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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155818 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/16/2020 |
| NAME OF PROVIDER OF SUPPLIER HEARTHSTONE HEALTH CAMPUS | | STREET ADDRESS, CITY, STATE, ZIP 3043 NORTH LINTEL DRIVE BLOOMINGTON, IN 47404 | |
| 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 F 0880 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure droplet isolation precautions (infection prevention and control measures used to prevent the spread of diseases or germs that are spread in tiny droplets caused by coughing, sneezing or body fluids) were followed for 1 of 3 residents reviewed for infection control. (Resident 1) Findings include: On 6/15/20 at 10:20 a.m., during an initial tour of the facility with the Director of Health Services (DHS). Resident 1's room was observed with a sign on the door, indicating SEE NURSE BEFORE ENTERING ROOM. Interview, at that time, the DHS indicated, Resident 1 was a new admission to the facility and had physician's orders [REDACTED]. The resident was asymptomatic (displaying no signs or symptoms of a respiratory illness.) Staff were to wear personal protective equipment (PPE) of a mask, gown, gloves, and goggles for all the Resident 1's care. Resident 1 was observed in their room, seated in a wheelchair, watching television. On 6/15/20 at 12:20 p.m., Licensed Practical Nurse (LPN) 3, wearing a face mask and no other PPEs, was observed in Resident 1's droplet isolation room. LPN 3 picked up, with their bare and ungloved hands, Resident 1's used, disposable, paper lunch plate and used plastic eating utensils. LPN 3 exited the Resident 1's room, carrying the dirty plate and eating utensils into the hallway, opened the soiled meal tray cart and placed the dirty disposable paper plate and plastic eating utensils into the soiled meal tray cart. Interview, on 6/15/20 at 12:37 p.m., LPN 3 indicated she was not aware she should have bagged the disposable plate and eating utensils before having removed the items from Resident 1's isolation room and she should have worn gloves, when she performed the task. Interview, on 6/15/20 at 2:10 p.m., the ED indicated LPN 3 should not have taken the droplet isolation resident's disposable plate and eating utensils into the hallway and placed them into the dirty tray meal cart. The used paper products, plate and eating utensils, should have been bagged prior to leaving the resident's isolation room, not placed in the meal cart, but immediately taken to the dumpster once bagged. The nurse should have worn gloves, while performing this task. At that time, the ED indicated, LPN 3 had been in-serviced on droplet isolation precautions, and the ED provided a form titled, Employee Counseling Record Form, dated 6/15/20, which indicated, LPN 3's name. Reason for Employee Counseling: Leaving resident room and entering to pick up new admit on 14 day droplet precautions with no gown, gloves, eye wear and hood. Plus brought disposable tableware and placed on cart. Be aware of C-19 policies that ate sent daily from Redcapp and listed on daily huddle. Proper procedure of droplet precautions. Type of Disciplinary Action: Written Warning On 6/15/20 at 2:25 p.m., Resident 1's record was reviewed. Resident 1 was admitted to the facility from the hospital, on 6/5/20. Diagnoses, included but not limited, displaced intertrochanteric fracture of left femur and dementia without behavioral disturbance (an overall term for diseases and conditions characterized by a decline in memory, language, problem-solving and other thinking skills that affect a person's ability to perform everyday activities.) A physician's orders [REDACTED]. All therapy, meals, activities and services provided in the resident's room. A care plan, dated 6/12/20, indicated Resident 1 had a need for contact/droplet isolation related to precaution due to COVID-19 with a goal of resident's isolation will reduce the spread of the infectious agent and minimize the transmission of the infection. Interventions on the care plan, included but were not limited to, resident to stay in room for all meals, activities, and therapy and to follow facility's Infection Control policies/procedures when cleaning/disinfecting room, handling soiled and/or contaminated linen, disinfecting equipment, etc. The Centers for Disease Control and Prevention (CDC), dated 4/28/20, indicated, for all Long Term Care Facilities to, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown On 6/15/20 at 3:30 p.m., the DHA provided and identified as a current facility policy, dated 11/10/17, titled Infection Prevention and Control General Guidelines Policies and Procedures Clinical, which indicated, .Policy Infection Prevention and Control General Guidelines .Purpose .To provide guidelines to prevent the spread of infection from one person to another .Procedures .5. Gloves should be worn when coming in contact with blood or body secretions On 6/15/20 at 3:30 p.m., the DHS provided and identified as a current facility policy, dated 06/01/2020, titled Enhanced Infection Prevention and Control Program (IPCP) for COVID-19 (Addition to Current IPCP), which indicated, .Policy Enhanced to Infection Prevention and Control Program (IPCP) during COVID-19. Standard of Practice for most recent precautionary campus procedures .Purpose .To establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of COVID-19 .Procedures .9. Recommendation if paper products are used for resident's room service (confirmed positive or in designated isolation area), disposal of products should happen in the room trash can and then removed from unit On 6/16/20 at 9:40 a.m., the ED provided and identified as a current facility policy, titled Culinary Services, dated 3/30/20, which indicated, .For individual residents with known or suspected COVID-19, we will be using disposables for all meal services. Used disposable meal containers and utensils are to be placed in the trash container in the resident room. The trash container is then to be tied/closed and then taken immediately to the dumpster 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.