

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN LIVING CENTER-FOUNTAINVIEW</b>		STREET ADDRESS, CITY, STATE, ZIP <b>609 W TANGLEWOOD LN MISHAWAKA, IN 46545</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to follow current Centers for Disease Control (CDC) guidance for the screening of employees and visitors entering the facility for 3 of 3 reviewed putting residents and employees at a increased risk to contract [MEDICAL CONDITION]. Finding includes: On 10/4/2020 at 4:30 P.M., a review of the screening of incoming staff and visitors was reviewed. Several forms were noted to be incomplete as follows: A COVID-19 Screening Checklist - for Visitors and Staff dated 9/19/2020, indicated .As areas of the county lift visitor restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL individuals (staff, other healthcare wrokers, family, visitors, government officials, etc.) entering the building must be asked the following screening questions. 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry? Yes . 2. Ask the individual if they have any of the following respiratory symptoms? Cough, Shortness of breath, fever, Repeated shaking with chills, Headache, New loss of taste or smell, Diarrhea, Chills, Muscle pain, Sore throat, Vomiting. * If yes to any, restrict them from entering the building. * If no to all, proceed to question #3 for staff and question #4 for all others .NO,,,3. For Staff &amp; Health Care Providers (HCP) (e.g. agency staff, regional or corporate staff, health care workers such as hospice, EMS (Emergency Medical Service), dilaysis technicians that provide care to residents): 3A. Check temperature and document results: 97.3 Fever present .Blank . * If YES, restrict from entering the building, * If No, proceed to step 3B .3B. Ask if they have worked in facilities or locations with recognized COVID-19 cases? If YES, ask if they worked with a person(s) with confirmed COVID-19? * If YES, require them to wear PPE (personal protective equipment) including mask, gloves, gown before any contact with residents &amp; proceed to step 4. * If NO, proceed to step 4 .BLANK .4. Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Not shake hands with, touch or hug individuals during their visit .Staff A COVID-19 Screening Checklist - for Visitors and Staff dated 9/22/2020, indicated As areas of the country lift visitor restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL individuals (staff, other healthcare wrokers, family, visitors, government officials, etc.) entering the building must be asked the following screening questions. 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry? Yes . 2. Ask the individual if they have any of the following respiratory symptoms? Cough, Shortness of breath, fever, Repeated shaking with chills, Headache, New loss of taste or smell, Diarrhea, Chills, Muscle pain, Sore throat, Vomiting. * If yes to any, restrict them from entering the building. * If no to all, proceed to question #3 for staff and question #4 for all others N/A,,,3. For Staff &amp; Health Care Providers (HCP) (e.g. agency staff, regional or corporate staff, health care workers such as hospice, EMS (Emergency Medical Service), dilaysis technicians that provide care to residents): 3A. Check temperature and document results: 97.5 Fever present .No . * If YES, restrict from entering the building, * If No, proceed to step 3B .3B. Ask if they have worked in facilities or locations with recognized COVID-19 cases? If YES, ask if they worked with a person(s) with confirmed COVID-19? * If YES, require them to wear PPE (personal protective equipment) including mask, gloves, gown before any contact with residents &amp; proceed to step 4. * If NO, proceed to step 4 .BLANK .4. Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Not shake hands with, touch or hug individuals during their visit .Staff A COVID-19 Screening Checklist - for Visitors and Staff dated 9/28/2020, indicated As areas of the county lift visitor restrictions, it is important to continue to screen anyone who enters the facility. Early identification of symptoms and possible exposure reduces the likelihood of spreading [MEDICAL CONDITION]. ALL individuals (staff, other healthcare wrokers, family, visitors, government officials, etc.) entering the building must be asked the following screening questions. 1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry? Yes . 2. Ask the individual if they have any of the following respiratory symptoms? Cough, Shortness of breath, fever, Repeated shaking with chills, Headache, New loss of taste or smell, Diarrhea, Chills, Muscle pain, Sore throat, Vomiting. * If yes to any, restrict them from entering the building. * If no to all, proceed to question #3 for staff and question #4 for all others No,,,3. For Staff &amp; Health Care Providers (HCP) (e.g. agency staff, regional or corporate staff, health care workers such as hospice, EMS (Emergency Medical Service), dilaysis technicians that provide care to residents): 3A. Check temperature and document results: 97.7 Fever present .BLANK . * If YES, restrict from entering the building, * If No, proceed to step 3B .3B. Ask if they have worked in facilities or locations with recognized COVID-19 cases? If YES, ask if they worked with a person(s) with confirmed COVID-19? * If YES, require them to wear PPE (personal protective equipment) including mask, gloves, gown before any contact with residents &amp; proceed to step 4. * If NO, proceed to step 4 .BLANK .4. Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Not shake hands with, touch or hug individuals during their visit .Visitors permitted for [MEDICATION NAME] care situation During an interview, conducted with the Executive Director (ED) of the facility, on 10/4/2020, she indicated all screening questions should be answered as they apply to either a visitor or staff member and that no staff are allowed to work if they are ill. 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.