STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155336	A. BUILDING _____ B. WING _____	**06/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DECATUR TOWNSHIP CENTER	**4851 TINCHER RD INDIANAPOLIS, IN 46221**

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** A. Based on observation, interview, and record review, the facility failed to ensure an isolation precaution notice with instructions regarding the type of isolation and the use of required personal protective equipment was posted for 2 of 2 residents,reviewed for individuals under investigation for COVID-19 status residing on the Admission Quarantine Unit (Residents 21 and 22). B. Based on observation, interview, and record review, the facility failed to ensure an ice scoop was properly stored between each ice pass, as indicated by facility policy, for 1 of 2 halls, observed for ice pass. This had the potential to effect 21 of 21 residents residing on the West Hall of 48 residents residing in the facility. Findings include: A.1. On 6/3/20 at 10:30 a.m., Resident 22's door was observed to be closed. Hanging on the hallway/entrance side of Resident 22's door was a PPE (personal protective equipment) storage bin, which contained gowns and gloves. The area near the storage bin lacked a sign directing staff what PPE must be worn; what precautions to take; type of isolation; or who to direct questions to for a resident in isolation precaution status. On 6/3/20 at 11:30 a.m., Resident 22's clinical record was reviewed. [DIAGNOSES REDACTED]. Resident 22 resided on the non-COVID-19 wing and on 5/28/20 was transferred to the AQU (Admission Quarantine Unit), as a PUI (person under investigation for suspected COVID-19 condition) for COVID-19 status, upon return from an out of facility medical appointment. Resident 22's Physician orders, dated 5/28/20, indicated, Standard COVID precautions. Resident 22's care plan, initiated on 3/26/20 and current thru 6/24/20, included but were not limited to, .focus: . infection prevention practices; goal: patient will have no psychosocial adverse effects due to changes in socialization; interventions: offer and/or review educational materials related to COVID-19 per resident request . Interview, on 6/3/20 at 12:45 p.m., RN (Registered Nurse) 8 indicated residents residing on the AQU unit were considered in isolation or quarantine status and staff were to wear gowns, gloves, and mask when performing personal care for those residents. Interview, on 6/4/20 at 1:45 p.m., the DON (Director of Nursing) indicated Resident 22 returned to the facility following an out of facility medical appointment on 5/28/20. At that time Resident 22 was admitted to the AQU unit under COVID-19 precautions where staff were required to wear PPE (gown, gloves, and mask) during personal care. Resident 22 was considered a PUI for COVID-19 status and will reside on the AQU unit until confirmed negative and symptom free of COVID-19 for 14 days. Resident 22's door lacked a sign indicating the isolation status; required PPE to be used during personal care; type of isolation; and indicated the facility was currently developing a specific COVID-19 policy and procedure for the AQU unit. On 6/4/20 at 3:00 p.m., the Administrator provided a copy of the isolation notice document and indicated it was the current sign used by the facility for residents in isolation. A review of the sign indicated, STOP SEE NURSE FOR INSTRUCTIONS. On 6/4/20 at 4:00 p.m., a review of the CDC (Center for Disease Control and Infection Control) isolation guidelines, located at https://www.cdc/gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf, indicated, .signage on the patient's room is important to ensuring that all staff are aware of the necessary infection control steps . A.2. On 6/3/20 at 10:33 a.m., Resident 21's door was observed to be closed. Hanging on hallway/entrance side of Resident 21's door was a PPE (personal protective equipment) storage bin which contained gowns and gloves. The area near the storage bin lacked a sign directing staff what PPE must be worn; what precautions to take; type of isolation; or who to direct questions to for a resident in isolation precaution status. On 6/4/20 at 10:15 a.m., Resident 21's clinical record was reviewed. [DIAGNOSES REDACTED]. Resident 21 resided on the non-COVID-19 wing and on 5/28/20 was transferred to the AQU (Admission Quarantine Unit), as a PUI (person under investigation for suspected COVID-19 condition) for COVID-19 status, upon return from an out of facility medical appointment. Resident 21's Physician orders, dated 6/4/20, indicated, Standard COVID precautions. Resident 21's care plan, initiated on 5/29/20 and current thru 6/17/20, included but were not limited to, .focus: patient has an actual infection -[MEDICAL CONDITION] and has [MEDICAL CONDITION] during recent hospitalization ; goal: patient will remain free of complications/infection; interventions: contact precautions modified due to risk of COVID-19 exposure .use aseptic technique when performing procedures or caring for indwelling devices/procedures/treatments . Interview, on 6/3/20 at 12:45 p.m., RN (Registered Nurse) 8 indicated residents residing on the AQU unit were considered in isolation or quarantine status and staff were to wear gowns, gloves, and mask when performing personal care for those residents. Interview, on 6/4/20 at 1:50 p.m., the DON (Director of Nursing) indicated Resident 21 returned to the facility following an out of facility medical appointment on 5/28/20. At that time Resident 21 was admitted to the AQU unit under COVID-19 precautions where staff were required to wear PPE (gown, gloves, and mask) during personal care. Resident 21 was considered a PUI for COVID-19 status and will reside on the AQU unit until confirmed negative and symptom free of COVID-19 for 14 days. Resident 21's door lacked a sign indicating the isolation status; required PPE to be used during personal care; type of isolation; and indicated the facility was currently developing a specific COVID-19 policy and procedure for the AQU unit. On 6/4/20 at 3:00 p.m., the Administrator provided a copy of the isolation notice document and indicated it was the current sign used by the facility for residents in isolation. A review of the sign indicated, STOP SEE NURSE FOR INSTRUCTIONS. On 6/4/20 at 4:00 p.m., a review of the CDC (Center for Disease Control and Infection Control) isolation guidelines, located at https://www.cdc/gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf, indicated, .signage on the patient's room is important to ensuring that all staff are aware of the necessary infection control steps . B. On 6/3/2020 at 11:55 a.m., during ice pass on the West Hall, Certified Nursing Assistant (CNA) 1 and Certified Nursing Assistant 2 were observed passing ice to the residents. The residents were in their rooms. CNA 1 used an ice ladle to scoop the ice into the glass and returned the ladle to the container of clean ice. CNA 1 delivered the iced beverage to a resident in their room. Then, CNA 2 was observed to use the same ice ladle to scoop ice into two clean glasses. CNA 2 then returned the ladle to the clean ice container and poured liquid into each glass and delivered the beverages to the residents in the next room. During an interview, at that time, Certified Nursing Assistant (CNA) 2 indicated, the ice ladle should not be stored with the clean ice. CNA 2, at that time, removed the ice ladle from the container of clean ice to separate storage. Interview, on 6/4/2020 2:15 p.m., the Director of Nursing indicated the West Hall had 21 residents that would have received the ice at that time. On 6/3/2020, at 1:36 p.m., the Administrator provided a policy titled Ice Chests, dated 11/15/19, and indicated it was the current policy being used by the facility. A review of the policy indicated Ice chests used for ice distribution will be closed, contained units. The internal integrity of the ice chest must remain intact. On 6/4/2020 at 2:33 p.m., A review of the Retail Food Establishment Sanitation Requirements, title 410 IAC 7-24 dated 11/13/2004, indicated, Sec. 234. (a) During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in one of the following ways: .(2). in food that is not potentially hazardous with their handles above the top of the food within containers or equipment that can be closed such as bins of ice. 3.1-18(b)(1)

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.