STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155333	A. BUILDING _____ B. WING _____	**10/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PAOLI HEALTH AND LIVING COMMUNITY	**559 W LONGEST ST PAOLI, IN 47454**

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.** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis, by failing to keep personal protective equipment (PPE) in a closed container outside of each quarantined resident door; and failing to ensure signage which indicated what form of PPE was to be worn was on each quarantined resident door, for 1 of 4 halls reviewed (500 hall). Findings include: On 10/19/20 at 10:00 A.M., during the initial tour, the Director of Nursing (DON) indicated the 500 hall was a Yellow Zone. Residents who had been recently admitted or readmitted to the facility were kept on this hall for 14 days in quarantine. Each resident was to be on droplet precautions and contact precautions. Staff who entered each resident room were to wear PPE of a N95 mask, face shield, gown, and gloves. Hooks were provided on the inside of each resident door, on which the nurse or QMA hung her gown. A taped off square area on the floor, no side barriers were observed, it was located inside of each room, in which staff could don (put on) and doff (take off) their PPE. The DON indicated there were 7 residents on the hall, and each resident was in a private room. Upon entering the 500 hall at that time, 2 carts were observed just inside the hallway's doors. The DON indicated PPE was kept in those drawers. Around the corner was the actual hall on which residents resided. PPE was also kept in over the door hangers, similar to a shoe bag with clear, open compartments, inside each resident room. There was no PPE observed outside of any resident room. The following was observed at that time: Resident 4: No bag with PPE was on the door. There was no sign which indicated the resident was to be on droplet precautions. Resident 3: No bag with PPE was located on the door. Resident 5: No precaution signs were observed on the door. No PPE bag was on the door. There were 2 hooks on the door inside the room, with 2 gowns hanging. The DON indicated 1 gown was for the nurse, and the other gown was for the QMA. Resident 9: No precaution signs were on the door. A gown was hung on the door inside the room. A box of gloves was in the door compartment hanger. No other PPE was in the door compartment hanger. Resident 8: No precaution signs were on the door. A door compartment hanger contained a box of gloves, and sanitizer. Resident 6: 2 gowns were hanging on hooks inside the resident room on the door. No PPE bag was on the door. The DON indicated at that time that the isolation door hangers needed to be restocked. On 10/19/20 at 12:00 P.M., the Unit Manager was observed stocking the door hangers with PPE. She indicated the staff working the unit should make sure the door hangers were stocked, and that she tried to check them at least every other day. On 10/19/20 at 12:15 P.M., the Assistant Director of Nursing (ADON), provided the current facility policy, PPE Category Quick Reference Guide, dated 10/9/20. The policy included, Admissions/Re-admissions, Door Signage: PPE DON/DOF (sic) CDC Contact Precautions, Droplet Precautions Isolation .Follow PPE DON/DOF visual posted on door for sequencing of PPE 3.1-18(b)(2)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE