

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER TRANSCENDENT HEALTHCARE OF OWENSVILLE		STREET ADDRESS, CITY, STATE, ZIP HWY 165 W PO BOX 369 OWENSVILLE, IN 47665	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis. Doors to the rooms of residents on transmission-based precautions were open, staff was observed to enter transmission-based precaution rooms without proper PPE (personal protective equipment), staff did not use proper hand hygiene or glove use during care for 1 of 1 residents observed for a bed bath, and staff was observed with their masks under their nose or removing it from their face to talk. This had the potential to affect 55 out of 55 residents in the facility. (Resident 18, Resident 50, Resident 7, Resident 29) Findings include: 1. During an observation of Housekeeping 1 on 10/21/20 at 9:23 a.m., her mask was under her nose, and she pulled it away from her face to speak. 2. During an observation on 10/21/20 at 9:23 a.m., Resident 29 was identified to be on contact/droplet transmission-based precautions. Resident 29's door was wide open with multiple staff observed walking by and never closing the door or educating on the need for it to be closed. The room was signed as contact/droplet precautions with a sign that indicated, . KEEP DOOR CLOSED. During an observation on 10/21/20 at 11:15 a.m., room Resident 29's door was open. 3. During an observation on 10/21/20 at 9:27 a.m., Resident 50 and Resident 7 were identified to be on contact/droplet transmission-based precautions. The room door was wide open with multiple staff observed walking by and never closing the door or educating on the need for it to be closed. The room was signed as contact/droplet precautions with a sign that indicated, . KEEP DOOR CLOSED. During an observation on 10/21/20 at 11:20 a.m., Resident 50 and Resident 7's door was observed open. 4. During an observation on 10/21/20 at 10:30 a.m., LPN 1 was observed in Resident 29's room. Resident 29 had signage for contact/droplet transmission-based precautions, and a sign that identified PPE (personal protective equipment) necessary when entering the resident room, LPN 1 was observed to only have on an N-95 mask and the door was open. LPN 1 exited Resident 29's room without performing hand hygiene, and without closing the door. During an interview with LPN 1 on 10/21/20 at 10:33 a.m., she indicated she should have had on full PPE due to the resident being on contact/droplet precautions because he was a new admission. I know, I did it wrong. During an observation on 10/21/20 at 10:45 a.m., CNA 1 and CNA 2 were observed to provide care for Resident 18. CNA 1 entered the room, performed hand hygiene and donned gloves. Resident 18 had a mask on under her nose. No reminders/redirection noted. CNA 1 unfastened Resident 18's soiled brief, obtained a clean cloth, added soap/water and washed Resident 18's arms, chest, underarms. CNA 1 tossed the soiled cloth on the end of the bed on top of Resident 18's blanket. CNA 1 wet a second cloth and washed Resident 18's legs, feet and periaura with same cloth and same gloves. CNA 1 tossed the soiled cloth on the bedsheet. CNA 1 rinsed Resident 18 with a new cloth on her legs, feet, periaura. She tossed the cloth on the bedsheet. CNA 1 rolled the soiled brief out from under Resident 18 and tossed it into the trash. CNA 1 removed her gloves and donned new gloves. No hand hygiene was observed. CNA 1 obtained a package of wipes and used wipes to clean Resident 18's buttocks and anal area. She tossed the wipes into the trash. CNA 1 obtained a soiled washcloth from the bedsheet and used it to wash Resident 18's buttocks. She tossed the soiled cloth onto the blanket at end of bed. CNA 1 dried Resident 18's buttocks with a towel and tossed it on the blanket at end of bed. CNA 1 pushed the call light with her gloved hand. She then applied Resident 18's deodorant. CNA 1 removed her gloves. No hand hygiene was observed. CNA 1 opened drawers, rifled through. She donned gloves. No hand hygiene was observed. CNA 1 rolled Resident 18 on her side and washed her back and back of legs with a clean cloth. CNA 1 tossed the cloth onto the blanket at end of bed. CNA 1 put a new brief under Resident 18. She rolled Resident 18 to her back and fastened the brief. CNA 1 pulled out the soiled incontinence pad. CNA 1, still wearing the same gloves, grabbed Resident 18's clothes from the back of her wheelchair. CNA 1 assisted Resident 18 with her shirt, and pulled up on her pants. CNA 1 adjusted the resident's mask. CNA 1 pulled down Resident 18's shirt and pulled up her pants. CNA 1 placed Hoyer (mechanical lift) sling under the resident and adjusted her pants. CNA 1 raised the head of bed with her gloved hand and opened the privacy curtain. CNA 2 entered the room, bringing in the Hoyer lift. CNA 2 donned gloves without performing hand hygiene. Both CNAs put shoes on the resident. CNA 2 moved the Hoyer to the bedside. Both CNAs attached the sling. CNA 2 raised the Hoyer and moved it over the wheelchair. CNA 2 lowered Resident 18 into her wheelchair. Both CNAs removed the sling from the Hoyer. Both CNAs removed their gloves. No hand hygiene was observed. CNA 2 took the Hoyer out of room. CNA 1 was observed to comb Resident 18's hair. No hand hygiene observed. During an interview on 12/21/20 at 1:00 p.m., she indicated staff should perform hand hygiene upon entering a resident's room, prior to donning gloves, after removing gloves, and after touching anything in the resident's environment. During an interview on 10/21/20 at 1:10 p.m. with the Director of Nursing, she indicated staff should know to perform hand hygiene prior to donning and after removing gloves, and should know when to change their gloves. She further indicated staff should be aware of resident doors remaining closed if they are on contact/droplet precautions, as the signs on the doors even says it. During a review of the current policy, Droplet Precautions, dated 3/15/20, provided by the Administrator on 10/21/20 at 1:26 p.m., indicated, .Place signage on the door/entryway to alert staff and visitors of precautions. Use Personal Protective Equipment (PPE): Wash your hands upon entering and after leaving room .don PPE in order of gown, mask, (goggles if indicated), gloves prior to entry into the room or care area During a review of the current policy, Mask use, dated 5/6/20, provided by the Administrator on 10/21/20 at 1:26 p.m., indicated, In an effort to ensure the safety and well-being of all resident and staff during an outbreak of the coronavirus, the facility shall utilize face masks in accordance with acceptable standards of infection control practices and per guidance of the Indiana State Department of Health. During a review of the current policy, Personal Protective Equipment-Using Face Masks, revised 10/2010, provided by the Administrator on 10/21/20 at 1:26 p.m., it indicated, To guide the use of masks .Be sure that face mask covers the nose and mouth .handle mask only by the strings .never touch the mask when it is in use. During a review of the current policy, Standard Precautions, revised 1/20/19, provided by the Administrator on 10/21/20 at 1:26 p.m., indicated, Standard precautions will be used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status .hands shall be washed with soap and water when visibly soiled with dirt, blood, or bodily fluids, or after direct or indirect contact with such .in the absence of visible soiling of hands, alcohol-based hand rubs are preferred for hand hygiene. Wash hands after removing gloves .wear gloves when you anticipate direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material .change gloves as necessary during the care of a resident to prevent cross-contamination from one body site to another .remove gloves promptly after use, before touching non-contaminated items and environmental surfaces .Handle, transport, and process used linen soiled with blood, body fluids .in a manner that prevents .contamination. During a review of the current policy, Personal Protective Equipment-Using Gloves, revised 11/5/17, provided by the Administrator on 10/21/20 at 1:26 p.m., it indicated, .Wash hands and/or sanitize hands after removing gloves. 3.1-18(b) 3.1-18(i)</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.