

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155758	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER ASBURY TOWERS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 102 W POPLAR ST GREENCASTLE, IN 46135	
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 record review and interview, the facility failed to ensure a symptomatic resident was placed on isolation precautions for a resident who was positive for Covid-19 for 1 of 3 residents reviewed for infection control (Resident 128). Findings include: Resident 128's record was reviewed on 9/14/20 at 1:32 p.m. The September 2020, physician orders [REDACTED]. No orders for the placement of the resident into isolation precautions was observed. Review of a document, dated 9/5/20, titled, Long Term Care (LTC) Respiratory Surveillance Line List, indicated the resident had been administered a Polymerase Chain Reaction (PCR) (a nasal swab diagnostic test for Covid-19) test on 9/5/20. The list indicated the resident had onset of symptoms on 9/7/20. A progress note, dated 9/5/20 at 6:13 p.m., indicated the physician had written a new order for COVID testing per ISDH guidelines. The resident's family was aware. A progress note, dated 9/7/20 at 7:04 p.m., indicated the resident was not feeling well. The resident's temperature at 5:00 p.m., had been 100.5. Tylenol had been given and it was effective. Her skin was hot and clammy and she reported body aches. No respiratory distress. Physician and Director of Nursing were aware. No orders for or documentation of the placement of the resident into isolation precautions was observed. A progress note, dated 9/8/20 at 3:00 p.m., indicated the resident's temperature was 100.4 and she reported feeling weak with a cough. A progress note, dated 9/9/20 at 7:35 a.m., indicated the resident's temperature was 97.3, her oxygen saturation (the extent to which hemoglobin is saturated with oxygen) was 89% on room air (no artificial oxygen supply). She reported no shortness of breath (SOB), but a moist non-productive cough was noted. Wheezing noted to left lung with slight congestion in right lung. The resident denied any sore throat. A progress note, dated 9/9/20 at 2:11 p.m., indicated the Social Services Director (SSD) notified the resident's family of her positive Covid-19 test results. The resident had been placed on isolation, per state guidelines. During an interview, on 9/15/20 at 9:54 a.m., the Infection Control Preventionist. (ICP) indicated no isolation orders had been written by the physician. The residents had just been placed into droplet isolation precautions due to their Covid-19 positive status. Orders for isolation should have been written prior to placing the resident's into isolation. At the same time, the Director of Nursing (DON) indicated a physician order [REDACTED]. On 9/15/20 at 10:22 a.m., the DON provided a document, dated 1/6/20, and titled, Isolation Precautions, and indicated it was the policy currently being used by the facility. The policy indicated, .Policy Explanation and Compliance Guidelines .5. Transmission based precautions will be maintained in accordance with physician's orders [REDACTED]. The policy indicated, Policy: Orders requiring physician's signature include but are not limited to .isolation orders 3.1-18(b)(2)</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.