

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FREELANDVILLE COMMUNITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>310 W CARLISLE ST, PO BOX 288 FREELANDVILLE, IN 47535</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>Based on observation, interview, and record review, the facility failed to implement and maintain an Infection prevention and control program during the Covid 19 crisis for 2 of 2 units observed. Staff did not wear surgical masks, residents were not provided masks, isolation precautions were not implemented, staff donned PPE (Personal Protective Equipment) incorrectly, and housekeepers were cleaning resident rooms while residents present. (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) Findings include: 1. On 5/19/20 at 9:45 A.M., Resident 1 and Resident 2 were observed to be in a common area. Resident 1 and Resident 2 were not wearing a mask. On 5/19/20 at 10:00 A.M., CNA 1 was observed to be wearing a cloth face mask. The DON indicated at that time that CNA 1 was a direct care staff. The DON indicated that some direct care staff wear cloth face masks. On 5/19/20 at 10:05 A.M., Resident 1 and Resident 2 were observed to be in a common area. Resident 1 and Resident 2 were wearing a mask. At that time, the Activity Director was observed in the common area. The Activity Director was handing out paper activities. The Activity Director was observed to be wearing a cloth mask that did not cover the nose. The MDS Coordinator and RN 1 were observed in the common area with Resident 1, Resident 2, Resident 3, and Resident 4. The MDS Coordinator and RN 1 was observed to be wearing cloth masks. On 5/19/20 at 10:30 A.M., LPN 1 indicated that they encourage residents to wear face masks outside of their rooms but it was a struggle. On 5/19/20 at 10:40 A.M., the DON indicated direct care staff should wear masks. The DON indicated she had not read any guidance for the preference of surgical masks over cloth masks. On 5/19/20 at 10:45 A.M., RN 1 was observed to be wearing a surgical mask. RN 1 indicated the facility preferred direct care staff wear surgical masks. RN 1 indicated at first there were not enough masks but now the facility did have enough surgical masks. 2. On 5/19/20 at 9:55 A.M., the DON indicated the facility had one resident who had been admitted from the hospital. The DON indicated the resident had a letter from the hospital which indicated Resident 5 had no indication to be tested for Covid-19. The DON indicated facility staff only wore a surgical mask in the room. The DON further indicated there was no contact or droplet precautions for Resident 5. On 5/19/20 at 10:30 A.M., LPN 1 indicated she was the nurse for Resident 5. LPN 1 indicated to enter Resident 5's room, she donned a isolation gown, gloves, and a surgical mask. LPN 1 indicated she did not wear eye protection. On 5/19/20 at 11:15 A.M., CNA 1 was observed to don PPE. CNA 1 already had a surgical mask on. CNA 1 donned gloves, an isolation gown, a face shield, and entered Resident 5's room. On 5/19/20 at 12:00 P.M., the DON indicated Resident 5 did not require full contact and droplet isolation precautions because the resident had not come from a facility with a Covid-19 outbreak, did not require a Covid-19 test, and had no signs or symptoms of Covid-19. The DON indicated the resident was in quarantine to be monitored closely for 14 days. 3. On 5/19/20 at 10:35 A.M., Housekeeper 1 was observed to be cleaning Resident 6's room. Housekeeper 1 was observed to be wearing a cloth mask. Resident 6 was observed to be sleeping in a recliner. Resident 6 was not wearing a mask or covering her nose and mouth while the housekeeper was in the room. On 5/19/20 at 10:16 AM Covid policies reviewed which included the toolkit. On 5/19/20 at 12:25 P.M., RN 1 provided the current PPE's .WHEN AND HOW guidelines. At that time the guidelines were reviewed and included, but was not limited to: Gown first . 3.1-18(b)</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.