STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155170	A. BUILDING _____ B. WING _____	**10/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTMINSTER VILLAGE MUNCIE INC	**5801 W BETHEL AVE MUNCIE, IN 47304**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to cohort residents who were COVID-19 positive together away from negative residents, failed to place signage to indicate when a COVID-19 positive zone was entered, failed to have dedicated staff for the COVID-19 positive residents and failed to follow CDC guidelines for Transition Based Precautions (TBP) isolation for 5 of 5 residents reviewed for admission or readmission to the facility after an inpatient hospital stay. (Residents B, C, D, E and F) Findings include: 1. The clinical record for Resident B was reviewed on 10/20/2020 at 12:23 p.m. [DIAGNOSES REDACTED]. Last admitted was 10/9/2020. The resident was not placed in 14 day isolation upon admission. Review of the clinical record indicated the resident tested positive for COVID-19 on 10/15/2020 after exposure with a COVID-19 positive individual. A nursing progress note dated, 10/15/2020 at 2:30 p.m., indicated the resident had been given a second test for COVID-19 with positive results. The resident's room was then set up for isolation in place - room [ROOM NUMBER]. 2. The clinical record for Resident C was reviewed on 10/20/2020 at 12:38 p.m. [DIAGNOSES REDACTED]. Last admitted was 10/8/2020. The resident was not place in 14 day isolation upon admission. A progress note dated, 10/8/2020 at 1:53 p.m., indicated the resident was admitted from the hospital to room [ROOM NUMBER]. A progress noted, dated 10/15/2020 at 5:00 p.m., indicated the resident was tested for COVID-19, as a precaution, due to a positive case being discovered on unit. A progress note, dated 10/16/2020 at 11:43 a.m., indicated the resident was re-tested for COVID-19. Isolation continued. A progress note, dated 10/16/2020 at 1:49 p.m., indicated the resident was transitioned to room [ROOM NUMBER]. 3. The clinical record for Resident D was reviewed on 10/20/2020 at 12:44 p.m. [DIAGNOSES REDACTED]. Last admitted was 9/10/2020. A progress note, dated 9/10/2020 at 5:40 p.m., indicated the resident was admitted to room [ROOM NUMBER]. A progress note dated, 10/14/2020 at 6:00 p.m., indicated the resident had audible wheezing, shortness of breath and rhonchi in the bilateral lower lobes. A late entry progress note, dated 10/16/2020 at 11:15 a.m. for 10/15/2020, indicated the resident was given a rapid test for COVID-19 with negative results. A progress note, dated 10/19/2020 at 12:48 p.m., indicated a rapid test for COVID-19 was administered with negative results. A progress note, dated 10/20/2020 at 4:31 a.m., indicated the resident had a temperature of 99.1 and a congested productive cough. The physician was notified and a chest x-ray was ordered. A progress note, dated 10/20/2020 at 11:15 a.m., indicated a rapid COVID-19 test had been administered with positive results. The resident was placed in isolation. 4. The clinical record for Resident E was reviewed on 10/20/2020 at 1:00 p.m. [DIAGNOSES REDACTED]. Review of the clinical record indicated the was admitted to room [ROOM NUMBER] on 10/2/2020. The resident was not placed in 14 day isolation for monitoring. The resident tested positive for COVID-19 on 10/19/2020. The resident was relocated to the red zone on 10/20/2020. 5. The clinical record for Resident F was reviewed on 10/20/2020 at 1:05 p.m. [DIAGNOSES REDACTED]. Review of the clinical record indicated the resident was admitted from the hospital to room [ROOM NUMBER] on 8/21/2020. The resident tested positive for COVID-19 on 10/19/2020 and isolated in place. During an observation on 10/20/2020 at 1:37 p.m., the double doors leading to the Cooper Vista unit indicated visitation had been restricted until further notice. The sign was dated 10/15/2020. Upon entering the unit, no signage was posted indicating the area had confirmed COVID-19 positive residents or suspected COVID-19 residents present. During an interview on 10/20/2020 at 1:38 p.m., RN1 indicated the facility had isolated the COVID-19 resident in place due to having private rooms. She indicated no specific dedicated staff had been assigned to the COVID-19 positive residents. She indicated no new admissions were being admitted to the facility, only re-admissions and they were not placed in isolation for 14 days or put in a specific zone for monitoring. She indicated the unit was currently in the process of moving residents to establish a red zone. During an interview on 10/20/2020 at 11:50 a.m., the Director of Nursing and the Executive Director indicated contact tracing lead to a staff member who tested positive on 10/15/2020. This staff member had a family member who was a resident that also tested positive. The DON indicated the residents who tested positive were not moved and a red zone had not been established because the residents were in private rooms and isolated in place. The DON indicated no dedicated staff were assigned to the care of the COVID-19 positive residents. Five COVID-19 negative residents were moved off the red zone during the survey. COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure(last updated 10/20/2020) was retrieved on 10/21/2020 from the Centers of Disease Control and Prevention (CDC) website indicated the following: . Cohort confirmed or presumed COVID-19 positive residents. Cohort, if possible, direct care providers caring for confirmed or presumed COVID-19 residents into one area of the building. Staff should be dedicated for the COVID unit. . Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact.) HCP will wear single gown per resident, glove, N95 mask and eye protection (face shield/or goggles). Gowns and gloves should be changed after every resident encounter with hand hygiene performed. . Waiting for test results - These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted , or readmitted , to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category are to remain in TBP for full 14 days. . Preparing for COIVD-19 in Nursing Homes (June 25, 2020) was retrieved on 10/21/2020 from the Centers of Disease Control and Prevention (CDC) webside indicated the following: . Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. . 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. . 3.1-18(b)(2)

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.