

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER NEWBURGH HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 10466 POLLACK AVE NEWBURGH, IN 47630	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control measures to prevent the spread of COVID-19 for 1 of 3 residents observed for care. Residents were not offered a face mask to wear during care, and staff did not wear a gown during a wound change. (Resident 3, Resident 5) Findings include: 1. During a random observation on 10/5/20 at 9:25 A.M., Staff 7 was observed in Resident 5's room, kneeling down in front of her, having a conversation about her feet. Staff 7 was wearing a KN95 mask, and goggles. Resident 5 was not wearing a face mask. During an interview on 10/5/20 at 9:30 A.M., CNA 11 indicated she had lightened up with residents wearing masks while staff was performing care in their rooms. She indicated she could not think of any task that would require the resident to wear a mask while being cared for by staff. 2. On 10/5/20 at 10:30 A.M., LPN 15 and Staff 7 were observed to perform a dressing change for Resident 3 in his room. Neither LPN 15 nor Staff 7 wore a gown for the procedure. LPN 15 was wearing a KN95 mask and face shield. Staff 7 was wearing a KN95 mask and goggles. Prior to the procedure, Resident 3 was not offered a face mask to wear during the dressing change. During the dressing change, Staff 7 assisted Resident 3 to roll to his left side. While on his left side, Resident 3's clothing came into contact with Staff 7's scrubs. Resident 3 was on his left side for 35 minutes conversing with Staff 7. During an interview on 10/5/20 at 11:05 A.M., Staff 7 indicated Resident 3 is not on any type of precaution, and that residents were only offered a mask while in the hall. She indicated residents were not offered a mask during any care tasks. On 10/5/20 at 11:50 A.M., Resident 3's clinical record was reviewed. The most recent quarterly MDS (Minimal Data Set) Assessment, dated 8/19/20, indicated Resident 3 was cognitively intact. [DIAGNOSES REDACTED]. During an interview on 10/5/20 at 12:30 P.M., the ED (Executive Director) indicated all residents were taken off of precautions this past Friday, 10/2/20, after the last COVID positive residents in the facility recovered, and that Resident 3's current care plan for droplet/contact precautions was supposed to have been removed. During an interview on 10/5/20 at 12:50 P.M., Resident 3 indicated staff had never offered him a face covering to wear. He indicated he stayed in his room, and all care was performed in his room. On 10/5/20 at 1:10 P.M., a current COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure, dated 8/10/20, was provided, and indicated gowns should be prioritized for high-contact patient care activities including wound care. On 10/5/20 at 2:15 P.M., a current Strategies for the Prevention of the COVID-19, dated 4/8/20, indicated to provide appropriate PPE (Personal Protective Equipment) as indicated for the prevention of the spread of COVID-19. On 10/5/20 at 2:15 P.M., a current Personal Protective Equipment - Gowns policy was provided, dated 11/3/17, and indicated .Personnel must wear a gown, apron, or lab coat when performing a task(s) that will likely soil the employee's clothing with blood, body fluids, secretions, or excretions . 3.1-18(b)</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.