

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155681	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER AUTUMN WOODS HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 2911 GREEN VALLEY RD NEW ALBANY, IN 47150	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based observation, interview, and record review, the facility failed to follow infection control guidelines related to Covid-19 for appropriate mask usage for 3 of 6 staff observed for Infection Prevention. Findings include: 1. During an observation of the therapy room on 10/5/20 at 9:05 a.m., OTA (Occupational Therapy Assistant) 2 was sitting in a chair behind Resident E. The OTA had her mask under her nose with her nose uncovered. Resident E was talking with Resident F and both residents were wearing a mask. During an interview on 10/5/20 at 9:07 a.m. OTA 2 indicated the facility policy and the appropriate way to wear a face mask was over the nose, covering the mouth, and under the chin. 2. During an observation and interview on 10/5/20 at 11:54 a.m., Environmental Staff 3 had his mask under his nose and moving equipment towards the kitchen area. He moved the mask to his nose and without hand hygiene continued to move the equipment. He indicated the facility policy was for the mask to be worn over the nose and under the chin. 3. During an observation and interview on 10/5/20 12:00 a.m., CNA (Certified Nursing Aide) 5, had a face shield and her mask was under her nose. She was preparing a meal tray to deliver to Resident G. She indicated the policy was to wear the mask above the nose and under the chin. During an interview on 10/5/20 at 1:35 a.m., the DON (Director of Nursing) and the Clinical Support staff indicated the appropriate way to wear a face mask was over the nose, covering the mouth, and under the chin. On 10/2/20 at 3:46 p.m., the Administrator provided the current facility policy Covid-19 Guideline for PPE, and dated 5/29/20 .Purpose strategies to optimize supplies of facemask .A. Guidelines for Approved Facemasks .3. HCP must take care not to touch the approved facemask .If an HCP touches or adjust the approved facemask, the HCP must immediately perform hand hygiene . https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html October 6, 2020. Wear your Mask Correctly .Wash your hands before putting on your mask. Put it over your nose and mouth and secure it under your chin. Try to fit it snugly against the sides of your face . 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.