

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155804	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER SPRENGER HEALTH CARE OF MISHAWAKA		STREET ADDRESS, CITY, STATE, ZIP 60257 BODNAR BLVD MISHAWAKA, IN 46544	
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 record review, and interview, the facility failed to follow CDC guidance related to timely assessment of signs and symptoms of COVID-19. This deficient practice affected 5 of 5 residents reviewed for infection tracking and assessments. Finding includes: During an interview, conducted with the Director of Nurses (DON), on 4/22/2020 at 2:00 P.M., the DON indicated COVID-19 respiratory screens were conducted daily for the residents of the facility as per guidance from the CDC. 1. The clinical record for Resident C was reviewed on 4/22/2020. The clinical record lacked documentation of a covid respiratory screen was conducted on 4/17/2020 and 4/21/2020. Resident C was asymptomatic. 2. The clinical record for Resident D was reviewed on 4/22/2020. The clinical record lacked documentation of a covid respiratory screen on 4/17/2020, 4/20/2020 and 4/21/2020. Resident D was asymptomatic. 3. The clinical record for Resident E was reviewed on 4/22/2020. The clinical record lacked documentation of a covid respiratory screen on 4/17/2020, 4/19/2020, 4/20/2020, and 4/21/2020. Resident E was asymptomatic. 4. The clinical record for Resident F was reviewed on 4/22/2020. The clinical record lacked documentation of a covid respiratory screen on 4/17/2020, 4/19/2020, and 4/20/2020. Resident F was asymptomatic. 5. The clinical record for Resident G was reviewed on 4/22/2020. The clinical record lacked documentation of a covid respiratory screen on 4/17/2020 and 4/21/2020. Resident G was asymptomatic. The CDC Long Term Care Infection Control guidance Tool Kit provided to the facility on [DATE] indicated, .Nursing Home Infection Prevention Assessment Tool for COVID-19 .Identify Infections Early: Actively screen all residents at least daily for fever and respiratory symptoms, immediately isolate anyone who is symptomatic During an interview with the DON, on 4/23/2020 at 10:30 A.M., she indicated residents should have daily screenings for COVID-19 and she was in the process of reeducating staff to the procedure. This Federal tag is related to Complaint IN 155.		

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.