

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Park Terrace Village		STREET ADDRESS, CITY, STATE, ZIP CODE 25 S Boehne Camp Rd Evansville, IN 47712	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19. Staff were observed not properly wearing PPE (Personal Protective Equipment) and practicing infection control practices. (Resident H, 200 unit)</p> <p>Finding includes:</p> <p>On 10/1/24 at 9:00 a.m., the Administrator indicated the facility had 16 residents who were COVID-19 positive.</p> <p>On 10/1/24 at 9:55 a.m., LPN 2 was observed to be wearing a gown, gloves, face shield, and a surgical mask underneath an N-95 mask before entering room [ROOM NUMBER], a COVID-19 positive room. room [ROOM NUMBER] had COVID-19 isolation precautions posted on the door. LPN 2 was observed to exit room [ROOM NUMBER] wearing the surgical mask, walk to the medication cart, laid the N-95 mask and face shield on top of a binder on the cart. LPN 2 was observed to prepare medications, touch the surgical mask she was wearing with bare hands, no hand hygiene done after. LPN 2 moved the face shield and N-95 mask off the top of the binder, wrote on the binder, opened the narcotic drawer with keys, charted on the computer, picked up the medication cup, donned a gown, gloves, a new N-95 mask over the surgical mask, a new face shield and entered room [ROOM NUMBER], a COVID-19 positive room. room [ROOM NUMBER] had COVID-19 isolation precautions posted on the door. LPN was observed to exit room [ROOM NUMBER] wearing the surgical mask, performed hand hygiene.</p> <p>On 10/2/24 at 8:38 a.m., Housekeeper 2 was observed to don a gown, gloves, face shield, a surgical mask was observed on. Housekeeper 2 entered room [ROOM NUMBER] a COVID-19 positive room. room [ROOM NUMBER] had COVID-19 isolation precautions posted on the door.</p> <p>On 10/2/24 at 8:54 a.m., Resident H was observed to exit room [ROOM NUMBER], a COVID-19 positive room, go to the nurses station and tell a staff member she needed something. Resident H was not wearing a mask. Two staff members were observed by the nurses station, one staff was observed by Resident H's room at the medication cart, none were heard to inform Resident H of COVID-19 isolation precautions. A resident who was at the nurses station was overheard telling Resident H she was not supposed to be out of her room, Resident H returned to her room.</p> <p>On 10/3/24 at 9:21 a.m., LPN 3 indicated before entering a COVID-19 positive room, a gown, gloves, face shield, N-95 mask should be worn, the surgical mask should be taken off before putting on an N-95 mask.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/3/24 at 10:06 a.m., the Administrator provided the current transmission-based precautions for isolation policy with a reviewed date of 4/4/24. The policy included, but was not limited to: . Droplet/Contact Precautions (formerly droplet plus precautions): is used to designate transmission-based precautions beyond droplet precautions for residents who meet the criteria for transmission-based precautions with COVID-19, which includes the use of N-95 respirator .HCP (Health Care Personal) should wear an N-95 or higher-level respirator, eye protection (i.e.; goggles or face shield that covers the front and sides of the face), gloves, and gown when caring for these residents .PPE must be appropriately doffed and discarded in trash prior to leaving the room . remove mask/ face protection and dispose before leaving the room .Limit transportation and movement outside of room to medically necessary purposes. Essential movement (therapy, showers, restroom, etc.). When transportation is necessary, ensure that the resident wears a mask and follows Respiratory Hygiene/Cough Etiquette, perform hand hygiene before leaving and upon returning to room .</p> <p>3.1-18(b)</p>		