

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER ELWOOD HEALTH AND LIVING		STREET ADDRESS, CITY, STATE, ZIP 2300 PARKVIEW LN ELWOOD, IN 46036	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure employees did not work after being exposed to or had signs and symptoms of COVID-19 for 6 of 6 dates reviewed for screening of employees. Findings include: During an interview with the DON and SSD on 10/20/20 upon entrance to the facility, the DON indicated Employee 30 had assisted with transferring residents to the yellow and red zones on 10/17/20. She came to work on 10/19/20 and indicated she had shortness of breath and asthmatic symptoms, she tested negative with a rapid test and was allowed to work. She then came to work on 10/20/20 and still had symptoms, she was tested with a rapid test, tested positive and she was sent home. The following employees reviewed had tested positive for COVID-19: a. Employee 4 tested positive on 10/14/20. b. Employee 5 and Employee 23 tested positive on 10/19/20. c. Employee 19 and Employee 30 tested positive on 10/20/20. Review of the Visitor/Employee/Vendor Sign in Form questions for the screening process included, but was not limited to the following: 1. In the last 14 days have you had close contact (without PPE or social distancing) with someone who has been diagnosed with [REDACTED]? During an interview with the DON on 10/20/20 at 3:30 p.m. she indicated the following employees included, but were not limited to, answered yes to the question, were allowed to work and their exposure was as follows: a. On 10/14/20 Employee 8 had been exposed due to her mother was positive. b. On 10/16/20 Employee 3 worked at a nearby hospital. c. On 10/16/20 Employee 5 had been at a positive co-workers home. d. On 10/17/20 Employee 19 had been exposed by Employee 4. e. On 10/17/20 Employee 8 had been exposed due to her mother was positive. f. On 10/17/20 Employee 2 had been exposed by Employee 4. g. On 10/18/20 Employee 13 was unsure if she had been exposed. h. On 10/18/20 Employee 11's wife had tested positive, but had social distanced in their home. i. On 10/18/20 Employee 8 had been exposed due to her mother was positive. j. On 10/19/20 Employee 19 had been exposed by Employee 4. k. On 10/19/20 Employee 17 had lunch with the Employee 4 and Employee 19. 2. Are you experiencing any of the following symptoms: UNEXPLAINED Fever >100, cough, sore throat, loss of taste or smell, abdominal pain or shortness of breath, runny nose or congestion, headache? If yes to any of the above, you are not allowed to enter the building, Please notify you Physician. During an interview with the DON on 10/20/20 at 3:30 p.m. she indicated the following employees, included but were not limited to, answered yes to the question and were allowed to work and their symptoms were as follows: a. On 10/18/20 Employee 13 was unsure of her symptoms, but indicated she had shortness of breath. b. On 10/18/20 Employee 14 had a cough. c. On 10/18/20 Employee 18 had allergy symptoms. d. On 10/18/20 Employee 8 had a headache. e. On 10/18/20 Employee 23 had allergy symptoms. f. On 10/19/20 Employee 21 had cold symptoms. g. On 10/19/20 Employee 15 had cold symptoms. h. On 10/19/20 Employee 17 had a runny nose. i. On 10/19/20 Employee 19 had a cough and runny nose. j. On 10/20/20 Employee 22 had allergy symptoms. k. On 10/20/20 Employee 13 was unsure if she had symptoms. A current policy, titled CORONAVIRUS STANDARD OPERATING GUIDELINE (SOG), provided by the DON on 10/20/20 at 3:00 p.m. indicated the following: I. PURPOSE To establish an SOG for a Coronavirus outbreak. II. This SOG will apply to all staff. C. INDIVIDUAL/EMPLOYEE/AGENCY STAFF SCREENING. All individuals entering the site will be screened for the following: .Signs or symptoms of a respiratory infection, such as fever, cough and sore throat; has had contact with someone with or under investigation for COVID-19. Employees and Agency Staff will be required to complete a screening and acknowledge that they will immediately report any signs and symptoms of respiratory infection to their NHA or Manager on Duty AND that they received CDC handouts related to infection preventing and donning/doffing PPE. An employee presenting symptoms will: place a PPE mask, leave work, self-isolation at home, and contact his/her physician 3.1-18(b)(2)</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.