

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155738</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MILTON HOME, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>206 E MARION ST SOUTH BEND, IN 46601</b>	
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 0886  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview, the facility failed to conduct staff Covid-19 testing based on CMS (Centers for Medicare &amp; Medicaid Services) positivity rate for staff testing for 2 of 6 weeks reviewed. (Week of 9/16/2020 and 9/23/2020) Finding Includes:</p> <p>A review of staff testing logs, on 10/19/20 at 11:30 A.M., indicated staff were tested on [DATE], 10/8/20 and 10/15/20. During an interview, on 10/19/20 at 11:40 A.M., the interim DON (Director of Nursing) indicated the facility was doing monthly testing prior to 10/2/20 and was not conducting routine weekly staff testing. On 10/19/20 at 2:20 P.M., the ED (Executive Director) provided staff testing logs for 9/3/20 and for 9/8/20. There were no logs present for the week of 9/16/20 and or 9/23/20. For the week of 9/16/20, the CMS positivity rate was 5.4% (percent) and indicated minimum testing frequency to be once a week. For the week of 9/23/20, the CMS positivity rate was 5.5% and indicated minimum testing frequency to be once a week. During an interview, on 10/19/20 at 2:25 P.M., the ED indicated staff should have had routine testing conducted for each of the weeks missed. A policy was provided by the ED, on 10/19/2020 at 2:28 P.M., titled CMS Testing Mandate: How to Get Started, dated September 1, 2020, and indicated this was the policy currently being used by the facility. The policy indicated .Routine Testing: Test all staff based on the extent of [MEDICAL CONDITION] in the community based on CMS' published county positivity rate in the prior week .County Positivity Rate in the past week 5%-10% .Minimum Testing Frequency .once a week</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.