

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155826</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EVERGREEN CROSSING AND THE LOFTS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow the CDC (Center for Disease Control) guidance and facility policy, during a pandemic to ensure staff wore all designated personal protective equipment (PPE), when they came within 6 feet of residents and were in direct contact with surfaces in resident rooms, during random observations of the meal service on the Yellow Hall (designated isolation area for residents at risk), for 3 of 3 residents, designated for isolation, randomly observed for infection control (Residents C, D, and E). Findings include: On 10/20/2020 at 12:05 p.m., during a random observation of the meal service on the Yellow Hall, Certified Nurse Aid (CNA) 4 was observed as she delivered lunch to resident rooms. CNA 4 was wearing an N95 mask (specialized mask for high risk respiratory protection) and a face shield. She obtained a meal and drink from a cart at the end of the hall and carried it to Resident C's room. CNA 4 opened the door to Resident C's room, while balancing a Styrofoam cup containing a liquid beverage on top of the food container. The cup fell off onto the floor and created a spill. She picked the cup and lid up from the floor, then rested it on the handrail outside the resident room. She entered Resident C's room, without putting on gloves or a gown. A sign on Resident C's door indicated, Stop! Required for entry (Even if entering for 1 second) PPE (personal protective equipment): N-95 Mask, Gown, Gloves, Faceshield or Goggles. Wash Hands Before &amp; After. CNA 4 did not put on a gown or gloves before entering the room. On 10/20/20 at 12:06 p.m., CNA 4 left Resident C's room, did not wash or sanitize her hands, and obtained another meal from a cart in the hallway. She entered Resident B's room and delivered the meal. Resident B's door remained open and CNA 4 was observed, from the hallway, as she moved items around on the resident's table and assisted her to open containers. Resident B did not have a sign on the door, she was not in isolation. On 10/20/2020 at 12:10 p.m., CNA 5 was observed as she delivered lunch to resident rooms. She was wearing a green striped N95 mask and a face shield. CNA 5 approached Resident D's room, Resident D's door indicated, Stop! Required for entry (Even if entering for 1 second) PPE (personal protective equipment): N-95 Mask, Gown, Gloves, Faceshield or Goggles. Wash Hands Before &amp; After. CNA 5 took a gown from the PPE holder and put her arms through the arms of the gown. She did not tie the gown at the neck or waist. The top of the gown draped down below her shoulders as she carried the meal into the room. She did not wear gloves. CNA 5 exited resident D's room and used hand sanitizer on her hands. During an interview, on 10/20/2020 at 12:12 p.m., the Director of Nursing (DON) indicated all staff engaged in resident care should have worn a gown and gloves when they entered rooms, on the Yellow Hall, designated as isolation rooms. All rooms on the Yellow Hall were not isolation rooms. On 10/20/20 at 12:15 p.m., the DON was observed telling CNA 5 to make sure she wore all the appropriate PPE when passing lunch to the residents. CNA 5 then went to Resident E's room. Resident E's door indicated, Stop! Required for entry (Even if entering for 1 second) PPE (personal protective equipment): N-95 Mask, Gown, Gloves, Faceshield or Goggles. Wash Hands Before &amp; After. CNA 5 took a gown from the PPE holder and put her arms through the arms of the gown. She did not tie the gown at the neck or waist. The top of the gown draped down below her shoulders as she carried the meal into the room. She did not wear gloves. CNA 5 exited resident E's room and used hand sanitizer on her hands. On 10/20/2020 at 1:30 p.m., Resident B's medical record was reviewed. The [DIAGNOSES REDACTED]. Resident B was admitted on [DATE]. Isolation precautions were discontinued on 10/19/2020, following a 14 day isolation period. On 10/20/2020 at 1:45 p.m., Resident C's medical record was reviewed. The [DIAGNOSES REDACTED]. Resident C was admitted on [DATE]. The physician's orders [REDACTED]. The [DIAGNOSES REDACTED]. Resident D was admitted on [DATE]. The physician's orders [REDACTED]. The [DIAGNOSES REDACTED]. Resident E was admitted on [DATE]. The physician's orders [REDACTED]. On 10/20/2020 at 11:30 a.m., the DON provided a current policy, dated 04/03/2020, titled Criteria for COVID-19 Isolation. This policy indicated .At Risk for COVID-19 Unit: This unit will be used for residents who are at risk for developing COVID-19, such as new admits, residents who have been exposed, but not showing signs and symptoms, etc. The unit will be identified as 'at risk' or 'yellow' unit. Full PPE will be used while working on the unit. Full PPE consists of N95 mask, gloves, gown, and eye covers .Gowns and gloves must be changed out between residents .Hands will be washed or sanitized prior to entering a resident's room and upon exiting the room The Center for Disease Control and Prevention (CDC) Guidelines for Preparing for COVID-19 in Nursing Homes . Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .Depending on the prevalence of COVID-19 in the community, this might 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. HCP (Healthcare Personal) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected .Hand Hygiene: HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process .Residents with known or suspected COVID-19 should be cared for using all recommended PPE, 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 face shield that covers the front and sides of the face), gloves, and gown. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>. 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.