

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155390	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LIVING CENTER-WOODBRIDGE		STREET ADDRESS, CITY, STATE, ZIP 816 N FIRST AVE EVANSVILLE, IN 47710	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program during the COVID-19 crisis. Masks were worn below the nose and under the chins of staff (RN 1, CNA 1, Housekeeping 1) on the yellow zone unit (a unit dedicated to the care of residents with unknown COVID-19 status, who required droplet and contact precautions to prevent the transmission of [MEDICAL CONDITION]). Findings include: 1. During an observation on 5/19/20 at 8:40 a.m., RN 1 was observed with her mask under her chin sitting at the desk on the yellow zone unit. No residents or other staff were observed in the immediate area near RN 1. 2. During an observation on 5/19/20 at 9:15 a.m., RN 1 was observed with her mask under her chin sitting at the desk on the yellow zone unit. No residents or staff were observed in the immediate area near RN 1. 3. During an observation on 5/19/20 at 10:20 a.m., RN 1 was observed with her mask under her chin sitting at the desk on the yellow zone unit. CNA 1 was observed behind RN 1 in the back of the nurses' station. 4. During an observation on 5/19/20 at 11:48 a.m., RN 1 was observed standing in the hallway of the yellow zone with her mask under her nose. She was outside a resident room door and the door was open. No other residents or staff were observed in the hallway. 5. During an observation on 5/19/20 at 11:54 a.m., Housekeeping 1 and CNA 1 were observed with their masks under their chins while having a conversation on the yellow zone unit. Housekeeping 1 and CNA 1 were less than six feet apart. No other staff or residents were in the area. 6. During an interview on 5/19/20 at 11:45 a.m., the Administrator indicated all staff should be wearing masks appropriately at all times. During a review of the current policy, Transmission-Based Precautions, implemented on 3/11/20, provided by the Infection Preventionist on 5/19/20 at 12:48 p.m., indicated, There are three categories of transmission-based precautions: contact, droplet, and airborne .healthcare personnel wear a mask for close contact with infectious resident. During a review of the current policy, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (Covid-19), dated 3/9/30, provided by the Infection Preventionist on 5/19/20 at 12:48 p.m., it indicated, .Wear masks or face shield if you come within 3 feet of the resident and resident wear mask during transport for airborne and droplet precautions .resident who is known to have or is suspected of having airborne disease. 3.1-18(b)		

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.