

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155474	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF BREMEN		STREET ADDRESS, CITY, STATE, ZIP 316 WOODIES LANE BREMEN, IN 46506	
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 masks were worn appropriately to prevent the spread of infection. This deficient practice had the ability to affect 74 of 74 residents residing in the facility. Finding includes: On 7/27/2020 at 10:35 A.M., Employee 4, Employee 5 and Employee 6 were observed to have masks on, however the mask was exposing their nose. The employees were observed in a hallway with other staff and residents present. During an interview, on 7/28/2020 at 9:50 A.M., the Administrator indicated she had interviewed staff related to mask usage. The staff told her their masks were stretching and were sliding down under their noses. A policy was provided by the Administrator, on 7/28/2020 at 11:33 A.M., titled Personal Protective Equipment (PPE) Guidance for COVID-19, undated, and indicated this was the policy currently used by the facility. The policy indicated .3. PPE should be worn in the following situations. a. Masks are to be worn by all stakeholders while in a healthcare facility 3.1-18(b)(1)(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.