

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155779	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER PRAIRIE LAKES HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 9730 PRAIRIE LAKES BLVD EAST NOBLESVILLE, IN 46060	
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, interview and record review the facility failed to ensure appropriate signage was posted on resident room doors to alert staff of potential COVID-19 infections per the facility policy for 2 of 3 resident reviewed. (Resident E and Resident F) Findings include: 1. During an observation on 10/13/2020 at 12:46 p.m., the resident's door was closed and an isolation cart was observed next to the door. The door lacked signage to alert staff as to what PPE (Personal Protective Equipment) to don prior entering the room. The clinical record for Resident E was reviewed on 10/13/2020 at 1:00 p.m. [DIAGNOSES REDACTED]. 2. During an observation on 10/13/2020 at 12:46 p.m., the resident's door was closed and an isolation cart was noted next to the door. The door lacked any signage to alert staff as to what PPE (Personal Protective Equipment) to don prior to going into the room. The clinical record for Resident F was reviewed on 10/13/2020 at 1:17 p.m. [DIAGNOSES REDACTED]. During an interview on 10/13/2020 at 12:46 p.m., LPN 6 indicated both Resident E and Resident F were in isolation for possible COVID-19 due to elevated temperatures. LPN 6 indicated there should have been a sign on the residents' doors to designate they were in isolation. During an interview on 10/13/2020 at 2:35 p.m., the Corporate Clinical Support Nurse indicated the signage should have been posted on the resident's room door the alert staff of necessary precautions. A current undated policy, titled COVID-19 Guideline for Standard of Practice (SOP), provided by the Corporate Clinical Support Nurse on 10-13-2020 at 2:53 p.m., indicated the following: . Procedures . b. Personal Protective Equipment . 2. Post a sign on the resident's door alerting of precautions. .</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.