

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEWBURGH HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10466 POLLACK AVE NEWBURGH, IN 47630</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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. Masks were worn below the nose by staff, more than one resident was observed in the therapy gym at a time, and residents were not social distancing or wearing masks in the therapy gym. (Housekeeper 1, Housekeeper 2, Resident 64, Resident 29, Resident 25, LPN 1, Resident 22, Resident 19, Resident 42) Findings include: 1. On 5/19/2020 at 8:30 a.m., Housekeeper 1 was observed to be cleaning the Administrator's office. Her mask was observed below her nose. At 9:20 a.m., the same was observed while she was cleaning a resident's room. 2. On 5/19/2020 at 8:45 a.m., Housekeeper 2 was observed standing at the West nurse's station with her mask below her nose. 3. On 5/19/2020 at 9:15 a.m., three residents were observed exercising in the therapy gym. The residents were not wearing masks or social distancing. 4. On 5/19/2020 at 9:27 a.m., Resident 64 indicated she had been receiving therapy in the gym since she arrived at the facility. A quarterly MDS (Minimum Data Set) assessment, dated 2/20/2020, indicated the resident had slight cognitive impairment. 5. On 5/19/2020 at 9:27 a.m., Resident 29 indicated she had been a resident at the facility for the past couple of months and had been receiving therapy in the gym daily. An admission MDS assessment, dated 4/8/2020, indicated the resident was cognitively intact. 6. On 5/19/2020 at 9:38 a.m., Resident 25 was observed propelling herself in her wheelchair through the halls with no mask on. 7. On 5/19/2020 at 9:40 a.m., LPN 1 was observed on the West hall with her mask below her nose. LPN 1 indicated she needed to obtain a new mask as the mask would not stay up on her nose. 8. On 5/19/2020 at 10:31 a.m., Resident 22, Resident 19, and Resident 42 were observed sitting in the therapy gym. Resident 22 and Resident 19 were not social distancing. None of the residents were wearing masks. 9. On 5/19/2020 at 12:10 p.m., Resident 64 was observed exercising in the therapy gym. No mask was observed. 10. On 5/19/2020 at 1:21 p.m., LPN 2 indicated the therapy department had been providing services daily to the residents since the coronavirus started. She did not remember seeing the residents with masks on while in the therapy gym. Masks should cover the nose and mouth and not below the nose or chin areas. On 5/19/2020 at 2:15 p.m., 5 residents were observed in the therapy gym with no masks on and not [MEDICATION NAME] social distancing. OTA 1 and PTA 1 indicated they had been providing therapy services in the therapy gym throughout the COVID-19 crisis. Residents had not been required to wear masks while in the gym but they tried to social distance the residents. Confused residents would oftentimes propel themselves into the therapy gym without masks. The CMS (Center for Medicare and Medicaid Services) guidance, dated 4/19/2020, indicated patients should wear a cloth face covering that can be bought or made at home if they do not already possess surgical masks. The CDC (Center for Disease Control), updated 5/18/2020, indicated, Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. The current facility policy, Personal Protective Equipment-Using Face Masks, revision date August, 2009, provided by the Administrator on 5/19/2020, indicated Be sure that face mask covers the nose and mouth while performing treatment or services for the patient. 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.