STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155769	A. BUILDING _____ B. WING _____	**07/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MORRISON WOODS HEALTH CAMPUS	**4100 N MORRISON RD 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 -** Few	**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 ensure staff donned appropriate personal protective equipment for 1 of 3 residents reviewed for infection control. (Resident 12) Findings include: During an observation on 7/9/20 at 11:08 a.m. on the 100 hall, an 8 x 10, Yellow Pathway sign was observed next to a picture on the wall before room [ROOM NUMBER]. A single isolation cart was placed outside the door of room [ROOM NUMBER]. During an interview on 7/9/20 at 11:00 a.m., the ADHS indicated the facility had an extended Yellow Zone at the end of the 100 hall, and resident's in isolation are indicated by a STOP sign on the door. room [ROOM NUMBER] at the end of the hall, lacked a STOP sign on the door indicating the need to check with a staff nurse before entering. LPN 2 was seen next to the Resident 12's bed with gloves and a facemask, handling the resident's feeding tube. LPN 2 was not wearing a gown. During an interview on 7/9/20 at 11:44 a.m., LPN 2 indicated Resident 12 was not in isolation and gowns were not required for resident care. During a clinical record review, Resident 12's [DIAGNOSES REDACTED]. A current physician's orders [REDACTED]. During an interview on 7/9/20 at 11:47 am, the Corporate Consultant indicated Resident 12 should be in isolation and confirmed the door was lacking signage to indicated isolation. A current facility policy, dated 3/30/20, titled, COVID-19 Guidelines for Droplet/Contact Precautions, provided by the Director of Health Services, included, but was not limited to the following: Procedures . b. Staff in rooms .2. Clinical staff should be only campus personnel to enter room to provide care after donning appropriate PPE (gown, gloves, mask, eye protection) . e. Isolation Sign .1. Place a sign at the doorway instructing staff to report to the nursing station before entering room. No other information was provided prior to exit. 3.1-18(a)

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.