

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365305	(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 10/27/2020
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF WILLOUGHBY	STREET ADDRESS, CITY, STATE, ZIP CODE 37603 EUCLID AVE WILLOUGHBY OH, 44094
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER OH00115456 COMPLAINT NUMBERS OH00115434, OH00115354, OH00115340, OH00115313, OH00115039, OH00113696, OH00112078, OH00111786, OH00111716, OH00111238, and OH00110532 COVID 19 FOCUSED INFECTION CONTROL SURVEY</p> <p>ADMINISTRATOR:Tiana Bivins #6952 CERTIFIED BED CAPACITY: 173 CENSUS IN HOUSE: 91</p> <p>The following deficiencies are based on the COVID 19 Focused Infection Control Survey and complaint investigation completed on 10/27/2020.</p> <p>No deficiencies were issued relative to allegations contained in Complaint Numbers OH00115456, OH00115434, OH00115354, OH00115340, OH00115313, OH00115039, OH00113696, OH00112078, and OH00110532.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature

title

(x6) date

TIARA.BIVINS

11/24/2020

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.

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F 0880 F 0880 SS=L	Continued From page 1 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents	F 0880 F 0880	F880 Infection Prevention and Control I Facility staff were educated by the Quality Assurance Consultant on 10.1.20 on the Facilities Screening Process. Facility Staff were educated by the Quality Assurance Consultant on 10.1.20 on the PPE Usage Guidelines. Facility staff demonstrated donning and doffing of PPE including an N95 with the Quality Assurance Consultant on 10.1.20 The facility revised the coverage for screening at a centralized location which is the front desk for entrance and exit of staff, vendors and visitors to include 24-hour coverage on 9/30/20. The screening process also includes ensuring all staff on the schedule is cross referenced with the screening logs to ensure each staff member in the center has been screened upon entrance and exit. Staff and visitors at entrance to center are visualized for proper PPE to include a mask and face shield, those who do not have are provided one immediately. II Current residents and new admissions have the potential to be affected by the deficient practice. Current resident will be monitored by the nursing staff utilizing the "respiratory assessment" in the electronic health record which includes monitoring for; temperature, headache, new loss of taste/smell, cough, shortness of breath, fever, muscle aches, fatigue, sore throat, congestion, runny nose, nausea, vomiting and or diarrhea. If any of the above-mentioned signs or symptoms are noted	12/14/2020

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F 0880	<p>Continued From page 2</p> <p>of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as</p>	F 0880	<p>the nursing staff will review with the MD for testing guidance. New positive cases grown in the facility will be reflected on the outbreak tool on or before the date of compliance and ongoing thereafter.</p> <p>The facility will continue to screen employees and visitors utilizing the "focused employee temperature and signs/symptoms log". The facility will continue to screen employees and visitors upon entrance and exit to the facility including a temperature and/or signs and symptoms which include headache, new loss of taste/smell, cough, SOB, fever, muscle aches, fatigue, sore throat, congestion, runny nose, nausea, vomiting and or diarrhea. Abnormal findings will prompt the employee and/or visitor to be prevented from entering the facility further. New positive cases with employees and vendors will be reflected on the outbreak tool on or before the date of compliance and ongoing thereafter.</p> <p>Screening process will continue to include the receptionist covering screening at change of shift times and the nursing supervisor on shift will be responsible for screening of employees and visitors on off hours in between shift changes coverage.</p> <p>III To ensure the deficient practice does not recur, the Contracted Consultant will educate facility staff on or before the date of compliance on CDC videos and facility infection control policies including the following topics: Standard infection control practices Transmission Based Precautions Isolation Precautions</p>	

