STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155265	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WEDGEWOOD HEALTHCARE CENTER	**101 POTTERS LN CLARKSVILLE, IN 47129**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure appropriate isolation and contact tracing for a resident experiencing major symptoms of COVID-19 for 1 of 3 residents reviewed for infection control. (Resident 2) Findings include: During the clinical record review on 8/5/20 at 11:06 a.m., Resident 2's [DIAGNOSES REDACTED]. The Physician's Progress note, dated 7/25/20 at 9:13 p.m., indicated the resident had been complaining of feeling short of breath all day long, her oxygen saturation was between 84 and 91% (percent). The nurse had increased her oxygen to 4 liters. The physician ordered a stat (immediate) chest x-ray, complete blood count, basic metabolic panel, urinalysis, [MEDICATION NAME] every 4 hours as needed for 72 hours, vitals every 2 hours over night, and to call with any decline in vitals or change in mental status. The nurse's note dated 7/25/20 at 11:31 p.m., indicated they had received new orders for a stat chest x-ray for coughing and shortness of air. The infection note, dated 7/27/20 at 9:54 a.m., indicated the resident had a decrease in oxygenation saturation in the 80's and shortness of air. The resident complained that she just didn't feel good. The nurse's note, dated 7/27/20 at 6:24 p.m., indicated the resident had returned from [MEDICAL TREATMENT] and was in respiratory distress. Her oxygen saturation was at 74%, her face was flushed and she was displaying abdominal breathing. The family requested she be sent to the hospital. The nurse practitioner was notified and she was sent to the hospital. The nurse's note, dated 7/27/20 at 11:04 p.m., indicated the resident was admitted to the hospital for [MEDICAL CONDITION]. The clinical record lacked documentation of any isolation precautions for Resident 2 between the start of symptoms on 7/25/20 and her discharge to the hospital on [DATE], or any recent or chronic cough or decrease in vitals prior to the onset of symptoms on 7/25/20. During an interview, on 8/5/20 between 9:30 and 10:00 a.m., the Executive Director indicated Resident 2 was currently in the hospital with a confirmed case of COVID-19. During an interview, on 8/5/20 at 11:31 a.m., LPN 4 indicated she took care of Resident 2 at least one day before she went out. On Sunday (7/26/20) she wasn't feeling well, and she .just didn't look right to me .The resident told her she was not feeling well. She was not on droplet isolation precautions. During an interview, on 8/5/20 at 11:51 a.m., the ED indicated as far as contact tracing all they had done was notify the [MEDICAL TREATMENT] site because that was the only place she had been. They screened staff before each shift, but hadn't done any tracing of staff who cared for the resident prior to her discharge. The Criteria for COVID-19 Isolation policy and procedure, dated 4/3/20, provided on 8/5/20 at 11:44 a.m. by the Regional Director of Clinical Operations, included, but was not limited to, Consideration for Isolation Unit . Major Signs and Symptoms . Cough Shortness of breath or decrease in baseline pulse ox by 3% or more . Consider isolation unit if resident has any two of the major signs and symptoms .

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