

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN LIVING CENTER-MISHAWAKA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>811 E 12TH STREET MISHAWAKA, IN 46544</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to follow current CDC (Center for Disease Control) infection control procedures related to face masks, for assisting and encouraging residents to wash their hands prior to lunch and for staff not following appropriate use of a chemical for surface cleaning for 3 of 3 randomly observed staff. (RN 4, LPN 5 and Employee 6) Findings include: 1. During an observation, on 10/15/20 at 2:41 P.M., RN 4 was standing at the nurses station counter on the inside of the nurse's station with her mask below her chin, exposing her mouth and nose, speaking to another staff member less than 6 feet away from her. During an interview, on 10/15/20 at 2:43 P.M., RN 4 indicated as long as there were no residents around then it was okay to have her mask off. 2. On 10/15/2020 at 12:06 P.M., LPN (licensed practical nurse) 5 was observed with her mask down on her chin, exposing her nose and mouth. During an interview, on 10/15/20 at 3:27 P.M., the ED (Executive Director) indicated as long as there were no residents near by it was okay for the staff to not have their mask on.</p> <p>3. On 10/15/2020 at 12:14 P.M., LPN 5 indicated she leaves the Virex II 56 (a cleaning agent) on a surface for 2 minutes, to sanitize a surface. The Virex II 56 label indicated it was to be left wet on a surface for 10 minutes, in order to sanitize. During an interview, on 10/15/2020 at 12:15 P.M., LPN 5 indicated the Virex II 56 container does indicate to leave a surface wet for 10 minutes, however she was unaware of this. 4. On 10/15/2020 at 12:29 P.M., Employee 6 was observed to pass a tray to Resident 8 without encouraging/assisting her to wash their hands prior to eating their meal. During an interview, on 10/15/2020 at 12:30 P.M., Employee 6 indicated she did not encourage nor assist Resident 8 to wash her hands prior to eating her meal, however she knows she should have. During an interview, on 10/15/2020 at 12:31 P.M., Resident 8 indicated she had not been assisted or encouraged to wash her hands prior to eating her meal. A policy was provided by the DON (Director of Nursing), on 10/23/2020 at 4:12 P.M., titled Coronavirus Disease 2019 (COVID-19) Considerations for Wearing Masks, updated [DATE] , and indicated this was the policy currently being used by the facility. The policy indicated .CDC recommends that people wear masks in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain A policy was provided by the DON (Director of Nursing), on 10/23/2020 at 4:12 P.M., titled Coronavirus Disease 2019 (COVID-19) Cleaning and Disinfection for Households Detailed Disinfection Guidance, updated July 10, 2020 , and indicated this was the policy currently being used by the facility. The policy indicated .Follow manufacturer's instructions for all cleaning and disinfection products for (concentration application method and contact time 3.1-18(b)(1)</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.