

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER HEALTHWIN		STREET ADDRESS, CITY, STATE, ZIP 20531 DARDEN RD SOUTH BEND, IN 46637	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and interview, the facility failed to prevent an outbreak of COVID-19 from occurring by allowing an employee who had been told to assume she was positive for COVID-19 and quarantine at home to work, resulting in 7 residents and 4 employees to test positive for COVID-19. (Employee 1) Finding includes: During an interview, conducted with the Executive Director (ED) of the facility, on 10/14/2020 at 6:30 P.M., the ED indicated that the facility had 7 COVID-19 positive resident's residing in their building and that the outbreak had begun on the East 2 unit. During an interview, conducted with the Chief Clinical Officer (CCO) on 10/14/2020 at 6:40 P.M., she indicated on 10/1/2020 Employee 1 told them she had not been feeling well and had a sore throat, she told the facility she had gone to a free clinic and was tested for strep throat. Employee 1 told the facility the strep test was negative and was told by the faculty of the clinic to assume she was positive for COVID-19 and to quarantine for 14 days. The clinic did not conduct a COVID-19 test or give Employee 1 a note indicating she should not work and quarantine for 14 days. Employee 1 was tested for COVID-19 and strep throat on 10/2/2020 at the facility, both results were negative. She worked 4 shifts on the East 2 unit before receiving a positive result for COVID-19 on 10/8/2020. Employee 1 had been given a N95 mask to wear during her shifts between 10/2/2020 and 10/8/2020. During an interview, conducted with the Assistant Director of Nurses (ADON), on 10/14/2020 at 7:00 P.M., the ADON indicated Employee 1 had been tested by the Evening Shift Supervisor on 10/2/2020 before she was permitted to work, Employee 1 had told the Evening Shift Supervisor she had a sore throat on and off for the last 2 weeks. The clinical record indicated on 10/8/2020, Resident 1 tested positive for COVID-19. Resident 1 resided on East 2 unit. The clinical record indicated on 10/12/2020, Resident 2, 3, 4, 5, 6, and 7 tested positive for COVID 19. All were residing on East 2 unit. On 10/14/2020 at 7:05 P.M., contact tracing records indicated Employee 2 tested positive for COVID 19 on 10/8/2020 Employee 3 on 10/11/2020, Employee 3, 4, 5, and 6, on 10/12/2020. 4 of the 6 COVID-19 positive employees work consistently on East 2 unit. During a 2nd interview, conducted with the ED of the facility, on 10/14/2020 at 7:10 P.M., the ED indicated they took every precaution to ensure the safety of their residents and staff. She indicated that the clinic had never given Employee 1 a note taking her off work and that she had indicated the clinic had not conducted her strep test correctly. They brought her in, tested her for strep throat and COVID 19 and asked her to wear a N95 mask. She indicated they as a employer would never allow someone they believed to be ill work with their residents. They believed because she was not given a note restricting her from work and the negative tests that she had received at the facility that she was ok to work her scheduled shifts. A COVID-19 Emergency Preparedness Plan Policy, updated 5/2020, indicated .13. Screening for visitors and staff: a. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat or other symptoms of coronavirus .15. Staff who have signs and symptoms of a respiratory infection shall not report to work</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.