

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER WILDWOOD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7301 E 16TH ST INDIANAPOLIS, IN 46219	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure facility staff were wearing face masks appropriately while in the facility for 6 of 16 staff members observed. This had the potential to affect all 125 residents that reside in the facility. (Nurse 2, CNA 4, Nurse 10, Nurse 14, Staff 18, and Housekeeping 20) Findings include: An observation was conducted of the Windsor Unit, on 8/12/20 at 1:30 p.m., Nurse 2 had her face mask down with her nose exposed at the nurses' station. Certified Nursing Assistant (CNA) 8, Nurse 6, and Nurse 12 were also present at the nurses' station. CNA 4 walked towards the nurses' station to sit down with her mask down and her nose exposed. Nurse 10 was in the medication room and exited the medication room with her mask down with her nose and mouth exposed. Nurse 10 proceeded to walk down the hallway towards the front of the building with her mask down. During an interview with the Assistant Director of Nursing (ADON), on 8/12/20 at 1:50 p.m., Housekeeping Staff 20 was observed walking alongside Resident T with her mask down exposing her nose and mouth. Housekeeping Staff 20 was on the right side of Resident T's wheelchair and not social distancing. Resident T did not have a face mask on at the time of observation. An observation, on 8/12/20 at 2:00 p.m., of the Cambridge Unit. Nurse 14 was facing Nurse 16 with her face mask down and her nose and mouth exposed while she was conversing with Nurse 16. An observation, on 8/12/20 at 2:10 p.m., of the Windsor Unit nurses station. There were 6 staff members present with no social distancing taking place. Staff Member 18 proceeded to walk towards and into the nurses' station with her mask down exposing her nose and mouth while around 6 other staff members. There was no social distancing taking place. During an interview with the ADON, on 8/12/20 at 2:38 p.m., indicated the expectations are for staff to wear their face masks appropriately at all times while in the facility. A policy titled USE OF PPE (PERSONAL PROTECTIVE EQUIPMENT) WHILE IN THE FACILITY, updated 8/4/20, was provided by the Staff Development Coordinator on 8/12/20 at 2:12 p.m. The policy indicated the following, .All staff must wear a surgical mask at all times, this includes all departments (Nursing, Housekeeping, Dietary, Maintenance, Business Office, Medical Records) .All direct care staff must wear a surgical mask and an eye shield at all times .Any non-nursing staff who visit resident care areas will wear a mask and eye shield while in the area 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.