

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155830	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2024
NAME OF PROVIDER OR SUPPLIER Harrison's Crossing Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 395 8th Avenue Terre Haute, IN 47804	
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>48226</p> <p>Based on observation, interview, and record review, the facility failed to ensure the laundry staff properly stored and handled clean and soiled linens within the clean and soiled laundry areas for 1 of 1 observation of the laundry area. This deficient practice had the potential to spread infectious agents throughout the facility and increase the possibility of infection for residents residing within the facility.</p> <p>Findings include:</p> <p>During a tour of the laundry area with the Director of Health Services (DHS), who was the Infection Preventionist, on 1/8/24 at 2:00 p.m., the following was observed: clean laundry laying on the floor, personal items and gowns in bags laying on the floor with unbagged clean laundry on top of and on the floor next to the bags, clean gowns and lift pads partially on top of the bags on the floor and partially lying on the floor, and the soiled laundry area contained several barrels of soiled linen with none of the barrels covered. Laundry Staff 17 was observed transferring bagged soiled linen without gloves on and laid the soiled linen on the floor in front of the washer.</p> <p>During an interview on 1/8/24 at 2:06 p.m., Laundry Staff 18 indicated items were clean that were in the clean laundry area and indicated the lift pads might need to be labeled and then washed.</p> <p>During an interview on 1/8/24 at 2:08 p.m., Laundry staff 17 indicated they were new and was not sure of duties. The staff acknowledged the soiled area with barrels did contain soiled linen. The DHS acknowledged this was not correct procedure for handling clean and soiled linen.</p> <p>On 9/20/23 at 3:19 p.m., the Executive Director (ED) provided a document titled, Laundry Operations, dated 2/5/2018, and indicated it was the policy currently being used by the facility. The policy indicated, . PROCEDURES .Pick up soiled laundry from soiled linen rooms. PPE's (personal protective equipment) are to be worn. The carts are to be covered at all times .Sort laundry and place in washers with like material. PPE's are to be worn A policy for handling clean linen was not provided by the facility.</p> <p>3.1-18(b)(1)</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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