

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155665</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAJESTIC CARE OF NORTH VERNON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>701 HENRY STREET NORTH VERNON, IN 47265</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, interview, and record review, the facility failed to follow infection control guidelines related to COVID -19 for communal dining with social distancing for 1 of 2 dining observations, appropriate mask usage for 3 of 20 staff observed, and monitoring signs and symptoms of infection control after admission for 1 of 3 new admissions. (Residents C, W, X, Y, D, J, K, L, Q, R, V, E, O, P, S, AA, B, F, G, H, I, N, T, Z, K, Staff CNA 2, Activity Director, and Houskeeper 4) Findings include: 1. During an observation on 05/27/20 at 11:25 A.M., 4 residents were sitting around a table in the common area that was approximately 36 inches (by) 36 inches square. These residents were less than six feet apart, the CDC's (Centers for Disease Control and Prevention) recommended distance for social distancing. During an interview on 05/27/20 at 11:30 A.M., QMA (Qualified Medication Aide) 6 indicated lunch was to be served on the B- hall around 11:45 A.M., and the residents seated were waiting to be served. During an observation on 05/27/20 at 12:10 P.M., 25 residents were eating lunch in the common area of B- hall. The residents were sitting side by side, without social distancing of six feet between them. a. Residents C, W, X, and Y were sitting at table that was approximately 36 inches x 36 inches square. These residents were not [MEDICATION NAME] social distancing. The clinical record for Resident C was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 04/15/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident W was reviewed on 05/28/20 at 11:48 A.M. A Significant Change MDS assessment, dated 04/21/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident X was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 05/10/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. The clinical record for Resident Y was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 05/10/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. b. Residents D, J, K, L, Q, and U were sitting side by side at two 36 inch x 36 inch tables that were pushed together. The residents were no [MEDICATION NAME] social distancing. The clinical record for Resident D was reviewed on 05/27/20 at 10:37 A.M. An Admission MDS assessment, dated 05/04/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. The clinical record for Resident J was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment, dated 04/24/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident K was reviewed on 05/27/20 at 10:37 A.M. An Admission MDS assessment was in progress. [DIAGNOSES REDACTED]. The clinical record for Resident L was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment, dated 05/16/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident Q was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 04/25/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident U was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 04/24/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. c. Residents R and V were sitting across from each other at a table measuring approximately 24 inches x 30 inches. These residents were not [MEDICATION NAME] social distancing. The clinical record for Resident R was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 03/06/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident V was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 05/12/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. d. Residents E, O, P, S, AA, and B, were sitting side by side at two 36 inch x 36 inch tables that were pushed together. These residents were not [MEDICATION NAME] social distancing. The clinical record for Resident E was reviewed on 05/27/20 at 10:37 A.M. An Annual MDS assessment, dated 05/11/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident O was reviewed on 05/28/20 at 11:48 A.M. An Admission MDS assessment, dated 05/25/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident P was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 02/25/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident S was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 05/14/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident AA was reviewed on 05/28/20 at 11:48 A.M. An Admission MDS assessment was in progress. [DIAGNOSES REDACTED]. The clinical record for Resident B was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment, dated 05/02/20, indicated the resident was cognitively intact. [DIAGNOSES REDACTED]. e. Residents F, G, H, I, N, T, and Z were sitting side by side at two 36 inch x 36 inch tables that were pushed together. These residents were not [MEDICATION NAME] social distancing. The clinical record for Resident F was reviewed on 05/27/20 at 10:37 A.M. An Admission MDS assessment, dated 04/29/20, indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident