

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155635	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER GRACE VILLAGE HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 337 GRACE VILLAGE DR WINONA LAKE, IN 46590	
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 - Some	<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 ensure Transmission Based Precautions (TBP) - droplet precautions were being implemented per CDC (Center for Disease Control) for 4 of 4 newly admitted residents. In addition, the facility failed to ensure their policy, regarding new admissions, was updated to reflect current CDC guidance for residents newly admitted to the facility. (Resident 12, 13, 14 and 15) Finding includes: On 10/15/20 at 10:45 A.M., the following information was observed on Resident 12's door: .CDC (Centers for Disease Control) Guideline. All admissions and readmissions will be quarantined until a negative Covid swab is obtained between Day 3-5 . Then the following dates were observed just below guidelines: .10/12/20 - 10/29/20 This was observed on 3 other rooms with different dates below the guidelines. All the doors observed with this information were open. During an interview on 10/19/20 at 10:56 A.M. LPN (Licensed Practical Nurse) 2, who worked on the Rehab Unit, indicated the residents who were recently admitted to the facility were in quarantine for 14 days. Recently admitted residents would have signage, on their doors, indicating they were quarantined. LPN 2 indicated the dates on the sign reflected the date the resident was admitted and the date quarantine was completed. She indicated she wore a mask all the time and if needed she would wear gloves in the quarantined resident rooms. LPN 2 indicated the newly admitted resident's were not in droplet precautions and none of those precautions were being implemented for those residents. She indicated the residents who were quarantined could not come out of their rooms until 14 days after their admission day. On 10/15/20 at 1:08 P.M., Resident 13 was observed, from the doorway, in bed, talking to a gentleman regarding an upcoming trip to a physician's office, for a follow-up appointment. The gentleman was wearing a mask. The resident's door sign indicated he was quarantined and was admitted on [DATE]. During an interview, on 10/15/20 at 1:14 P.M., Staff member 3 indicated he worked for the facility as a transporter. He indicated he had just left Resident 13's room and he did not wear a gown or gloves, only his surgical mask. On 10/15/20 at 1:10 P.M., Resident 14 was observed in his room, with the door opened. His sign indicated he was quarantined and was admitted on [DATE]. A Speech Therapist, who was in the resident's room, indicated she was talking with the resident. She had a surgical mask on and indicated she was not instructed to don gloves and a gown to come into the room to see the resident. On 10/15/20 at 1:19 P.M., Resident 15 had quarantine signage on his opened door. The sign indicated he was admitted to the facility on [DATE]. On 10/19/20 at 1:59 P.M., an interview was conducted with the Director of Nursing (DON) and the Infection Control Preventionist (ICP). The DON indicated they had no residents in isolation and quarantined residents who were newly admitted to the facility. The DON provided a form titled, Visitation Guidelines for Long-term Care Facilities, updated 9/23/20. DON indicated on page 1 the form indicated new admission residents had to be quarantined with Transmission-based Precautions (TBP) for 14 days. DON indicated that did not include or say the resident had to be in droplet precautions and staff had to wear a gown, mask and gloves. Neither the DON or the ICP indicated what type of TBP precautions the facility were using for their new admissions. The DON indicated the new residents are tested , prior to coming to the facility and are negative, so they are quarantined in their rooms for 14 days. On 10/19/20 at 10:01 A.M., the DON provided a policy titled, Infection Control COVID-19, dated 3/20/20 and indicated the policy was the one currently used by the facility The policy indicated b. Following Transmission Based Precautions, which are the second tier of basic infection control and are to be used in addition to Standard Precautions for residents who are suspected or confirmed to have COVID-19, for which additional precautions are needed to prevent infection transmission. There are three types of transmission-based precautions--contact, droplet, and airborne. The CDC is documenting the COVID-19 as droplet, however , the contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain On 10/19/20 at 2:017 P.M., the DON provided a policy titled, Infection Prevention & Control, dated September 2020, and indicated the policy was the one currently used by the facility. The policy indicated .New Admit/Re-admit from hospital, &/or sent to ER (emergency room) for evaluation to facility Criteria for A Resident with no symptoms of COVID-19 &/or negative testing. Hospital Staff will communicate any symptoms, test results, and timeline to the IP (Infection Preventionist), DON (Director of Nursing) or ADON (Assist Director of Nursing). The Resident's health status will need to be reviewed and approved before admit/return to facility for best placement of the Resident. Upon admit to facility Resident is to be quarantined to his/her room for at least 3 days if had negative COVID-19 test completed at hospital. 1. Staff to monitor Resident's temperature & monitor for s/s (signs/symptoms) of COVID-19 at least Daily. 2. Resident to always wear a facemask whenever in contact with HCW (Healthcare Worker). 3. All recommended COVID-19 PPE (Personal Protective Equipment) should be worn during care of Resident under observation for Covid-19 4. Resident to be tested between day 3 & day 5 for COVID-19; if test results are negative then resident may leave room. 7. Resident to remain at least 6 feet away from others when needing to go outside of room. 8. Resident to adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's (Centers for Disease Control) interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles 3.1-18(b)(2)</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.