

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155666	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER AUBURN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1751 WESLEY ROAD AUBURN, IN 46706	
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 - Many	<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 properly implement infection prevention and control practices to prevent potential development and transmission of COVID-19. The deficit practice had the potential to affect 69 of 69 residents who resided at the facility. Findings include: On 10/15/20 at 10:00 A.M., in an interview the Executive Director (ED) and Director of Nursing (DON) indicated the facility had one COVID-19 positive resident. The resident had a dry non-productive cough, resided on the facility's COVID unit, and was in Transmission Based Precautions (TBP) to prevent the spread of [MEDICAL CONDITION] to other residents and staff. The facility had other residents, located in specific halls of the building, that were on Transmission Based Precautions due to their unknown COVID-19 status following admission or re-admission to the facility. On 10/15/20, the following observations and interviews were conducted: -10:31 A.M., 6 resident rooms located at the end of the 300 hall, housed 6 residents in private rooms. Outside each of the 6 rooms on the wall, by their door, was a sign that read Droplet Precautions and indicated masks and gowns were required to enter the room. All 6 resident room doors were open. A yellow isolation gown was observed hanging from a hook on the wall inside the door of each resident's room. Outside the room doors and in the hallway, were clear plastic carts marked Personal Protective Equipment (PPE). All 6 plastic carts were observed to have few supplies in the drawers. The carts contained no N95 or KN95 masks. There were no cleaning supplies observed in the rooms or carts to disinfect PPE after exiting the rooms. -A Physical Therapy Assistant (PTA) was observed to walk into room [ROOM NUMBER]. A sign on the door indicated the resident was in droplet precautions. The PTA was not observed to don the gown that was hanging in the room beside the door. She wore the surgical mask and safety glasses she'd had on when coming down the hallway into the residents room. -10:36 A.M., the PTA exited room [ROOM NUMBER] wearing the same surgical mask and safety glasses she had worn into the room. When questioned about PPE that should be worn in a room designated as needing droplet precautions, she indicated she believed just a surgical mask and goggles/safety glasses or face shield were required. She indicated staff were given one mask and safety glasses/goggles or face shield per day to wear when in all rooms. She did not indicate goggles were to be disinfected after being in a room designated as droplet precautions. -10:39 A.M., the Director of Rehabilitation services was observed getting ready to go into room [ROOM NUMBER]. The sign on the door indicated the residents were in droplet precautions. She was questioned about PPE that should be worn going into rooms designated as having droplet precautions. She indicated gowns, masks, gloves, and safety glasses/goggles should be worn. She indicated staff were given a mask and face shield or glasses/goggles each day to be worn between all residents. -10:41 A.M., 4 rooms on the Respiratory West unit, located behind open fire doors were observed with their room doors open. Each room's sign indicated the residents were in droplet precautions. There was a sign on room [ROOM NUMBER] to indicate the resident in the room was in TBP. The resident was not in her room. At the end of the Respiratory West unit was a plastic zippered barrier wall hanging up from the ceiling. There was no signage to indicate what this area was, who was able to enter, and/ or PPE to be worn when going into this zone. A facility map, provided during the entrance conference, indicated this area was the zone where the resident with COVID-19 was residing. -11:24 A.M., the resident in room [ROOM NUMBER] designated as having droplet precautions, was observed being propelled in the hallway by the Director of Rehabilitation towards the therapy room. The resident wore a cloth mask observed below and not covering her nose. -11:25 A.M., LPN 5 (Licensed Practical Nurse), assigned to work the 300 hall, was interviewed. She indicated the facility used respirators (N95 or KN95) only when working in the Red zone with COVID-19 positive residents. When questioned about residents who were in TBP due to their unknown COVID status, she indicated staff wore gowns, surgical masks, and face shields when caring for these residents. Staff did not don new masks or face shields while providing care to residents in TBP and wore the same masks and face shields for all residents cared for during their shift regardless of COVID status. -11:31 A.M., CNA 8 (Certified Nurse Assistant) indicated staff were given a new mask and goggles or face shield each day that they wore all shift while caring for residents. When questioned, she indicated staff wore the same mask and face shield when caring for residents in TBP and those not in TBP but put a gown on as well when going into the room. -11:34 A.M., RN 2 was interviewed. She indicated she was caring for the COVID positive resident. She had been over to provide care to the resident at least 2-3 times on this day. When questioned about the use of an N95 or KN95 while caring for the COVID positive resident, she indicated she hadn't worn one; she thought staff were just to wear a mask and face shield. She indicated she had not put on a new surgical mask and face shield prior to caring for the positive resident nor had she put on one after and prior to coming back to care for the other residents on her hallway who were not in TBP. She confirmed that she was currently wearing the same mask and face shield she'd had on since starting her shift that morning and had worn when caring for the COVID positive resident. On 10/15/20 at 11:45 A.M., the ED and DON were interviewed about their PPE supply and use of N95 masks. The ED indicated it was her understanding that staff did not need to wear respirators while caring for residents in TBP with unknown COVID status due to conservation of PPE. She indicated they had plenty of supplies including N95 masks. When questioned about respiratory therapists providing care that generated aerosols and droplets, the DON and ED indicated they would immediately get N95 masks, provide them to the RT's, and other staff caring for residents in TBP. Both were notified staff interviews indicated they had worn the same mask and face shield while caring for the COVID positive resident and any other residents they were assigned to care for. The DON indicated there were N95 respirators available for use on the COVID unit. Neither were able to respond regarding not having designated staff to care for the resident who was COVID positive residing in the red zone. Infection Control policies, last reviewed September 2020, were provided by the ED on 10/15/20 at 1:00 P.M. and were as follows: PPE Universal Use Policy During COVID: To prevent the spread of COVID-19 and to optimize the use of PPE .Face Masks: N95 or KN95 when available should be used for the care of a resident suspected or confirmed to have COVID-19. When not available, the best alternative is a procedure mask .Face masks worn for the care of suspected or confirmed COVID residents are not to be worn for the care of non-infectious residents. Goggles or face shields .Eye protection worn for the care of suspected or confirmed COVID residents are not to be worn for the care of other non-COVID residents .PPE must be applied prior to or upon entering a COVID space/unit/wing. PPE must be properly removed when leaving the COVID space and a new facemask applied Review of CDC guidance, Responding to Coronavirus (COVID-19) in Nursing Homes, Considerations for the Public Health Response to COVID-19 in Nursing Homes, updated 4/30/20, included the following: -Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. -All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection: Place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection in a single-person room with the door closed. As a measure to limit HCP (Health Care Providers) exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155666	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER AUBURN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1751 WESLEY ROAD AUBURN, IN 46706	
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 - Many	<p>(continued... from page 1)</p> <p>care for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift. The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask: Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use strategies to optimize PPE supply. N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure. Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Eye Protection: Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. Remove eye protection after leaving the patient room or care area, unless implementing extended use. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse. 3.1-18(a)</p>		