

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAJESTIC CARE OF AVON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>445 S COUNTY ROAD 525 E AVON, IN 46123</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, observation, and record review, the facility failed to ensure a resident exposed to a positive Covid-19 resident was placed into droplet isolation precautions, physician's orders [REDACTED]. Findings include: On 10/20/20 at 10:00 a.m., the Infection Preventionist (IP) 3 indicated, Resident 1's roommate had tested positive for Covid-19 and was transferred on 10/18/20 to another room. Resident 1 was isolated in his room for 14 days, under droplet isolation precautions (droplet precautions are used to prevent the spread of pathogens that are passed through respiratory secretions and do not survive for long in transit. These droplets are relatively large particles that cannot travel through the air very far. They are transmitted through coughing, sneezing, and talking.) IP 3 indicated, a droplet precautions isolation sign should be placed on all isolation doors and a personal protective equipment (PPE) container should be by the droplet precautions isolation room door. Staff should wear a mask and goggles or a face shield, while in the facility and don (put on) a gown and gloves, prior to entering a droplet precautions isolation room. During a tour of the facility, on 10/20/20 at 12:10 p.m., Resident 1's room was observed without an isolation sign on the door and without a PPE container outside of Resident 1's door. From the hallway, Resident 1 was observed lying in his bed. On 10/20/20 at 12:16 p.m., Resident 1 was observed lying in bed with his bedside table next to the bed. Certified Nursing Assistant (CNA) 7, without donning a gown or gloves, entered Resident 1's room, carrying a lunch tray and placed the lunch tray onto Resident 1's bedside table. CNA 7 sanitized her hands and left the room. On 10/20/20 at 2:10 p.m., Resident 1's room was observed with the door open and the resident lying in bed. No isolation sign was on the resident's door nor a PPE container observed by the resident's door. Resident 1's medical record was reviewed, on 10/20/20 at 2:25 p.m. The October 2020, physician orders [REDACTED]. No orders, care plans, nor a family notification for the placement of Resident 1 into droplet isolation precautions was observed in the medical record. On 10/20/20 at 2:40 p.m., the Administrator (ADM) indicated, Resident 1 should have been placed into droplet isolation precautions, because his previous roommate had tested positive, on 10/18/20, for Covid-19 and exposed Resident 1 to Covid-19. Resident 1's droplet isolation precautions had been missed. On 10/21/20 at 9:25 a.m., IP 3 indicated Resident 1 was now under droplet isolation precautions, with a droplet isolation precaution sign on the door and a PPE container by Resident 1's door. The family would be notified of the change in condition of isolation precautions for Resident 1. At that time, IP 3 provided and identified as a current facility policy document, titled Change in Condition, dated October 2019, which indicated, .Purpose: To ensure timely interventions for a change in a resident's condition .Procedure: .3. Non-Urgent Change in Condition .a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician/NP. Non-urgent changes are a minor change in physical and mental behavior, abnormal laboratory and x-ray results that are not life threatening On 10/21/20 at 9:40 a.m. IP 3 indicated according to the Centers for Disease Control (CDC) guidance and the facility policy, Resident 1 should have been placed under droplet isolation precautions, when his positive Covid-19 roommate exposed Resident 1 to Covid-19. All droplet isolation precaution rooms, should have an isolation sign on the door and a PPE container should be by the isolation room doors. Staff should wear a face mask, face shield or goggles, a gown, and gloves, when they enter a droplet isolation precautions room. IP 3 provided and identified as a current facility policy CDC document, titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 06/03/2020, which indicated, .Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must: .PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting) .Acceptable Alternative PPE - Use Facemask, Face shield or goggles, one pair of clean, non-sterile gloves, and Isolation gown 3.1-18(b)(2)</p>		
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.