

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE		STREET ADDRESS, CITY, STATE, ZIP 8800 VIRGINIA PLACE MERRILLVILLE, IN 46410	
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	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to maintain infection control measures related to not cleaning a shared blood pressure cuff prior to resident care per CDC COVID - 19 infection prevention guidelines for 2 of 2 random observations. (Residents C & D) Findings include: 1. On 4/17/20 at 9:20 a.m. LPN 1 was observed preparing the medications for Resident C. She picked up a manual blood pressure cuff from the top of the medication cart and entered the resident's room. LPN 1 then placed the blood pressure cuff on the resident's right arm and assessed her blood pressure. After she administered the resident's medications, LPN 1 took the blood pressure cuff out of the room and set it back on the medication cart. She did not clean or disinfect the blood pressure cuff. 2. On 4/17/20 at 9:35 a.m. LPN 1 was observed preparing the medications for Resident D. She again picked up the manual blood pressure cuff from the top of the medication cart and entered the resident's room. LPN 1 then placed the blood pressure cuff on the resident's right arm and assessed his blood pressure. After she administered the resident's medications, LPN 1 took the blood pressure cuff out of the room and set it back on the medication cart. She did not clean or disinfect the blood pressure cuff. Interview with LPN 1 on 4/17/20 at 9:50 a.m., indicated she had cleaned the blood pressure cuff at the beginning of her shift and would clean it again at the end of her shift. She was not aware of what the facility's policy was related to the cleaning of care equipment. A facility policy received as current from the Director of Nursing, titled Cleaning and Disinfection of Resident-Care Items and Equipment, indicated, .1 .d. Reusable items are cleaned and disinfected or sterilized between residents .4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions . 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.