

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/19/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP 802 US HIGHWAY 20 EAST MICHIGAN CITY, IN 46360	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented to properly prevent and/or contain COVID-19 related to personal protective equipment (PPE) not worn properly for random observations for infection control on 1 of 5 Units. (The 100 Unit) Finding includes: During a random observation, on 10/19/20 at 9:55 a.m., Certified Occupational Therapy Assistant (COTA) 1 walked out of room [ROOM NUMBER] and walked to the lounge area of the unit. The COTA was wearing an isolation gown, N95 mask and a face shield. The COTA then re-entered the resident's room with the same personal protective equipment (PPE). At 9:56 a.m., RN 1 was observed in the hallway with an isolation gown on. At 9:57 a.m., the Housekeeping Supervisor walked out of room [ROOM NUMBER]. She was standing next to her cart and wearing an isolation gown. Housekeeper 1 followed her out of the room and was also wearing an isolation gown in the hallway. Interview with the Administrator at the time, indicated the 100 Unit was for new admissions and the residents were in contact/droplet precautions. She indicated the staff members should not be wearing isolation gowns in the hall, the gowns were to be removed prior to leaving the residents' rooms. The current facility policy, Personal Protective Equipment (PPE) , provided by the Director of Nursing on 10/19/20 at 12:58 p.m., indicated PPE was to be appropriately discarded after resident care prior to leaving the room and followed by hand hygiene. 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.