

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-BRENTWOOD		STREET ADDRESS, CITY, STATE, ZIP 30 E CHANDLER AVE EVANSVILLE, IN 47713	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on interview and record review, the facility failed to notify resident, resident representatives, and families of suspected or confirmed COVID-19 cases in the facility for 5 of 5 residents reviewed. (Resident 51, Resident 72, Resident 118, Resident 108, Resident 90) Findings include: 1. On 10/6/2020 at 10:30 a.m., the record for Resident 51 was reviewed. The record indicated on 10/2/2020 at 21:02, COVID-19 positive test results received today. The record lacked notification of Resident 51 or the family. On 10/6/2020 at 1:34 p.m., the spouse of Resident 51 indicated he had not been notified of Resident 51's positive COVID-19 status and only by phone call of the resident. He had also not been notified of the number of positive cases of COVID-19 of residents who lived or staff who worked in the facility. On 10/6/2020 at 1:40 p.m., the DON (Director of Nursing) indicated residents were informed and they call the family of persons who are not their own person, or if the resident wants them to. 2. On 10/6/2020 at 3:03 p.m., Resident 72 was interviewed sitting in his wheelchair at the entryway to his room. He indicated he was not getting notified of staff or residents testing positive for COVID-19 and he had to ask. 3. On 10/6/2020 at 3:07 p.m., Resident 118 was interviewed sitting in his wheelchair inside of his room. He indicated he was aware of there were new cases, but not how many. He believed it was just a matter of time before he got it. 4. On 10/6/2020 at 3:10 p.m., Resident 108 indicated she was not getting any notifications of positive cases in the facility. They used to get a paper that told them, but hadn't gotten one lately. Resident 90, roommate, indicated the newsletter used to be weekly and he wished they would let them know more. On 10/6/2020 at 3:49 p.m., the DON provided a copy of a letter sent to residents and families dated April 2020, which contained the website and directions to access Covid-19 data. She indicated the website was updated daily with COVID-19 cases, but not every resident could access that. The newsletter had not gone out for a while, and further indicated they were to follow CMS (Centers for Medicare and Medicaid) guidelines. On 10/6/2020 at 3:52 p.m., the ADON (Assistant Director of Nursing) indicated the residents were notifying the family before the facility could notify them, and the family would call the facility asking what was going on. The facility failed to provide a policy for reporting COVID-19 positive cases to residents, resident representatives, and families. 3.1-5(a)(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.