G was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment, dated 03/19/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident H was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment, dated 05/15/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The Clinical record for Resident I was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment dated [DATE], indicated the resident was moderately cognitively impaired. [DIAGNOSES REDACTED]. The Clinical record for Resident N was reviewed on 05/27/20 at 10:37 A.M. A Quarterly MDS assessment dated [DATE], indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident T was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 03/21/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. The clinical record for Resident Z was reviewed on 05/28/20 at 11:48 A.M. A Quarterly MDS assessment, dated 05/13/20, indicated the resident was severely cognitively impaired. [DIAGNOSES REDACTED]. During an interview on 05/27/20 at 12:43 P.M., QMA 6 indicated the residents on B- hall ate their meals and participate in activities in the common area. The facility Staff had been educated on social distancing. The residents were not social distancing at this time. The current facility policy titled Temporary Communal Dining Guidance with a date of 03/16/2020, was provided by the IPSD (Infection Preventionist Staff Development) on 05/27/20 at 12:00 P.M. The policy indicated, In an effort to prevent the transmission of COVID-19, CMS (Centers for Medicare and Medicaid Services) has given the guidance to restrict communal dining in our centers. Residents selected to eat in a communal setting (dining room) would be selected based on need for assistance and available space in the dining room(s), allowing for the suggested 6 feet social distancing standard .</p> <p>2. During an observation on 05/27/20 at 2:00 P.M., the Activity Director was outside assisting approximately 10 residents during their smoke break. The Activity Director was handing out cigarettes while her mask was down under her chin. During an observation on 05/28/20 at 9:57 A.M., CNA (Certified Nurse Aide) 2 was standing in the hallway of B-Hall with her mask down under her chin. During an observation on 05/28/2020 at 12:26 P.M., Housekeeper 4 was outside the conference room with her mask pulled down under her nose. Resident BB was sitting in her wheelchair in the hallway. During an interview on 05/27/20 at 1:15 P.M., the IPSD indicated everyone was screened upon entering the facility by having their temperature taken and filling out a questionnaire. All visitors were educated on handwashing and had to apply a face mask before going</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>anywhere in the building. During an interview on 5/28/20 at 10:09 A.M., LPN (Licensed Practical Nurse) 3 indicated the staff had been inserviced on wearing masks at all times and the masks should cover their mouth and nose. On 05/27/20 at 11:29 A.M., inservices records for staff were reviewed and included, but were not limited to, donning and doffing PPE (Personal Protective Equipment) on 04/06/20, and wearing face masks at all times on 04/06/20, 04/07/20, 04/08/20, 04/09/20, 04/10/20. The current undated, COVID-19 Personal Protective Equipment: Donning was provided by the IPSD on 05/28/20 at 1:12 P.M. The policy indicated .Donning Step 3: Don N95 Respirator .Place N95 respirator on your face covering your nose and mouth . 5. The clinical record for Resident K was reviewed on 05/28/20 at 10:37 A.M. The resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. The resident's hospital record indicated the resident had no respiratory concerns at discharge and there were no indications the resident had been tested for Covid-19. An order, with a start date of 05/26/20, indicated, Infection Symptom Monitoring: Temperature every shift. An order, with a start date of 05/26/20, indicated, Infection Symptom Monitoring: Respiratory status assessed every shift for 14 days. The resident's clinical record lacked documented assessments related to Covid 19 monitoring from 05/23/20 through 05/25/20. During an interview on 05/27/20 at 1:15 P.M., the IPSD indicated that all new resident admissions had daily assessments order and completed in the EMAR (Electronic Medication Administration Record) for 14 continuous after admission. The current facility policy titled COVID-19 Resident Policy and dated March 2020, was provided by the IPSD on 05/28/20 at 1:09 P.M. The policy indicated, To implement infection control procedures to minimize chance for exposure to respiratory pathogens and to prevent infections from spreading during healthcare delivery. Measures should be implemented before resident arrival, upon arrival, and throughout the duration of a resident's stay at the facility .New Admissions or Re-Admissions to the facility .All new admissions/re-admissions will be screened for fever and respiratory illness .Residents will be monitored for fever and respiratory symptoms every shift . 3.1-18(a) 3.1-18(b)(1)(A)</p>		