on the wall in this room. Resident B's record was reviewed on 5/14/20 at 12:34 p.m. A physician's orders [REDACTED]. An admission Minimum Data Set (MDS) assessment, dated 4/13/20, indicated the resident required extensive assistance of two staff members for bed mobility, transfers, dressing, toilet use, and personal hygiene. A nurse's note, dated 4/22/20 at 10:48 a.m., indicated Resident B was sent to the hospital related to respiratory distress and a temperature of 101.5 degrees Fahrenheit. On 5/14/20 at 11:45 a.m., the Director of Nursing (DON) provided a document titled, Policies and Standard Procedures .Infection Prevention Program, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy: .Residents have a right to reside in a safe environment that promotes health and reduces the risk of acquiring infections .The facility will utilize current CDC guidelines for infection control monitoring and guidance .The goals of the facility infection prevention program are to: a. Reduce the spread of infectious disease within the facility through implementation of the Standard and Transmission-based Precautions The CDC website stated, Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The CDC guidance - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings indicated, .Gloves .Put on clean, non-sterile gloves upon entry into the patient room or care area .Change gloves if they become torn or heavily contaminated .Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene .Gowns .Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use .If there are shortages of gowns, they should be prioritized for: aerosol generating procedures .care activities where splashes and sprays are anticipated .high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care The CDC guidance - Strategies for Optimizing the Supply of Isolation Gowns, indicated, .Extended use of isolation gowns . Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. 3.1-18(b)(2)

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