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F 0880	<p>Continued From page 3</p> <p>necessary. This STANDARD is not met as evidenced by: Based on the unprecedented global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 03/13/2020, Nursing Home Guidance from the Centers for Disease Control (CDC), review of the facility's "Coronavirus Disease 2019 (COVID-19)" policy and procedure, review of the facility's Coronavirus (COVID-19) employee testing report, review of the facility's daily COVID-19 "Focused Employee Temperature and Signs/Symptoms Log" and "Authorized Visitors Screening Temperature and Sign/Symptoms Log," review of daily resident census reports, observations, record review, and staff interview, the facility failed to implement effective and recommended infection control practices, including following CDC guidelines for restricting staff and visitors from the facility for suspected or confirmed COVID-19 positive symptoms or exposure, and failed to ensure the proper use of personal protective equipment (PPE) to prevent the spread of COVID-19 within the facility. This resulted in Immediate Jeopardy on 08/07/2020 when the facility permitted Nurse Practitioner (NP) #500 to enter the building to see residents after indicating on the facility screening tool that they were awaiting COVID-19 test results that were conducted as a result of experiencing</p>	F 0880	<p>Appropriate use of PPE Keep COVID 19 out PPE usage Employee guidelines- screening process In addition, post completion of the education the facility staff will demonstrate how to DON and DOFF PPE and an N95 on or before the date of compliance. This will be reflected on the competency checklist. In addition, post completion of the education the facility staff will complete a post test on PPE usage, Keeping COVID 19 out which includes screening process, Standard Infection Control Practices, Transmission Based Precautions and Isolation Precautions. The consultant will conduct a Root Cause Analysis (RCA) which will be done with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body on or before the date of compliance. The consultant will assist the facility in completing the CMS infection control self-assessment on or before the date of compliance. The Consultant will Review/revise procedures to ensure during the screening procedure visitors and vendors are educated on the use and expectation of PPE, and other infection control measures being implemented on or before the date of compliance. Documentation will include that the visitor and/or vendor understands such education. The Consultant will Review all existing and relevant facility infection control policies and procedures and make recommendations on or</p>	

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F 0880	Continued From page 4 symptoms or due to an exposure, and that they were exposed to someone with COVID-19 in the previous 14 days when they were not wearing PPE or a mask. On 08/09/2020, 08/12/2020, and 08/20/2020 the facility continued to permit the entry of Mobile X-Ray Technician (MXT) #501 and MXT #502 into the resident care areas and throughout the facility even though they indicated on the facility screening tool that they had been diagnosed with an active case of COVID-19 and were experiencing symptoms, or were awaiting COVID-19 test results that were conducted as they were experiencing symptoms or due to an exposure. From 08/13/2020 to 08/31/2020, the facility failed to identify 13 staff members who indicated on the facility screening tool that they had symptoms related to COVID-19, and they were permitted to work, as well as four people who did not complete the screening process and were permitted entrance into the facility. This continued between 09/01/2020 and 09/28/2020 when the facility failed to identify 10 staff members who indicated on the facility screening tool that they had signs and symptoms related to COVID-19 and they were permitted to work, and 48 people who did not complete the screening process who were permitted entrance into the facility. In addition, on 09/24/2020 the facility failed to ensure Dietary Staff (DS) #261 and State Tested Nursing Assistant (STNA) #203 wore masks as required or personal protective	F 0880	before the date of compliance. The facility has selected a qualified staff member to become the Infection Preventionist, who will complete the CDC's Infection Preventionist training in CDC Train or equivalent on or before the date of compliance. Results of all audits completed by the facility will be reported to and reviewed by QAPI and the consultant weekly. IV To monitor compliance, the LNHA will complete a COVID rounds tool 3x week x 4 weeks to ensure staff, visitors and vendors are being screened upon entrance and exit to the center and that they are wearing PPE correctly upon entrance. Components of the plan of correction will be addressed through the centers QAA process.	

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F 0880	<p>Continued From page 6</p> <p>(masks) appropriately as required in the facility.</p> <p>The Immediate Jeopardy was removed on 10/01/2020 when the facility implemented the following corrective actions:</p> <ul style="list-style-type: none"> On 09/24/2020 the Administrator immediately re-educated the facility receptionist who were identified as non-compliant to the screening process. They were also re-educated on 09/30/2020 by Corporate Quality Assurance Consultant (CQAC) #400. On 09/30/2020, CQAC #400 began educating all facility staff on the "COVID-19 Employee Communication" with completion planned for 10/01/2020. Any facility staff member that cannot be educated will be removed from the employee schedule until education has been completed by the Administrator or the Director of Nursing. On 09/30/2020, Registered Nurse (RN) #262 began educating all facility staff on the facility's screening process upon entry to the facility and upon exit, with completion planned for 10/01/2020. Any facility staff member that cannot be educated will be removed from the employee schedule until education has been completed by the Administrator or the Director of Nursing. 	F 0880		

