STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155158	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of the Willows	1000 Elizabeth Dr Valparaiso, IN 46383

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. Based on observation, record review, and interview, the facility failed to ensure infection control guidelines were in place and implemented, related to improper use of personal protective equipment (PPE) prior to entering and leaving a droplet precautions room and staff not knowing why a resident was in isolation for 1 of 3 residents reviewed for infection control. (Resident B) Finding includes:During a random observation on 12/4/25 at 10:01 a.m., the signage on the outside of Resident B's door indicated the resident was in enhanced barrier precautions (EBP) and droplet precautions. The wound nurse was observed inside Resident B's room providing care. She had a gown and gloves on but was not wearing a mask.During a wound observation with CNA 1 and the Wound Nurse on 12/4/25 at 10:19 a.m., both wore gowns and gloves but neither staff member wore a mask.During an interview at time, the Wound Nurse indicated Resident B was in contact isolation not droplet isolation, and she was unsure why that signage was on the door. She looked at the outside of the door and confirmed the droplet sign was up and the contact isolation sign was not.The record for Resident B was reviewed on 12/4/25 at 10:50 a.m. The diagnoses included, but were not limited to, neuromyelitis optica (inflammation of optic nerve and spinal cord), paraplegia, pressure ulcer, neuromuscular dysfunction, dysphagia (difficulty swallowing), and anemia (low iron).The Quarterly Minimum Data Set (MDS) Assessment, dated 11/18/25, indicated the resident was cognitively intact for daily decision making.A Physician's Order, dated 10/31/25, indicated EBP related to wounds and a Foley (urinary) catheter. A Physician's Order, dated 11/5/25 through 11/13/25, indicated to place the resident in contact and droplet precaution related to a Covid positive infection.A Care Plan, dated 11/21/25, indicated the resident had antibiotic use for prophylactic Clostridioides difficile (C.diff). Interventions indicated to place in contact isolation and clean all equipment before it leaves the room. During an interview on 12/4/25 at 11:52 a.m., CNA 1 indicated she had worked in the facility since February and she knew Resident B well. She did not question the sign because she knew the resident was out of isolation. She indicated the resident did have a roommate and she should have checked to ensure the resident was not recently placed in droplet isolation. She also indicated Resident B was never in droplet isolation before that she could recall and she primarily worked on the East unit where Resident B resided.During an interview on 12/4/25 at 1:55 p.m., the Executive Director indicated she understood the concern and had no additional information to provide.The facility policy titled Infection prevention and Control Program (IPCP) and Plan was provided on 12/3/25 at 2:51 p.m. by the Director of Nursing and identified as current. The policy indicated . ensure associates follow the IPCP's standards, policies and procedures (e.g., hand hygiene and appropriate use of PPE) .This citation relates to Intake 2675993.3.1-18(b)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE