

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155688</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FREELANDVILLE COMMUNITY HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>310 W CARLISLE ST, PO BOX 288 FREELANDVILLE, IN 47535</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 prevent and/or contain the spread of COVID-19, by failing to provide signage regarding PPE (personal protective equipment) on resident doors, and failing to screen visitors for signs and symptoms of COVID-19, for 4 of 4 residents in droplet and contact precautions (Residents 2, 3, 4, 5). Findings include: 1. On 10/22/20 at 9:15 A.M., upon entrance to the facility, there were no signs which indicated visitors needed to be screened before entering. The visitor ambulated up a hall, and to the nurses station. The visitor then alerted a housekeeper that she was in the facility. The housekeeper then alerted the Director of Nursing (DON). The DON escorted the visitor through the facility to her office. The visitor informed the DON that she had not been screened with a temperature check, nor questions regarding symptoms of COVID-19. The DON indicated at that time that the visitor should have been screened upon entrance. The DON indicated that screening was usually done at the front entrance, and that there would need to be signs on the side entrance to alert visitors. On 10/22/20 at 10:30 A.M., a visitor was observed to enter the same entrance. The DON indicated at that time that the visitor would have to go to the front entrance now. 2. On 10/22/20 at 9:30 A.M., during the initial tour, the DON indicated Resident 2 had tested positive for COVID-19 and was in isolation in a Red Zone. The resident was to be in contact and droplet precautions. A plastic dividing wall was observed hanging up, and 3 rooms were observed behind the plastic wall. There was an exit door with a glass pane past the 3 rooms. There was no signage which indicated what precautions the resident was on, or what PPE the staff were supposed to wear on either the plastic wall, the resident's door, or the exit door. 3. On 10/22/20 at 9:40 A.M., during the initial tour, the DON indicated Resident 4 was newly admitted to the facility and was on quarantine for 14 days. The resident was to be on contact precautions and droplet precautions, and staff were to wear full PPE when entering the room. There were no signs on the door which informed what precautions the resident was on, or what PPE the staff were supposed to wear. 4. On 10/22/20 at 9:40 A.M., during the initial tour, the DON indicated Resident 5 was newly admitted to the facility and was on quarantine for 14 days. The resident was to be on contact precautions and droplet precautions, and staff were to wear full PPE when entering the room. There were no signs on the door which informed what precautions the resident was on, or what PPE the staff were supposed to wear. On 10/22/20 at 11:10 A.M., during an interview with the DON, she indicated she thought that she wasn't able to place signs on the residents' doors which described what kind of isolation the resident was on. On 10/22/20 at 1:25 P.M., the DON provided the current facility policy, [MEDICAL CONDITION] (COVID-19), dated 5/2020. The policy included: Prevent the spread of respiratory germs within your facility. Monitor residents and employees for fever or respiratory symptoms. Provide the right supplies to ensure easy and correct use of PPE. Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE 3.1-18(b)(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.