

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155338</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAJESTIC CARE OF AVON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>445 S COUNTY ROAD 525 E AVON, IN 46123</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<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 infection control practices for COVID-19 were followed when temperatures upon entrance were reading low for staff and not retaken for 14 of 31 days reviewed. Findings include: During an entrance to the facility, on 4/14/20 at 9:50 a.m., Activity Aide (AA) 9 used an infrared thermometer to screen temperature. The temperature read 95.2 degrees Fahrenheit. At that time, AA 9 indicated she could take the temperature on the forearm area. A different thermometer was utilized upon request and the reading was 98.9 degrees Fahrenheit. AA 9 indicated that the facility thermometer would not always read accurately due to people just coming in from outside and that she would retake the temperature if it was low. The following COVID-19 screening forms for staff were observed. The forms lacked documentation staff temperatures had been re-taken when a low reading was observed: On 3/15/20 and untimed, indicated a temperature of 95.4 degrees Fahrenheit. On 3/15/20 and untimed, indicated a temperature of 95.9 degrees Fahrenheit. On 3/15/20 and untimed, indicated a temperature of 95.1 degrees Fahrenheit. On 3/26/20 and untimed, indicated a temperature of 95.5 degrees Fahrenheit. On 3/26/20 and untimed, indicated a temperature of 95.3 degrees Fahrenheit. On 3/30/20 and untimed, indicated a temperature of 95.1 degrees Fahrenheit. On 4/1/20 and untimed, indicated a temperature of 82.7 degrees Fahrenheit. On 4/1/20 and untimed, indicated a temperature of 96.1 degrees Fahrenheit. On 4/1/20 and untimed, indicated a temperature of 83.6 degrees Fahrenheit. On 4/1/20 and untimed, indicated a temperature of 96.2 degrees Fahrenheit. On 4/1/20 and untimed, indicated a temperature of 84.8 degrees Fahrenheit. On 4/3/20 and untimed, indicated a temperature of 96.1 degrees Fahrenheit. On 4/3/20 and untimed, lacked documentation of a temperature. On 4/5/20 and untimed, indicated a temperature of 95.7 degrees Fahrenheit. On 4/5/20 and untimed, indicated a temperature of 95.0 degrees Fahrenheit. On 4/5/20 and untimed, indicated a temperature of 95.5 degrees Fahrenheit. On 4/5/20 and untimed, lacked documentation of a temperature. On 4/6/20 and untimed, indicated a temperature of 95.1 degrees Fahrenheit. On 4/6/20 and untimed, indicated a temperature of 95.1 degrees Fahrenheit. On 4/6/20 and untimed, indicated a temperature of 95.9 degrees Fahrenheit. On 4/6/20 and untimed, indicated a temperature of 95.4 degrees Fahrenheit. On 4/6/20 and untimed, indicated a temperature of 95.0 degrees Fahrenheit. On 4/6/20 and untimed, indicated a temperature of 95.7 degrees Fahrenheit. On 4/7/20 and untimed, indicated a temperature of 95.8 degrees Fahrenheit. On 4/7/20 and untimed, indicated a temperature of 95.8 degrees Fahrenheit. On 4/7/20 and untimed, indicated a temperature of 95.6 degrees Fahrenheit. On 4/9/20 and untimed, lacked documentation of a temperature. On 4/10/20 and untimed, indicated a temperature of 95.8 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.1 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.5 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.1 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.7 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.9 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.7 degrees Fahrenheit. On 4/10/20 and untimed, indicated a temperature of 95.6 degrees Fahrenheit. On 4/11/20 and untimed, indicated a temperature of 95.4 degrees Fahrenheit. On 4/11/20 and untimed, indicated a temperature of 95.2 degrees Fahrenheit. 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An undated and untimed form, indicated a temperature of 95.1 degrees Fahrenheit. An undated and untimed form, indicated a temperature of 95.9 degrees Fahrenheit. A form titled, COVID-19 Screener Competency, indicated staff demonstrated the use of the temperature scanner and how to obtain a temperature of individuals that visited the facility. During an interview, on 4/14/20 at 1:38 p.m., the Infection Control Preventionist (ICP) indicated all staff and visitors were screened for COVID-19 upon entering the facility. The screening consisted of, but was not limited to, obtaining a temperature reading. An inferred thermometer was used up front to screen staff. If the temperature read below 97 degrees Fahrenheit the temperature should be re-taken to ensure an accuracy of the reading. The facility had no policy on this but she referred to her online Lippincott education book that she would use for education on current nursing standards of practice. On 4/14/20 at 1:44 p.m., the Director of Nursing (DON) provided a document, undated, and titled, Infrared Thermometer Operation Manual, and indicated it was manual for the thermometer used for screening staff temperatures. The manual indicated, .Troubleshooting .Body surface temperature is too low .ensure no obstructions during temperature measurement .Body surface temperature is too low: the measurement distance is too far. Please make sure to follow the instructions and re-measure On 4/14/20 at 1:56 p.m., the ICP provided a document, undated, and titled, Title: COVID-19 Emergency Response Plan, and indicated it was the policy currently being used by the facility. The policy indicated, Purpose: It is the expectation that each facility has a plan to manage the monitoring and treatment and staff when a COVID-19 case has been confirmed within the facility. The purpose of the COVID-19 Emergency Response Plan is too: A. Ensure timely and appropriate monitoring care, and management of all symptomatic residents and staff The CDC guidance - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, indicated, .Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) .1. Keep COVID-19 from entering your facility .Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home. Sick leave policies should be flexible and non-punitive This Federal tag relates to Complaint IN 313. 3.1-18(a)(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.

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