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F 0880	<p>Continued From page 7</p> <ul style="list-style-type: none"> On 09/28/2020, CQAC #400 began educating all facility staff with return demonstration on the "proper donning and doffing of PPE to include masks, both surgical and N95, face shields, gloves, and gowns, with completion planned for 10/01/2020. Any facility staff member that cannot be educated with return demonstration will be removed from the employee schedule until education and return demonstration has been completed by the Administrator or the Director of Nursing. On 09/30/2020, the CQAC #400 educated all facility staff assigned to complete employee, visitor and vendor screening on the proper process for screening to include validation of correct application of PPE, and immediate notification to Nursing Home Administrator and/or Director of Nursing when abnormal symptoms are identified or non-compliance to PPE usage is identified. On 09/30/2020, the facility COVID-19 screening process was revised by the administrator to include 24-hr coverage of the front desk as well as social distance markings on the front lobby floor. If the administrator and/or the director of nursing are unavailable, staff will notify the nurse supervisor on shift who will then notify the administrator and/or director of nursing by phone of any reported symptoms. 	F 0880		

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F 0880	<p>Continued From page 8</p> <ul style="list-style-type: none"> On 09/30/2020, the Administrator notified the Medical Director of the Immediate Jeopardy and the corrective action plan. On 10/01/2020, the Administrator and/or Director of Nursing began monitoring the facility staff assigned to complete employee, visitor and vendor screening. Random monitoring will continue five times a week for four weeks to ensure screening is completed as educated above through 10/30/2020 and will continue randomly on a weekly basis thereafter. On 10/01/2020 the Administrator and/or the DON will conduct random rounds utilizing the "COVID-19 Focused Infection Control Tool", to ensure employees, visitors, and/or vendors are wearing PPE appropriately. These random rounds will be conducted 5 times a week for 4 weeks through 10/30/2020 and will continue randomly on a weekly basis thereafter. As of 10/21/2020, 11 dietary staff, 10 environmental staff, 21 RNs, 19 licensed practical nurses (LPNs), 47 STNAs, four activity staff, six therapy staff, seven department heads, and four administrative staff were educated regarding the "COVID-19 Employee Communication," the facility's screening process, and proper donning/doffing of PPE. There are three 	F 0880		
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F 0880	<p>Continued From page 9</p> <p>PRN (as needed) RNs, one LPN on a leave of absence, one PRN STNA, and six PRN therapy staff yet to be educated.</p> <p>Although the Immediate Jeopardy was removed on 10/01/2020, the facility remained out of compliance at Severity Level 2 (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) as the facility was still in the process of implementing their corrective actions and monitoring to ensure on-going compliance.</p> <p>Findings include:</p> <p>Review of facility communication with the local health department revealed an email dated 09/03/2020 that was sent from RN #215 to the nurse at the local health department that listed 12 resident names as new positive COVID-19 cases at the facility.</p> <p>Interview on 09/23/2020 at 10:16 A.M. with RN #222 (who tracks infection control data at the facility) regarding this e-mail revealed a facility COVID-19 outbreak occurred at the facility in August 2020. RN #222 said she managed the infection control programs at the facility, however, she tested positive for COVID-19 on 08/27/2020, so RN #215 covered for her until she returned on 09/16/2020.</p> <p>Interview on 09/23/2020 at 2:28 P.M. with</p>	F 0880		

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F 0880	<p>Continued From page 10</p> <p>the Administrator and Director of Nursing revealed the facility had performed mandatory COVID-19 testing on all residents and staff every two weeks in August (on 08/11/2020 and 08/25/2020), and then weekly beginning 09/01/2020, except for 09/14/2020 when the staff specimens were not processed as they had expired after being placed in the wrong refrigerator for collection.</p> <p>Review of the resident COVID-19 testing reports from 08/10/2020 to 09/22/2020 revealed 71 facility residents tested positive for COVID-19. Further review revealed 14 of the 71 residents expired after testing positive for COVID-19.</p> <p>Review of the facility employee COVID-19 testing reports revealed 35 staff members tested positive for COVID-19 between 08/17/2020 and 10/05/2020.</p> <p>Review of the facility screening process and screening tools used for all staff, health care providers, vendors, and visitors revealed the facility did not ensure staff and visitors completed the screening tools as directed on the form instructions. The facility failed to implement an effective process to screen individuals entering the facility in order to identify those with diagnosis and/or symptoms of COVID-19 prior to permitting their entry into the facility and potentially spreading the related infection. There was also a lack of</p>	F 0880		

