

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155836	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER CUMBERLAND TRACE HEALTH & LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 1925 REEVES ROAD PLAINFIELD, IN 46168	
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 follow CDC (Center for Disease Control) guidance during a pandemic and ensure a resident newly admitted from a hospital was placed in Droplet/Contact Precautions (special isolation precautions used to help prevent the spread of illness to others) for 14 days (Resident D), for 1 of 3 residents randomly observed for infection control. Findings include: On 10/15/2020 at 11:27 a.m., during an observation and random tour of the Renaissance Way hall, Resident D's room was observed. It did not have an isolation sign on the door. A mess bag containing hand sanitizer, a face shield, goggles, and gloves hung on the wooden hand rail adjacent to the room door. The resident was not in the room. On 10/15/2020 at 11:55 a.m., a review of Resident D's medical record indicated the resident was admitted to the facility on [DATE] at 06:48 p.m., with a [DIAGNOSES REDACTED]. On 10/03/2020 at 10:12 p.m., a Nurse's Progress Note indicated, Resident is placed in contact/droplet isolation to r/o (rule out) COVID-19 (virus infection) r/t (related to) new admission to the facility. All disciplines to be held in residents room. Single room isolation. All departments notified. On 10/08/2020 at 05:57 p.m., a Nurse's Progress Note indicated, Resident's COVID test results came back negative and moved resident to green zone (room number). Husband notified of room change and new room telephone number. On 10/14/2020 at 06:25 a.m., a Nurse's Progress Note indicated, Resident was coughing excessively. Went to resident's room and found her lying on the floor on her left side by her bedside. Resident stated she was coughing really hard and fell out from the bed On 10/15/2020 at 12:33 p.m., during an interview, the Director of Nursing (DON) indicated, Resident D did not have a 14 day isolation period, when admitted from the hospital. The facility had grandfathered her in to their previous policy rules, because she was on their new admission list before they had received newer guidance. She was tested negative, and the facility's corporate policy said they could move her out (of isolation). The policy was just recently changed to say every admission had to be isolated for 14 days. On 10/15/2020 at 1:30 p.m., during the exit conference, the Administrator indicated Resident was on their admission list before the corporate policy changed. The facility had spoken to the resident and her family about the admission process. They were given the prior policy guidelines and did not want to change it when she was admitted because the family might not want the resident to stay with the newer regulations. The corporate had told them they could follow the guidelines that were told to them prior to the change. The facility followed CDC (Center for Disease Control) and IDOH (Indiana Department of Health) guidelines but sometimes the information was confusing, with so many changes, they looked to their corporate to sort it out and advise them. They followed what the corporate office had told them they could do. On 10/15/2020 at 12:45 p.m., the DON provided a current facility policy, titled COVID-19 Updated 9/30/2020. This document indicated, Admission/Re-Admissions: Per the guidance from CMS (Center for Medicare and Medicaid Services) CDC and our state partners our practice of yellow zone (isolation/quarantine area) residents will change: Will move toward a 14-day quarantine for all new admissions and re-admissions. Residents that are on current Bedboards (admission lists) as pending admissions and current referrals will follow the 48-72 hour yellow zone protocol. New Referrals: All new referrals, moving forward will be placed on the 14 day Yellow Zone quarantine The CDC Guidance-Preparing for COVID-19 in Nursing Homes, Infection Control for Nursing Homes, dated 6/25 2020, Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (health care provider) should wear an N95 (specialized face mask) or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected Visitation Guidelines for Long-term Care Facilities, dated 09/23/2020, New Admissions or Re-admissions: CDC recommends managing the unknown COVID-19 status for all new admissions. Unknown COVID-19 Status: CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents can be transferred out of the observation area to the general population area of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). All recommended PPE (personal protective equipment) should be worn during care of newly-admitted or readmitted residents under observation for unknown COVID status; this includes use of facemask, 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 healthcare provider when PPE is indicated 3.1-18(b)(1)</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.