

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER LOOGOOTE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 12802 EAST US HWY 50 LOOGOOTE, IN 47553	
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 interview and record review, the facility failed to ensure residents were assessed for a temperature and signs and symptoms of Covid-19 for 31 of 31 residents reviewed for 2 of 13 days reviewed. (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 28, Resident 29, Resident 30, Resident 31) Finding includes: On 10/19/20 at 9:50 A.M., the Administrator indicated that residents are assessed for temperatures and signs and symptoms of Covid-19 twice a day. On 10/19/20 at 10:50 A.M., the Resident Covid 19 Assessment was reviewed and included, but was not limited to: 10/8/20: Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, and Resident 15 lacked an assessment for a temperature and signs and symptoms of Covid-19 for the entire day. 10/7/20: Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 28, Resident 29, Resident 30, and Resident 31 lacked an assessment for a temperature and signs and symptoms of Covid-19 for the evening shift. On 10/29/20 at 10:55 A.M., the DON indicated he was unsure why the residents had not had a Covid-19 assessment on those dates. On 10/29/20 at 11:19 A.M., the Administrator provided the current Coronavirus (COVID-19)- Infection Prevention and Control Measure policy, revised 4/2020. The policy included, but was not limited to: Residents are screened daily for fever and symptoms of Covid-19. 3.1-18(b)(1)		
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.