

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2020
NAME OF PROVIDER OF SUPPLIER WASHINGTON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 603 E NATIONAL HWY WASHINGTON, IN 47501	
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. Based on observation, interview, and record review, the facility failed to ensure signs were posted to the Yellow Unit (area of observation of residents with an unknown Covid-19 status) Entrance and resident rooms to indicate what personal protective equipment was required to prevent the spread of Covid-19 for 1 of 1 residents on Transmission Based Precautions reviewed and 1 of 1 isolation units reviewed. (Resident 1, Yellow Unit) Finding includes: On 10/21/20 at 10:35 A.M., LPN 1 indicated she was working the Yellow Unit. LPN 1 indicated there was one resident residing on the unit because the resident was a new admission. The door to Resident 1's room was observed to be open. LPN 1 indicated Resident 1 frequently opened the door himself and LPN 1 shut the door. A stop sign on the door (typed) indicated the resident was on contact and droplet isolation precautions. The sign further indicated a mask, gown, and other PPE (Personal Protective Equipment) as needed for individual needs, it did not address or direct the staff the specific PPE to be worn for the Contact and Droplet Precautions. LPN 1 indicated that she wore an isolation gown, eye protection, mask, and gloves for care of Resident 1. At the entry to the Yellow Unit, no sign was observed to be placed on the entry to the unit. LPN 1 indicated there use to be a sign on the door at a prior to this observation, the nurse hand wrote a sign at that time to put on the door. On 10/21/20 at 11:30 A.M., the Administrator provided the current Isolation-Initiating Transmission-Based Precautions policy, revised 12/2012. The policy included, but was not limited to: When Transmission-Based Precautions are implemented, the Infection Preventionist shall: Post appropriate notice on the room entrance door 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.