

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1121 E LASALLE AVE SOUTH BEND, IN 46617	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on interview and record review, the facility failed to test staff according to the county COVID-19 positivity rates for 1 of 7 weeks reviewed and failed to ensure documentation was complete related to contacting the laboratory for COVID-19 test results taking longer than forty-eight hours to receive for 62 of 62 laboratory results reviewed. Findings include: 1. A review of the facility staff testing dates indicated no COVID-19 tests for staff had been completed from September 27, 2020 thru October 3, 2020. During an interview, on 10/21/2020 at 2:09 P.M., the Administrator indicated she knew she was to do staff COVID-19 testing weekly between September 27, 2020 and October 3, 2020, however it was not done. 2. A review of the facilities staff COVID-19 testing results indicated fourteen lab results took five days to result and forty-eight lab results took six days to result. During an interview, on 10/21/2020 at 2:09 P.M., the Administrator indicated there was no documentation related to the facility contacting the laboratory regarding COVID-19 test results taking longer than forty-eight hours. A policy was requested, on 10/21/2020 at 2:15 P.M., but one was not received.</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.