

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF VALPARAISO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3405 N CAMPBELL RD VALPARAISO, IN 46385</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 observation, record review, and interview, the facility failed to ensure infection control guidelines were followed to properly prevent and/or contain COVID-19 related to hand hygiene not performed before or after all resident contact and after contact with potentially infectious material for 7 of 9 residents observed during a random observation for infection control during dining. (Assisted Dining Room, 100 Hall, and Main Sitting Area) Finding includes: During a random observation on 10/20/20 at 11:30 a.m., CNA 1 did not perform hand hygiene prior to distributing lunch trays to the residents in the Assisted Dining Room. She did not perform hand hygiene after she assisted the first resident with her meal tray. She removed the next resident's meal tray from the cart, adjusted the resident in his wheelchair, and removed his dirty cup. She grabbed his garlic bread without gloves on and put it into the resident's hand. Her hand was visibly greasy and she did not perform hand hygiene. She removed the third resident's meal tray, assisted the resident, and did not perform hand hygiene. At 11:35 a.m., CNA 1 left the Assisted Dining Room and distributed trays to the residents on the 100 Hall. She entered room [ROOM NUMBER], applied a clothing protector on the resident, assisted with the meal tray, exited the room, and did not perform hand hygiene. There was visible food debris on her hand. At 11:37 a.m., CNA 1 entered room [ROOM NUMBER], applied a clothing protector on the resident, assisted with the meal tray, exited the room, and did not perform hand hygiene. At 11:39 a.m., CNA 1 removed the facial mask of a resident in the main sitting area, applied a clothing protector on the resident, assisted with the meal tray, and did not perform hand hygiene. She proceeded to the next resident in the sitting area, removed that resident's facial mask, applied a clothing protector on the resident, assisted with the meal tray, and performed hand hygiene. Interview with CNA 1 at the time, indicated hand hygiene should be performed before and after care with every resident and she should have performed hand hygiene with each resident. The facility's Coronavirus (COVID 19) ([DIAGNOSES REDACTED] CoV-2) policy, revised on 10/8/20 and received as current from the Administrator on 10/20/20 at 10:45 a.m., indicated, . Perform proper hand hygiene with soap and water or alcohol-based hand rub: Before and after all resident contact; contact with potentially infectious material . 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.