

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155705	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE POINTE		STREET ADDRESS, CITY, STATE, ZIP 801 N HUNTINGTON AVE WARREN, IN 46792	
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 - Few	<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, record review and interview the facility failed to ensure residents who were readmitted to the facility were placed in isolation for 14 days for 1 of 6 residents reviewed for infection control (Resident 13). Findings include: During an interview with the Administrator on 10/9/20 at 11:05 a.m. they Resident 13 had to be retested for COVID-19, she was asymptomatic and they should receive the results that day. Resident 13's clinical record was reviewed on 10/9/20 at 11:30 a.m. Her [DIAGNOSES REDACTED]. Her orders included, but were not limited to, may screen for COVID-19 PRN (as needed) and actively screen resident for fever and respiratory symptoms such as new onset of shortness of breath, change in cough or sore throat every day shift. She had the following current focused care plans: 1. Facility has implemented testing for COVID-19 per the recommendations of the Indiana State Department of Health during the COVID-19 pandemic. The goal was identification of COVID-19 positive residents. Interventions were educate the resident on the procedure for testing, resident to wear mask when being transported to the testing area, residents responsible party will be notified of positive results, staff testing resident for COVID-19 will wear appropriate PPE (Personal Protective Equipment): mask, gown, face shield, goggles and gloves. 2. Facility has implemented residents to wear protective masks per recommendations of the Indiana State Department of Health during COVID-19 pandemic. The goal was the resident would be at less risk of transmission of COVID-19. Interventions were apply mask over nose and mouth to residents who are unable to apply themselves. If they remove, reapply as tolerated. If they continue to remove, redirect/assist to room, educate resident on necessity of wearing mask when out of room and during care from staff, if resident is noncompliant with wearing a mask as directed, continue to educate and redirect/assist to room, masks will be removed when deemed appropriate per charge nurse: (i.e. meal time, med administration, extreme SOB (shortness of breath) and increased anxiety. Review of the nurses notes indicated the following: A nurses note, dated 9/26/20 at 7:50 p.m., indicated the resident was sent to the hospital after a fall. A nurses note, dated 9/29/20 at 7:13 p.m. indicated the resident returned to the facility from the hospital. During an interview on 10/9/20 at 12:29 p.m. LPN 21 indicated Resident 13 was not on isolation. During an interview on 10/9/20 at 1:00 p.m. the Administrator indicated the resident did not have to be in isolation because, she was already a resident at the facility prior to going to the hospital. During an interview on 10/9/20 at 1:32 p.m. Administrator 2 indicated they knew Resident 13's COVID status, because she was tested on [DATE] and she was negative. A 2020 Long Term Care Newsletter, Issue 2020-62 dated 9/25/20, titled Visitation Guidelines for Long-term Care Facilities, updated on 9/23/20 indicated the following: .New Admissions or Re-admissions: CDC recommends managing the unknown COVID-19 status for all new admissions or re-admissions to the facility. (Examples of readmissions are those who are admitted from extended hospital, or those who have gone on family stays that extend over a period of days during the COVID-19 outbreak). Unknown COVID-19 Status: CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents can be transferred out of the observation area to the general population area of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected but is not required. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation. All recommended PPE should be worn during care of newly-admitted or readmitted residents under observation for unknown COVID status; this includes use of facemask, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. Cloth face coverings are not considered PPE and should not be worn by healthcare provider when PPE is indicated 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.