

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155839</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUMMIT HEALTH AND LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>701 S MAIN ST SUMMITVILLE, IN 46070</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on record review and interview, the facility failed to ensure infection prevention and control strategies were followed during a global pandemic of COVID-19 when an employee was allowed to work without completing a health screening prior to the start of their shift, for 1 of 3 Healthcare Personnel (HCP) reviewed for health screenings (Cook 5). Findings include: During entrance conference, on 10/13/20 at 11:05 a.m., the DON indicated a dietary staff member tested positive for COVID-19 on 10/12/20. She had last worked on October 8, 2020 and complained of not feeling well after her shift had ended. A review of the dietary staffing schedule, provided by the MDS Coordinator on 10/13/20 at 12:20 p.m., indicated Cook 5 had worked on October 3, 4, 5, 6, 7, and 8, 2020. Review of Visitor/Employee/Vendor Screening indicated Cook 5 had not been screened for symptoms related to COVID-19 on October 3, 4, 5, 6, or 7. On October 13, 2020 at 2:54 p.m., the MDS Coordinator was not able to find that screenings had been done. During an interview, on October 13, 2020 at 2:56 p.m., the DON indicated she spot checked the health screening forms daily, but did not check that each employee scheduled to work had been screened. A Facility form, titled TRAINING FOR THE SCREENERS FOR COVID-19, provided by the DON on October 13, 2020 at 4:15 p.m., indicated 1. ALL PEOPLE WHO WALK IN THE DOOR MUST BE SCREENED Guidance from the CDC titled, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, indicated .Core Practices .Evaluate and Manage Healthcare Personnel .Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19 3.1-18(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.