

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-LINCOLN HILLS		STREET ADDRESS, CITY, STATE, ZIP 402 19TH STREET TELL CITY, IN 47586	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control practices were maintained to mitigate the spread of COVID-19. Of six residents reviewed for transmission-based precautions (TBP), two residents lacked signage outside their rooms indicating the residents were in isolation, 6 residents lacked signage outside their rooms to alert staff to the type of precaution(s) the resident required, staff failed to put on (don) appropriate personal protective equipment (PPE) before entering the room of a resident requiring TBP, and a resident in isolation was observed during a window visitation with their room window open while neither the resident nor the visitor wore a mask. (Resident C, Resident H, Resident J, Resident M, Resident R, Resident V) Findings include: 1. During an observation on 10/15/20 at 11:45 A.M., Resident C's door was open slightly open and Resident C was observed in the room. No signage was observed outside the Resident's room indicating the resident was in isolation or that the Resident required TBP. During an observation on 10/15/20 at 11:52 A.M., Resident H's door was open and the resident was observed sitting in their room. No signage was observed outside the Resident's room indicating the resident was on isolation or that the Resident required TBP. Resident J's, Resident M's, Resident R's, and Resident V's rooms did not have signage indicating the Residents required TBP. During an observation on 10/15/20 at 11:55 A.M. Nurse 14 entered Resident V's room wearing a face mask and face shield for PPE. During an interview on 10/15/20 at 11:40 A.M., CNA 4 indicated Resident C required TBP due to the Resident fulfilling a 14-day quarantine after being readmitted from the hospital on [DATE]. During an interview on 10/15/20 at 11:50 P.M., Nurse 8 indicated Resident H, Resident J, Resident M, Resident R, and Resident V all required TBP due to either being admitted or readmitted to the facility less than 14 days prior. During an interview on 10/15/20 at 12:07 P.M., Nurse 8 indicated not knowing which TBP Resident J, Resident M, Resident R, and Resident V required due to their isolation. During an interview on 10/15/20 at 12:10 P.M., Nurse 14 indicated Resident M, Resident R, and Resident V required contact precautions due to their isolation. During an interview on 10/15/20 at 12:20 P.M., the Director of Nursing (DON) indicated Resident C, Resident H, Resident J, Resident M, Resident R, and Resident V all required droplet and contact precautions due to their isolation while completing a 14-day quarantine. During record review on 10/15/20 from 2:00 P.M. thru 2:45 P.M., clinical records were reviewed for the following: Resident C's progress notes indicated the resident had been readmitted to the facility from the hospital on [DATE]. Resident H's progress notes indicated the Resident had been admitted from the hospital on [DATE]. Resident J's progress notes indicated the Resident had been admitted from the hospital on [DATE]. Resident M's progress notes indicated the Resident had been readmitted from the hospital on [DATE]. Resident R's progress notes indicated the Resident had been admitted from the hospital on [DATE]. Resident V's progress notes indicated the Resident had been admitted on [DATE]. On 10/15/20 at 12:30 the Facility Administrator supplied a facility policy titled, Isolation - Categories of Transmission-Based Precautions, dated 6/24/18. The policy included, Signs - The facility will implement a system to alert staff to the type of precaution the resident requires. Droplet Precautions . wear gloves when entering the room . wear a disposable gown upon entering the room. 2. During an observation on 10/15/20 at 11:55 A.M. Nurse 14 entered Resident V's room. Nurse 14 assisted Resident V to the room window while Resident V sat in a wheelchair. Resident V was positioned in front of the room window. Nurse 14 slid the room window up approximately 3 inches to open the window to facilitate a window visitation between Resident V and a visitor standing directly outside of Resident V's window. Neither Resident V nor the visitor wore a mask. During an interview on 10/15/20 at 12:20 P.M., the DON indicated that all outside visitation required 6 feet social distancing and that visitors were required to wear a mask. On 10/15/20 at 12:30 P.M., the Facility Administrator indicated the facility policy was to follow the Indiana State Department of Health Visitation Guidelines for Long-term Care Facilities, dated 9/23/20. The guideline includes, Visitors shall: .Wear a mask at all times while visiting . Maintain at least 6 feet physical distance from all residents in the facility . Staff Shall: .Ensure residents wear a mask when visitors are present. 3.1-18(b)(2)</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.