STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155378	A. BUILDING _____ B. WING _____	**06/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SIGNATURE HEALTHCARE AT PARKWOOD	**1001 N GRANT ST LEBANON, IN 46052**

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 -** Few	**Provide and implement an infection prevention and control program.** Based on observation, interview and record review, the facility failed to perform hand hygiene while providing care for 3 of 3 residents reviewed for infection control (Resident 2, 3 and 4). Finding includes: During a random observation, on 06/04/20 at 8:55 a.m., RN 1 exited from Resident 1's room and then entered into the room of Resident 2 and 3. Hand hygiene was not observed prior to entry into the room. The nurse approached Resident 2, took her temperature, wiped the thermometer with an alcohol pad, then took Resident 3's temperature and left the room. He then walked into another room, while wiping the thermometer with an alcohol pad, approached Resident 4 and took her temperature, exited the room and went to the nursing station. RN 1 had not preformed hand hygiene at any time between the two rooms or during contact with any of the three residents he encountered. During an interview, following the observations, RN 1 indicated he should have performed hand hygiene with every patient contact. During an interview, on 06/04/20 at 9:17 a.m., the Director of Nursing (DON) indicated gloves are to be used for all procedures and hand hygiene should be preformed between tasks and after each resident contact. A facility policy, titled Handwashing/ Hand Hygiene, revised 08/15, provided by the Director of Nursing on 06/04/20 at 9:28 a.m., indicated .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infection to other personnel, residents .Use an alcohol-based hand rub .or .soap .and water for the following situations .Before and after direct contact with residents .After contact with objects (e.g. medical equipment) 3.1-18(l)

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.