

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER OTTERBEIN FRANKLIN SENIORLIFE COMM RES & COM CARE		STREET ADDRESS, CITY, STATE, ZIP 1070 W JEFFERSON ST FRANKLIN, IN 46131	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 isolation. (Residents 23 and 24) Findings include: 1. On 8/26/20, from 9:50 a.m. to 9:55 a.m., observed Resident 23's door to be open to the hallway. In the hallway and to the left of the opened resident'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. Interview, on 8/26/20 at 9:30 a.m., CNA (Certified Nursing Assistant) 2 indicated the staff nursing assignment sheets indicated which residents were on isolation. Also, the posted isolation signs, on the specific resident's door, would indicate who was in isolation and the type of PPE that was required. Interview, on 8/26/20 at 9:57 a.m., RN (Registered Nurse) 1, who was assigned to Resident 23's unit, indicated the storage bin, located outside of Resident 23's door, contained PPE supplies for residents residing in isolation and she was unaware of which resident was on isolation precautions. Interview, on 8/26/20 at 10:00 a.m., the Unit Secretary indicated Resident 23 was placed on COVID-19 droplet isolation precautions upon her return from an outside medical appointment on 8/25/20. The current staff nursing assignment sheet should have indicated the resident was in isolation status and the specific detailed isolation sign should have been placed on the door. Interview, on 8/26/20 at 12:05 p.m., the Director of Nursing indicated on 8/25/20 Resident 23 left the facility for a medical appointment. Upon her return, she was placed into droplet isolation precautions and the isolation sign should have been placed on her door to indicate the type of isolation with its corresponding instructions. No visible sign was posted on Resident 23's door. On 8/26/20 at 10:30 a.m., Resident 23's clinical record was reviewed. The Medical Consultation Report, dated 8/25/20, indicated .Resident 23 is going out to see the (physician) on 8/25/20 . A current physician's orders [REDACTED].maintain droplet isolation pending results of covid testing .for precaution for possible covid exposure for 7 days . The Plan of Care, dated 8/26/20 and current through 9/2/20, indicated .precautionary isolation r/t (related to) possible covid 19 exposure .covid screening daily . On 8/26/20 at 12:20 p.m., the Administrator provided a copy of the Standard Precautions Policy, dated 11/28/16, and indicated it was the current policy in use by the facility. A review of the policy indicated, .Signs, there shall be a sign on door of residents who require special precautions stating visitors should see nurse before entering room, along with specific category of precaution . On 8/26/20 at 12:20 p.m., the Administrator provided a copy of the Transmission Based Precautions policy, dated 5/1/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, .Place appropriate instructions on the resident's door . On 8/26/20 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 . 2. On 8/26/20, from 10:10 a.m. to 10:15 a.m., observed Resident 24's opened door to the hall way. On the door was a red sign that was approximately 4 inch by 6 inch in size. The signage indicated, Attention: Please see the nurse before entering room. Interview, on 8/26/20 at 9:30 a.m., CNA (Certified Nursing Assistant) 2 indicated the staff nursing assignment sheets indicated which residents were on isolation. Also, the posted isolation signs, on the specific resident's door, would indicate who was in isolation and the type of personal protective equipment that was required. Interview, on 8/26/20 at 10:16 a.m., the Unit Secretary indicated on 8/19/20 Resident 24 was placed on contact isolation because of [MEDICAL CONDITION] (clostridioides difficile, a bacterium (germ) that causes diarrhea and [MEDICAL CONDITION] (an inflammation of the colon). The current staff nursing assignment sheet indicated the resident was in isolation status and the specific detailed isolation sign should have been placed on the resident's door. Interview, on 8/26/20 at 12:05 p.m., the Director of Nursing indicated on 8/19/20 Resident 24 was placed on contact isolation status because of [MEDICAL CONDITION] and the isolation sign should have been placed on the Resident's door to indicate the type of isolation with its corresponding instructions. The appropriate sign was not posted on Resident 24's door. On 8/26/20 at 11:00 a.m., Resident 24's clinical record was reviewed. [DIAGNOSES REDACTED]. Diff, effective 8/19/20. A current physician's orders [REDACTED].transfer resident (into a private room) for contact isolation for [DIAGNOSES REDACTED] . The Plan of Care, dated 8/20/20 and current through 11/20/20, indicated .has dx (diagnosis) of [DIAGNOSES REDACTED] .contact isolation . On 8/26/20 at 12:20 p.m., the Administrator provided a copy of the Standard Precautions Policy, dated 11/28/16 and indicated it was the current policy in use by the facility. A review of the policy indicated, .Signs, there shall be a sign on door of residents who require special precautions stating visitors should see nurse before entering room, along with specific category of precaution . On 8/26/20 at 12:20 p.m., the Administrator provided a copy of the Transmission Based Precautions policy, dated 5/1/19, and indicated it was the current policy in use by the facility. A review of the policy indicated, .Place appropriate instructions on the resident's door . On 8/26/20 at 3:55 p.m., a review of the CDC (Center for Disease Control and Infection Control) isolation guidelines, located at https://www.cdc.gov/infectioncontrol/pdf/informationforCDI indicated, .C.Diff. use contact isolation precautions . On 8/26/20 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 . 3.1-18(b)(1)</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.