

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155523</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RICHLAND BEAN BLOSSOM HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5911 STATE ROAD 46 ELLETTTSVILLE, IN 47429</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 - Few</b>	<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, interview, and record review, the facility failed to ensure a Licensed Practical Nurse (LPN) wore a mask during a conversation with a resident for 1 of 1 randomly observed resident. (Resident C) Findings include: On 8/24/20 at 1:31 p.m., LPN 1 was at a medication cart speaking with Resident C. LPN 1 was observed to wear her mask down around her chin, not covering her mouth and nose, speaking to Resident C. Resident C was observed to be sitting in his wheelchair, wear his mask down around his chin, and not covering his nose or mouth. On 8/25/20 at 10:00 a.m., Resident C's clinical record was reviewed. [DIAGNOSES REDACTED]. A care plan, initiated on 4/1/20 and current through target date of 9/10/20, indicated: Problem: Resident is at risk for exposure to and s/sx (signs and symptoms) of coronavirus (a new illness which can affect your lungs and airway/highly airborne transmittable) .GOAL: Resident will not exhibit any s/sx of the coronavirus .APPROACH: Resident should be cued to keep mask on as residents could forget to leave it on . Interview, on 8/25/20 at 10:45 a.m., the Director of Nursing (DON) indicated nurses were to wear a mask when speaking to residents. Interview, on 8/25/20 at 11:00 a.m., the Assistant Director of Nursing (ADON) indicated even if some residents refuse to wear a mask, the nurse should always wear a mask when speaking to a resident. COVID-19 LTC (Long Term Care) Facility Infection Control Guidance Standard Operating Procedure (August 8, 2020) was retrieved on 8/25/20 from the Indiana State Department of Health (ISDH) website. The guidance indicated, .6. All LTC facilities should require those involved in direct patient care to wear a mask during their entire shift . On 8/25/20 at 11:00 a.m., the ADON provided the facility's policy, Infection Prevention and Control for COVID-19 (Coronavirus 2019) Information Packet, undated, and indicated it was the policy currently being used by the facility. A review of the policy lacked documentation when healthcare workers were to wear a mask. 3.1-18(b)(1)		

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.