

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOWS MANOR NORTH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3150 N SEVENTH ST TERRE HAUTE, IN 47804</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a disinfecting product, utilized to sanitize hard surfaces throughout the facility, effective against the [DIAGNOSES REDACTED] Coronavirus, was prepared in accordance with the manufacturer's directions for efficacy against [MEDICAL CONDITION]. This deficient practice had the potential to affect 60 of 60 residents residing in the facility. Finding includes: During an interview with the Housekeeping Supervisor on 10/15/20 at 2:05 p.m., a product (Peroxide Multi Surface Cleaner and Disinfectant) was identified as the disinfectant utilized throughout the facility on hard surfaces including, but not limited to, beds, bed rails, hand rails, light switches, phones, in resident rooms, and common areas of the facility, including at the reception desk in the front lobby utilized for all staff to enter and exit for COVID screening. Upon review of the Manufacturer's label for the product, provided by the Supervisor on 10/15/20 at 2:20 p.m., documentation on the instructions included, but was not limited to, .DIRECTIONS FOR USE .6 (Six) fl (fluid) oz. (ounces) / (per) gallon A large plastic container was observed on 10/15/20 at 2:20 p.m., in a supply room. The container was observed less than half full. A black mark on the container was identified by the Housekeeping Supervisor as the four gallon mark. She indicated she mixed up the concentrated product and added six ounces of the product to four gallons of water. The cleaner was then dispensed into spray bottles and utilized by staff throughout the facility, which included the Red (COVID positive) and Yellow (unknown COVID status) COVID units in the facility. The Housekeeping Supervisor indicated the product had been purchased by facility management when the COVID first began, (sometime in March, 2020) and she had mixed the product in the same way and it had been utilized since that time. On 10/15/20 at 4:28 p.m., the Administrator was interviewed. She indicated there had not been a specific policy for the product, but indicated it had been chosen for use in the facility based on the EPA list of disinfectants for use against the [DIAGNOSES REDACTED]-CoV-2 (COVID-19). The Manufacturer's directions for use and dilution instructions were on the container of the product. The Administrator indicated 24 ounces of the product should have been added to four gallons of water. 3.1-18(b)(1)		

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.