

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155800</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LUTHERAN LIFE VILLAGES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9802 COLDWATER ROAD FORT WAYNE, IN 46825</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review the facility failed to ensure measures to prevent the potential spread of COVID were in place according to current CDC guidelines. This had the potential to effect 14 of 75 residents residing in the facility. Findings include: 1. During an observation on the 200 hall on 10/20/20 at 3:14 P.M., no signs or information were observed to indicate Resident 4 was on droplet precautions after being admitted to the facility from the hospital. A Droplet Precaution Sheet provided by the Administrator on 10/20/20 at 5:02 P.M., indicated Resident 4 was to be on a 14 day quarantine with droplet precautions from 10/16/20 through 10/30/20. Registered Nurse (RN) 5 was interviewed on 10/20/20 at 3:16 P.M. During the interview RN 5 indicated if a resident was on a 14 day quarantine with droplet precautions they would have a sign on their door and a personal protective equipment (PPE) cart outside of the door. This would alert staff the resident was on droplet precautions and the sign would indicate the proper PPE that should be worn when entering the room. RN 5 also indicated Resident 4 did not have a sign or PPE cart outside of her door and there should have been both. The Director of Nursing (DON) was interviewed on 10/20/20 at 3:46 P.M. During the interview the DON indicated when a resident was admitted from the hospital they would be placed in quarantine with droplet precautions for 14 days. A sign would be on put on the door to alert staff appropriate PPE to wear when entering the room. There would also be a PPE cart outside of the door. A policy, dated 7/22/20, was provided by the Administrator on 10/20/20 at 11:00 A.M., titled Coronavirus (COVID-19) Prevention &amp; Response. The policy indicated, .g. Promote easy and correct use of personal protective equipment (PPE) by: i. Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. ii. Make PPE, including facemask, eye protection, gowns, and gloves available immediately outside of the resident's room. iii. Position a trash can near the exit inside any resident room to make it easy to discard PPE. 2. During an observation on the 200 hall on 10/20/20 at 3:14 P.M., RN 5 went into Resident 7's room. RN 5 had an N95 mask on and goggles. No other PPE was observed to be worn while RN 5 was in Resident 7's room. During an observation on the 200 hall on 10/20/20 at 3:28 P.M., Certified Nursing Assistant (CNA) 2 went into Resident 8's room. CNA 2 had on an N95 mask and goggles. No other PPE was observed to be worn while CNA 2 was in Resident 8's room. A Droplet Precaution Sheet provided by the Administrator on 10/20/20 at 5:02 P.M., indicated Resident 7 was to be on droplet precautions from 10/9/20 through 10/23/20 and Resident 8 was to be on droplet precautions from 10/20/20 through 11/3/20. Registered Nurse (RN) 5 was interviewed on 10/20/20 at 3:16 P.M. During the interview RN 5 indicated when a resident is on droplet precautions during a 14 day admission quarantine, staff are to wear a gown, gloves, N95 mask, and goggles when entering the room. The Director of Nursing (DON) was interviewed on 10/20/20 at 3:46 P.M. During the interview the DON indicated staff should wear protective eyewear, a gown, gloves, and an N95 face mask when entering a room of a resident on droplet precautions. The Administrator was interviewed on 10/20/20 at 4:32 P.M. During the interview the Administrator indicated the facility follows CMS, CDC, and ISDH guidance in regards to COVID-19. Preparing for COVID-19 in Nursing Homes (June 2020) was retrieved on 10/21/20 from the Centers for Disease Control (CDC) website. The guidance indicated Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.</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.