

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155658	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER WESLEY MANOR HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 1555 N MAIN ST FRANKFORT, IN 46041	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure staff members wore a surgical or N95 respirator (medical grade) face mask on 3 of 4 units (FG unit, F unit and G unit) and failed to ensure 2 newly admitted residents were placed in an isolation unit (Resident 1 and Resident 2). These deficient practices had the potential to spread infections, including COVID-19, to 61 of 85 residents in the health care facility. Findings include: 1. During a walk through observation of the facility, on 10/15/20 beginning at 9:40 a.m., of the staff on the FG unit, all nursing staff and one housekeeper were observed wearing cloth masks. There was also no isolation rooms at the time of the observation. During an observation, of the F unit at 10:18 a.m., all staff were observed wearing cloth masks. During an observation, of the G unit at 10:42 a.m., all staff on the unit were wearing cloth masks. During an interview, on 10/15/20 at 10:10 a.m., Medical Records Employee 1 indicated the staff was allowed to wear cloth masks in the facility. During an interview, on 10/15/20 at 10:14 a.m., Housekeeper 2 indicated staff was allowed to wear cloth masks in the facility. During an interview, on 10/15/20 at 11:15 a.m., the Director of Nursing indicated there was no policy about staff needing to wear surgical masks while in the facility, all staff was allowed to use cloth masks, since there were no COVID-19 cases in the facility and she was unaware the facility was suppose to have been using surgical masks. 2. During a walk through observation of the facility, on 10/15/20 beginning at 9:40 a.m., there were no isolation rooms at the time of the observation and no signage on the rooms of the newly admitted resident's rooms to indicate isolation precautions had been put in place. During an interview, on 10/15/20 at 12:16 p.m., the Director of Nursing indicated new residents had 1 negative Covid test prior to being admitted, so they did not need to be isolated. The record for Resident 1 was reviewed on 10/15/20 at 12:36 p.m. [DIAGNOSES REDACTED]. Resident 1 was admitted on [DATE]. There were no physician orders for isolation precautions. The record for Resident 2 was reviewed on 10/15/20 at 12:38 p.m. [DIAGNOSES REDACTED]. Resident 2 admitted on [DATE]. There were no physicians order for isolation precautions. Preparing for COVID-19 in Nursing Homes (updated June 25, 2020) retrieved on 10/16/20 from the Centers of Disease Control (CDC) website indicated .Core Practices .Implement Source Control Measures .HCP (Health Care Providers) should wear a face mask at all times while they are in the facility .Cloth face coverings should NOT be worn by HCP Responding to Coronavirus (COVID-19) in Nursing Homes (updated April 30,2020) retrieved on 10/16/20 from the Centers of Disease Control (CDC) website indicated .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown . placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which 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. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE 3.1-18(a)</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.