

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155730	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER RIPLEY CROSSING		STREET ADDRESS, CITY, STATE, ZIP 1200 WHITLATCH WAY MILAN, IN 47031	
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 follow appropriate social distancing practices during communal dining for 4 of 5 dining rooms observed. This deficient practice had the potential to affect 73 of 85 residents who ate meals in the dining rooms. Findings include: The dining room on Wing 4 was observed on 06/08/20 at 12:06 P.M. There were 14 of 16 residents observed sitting at tables together, less than six feet apart. The residents were eating without assistance. The dining room on Wing 5 was observed on 06/08/20 at 12:15 P.M. There were 10 of 12 residents observed sitting at tables together, less than six feet apart. The dining room on Wing 3 was observed on 06/08/20 at 12:20 P.M. There were 11 of 13 residents observed sitting at tables together, less than six feet apart. The dining room on Wing 1 was observed on 06/08/20 at 12:20 P.M. There were 2 of 6 residents observed sitting at a table together, less than six feet apart. During an interview on 06/08/20 at 12:08 P.M., RN 2 indicated they did not know how to separate the residents during dining and had contacted the Medical Director related to communal dining. During an interview on 06/08/20 at 1:06 P.M., the Administrator indicated the facility struggled because of the way the Wings in the facility were set up. They met with the Medical Director and discussed whether or not the small population of residents that resided on each Wing could eat meals together. The residents did not leave their Wing. Staff and residents were regularly screened for signs and symptoms of Covid. The Medical Director did not feel like it was an issue, so the residents continued to sit and eat together in the dining areas on each Wing of the facility. During an interview on 06/08/20 at 12:50 P.M., CNA (Certified Nurse Aide) 3 indicated every resident that resided on Wing 3 ate their meals in the dining room. There were no residents that ate in their rooms. Residents were supposed to be 6 feet apart for social distancing. The residents were not 6 feet apart in the dining room when they ate. During an interview on 06/08/20 at 1:50 P.M., the DON (Director of Nursing) indicated they have not had a community outbreak of Covid-19 in their facility. No staff or residents had tested positive. She provided the latest update on the toolkit, dated 05/05/20. Any resident who was sent out and went to the ER (emergency room) were quarantined for 14 days upon their return to the facility. The COVID-19 SURVEILLANCE records were reviewed on 06/08/20. No resident records indicated there were any signs or symptoms of Covid-19 in the resident population. The current Novel Coronavirus Prevention and Response policy, with an implemented date of 03/09/20, was provided by the Administrator on 06/08/20. The policy indicated, Interventions to prevent the spread of respiratory germs within the facility. Cancel group activities. 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.