

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2020
NAME OF PROVIDER OF SUPPLIER HAMMOND-WHITING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1000 114TH ST WHITING, IN 46394	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure Infection Control Guidelines were in place and implemented to properly prevent and/or contain Covid-19 related to lack of hand hygiene after PPE (Personal Protective Equipment) removal during a random observation on 1 of 2 halls observed for infection control. (South Hall). Finding includes: On 10/23/20 at 9:50 a.m., CNA 1 was observed removing her isolation gown at the doorway of room [ROOM NUMBER] on the South Unit. The South Unit was identified as a Yellow Zone or precautionary isolation area. The CNA left the room and went down the hall without completing any hand hygiene. The current Standard and Transmission Based Precautions policy was reviewed on 10/23/2020 at 9:35 a.m. The policy indicated proper hand hygiene with soap and water or alcohol based hand rub was to be completed before and after all Resident contact and contact with potentially infectious material. When interviewed on 10/23/20 at 10:20 a.m., the Director of Nursing indicated the CNA should have completed hand hygiene before leaving the resident's room. 3.1-18(a)		

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.