

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155758</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASBURY TOWERS HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>102 W POPLAR ST GREENCASTLE, IN 46135</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to follow Centers for Disease Control (CDC) guidance during a pandemic and ensure infection control practices for COVID-19 were implemented for daily monitoring of COVID-19 for 3 of 3 residents reviewed for infection control (Resident 302, 303, and 304), and failed to provide education for COVID-19 to 65 of 74 nursing staff employees. Findings include: 1a. Resident 302's record was reviewed on 7/16/20 at 11:15 a.m. The admission record indicated the resident had been admitted to the facility on [DATE]. A Respiratory Infection Screening Log, dated June 2020, that included dates, times, temperature readings, and presence of cough, sore throat, or shortness of breath. The log indicated the screening had only been completed one time daily on 6/29/20, and 6/30/20. A Respiratory Infection Screening Log, dated July 2020, that included dates, times, temperature readings, and presence of cough, sore throat, or shortness of breath. The log indicated the screening had only been completed once daily on 7/1/20, 7/3/20, 7/10/20, 7/11/20, and 7/15/20. The log indicated the screening had only been completed twice daily on 7/2/20, 7/4/20, 7/5/20, 7/6/20, 7/7/20, 7/8/20, 7/9/20, 7/12/20, and 7/13/20. The log lacked documentation for any screening on 7/14/20. The log lacked documentation of screenings being completed three times daily. [DIAGNOSES REDACTED]. 1b. Resident 303's record was reviewed on 7/16/20 at 11:20 a.m. The admission record indicated the resident had been admitted to the facility on [DATE]. A progress note, dated 7/14/20 at 10:00 p.m., indicated the resident had been transferred to the hospital due to altered mental status (a broad term used to indicate an abnormal state of alertness or awareness) and low blood pressure. A Respiratory Infection Screening Log, dated July 2020, that included dates, times, temperature readings, and presence of cough, sore throat, or shortness of breath. The log indicated the screening had only been completed once daily on 7/10/20, and 7/11/20. The log indicated the screening had only been completed twice daily on 7/4/20, 7/5/20, 7/6/20, 7/7/20, 7/8/20, 7/9/20, 7/12/20, and 7/13/20. The log lacked documentation for any screening on 7/2/20, 7/3/20, and 7/14/20. The log lacked documentation of screenings being completed three times daily. [DIAGNOSES REDACTED]. 1c. Resident 304's record was reviewed on 7/16/20 at 11:28 a.m. The admission record indicated the resident had been admitted to the facility on [DATE]. A Respiratory Infection Screening Log, dated July 2020, that included dates, times, temperature readings, and presence of cough, sore throat, or shortness of breath. The log indicated the screening had only been completed once daily on 7/10/20, 7/11/20, and 7/15/20. The log indicated the screening had only been completed twice daily on 7/7/20, 7/8/20, 7/12/20, and 7/13/20. The log lacked documentation for any screening on 7/9/20 and 7/14/20. The log lacked documentation of screenings being completed three times daily. [DIAGNOSES REDACTED].</p> <p>2. During an interview, on 7/16/20 at 10:10 a.m., Licensed Practical Nurse (LPN) 8 indicated she had not received any education or in-services for COVID-19 from the facility. The resident's were monitored daily for temperature, cough, sore throat, and shortness of breath but no other guidance had been provided. During an interview, on 7/16/20 at 10:18 a.m., Qualified Medication Aide (QMA) 4 indicated she had not received in-service education for COVID-19. The staff received text messages when a resident or staff would test positive, but other than that no other training had been provided by the facility. During an interview, on 7/16/20 at 10:24 a.m., Certified Nursing Assistant (CNA) 3 indicated she had not received in-service education for COVID-19. During an interview, on 7/16/20 at 11:26 a.m., the Director of Nursing (DON) indicated the staff received a COVID-19 inservice training on 3/26/20. She took over the interim DON position sometime towards the end of June, but had worked as unit manager prior and had not received the inservice training. No inservice training had been provided since she took the position. On 7/16/20 at 11:28 a.m., the DON provided a sign in sheet for a COVID-19 inservice, dated 3/26/20, that included the names of 74 nursing staff. The document lacked signatures that 65 employees of the nursing staff had attended. On 7/16/20 at 11:56 a.m., the Social Services Director (SSD) provided a document, dated 5/4/20, and titled, Coronavirus Surveillance, and indicated it was the policy currently being used by the facility. The policy indicated, Policy: This facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness .7. Residents will be monitored for signs and symptoms of coronavirus illness at least 3 times a day: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. The physician will be notified immediately, if evident. Staff shall follow established procedures when COVID-19 is suspected The CDC guidance - Coronavirus Disease Symptoms, updated on 5/13/20, indicated What you need to know, anyone can have mild to severe symptoms. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Watch for symptoms, people with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.