

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155803	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER HAMILTON POINTE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 3800 ELI PLACE NEWBURGH, IN 47630	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain infection control practices to mitigate the spread of Covid 19 for 6 of 12 Resident Rooms observed for Transmission Based Precautions. Doors were left open to the hallway to rooms that had been placed in transmission based precautions. (Resident B, Resident C, Resident D, Resident F, Resident G, Resident H) Findings Include: On 10/14/20 at 12:38 p.m., an initial tour of the facility was completed with the DON (Director of Nursing). At that time, the DON indicated that all resident rooms that were on Transmission Based precautions were due to new admissions to the facility except for one (Resident F). The DON indicated that all new admissions are placed in Transmission Based Precautions, including droplet and contact isolation for 14 days upon admission to the facility. 1. On 10/14/20 at 12:45 p.m., Resident B's room was observed with contact/droplet isolation precautions in place. Resident B's door was open to the hallway at that time. At that time, the DON indicated that she was not sure why the resident's door was open to the hallway. On 10/15/20 at 8:55 a.m., Resident B's room was observed with contact/droplet isolation precautions in place. Resident B's door was open to the hallway at that time. On 10/15/20 at 10:00 a.m., Resident B's clinical record was reviewed. physician's orders [REDACTED]. 2. On 10/14/20 at 12:47 p.m., Resident C's room was observed with contact/droplet isolation precautions in place. Resident C's door was open to the hallway at that time. On 10/14/20 at 2:34 p.m., Resident C's room was observed with contact/droplet isolation precautions in place. Resident C's door was open to the hallway at that time. On 10/15/20 at 8:58 a.m., Resident C's room was observed with contact/droplet isolation precautions in place. Resident C's door was open to the hallway at that time Resident C's clinical record was reviewed on 10/15/20 at 10:06 a.m., and indicated that Resident C was admitted from the hospital on [DATE] and required transmission based precautions for 14 days. 3. On 10/14/20 at 12:50 p.m., Resident D's room was observed with contact/droplet precautions in place. Resident D's door was open to the hallway at that time. On 10/14/20 at 2:34 p.m., Resident D's room was observed with contact/droplet precautions in place. Resident D's door was open to the hallway at that time. On 10/15/20 at 8:58 a.m., Resident D's room was observed with contact/droplet precautions in place. Resident D's door was open to the hallway at that time. Resident D's Clinical record was reviewed on 10/15/20 at 10:20 a.m., and indicated that Resident D was admitted on [DATE]. physician's orders [REDACTED]. 4. On 10/14/20 at 1:00 p.m., Resident F's room was observed. Resident F was on contact and droplet precautions. Resident F's door was open to the hallway. On 10/14/20 at 2:29 p.m., Resident F's door was observed open to the hallway. Resident F was in contact and droplet precautions at that time. At that time, Resident F indicated that his door was often open to the hallway and he was not sure if it needed to be closed. On 10/15/20 at 9:05 a.m., Resident F's door was observed open to the hallway. Resident F remained in contact and droplet precautions at that time. Resident F's clinical record was reviewed on 10/15/20 at 10:44 a.m. Resident F was placed on contact and droplet precautions on 10/8/20 after his roommate tested positive for Covid 19. Resident F's Quarterly MDS (Minimum Data Set), dated 9/22/20, indicated mild cognitive impairment. 5. On 10/14/20 at 1:00 p.m., Resident G's room was observed. Resident G was on contact and droplet precautions and the door to Resident G's room was observed open to the hallway. On 10/14/20 at 2:30 p.m., Resident G's room door was observed to be open to the hallway while in contact and droplet precautions. On 10/15/20 at 9:05 a.m., Resident G's door was observed to be open to the hallway. Resident G was in contact/droplet precautions. On 10/15/20 at 11:03 a.m., Resident G's clinical record was reviewed. physician's orders [REDACTED]. 6. On 10/14/20 at 1:00 p.m., Resident H's room was observed with contact and droplet precautions in place. Resident H's door was open to the hallway at that time. On 10/14/20 at 2:26 p.m., Resident H remained in contact and droplet precautions. Resident H's door was observed open to the hallway. At that time, Resident H indicated that her door was usually open to the hallway. On 10/15/20 at 8:50 a.m., Resident H's door was observed to be open to the hallway. Resident H remained in contact and droplet precautions at that time. On 10/15/20 at 11:12 a.m., Resident H's clinical record was reviewed. physician's orders [REDACTED]. On 10/14/20 at 2:28 p.m., RN 4 indicated that when a resident is placed on transmission based precautions, the door to their room should be closed to the hallway. On 10/14/20 at 2:31 p.m., QMA (Qualified Medication Aid) 5 indicated that residents placed in transmission based precautions should have their doors closed to the hallway unless they are a fall risk, then the door should be left cracked to visualize the resident. QMA 5 indicated that if a resident door cannot be closed it would be documented in the resident's care plan. On 10/15/20 at 9:00 a.m., QMA 6 indicated that residents are placed in transmission based precautions for 14 days after admission as a precaution. QMA 6 indicated that she had not been instructed to keep the doors closed on those rooms but that it made sense to do so. On 10/15/20 on 10:50 a.m., the DON indicated that doors to resident rooms should be kept closed if they are on contact and droplet precautions whenever possible. A policy, revised January 2020, and titled Isolation Procedures was provided on 10/15/20 at 12:35 p.m. The policy states that isolation procedures in the facility will be utilized in accordance with the CDC/APIC guidelines 3.1-18(b)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.