

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155708	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER HILLSDALE MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1109 E NATIONAL HIGHWAY WASHINGTON, IN 47501	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure surgical facemask's were worn by all direct care staff during the Covid-19 crisis. Surgical facemask's were not worn by direct care staff, facemask's were not worn properly, and facemask's were not worn the entire shift for 7 of 7 staff members observed. (CNA 2, CNA 3, CNA 5, CNA 4, CNA 1, RN 1, QMA 1) Finding includes: On 6/9/20 at 9:45 A.M., 4 staff members were observed to be standing at the nursing station. One staff member was observed to not have their nose covered by their mask. On 6/9/20 at 10:00 A.M., CNA 2 was observed to exit a resident room. CNA 2 was observed to be wearing a cloth face covering. At that time, the Administrator indicated all staff, including direct care staff wore cloth face coverings. The Administrator indicated the facility had surgical facemask's but was saving them for a potential outbreak. The Administrator indicated she was unaware direct care staff should wear surgical masks. The Administrator indicated she would distribute surgical masks to the direct care staff at that time. On 6/9/20 at 10:10 A.M., CNA 2 was observed to walk through the common area with no face covering. CNA 2 was observed to don a cloth face covering. At that time, RN 1 instructed CNA 2 she would need to don a surgical mask. CNA 3 was observed to touch her surgical mask at that time. No hand hygiene was observed and CNA 3 returned to paperwork at the nursing station, CNA 3 was assigned to work in the kitchen. On 6/9/20 at 10:20 A.M., CNA 2 was observed to be wearing a surgical facemask. The facemask was not covering her nose. On 6/9/20 at 10:30 A.M., CNA 2 and CNA 3 were observed to be wearing a surgical facemask. The facemask was not covering their noses. On 6/9/20 at 10:47 A.M., CNA 2 and CNA 3 were observed to be wearing a surgical facemask. The facemask was not covering their noses. On 6/9/20 at 11:30 A.M., the Daily Staffing was reviewed. Six direct care staff members were assigned to give care to the residents at the time of the survey. (CNA 2, CNA 4, CNA 5, QMA 1, RN 1, CNA 1) On 6/9/20 at 12:20 P.M., the Administrator indicated the facility did not have a policy which indicated what type of facial covering should be worn by direct care staff. 3.1-18(b)(1)		
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.