

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155616	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER NEW ALBANY NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 201 E ELM ST NEW ALBANY, IN 47150	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to ensure appropriate social distancing of 6 feet or more and mask usage for 8 of 9 residents observed for infection prevention. (Resident's 2, 3, 4, 5, 6, 7, 8, and 9) Findings include: During an observation on 8/12/20 at 10:58 a.m., 6 residents were sitting in the common dining area, participating in an activity. The following was observed: - At table A Residents 2 and 3 were sitting next to each other, less than 6 feet apart. Resident 2 was wearing a mask and Resident 3 was not wearing a mask. Resident 6 was in her wheelchair self-propelling directly behind Resident 2. - At table B, Residents 4 and 5 were seated right next to each other, less than 2 feet apart. Neither resident was wearing their mask. Resident 9 was less than 4 feet away at the same table in her wheelchair. Resident 9 was wearing a mask. During a second observation on 8/12/20 at 11:05 a.m., Resident 7 approached table B and stood within 1 foot of Resident 4. Resident 7 spoke with resident 4 while he pulled his mask down exposing his nose to talk. Then Resident 7 moved to table A where he sat within 2 feet of Resident 2. During an interview on 8/12/20 at 11:23 a.m., the Infection Preventionist indicated every resident was supposed to wear their mask. There should only be one resident at each table. The residents should have been sitting at least 6 feet apart, two or more residents at one table would not be acceptable. When masks are worn they should always be covering the residents nose and mouth. The document titled, Visitation Guidelines for Long-Term Care Facilities, published by the Indiana State Department of Health on 6/29/20, was provided by the Executive Director as their policy on 8/12/20 at 12:15 p.m., and included, but was not limited to, . Communal Dining and Activities . activities can occur under these conditions . Facilities can adhere to social distancing, such as being seated at least 6 feet apart . 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.