

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/24/2025
NAME OF PROVIDER OR SUPPLIER  Grace Village Health Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  337 Grace Village Dr Winona Lake, IN 46590	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38845</p> <p>Based on observation and interview, the facility failed to ensure staff providing care for a resident in EBP (enhanced barrier precautions) wore appropriate PPE (Personal Protective Equipment) for 1of 2 residents reviewed for EBP.</p> <p>(Resident 10)</p> <p>Finding includes:</p> <p>During an observation, on 3/20/2025 at 11:51 A.M., along the left side of the door frame going into Resident 10's room was a small 1" x 2" white magnet that was attached to the door frame on the left side with letters written in black EBP. Resident 10 had a Foley catheter for urine drainage.</p> <p>CNA's 2 and 4 were observed to enter Resident 10's room to transfer her to her wheelchair with a mechanical lift. The door was opened and both CNAs were observed with no gloves or gowns on.</p> <p>During an interview, on 3/20/2025 at 11:55 A.M., RN 3 indicated the aides were just putting on gloves when she had entered the residents room. RN 3 indicated the aides should have been wearing gloves and a gown when they provided care to Resident 10.</p> <p>On 3/20/2025 at 1:25 P.M., the Director of Nursing provided the policy titled, Enhanced Barrier Precautions, dated 2/21/2025, and indicated the policy was the one currently used by the facility. The policy indicated . Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities</p> <p>3.1-18(a)</p>

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
---	-------	-----------