

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155477</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LANE HOUSE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1000 LANE AVE CRAWFORDSVILLE, IN 47933</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 - Some</b>	<p><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 and interview, the facility failed to follow CDC guidance during a pandemic and ensure infection control practices for COVID-19 were followed by staff for personal protective equipment (PPE) use (cook 6, Certified Dietary Manager (CDM) 7, housekeeper 8, and Licensed Practical Nurse (LPN) 9). Findings include: During an observation, on 10/19/20 at 8:58 a.m., cook 6 and CDM 7 were working around food in the kitchen with no face mask covering their nose and mouth. During an observation, on 10/19/20 at 9:03 a.m., housekeeper 8 was in the back hallway near room [ROOM NUMBER], pushing a housekeeping cart down the hallway, she had no face mask covering her nose and mouth. During an observation, on 10/19/20 at 9:05 a.m., LPN 9 was preparing medications for administration at a medication cart beside the nurse's station, she had no face mask covering her nose and mouth. A PPE Donning (putting on) Checklist, dated 10/12/20-10/13/20, indicated cook 6, CDM 7, housekeeper 8 and LPN 9 signed as having completed the competency. A PPE Doffing (taking off) Checklist, dated 10/12/20-10/13/20, indicated cook 6, CDM 7, housekeeper 8 and LPN 9 signed as having completed the competency. An In-Service/Education Sign-In Sheet, dated 9/22/20, indicated wear personal mask to the door. N95, with isolation mask to and from the car. Wear a mask at all times. LPN 9 signed as having received the education. During an interview, on 10/19/20 at 10:01 a.m., housekeeper 8 indicated staff were required to wear a N95 mask and goggles the entire time they were in the building, they could only take them off to take a drink of water. During an interview, on 10/19/20 at 10:45 a.m., LPN 4 indicated all staff were required to wear a N95 mask and goggles or eye protection when in the facility. Staff working in the yellow isolation zone wore N95 masks and eye protection with full PPE. During an interview, on 10/19/20 at 12:49 p.m., the Director of Nursing (DON) indicated staff stopped at their mailbox at the employee entrance upon arrival to work, put on a mask and sanitized their hands. Staff working in the green zone (no isolation) wore a N95 mask and goggles or face shield. Staff working in the yellow zone (droplet isolation) wore a N95 mask, goggles or face shield, gloves and a gown when caring for the resident. The company policy was for all staff to wear goggles and a N95 mask at all times when in the facility and the employees had all been trained regarding wearing masks at all times when in the facility. Managers monitored staff for PPE compliance. On 10/19/20 at 1:26 p.m., LPN 4 provided the Personal Protective Equipment (PPE) policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated Purpose: To reduce the risk of and prevent the spread of infection to patients, visitors and staff. The facility must train associates on personal PPE. If facility-wide facemask/respirator/eye protection use has been implemented, prior to starting work at beginning of shift and after breaks: perform hand hygiene (and put on gloves prior to applying facemask/respirator/eye protection after break) &amp; don facemask/respirator/eye protection. The CDC Guidance, What you need to know about Coronavirus disease 2020 (COVID-19), indicated Risk of infection with COVID-19 is higher for people who are close contacts with someone known to have COVID-19, for example healthcare workers, or household members. [MEDICAL CONDITION] is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It may also be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possibly their eyes. The CDC Guidance regarding use of masks by health care personnel (HCP), titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, indicated, HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. Universal use of a facemask for source control is recommended for HCP 3.1-18(a)</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.