

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155755	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN YEARS HOMESTEAD		STREET ADDRESS, CITY, STATE, ZIP 3136 GOEGLEIN RD FORT WAYNE, IN 46815	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices were followed in regards to preventative measures for the spread of COVID-19. This had the potential to affect 98 of the 98 residents residing in the facility. Resident 1, Resident 2, Resident 3 Findings include: On 10/15/2020 at 10:00 a.m. the Infection Preventionist (IP)/Assistant Director of Nursing (ADON) was interviewed. She indicated this was her first day as the IP. She indicated currently the facility had no positive cases of Covid 19 in residents and/or staff. 1. On 10/15/2020 at 1:00 p.m., Housekeeper 2 was observed in Resident 1's room. She was observed with a cloth mask on and no gown. She was observed to remove gloves and then walk out of the room without performing hand hygiene. The door to the room was opened, and no sign was observed on the door. A bin with several clear drawers was outside the room. A box of gloves and a roll of red bags were observed in the drawers of the bin. No gowns or masks were observed in the drawers. Housekeeper 2 was interviewed. She indicated she was not sure the type of isolation the resident was in but this resident was in isolation because she a new admission to the facility. When queried regarding how she knew what personal protective equipment (PPE) to wear, she indicated she did not have to wear a gown in the room because there were no gowns in the bin outside the resident's room. She indicated she just wore goggles, gloves and a mask while cleaning the room. On 10/15/2020 at 1:10 p.m., Housekeeper 3 was interviewed. She was observed standing outside Resident 2 and Resident 3's rooms and had a KN 95 mask on. There were no signs on either door and there were bins with clear drawers outside of each room. She indicated she was unsure what type of isolation Resident 2 and 3 were in but knew they were in isolation due to the bins outside of their rooms. She indicated she would wear a KN 95 mask, goggles, gown and gloves in the room. On 10/15/2020 at 1:30 p.m., the IP/ADON was interviewed. She was made aware the list of admissions she had provided indicated the residents who were considered to be in 14 day droplet/contact precautions, were located in 3 of the 4 wings of the building and not located together. She indicated Residents 1, 2, and 3 should have been in droplet and contact precautions as they were new admissions to the facility. She indicated all 3 residents had been in droplet and contact isolation since their admission to the facility. She indicated one resident had been admitted from home and the other 2 residents had been admitted from the hospital. She was made aware there were no signs on the doors of these Residents to indicate the residents were on special isolation precautions. She was made aware the bins were not stocked with supplies, there were no gowns, masks and/or gloves. She was made aware the housekeeper when exiting the room after removing her gloves was not observed to sanitize her hands, had a cloth mask on and no gown and/or no goggles and/or shield had been worn in the room. On 10/15/2020 at 12:00 p.m., the IP/ADON provided a copy of the Toolkit provided by the Indiana State Department of Health which included guidance for general Covid 19 infection control for long term care, dated 5/5/2020. The guidance indicated the facility should have a plan to rapidly implement, how they will cohort confirmed or presumed Covid 19 patients in their facilities. This can be by wing, floor or if available, by building. Patients should be cohorted depending on Covid-status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents. Unknown Covid-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact). These are for residents whose Covid status is unknown. This can include residents who have been tested, and are waiting results, or resident who are admitted or readmitted to a facility where it is likely to have been exposed to COVID-19: Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in yellow status who do not undergo testing can be transferred to the Covid-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). The toolkit also indicated the following: droplet precautions are in place for all healthcare providers and masks are to be worn. Standard precautions (wearing of gown and other PPE (personal protective equipment) as needed per individual resident needs) should be followed. A facility policy and procedure, dated 5/2020, for Isolation of COVID positive or suspected COVID residents indicated the following: contact droplet precaution includes: Appropriate PPE (personal protective equipment): gowns, gloves, N 95 mask, eye protection, isolation carts outside resident's door and sign on resident's door to see the Nurse. 2. On 10/15/2020 at 9:28 a.m., CNA 2 was observed walking in the common area with a resident. The CNA's nostrils were visible, over the top edge of the mask. On 10/15/2020 at 9:30 a.m., Housekeeper 2 was observed outside a resident room wearing a cloth mask. She indicated the resident was not in the room and she was getting ready to do a terminal clean on the room. She indicated she did not have a mask on underneath the cloth mask and she took her cloth mask home every night after work and washed it. She indicated they just started using cloth mask again recently. On 10/15/2020 at 9:33 a.m., a Direct Care Provider, was observed in the hall taking to a resident. The Direct Care Provider's nose was visible over top edge of the mask. The Direct Care Provider had a cloth type mask on and was observed to keep pulling the mask up on their face to try to cover their nose. The Direct Care Provider was talking to the resident. Suddenly, the Direct Care Provider was observed to pull the mask down under their nose and mouth and continued talking to the resident. The Direct Care Provider then pulled the mask back up over the nose and mouth and told the resident they would talk in his room. On 10/15/2020 at 9:35 a.m., Certified Nursing Assistant (CNA) 1 was observed in the hall. She was observed with a surgical mask on and her nostrils were visible. She was observed to pull her mask up over her nose periodically. On 10/15/2020 at 12:45 p.m., the DON (Director of Nursing) provided current guidance from the World Health Organization How to put on, use, take off and dispose of a mask. The information included cover mouth and nose with mask. On 10/15/2020 at 3:10 p.m., the IP/ADON was interviewed. She indicated surgical masks were required for direct care staff. She indicated the housekeeper should not wear a cloth mask. She indicated the mask should always cover both the nose and mouth. 3. On 10/15/2020 at 12:10 p.m., the dining room on the D unit was observed. Observed were two tables placed together, one was square and had a rectangular, bedside table placed up against the one side. Two sets of these tables were observed in the dining room. The side with the rectangular table was observed with two resident seated directly across from each other. Neither resident was observed with a mask on. The IP/ADON provided a copy of a COVID 19 update provided to staff on 9/16/2020. The update included the following: Residents needing assistance may be brought out to the dining room and kept at least 6 feet apart. On 10/15/2020 at 2:00 p.m., the IP/ADON observed the D unit dining room. The distance from the outer edge of the rectangular table across to the opposite outer edge of the square table was measured with a ruler. The distance was 4 feet, 7 inches. The IP/ADON was interviewed and indicated the distance between residents should be at least 6 feet. She indicated there were two sets of these tables in this dining room which were shared by two residents at each table. The IP/ADON indicated they should mark the floor with the distance of 6 feet between residents. 4. On 10/15/2020 at 9:45 a.m., a resident was observed in the beauty shop in her wheelchair. She was observed with her mask below her nose with nostrils visible. The beautician was observed to have a surgical mask on but no goggles and/or face shield. The beautician was observed to be standing directly (within 6 feet) behind and/or beside the resident. On 10/15/2020 at 2:00 p.m., the IP/ADON was made aware of the observation of the resident with her mask on and nose visible. She indicated the beautician working with the resident in a close manner as she does, the beautician should have had goggles and/or shield on as a protective</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>preventative barrier. The policy for Barber/Beauty/Personal Care Services - COVID 19 dated 7/2020 was reviewed on 10/15/2020 at 2:10 p.m. The policy included but was not limited to, the following: Eligibility: Residents who are COVID-19 naive, symptom free and not at risk because of close contact. Face coverings for residents are required. The document Walking In-Service dated 10/15/2020 was reviewed on 10/15/2020 at 2:46 p.m. and indicated the following: .We can wear surgical mask. However, if providing direct patient care, we still need to wear a face shield or eyewear . 3.1-18(a)</p> <p>3.1-18(b)(1)</p>		