

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155801</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>305 E NORTH ST BOONVILLE, IN 47601</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 - Some</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 maintain an infection prevention and control program during the COVID 19 crisis. Hand hygiene was not performed, masks were worn below the nose and under the chins of staff, residents were not social distancing, residents were not wearing masks when outside of their rooms, and the therapy department allowed more than one resident in the gym at the same time. (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, LPN 2, CNA 1, CNA 2, Therapist 1, Dietary 1) Findings include: 1. On 5/18/2020 at 9:31 a.m. Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 were observed to be exercising in the therapy gym. The residents were approximately six feet apart but no masks were worn by the residents. 2. On 5/18/2020 at 9:33 a.m., LPN 2 was observed standing at the medication cart next to the nurse's station with her mask below her chin. 3. On 5/18/2020 at 9:44 a.m., Resident 6 indicated she had received therapy everyday since March. She indicated she had therapy with other residents present in the gym at the same time. 4. On 5/18/2020 at 10:12 a.m., Resident 7 indicated she had been receiving therapy every Monday, Wednesday, and Friday during the COVID-19 crisis. 5. On 5/18/2020 at 10:13 a.m., CNA 1 was observed on the East hall with her mask below her nose. 6. On 5/18/2020 at 10:15 a.m., CNA 1 and CNA 2 were observed to be providing pericare to Resident 8. While providing the care, CNA 1 was observed to apply lotion to the resident's back, place a clean cloth pad and clean brief under the resident's buttocks and legs, and apply a barrier cream to the resident's buttocks. The resident was assisted to her left side and back to her right side. The clean brief was repositioned on the resident and CNA 1 pulled the brief up between the resident's bilateral groins. CNA 1 picked a clean gown off of the floor and placed the gown onto the resident. CNA 1 applied deodorant to both axillae and both CNAs moved the resident up in bed. CNA 2 removed her gloves, performed hand hygiene, knocked the trash can over, picked the trash can up, and obtained a clean top sheet from the linen cart in the hall, handing the sheet to CNA 1, who placed the sheet over the resident. Throughout the pericare, CNA 1 was observed with her mask below her nose. CNA 1 indicated Resident 8 had recently been in the hospital and the facility tried to keep residents who had recently returned from the hospital at the end of the East hall. CNA 1 indicated the residents usually stayed at the end of the East hall for approximately fourteen days. 7. On 5/18/2020 at 10:30 a.m., Resident 5 and Resident 9 were observed sitting at the end of the East hall talking with each other. No social distancing was observed and no masks were on the residents. 8. On 5/18/2020 at 10:35 a.m., Resident 10 indicated she went to therapy daily, usually after breakfast. She indicated other residents trickled in and out of the therapy department while she was there. She indicated none of the residents wore masks. 9. On 5/18/2020 at 10:38 a.m., CNA 2 was observed to be sitting at the nurse's station with her mask under her chin. Resident 11, Resident 12, and Resident 13 were sitting in the lobby with no social distancing observed. 10. On 5/18/2020 at 10:46 a.m., Therapist 1 and COTA (Certified Occupational Therapy Assistant) 1 indicated the therapy department had not shut down since the COVID-19 crisis began. The therapy department did not allow outside persons in for therapy, and only provided therapy to the residents in the facility. COTA 1 indicated the facility had moved the exercise equipment further apart to provide social distancing. Therapist 1 was observed sitting at the therapy desk with his mask below his chin. 11. On 5/18/2020 at 2:08 p.m., Dietary 1 was observed to be in the dining room with his mask under his nose. 12. On 5/18/2020 at 2:10 p.m., Resident 11 and Resident 12 were observed sitting in the lobby next to each other. No social distancing or masks were observed. On 5/18/2020 at 2:30 p.m., the Adm (Administrator) indicated she had planned to use the West hall for the designated COVID unit and the South hall for symptomatic residents, if needed. She indicated the facility owner had indicated to her that he planned to transfer the COVID-19 positive residents to the South facility across town if the facility had any COVID-19 positive residents. She indicated the residents on the West unit would need to be transferred to another room at the facility if they needed to create a COVID-19 unit. On 5/18/2020 at 2:45 p.m., RN 1 indicated the facility thought the therapy department could have 1 resident per therapist in the exercise gym at a time. She requested to know what the direction for the therapy department was for the residents with the Stage 2 Governor's Back on Track plan. On 5/18/2020 at 3:00 p.m., LPN 1 indicated masks should be worn over the nose and mouth. Hand hygiene should be performed after gloves were removed and gloves should be removed between tasks. If an object fell on the floor it should be discarded, gloves should be removed, and hand hygiene performed. LPN 2 indicated the therapy department was not employed by the facility but under the same entity. The current facility policy, (Name of Facility) COVID-19 Recovery Plan, undated, provided by LPN 1 on 5/18/2020 at 2:57 p.m., indicated as directed by the Governor of the State of Indiana, (Name of the Facility) had developed policies and practices to coincide with the established five stages as we make the transition to resume the facilities standard practices in accordance with all State and Federal regulations. The current established timelines for these stages are as follows; Stage 1: May 1, 2020 through May 3, 2020. Stage 2: May 4, 2020 through May 23, 2020. Stage 3: May 24, 2020 through June 13, 2020. Stage 4: June 14, 2020 through July 4, 2020. During Stage 1 of the recovery, the facility will continue its current practices as mandated; Only the facility's employees will be allowed to enter the facility and only after successful screening prior to each shift for signs and symptoms of the COVID-19 virus. All employees are required to wear a face mask during their entire work shift. Social distancing of six feet will be practiced by all staff and residents. During Stage 2 of the recovery, the facility will continue its current practices as outlined in Stage 1 with the following changes; Currently the facility does not have any suspected of or confirmed COVID-19 resident or staff and hasn't had any cases within the past 14 day period. Therefore, (Name of the Facility) has developed a Stage 2 COVID-19 Dining Policy which will allow modified communal dining as long as the facility is able to comply with all components of the dining policy. Upon the guidance of the Indiana State Department of Health, (Name of Facility) has also adopted the policy on Mitigating Use of Aerosolizing Respiratory Treatments. All other practices outlined under Stage 1 will continue to be followed through the Stage 2 recovery period until further guidance is received from the appropriate State and Federal Agencies. The current facility policy, Handwashing/Hand Hygiene, revision date 1/4/2020, provided by LPN 1 on 5/18/2020 at 2:57 p.m., indicated the use of gloves does not replace handwashing/hand hygiene, upon and after contact with a resident's intact skin, after contact with a resident's body fluids, and after handling soiled or used linens. 3.1-18(b)</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.