

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF SOUTH BEND		STREET ADDRESS, CITY, STATE, ZIP 52654 N IRONWOOD RD SOUTH BEND, IN 46635	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow the current Center for Disease Control guidelines for the prevention of the spread of COVID-19 related to wearing masks and keeping doors shut in an identified area of the facility that is for residents suspected or exposed to COVID-19. (Yellow Unit) Finding includes: On 10/19/2020 at 1:00 P.M., a tour of the Non-COVID unit (Yellow unit) was conducted. The following was observed: Nurse 2 was sitting behind the nurses station desk with her surgical mask down below her lips and eating what appeared to be chocolate while 2 residents were sitting in front of her. rooms [ROOM NUMBER] were observed to lack signage to indicate the type of isolation precaution the resident was in and each of the doors were open without resident masks being worn. No documentation was available for the justification of keeping residents doors open on the yellow unit, or any education given to residents on need to wear a mask if the door to their room was open. During an interview, conducted with the Director of Nurses (DON), on 10/19/2020 at 2:05P.M., she indicated the nurse should not have been eating at the desk, and the identified doors should have been closed and any signage for the doors must have fallen off the doors without her knowledge. The COVID-19 Toolkit for Long Term Care, which was provided to the facility on [DATE], indicated all LTC facilities who have not already done so, need to use the CDC COVID-19 Preparedness Checklist for Nursing Homes and other Long Term Care Settings, along with other guidance, to prevent the spread of coronavirus in their facilities. This checklist and guidance included: .HCP should wear a facemask at all times while they are in the facility .Remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas .Unknown COVID-19 status (Yellow): All residents in this category warrant transmission based precautions (droplet and contact.) .Residents should be separated from others (e.g., in a private room with the door closed) .Signs are posted immediately outside of resident rooms indicating IPC precautions and required personal protective equipment (PPE) 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.