

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155787</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INDIANA VETERANS HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3851 N RIVER RD WEST LAFAYETTE, IN 47906</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> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to ensure staff working on the Covid-19 Observation Unit donned the appropriate Personal Protective Equipment (PPE) during patient care for 14 of 14 residents on the unit and failed to ensure direct care staff were donning the appropriate face masks when caring for 149 of 149 residents. Findings include: 1. During a tour of the Covid Observation Unit, on 06/16/20 at 2:00 p.m., staff were observed entering and exiting a resident room without donning appropriate PPE. During an interview, immediately following the observation, the Unit Manager indicated the only PPE the direct care staff on the Observation Unit wore during patient care was a surgical mask, unless the resident they were caring for at the time had respiratory symptoms. She indicated if the resident had respiratory symptoms, the staff would follow droplet precautions and would don a gown, gloves, facemask, and eye protection. At the time of this interview, the Unit Manager indicated all of the residents on this Observation Unit were asymptomatic. During an interview, on 06/16/2020 at 2:30 p.m., the Infection Preventionist indicated the only PPE the direct care staff on the Observation Unit wore during patient care was a surgical mask, unless the resident had respiratory symptoms. During an interview, on 06/17/2020 at 3:20 p.m., the Infection Preventionist indicated if a resident on the Observation Unit was symptomatic for Covid-19 or had other respiratory symptoms, the staff would implement Droplet Precautions and would don a gown, gloves, mask, and a face shield. A tool provided by the Centers for Disease Control and Prevention (CDC) titled Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for Covid-19, dated 05/08/20, indicated All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), 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 Health Care Providers (HCP) when PPE is indicated. 2. During an interview, on 06/16/20 at 3:00 p.m., the Infection Preventionist indicated each staff member had 2 cloth masks, and had been given instructions regarding how to launder the cloth masks. During an interview, on 06/17/20 at 2:20 p.m., the Infection Preventionist indicated the facility staff, including direct care staff (with the exception of the direct care staff on the Observation Unit) wear cloth masks throughout their shift. She added staff on the Observation Unit wear surgical masks throughout their shift. Review of a Current Status and Coordination document, provided by the Infection Preventionist on 06/16/20 at 2:45 p.m., indicated the facility Started using donated cloth masks for nursing to save supply of surgical masks. The CDC's Preparing for Covid-19 in Nursing Homes, last updated 05/19/20, indicated When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both a source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of respirator or facemask if PPE is required. 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.