

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155187</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3175 LANCER ST PORTAGE, IN 46368</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 - Few</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 in place and implemented to properly prevent and or contain COVID -19, related to staff not wearing the appropriate personal protective equipment (PPE) before entering a resident's room who was under contact/droplet precautions. (Resident B) (LPN 1) Finding includes: On 10/6/20 at 10:55 a.m., Resident B was in her room and her call light was on. There was a sign on the room door that indicated the resident was under droplet precautions. There was a PPE bin in the hall next to the room door. LPN 1 approached the resident's room to answer the call light. She opened the PPE bin and donned a gown and gloves. She already had a mask in place. She then entered the resident's room. She was not wearing a face shield or goggles. The droplet isolation sign posted on the resident's room door indicated, Everyone must make sure eyes, nose, and mouth are fully covered before room entry. Record review for Resident B was completed on 10/6/20 at 12:05 p.m. [DIAGNOSES REDACTED].</p> <p>The September 2020 physician's orders [REDACTED]. Interview with LPN 1 as she was exiting the resident's room, on 10/6/20 at 11:00 a.m., indicated the resident was under droplet and contact precautions. She had seen the face shields in the PPE bin but had not put one on. She as aware she should have worn eye protection when entering the room. Interview with the Administrator, Director of Nursing, and Assistant Director of Nursing on 10/6/20 at 11:25 a.m. indicated, staff should have eye protection in place when entering the resident's room. 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.