

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155616</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW ALBANY NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>201 E ELM ST NEW ALBANY, IN 47150</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 record review and interview, the facility failed to ensure infection control practices were followed during the COVID-19 pandemic for residents related to isolation precautions for 4 of 5 residents reviewed for infection prevention. (Residents 7, 8, 9, and 10) 1. During the clinical record review for Resident 7, on 10/22/20 at 11:00 a.m., [DIAGNOSES REDACTED]. The progress note, dated 10/9/20 at 2:00 p.m., indicated the resident was admitted to the hospital for pneumonia, a urinary tract infection, and [MEDICAL CONDITION] bladder. The census detail report indicated the resident was readmitted to a double occupancy room with a roommate on the green unit (non-exposed to Covid-19/standard precautions only) on 10/19/20. The clinical record lacked any documentation of any orders for isolation precautions (residents with potential exposure/Transmission based precautions). 2. During the clinical record review for Resident 8, on 10/22/20 at 11:15 a.m., [DIAGNOSES REDACTED]. The progress note, dated 10/3/20 at 7:46 a.m., indicated the resident was being transported to the hospital for vomiting. The progress note, dated 10/7/20 at 4:15 p.m., indicated the resident was readmitted to the facility. The census detail report indicated the resident was readmitted to a private room on the green unit on 10/7/20. The clinical record lacked documentation of any orders for isolation precautions. 3. During the clinical record review for Resident 9, on 10/22/20 at 11:30 a.m., [DIAGNOSES REDACTED]. The progress note, dated 9/13/20, indicated the resident was sent to the hospital. Hypercapnia, elevated troponin, [MEDICAL CONDITION], and dementia. The census detail report indicated the resident was readmitted to a double occupancy room on the green unit on 9/20/20. The clinical record lacked documentation of any orders for isolation precautions. The progress note, dated 9/22/20 at 4:16 p.m., indicated the resident was admitted to the hospital with [REDACTED]. The census detail report indicated the resident was readmitted to a double occupancy room with no roommate on the green unit on 9/27/20. The clinical record lacked documentation of any orders for isolation precautions. 4. During the clinical record review for Resident 10, on 10/22/20, at 11:42 a.m., [DIAGNOSES REDACTED]. The progress note, dated 9/1/20 at 10:14 p.m., indicated the resident had been admitted to the hospital for [MEDICAL CONDITION] an a fractured pelvis. The progress note, dated 9/4/20 at 2:30 p.m., indicated the resident was readmitted to a double occupancy room with a roommate on the green unit on 2:30 p.m. The census detail report indicated the resident was readmitted to a double occupancy room on the green unit on 9/4/20. The clinical record lacked documentation of any orders for isolation precautions. During an interview on 10/22/20 at 9:10 a.m., The ED (Executive Director) and Director of Nursing both indicated they did not have a yellow unit (transmission based precautions). They were not placing re-admits on droplet precautions as a standard procedure. During an interview on 10/22/20 at 12:05 p.m., the ED indicated they did not have a policy regarding readmissions, but they would follow the CDC guidelines and the Infection Preventionist Toolkit. The COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure, dated 8/24/20, included, but was not limited to, . Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact.) Waiting for test results - These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted , or readmitted , to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). 3.1-18(a)</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.