

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RENSSELAER CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1309 E GRACE ST RENSSELAER, IN 47978</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, record review, and interview, the facility failed to ensure infection control practices were followed, related to lack of employee hand hygiene for 2 of 5 Nursing staff observed for infection control practices, which had the potential to affect 19 residents on the 400 Unit. (Nurse 1 and CNA 2) Findings include: During an observation on 8/20/20 at 9:43 a.m., Nurse 1 was in Resident 1's room, the curtain was closed, and was encouraging the resident to take the medications. Nurse 1 walked from behind the curtain and left the room without performing hand hygiene. She then walked to the Medication Cart and utilized the computer. She observed Resident 2 was now available, and removed the medications, which were in a plastic cup, from the top drawer of the Medication Cart. She walked to Resident's 2 room. Interview with Nurse 1 at that time indicated she had not completed hand hygiene upon leaving Resident 1's room, before obtaining the medications for Resident 2, and prior to when she started to enter the resident's room. During an observation on 8/20/20 at 9:45, CNA 2 was in Resident 3's room. The resident was in the recliner. CNA 2 ensured the resident was comfortable, touched the resident's arm and made sure the call light was available, then walked out of the room without performing hand hygiene. CNA 2 walked down the hallway and opened the shower room door and peaked in, then walked to the Medication Cart and asked Nurse 1 a question. The call light was activated in Resident 4's room and the CNA walked down the hall to answer the call light, still without performing hand hygiene. The CNA was interviewed at the time, and indicated she had washed her hands in the room, then indicated she washed her hands in the shower room. She then indicated she would wash her hands prior to Resident 4 being assisted. A facility policy, titled, Hand Hygiene, was dated 5/7/2020 and received from the Infection Control Nurse as current. The policy indicated employee hand hygiene was to be completed before and after all resident contact. 3.1-18(l)		
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.