

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-LINCOLN HILLS		STREET ADDRESS, CITY, STATE, ZIP 402 19TH STREET TELL CITY, IN 47586	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed during the Covid 19 crisis for 2 of 3 residents reviewed for infection control and screening of staff upon entry to the facility. Staff screened themselves at the door, resident isolation precautions were unknown, and personal protection equipment was not removed correctly. (Resident 2, Resident 3, CNA 15, CNA 21, and LPN 7) Findings include: 1. On 5/19/20 at 7:30 A.M., an unknown staff member was observed to enter the facility, take own temperature, and sign in at the screening table. The staff member then entered the facility and walked down the main hall. No other staff member was observed at the time to monitor screening procedures. During an interview on 5/19/20 at 10:00 A.M., LPN 7 indicated at times, staff would screen themselves upon entry to the facility. During an interview on 5/19/20 at 12:00 P.M., the Administrator indicated there was no dedicated person to screen staff that entered the facility, and that a staff member should screen other staff as they enter. She indicated nursing staff could screen themselves, but there was no policy related to screening. 2. On 5/19/20 at 11:50 A.M., Resident 3's room was observed with a sign on the door that read ISOLATION - please see charge nurse before entering this room. CNA 21 was observed exiting the room, wearing a facemask, a gown, and gloves. CNA 21 closed the door by the handle with the gloved hand coming directly from the resident's room. She removed the gloves, then the gown raising it over her head brushing her face and head with the outside of the gown, then removed the facemask before sanitizing her hands. After doffing all PPE, CNA 21 used an alcohol-based hand gel to sanitize her hands. CNA 21 indicated at that time she was unsure what type of precautions Resident 3 was on, but she thought it might have been droplet. On 5/19/20 at 8:40 A.M., Resident 3's record was reviewed. Orders included, but were not limited to, isolation precautions per pending COVID-19 swab, dated 5/19/20. A care plan for risk for signs and symptoms of COVID-19 indicated contact isolation as ordered. 3. On 5/19/20 at 11:51 A.M., Resident 2's room was observed with a sign on the door that read ISOLATION - please see charge nurse before entering room. The door was open, and a curtain was pulled in between Resident 2 and a roommate. On 5/19/20 at 8:55 A.M., Resident 2's record was reviewed. A COVID-19 test was performed 5/14/20, and was negative. A care plan for risk for signs and symptoms of COVID-19 indicated contact isolation for pending COVID-19 swab. During an interview on 5/19/20 at 11:54 A.M., LPN 7 indicated Resident 3 and Resident 2 were on airborne and contact isolation, and PPE included a gown, facemask, and gloves. She indicated a face shield or goggles were not required for that type of isolation. LPN 7 indicated Resident 2's roommate did not like the door shut, so it was kept open, and the curtain was kept closed between them. She indicated Resident 2 was on isolation for pneumonia, but had tested negative for COVID-19, and should probably have had the isolation precautions discontinued. During an interview on 5/19/20 at 9:40 A.M., CNA 15 indicated she was unsure the type of isolation precautions required for a COVID-19 positive resident. She indicated for anyone on any type of isolation she would wear a gown, gloves, and mask, but no face shield or goggles. She was unable to verbalize what PPE (Personal Protective Equipment) should be worn for contact, droplet, or airborne precautions. She indicated when donning PPE, she would first put on gloves, then a gown, then a mask, and remove in the same order. On 5/19/20 at 11:45 A.M., a Summary Report of Meeting was provided, dated 4/14/20, and indicated a verbal and hand-out inservice was provided regarding sequence for putting on PPE, and how to safely remove PPE. The inservice included an undated form titled How to safely remove personal protective equipment, that indicated . Remove all PPE before exiting the patient room except a respirator, if worn . Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties . Pull gown away from neck and shoulders, touching inside of gown only . On 5/19/20 at 11:45 A.M., the facility's COVID-19 Toolkit binder was reviewed, and indicated . Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility . HCP must receive training on and demonstrate an understanding of: when to use PPE what PPE is necessary, how to properly don, use, and doff PPE in a manner to prevent self-contamination how to properly dispose of or disinfect and maintain PPE . In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked . On 5/19/20 at 11:45 A.M., a current Isolation - Categories of Transmission-Based Precautions policy, revised 8/2012, was provided, and indicated . Remove gloves before leaving the room and perform hand hygiene . After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces or items in the resident's room . After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces . The facility will implement a system to alert staff to the type of precaution resident requires . The policy did not include the order to don or doff PPE. 3.1-18(b)</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.