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F 0880	<p>Continued From page 11</p> <p>evidence that there was a clinical review of the individual who indicated symptoms on the screening tools prior to their entrance into the facility. According to the screening form instructions and interviews with Staff Development (SD) #262 on 09/29/2020 at 1:36 P.M. and RN #263 on 09/30/2020 at 1:32 P.M., if the individual coming into the facility has indicated they have symptoms, the RN Supervisor is to review the symptoms and determine if the individual can enter the facility</p> <p>Review of facility screening tool titled "Authorized Visitors Screening Temperature and Sign/Symptoms Log," revealed the following individuals checked the box below or responded "Y" or "Yes" under the screening questions. According to the explanation on the form "Any visitor who answers yes to any of the screening questions will have visit suspended."</p> <ul style="list-style-type: none"> On 08/07/2020, a visiting Nurse Practitioner (NP) #500 checked the boxes beneath the following questions: "Are you awaiting COVID-19 test results that were conducted as a result of experiencing symptoms or due to an exposure?" and "Have you been exposed to anyone with COVID-19 in the previous 14 days when you were not wearing PPE (mask)?" On 08/09/2020, Mobile X-ray Technician (MXT) #501 indicated "Yes" to "Have you ever been diagnosed with an 	F 0880		

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F 0880	<p>Continued From page 12</p> <p>active case of COVID-19" and "Are you awaiting COVID-19 test results that were conducted as a result of experiencing symptoms or due to an exposure." Record review confirmed MXT #501 had visited Resident #41 on that date.</p> <ul style="list-style-type: none"> On 08/12/2020, MXT #501 indicated "Yes Last Month" to "Have you ever been diagnosed with an active case of COVID-19", and "Y" to "Dry Cough?" Record review confirmed MXT #501 visited Residents #18 and #59 on that date. On 08/12/2020, MXT #501 indicated "Y" to "Have you ever been diagnosed with an active case of COVID-19" and "waiting for weekly test" to "Are you awaiting COVID-19 test results that were conducted as a result of experiencing symptoms or due to an exposure. Record review confirmed MXT #501 visited Resident #15 on that date. On 08/20/2020, MXT #502 indicated "Y" to "Have you ever been diagnosed with an active case of COVID-19". <p>Review of resident records revealed positive COVID-19 testing results for the following residents: Resident #18 (dated 09/02/2020); Resident #59 (dated 09/02/2020); Resident #41 (dated 09/09/2020); and Resident #15 (dated 09/22/2020).</p>	F 0880		

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F 0880	<p>Continued From page 13</p> <p>Record review of Quality Assurance and Performance Improvement Committee Meeting dated 08/17/2020, attended by the Administrator, Director of Nursing (DON), and Medical Director, revealed a facility trend of new positive COVID-19 cases in residents and staff, concerns with PPE guidelines, and inconsistent use of the facility screening logs including staff self-documenting.</p> <p>Interview on 09/29/2020 at 2:11 P.M. with the Administrator confirmed the above findings and verified a quality assurance process was created for facility screening in August 2020 after identifying the receptionist was not actively involved and staff were working without being screened.</p> <p>Review of the facility screening tools dated 08/13/2020 to 09/28/2020 revealed there were 33 staff members who entered the facility after they indicated on the screening tool that they had symptoms of COVID-19. There was no evidence that the RN Supervisor evaluated these staff members prior to their entry into the facility for work.</p> <p>In addition, between 08/31/2020 and 09/30/2020, 21 screening tools were incomplete facility staff and visitors that came into the facility during this time frame. The screening forms did not provide the necessary information for a proper screening of all individuals entering the</p>	F 0880		
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F 0880	<p>Continued From page 14</p> <p>facility in order to prevent the possible spread of COVID-19 in the facility.</p> <p>Interview on 09/29/2020 at 9:05 A.M. with RN #215 confirmed as interim Director of Nursing she was responsible for the care of the residents who were positive with COVID-19 from 08/20/2020 to 09/08/2020. RN #215 verified the screening process was completed by supervisors when no receptionist was available but in August and September it was discovered staff were self-screening or not screening at all. RN #215 confirmed when staff indicated symptoms, temperatures were taken twice daily and they continued to work unless they had a temperature, but if there were two or more symptoms or a fever they would not work and one symptom and no fever they would work. RN #215 also verified she had addressed problems with staff on second shift in August 2020 for not wearing PPE as required because "they were just not taking it serious." RN #215 confirmed the 09/14/2020 mandatory staff COVID-19 tests were not processed because the agency nurse acting as Director of Nursing mixed up which laboratory to send the specimens, so the specimens were placed into the wrong refrigerator and not picked up.</p> <p>Interview on 09/29/2020 at 1:28 P.M. with Human Resources (HR) #213 verified staff must be symptom free for three days before returning to work or COVID-19</p>	F 0880		

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F 0880	<p>Continued From page 15</p> <p>tested after sent home during the screening process for symptoms. HR #213 indicated she does not review the screening sheets and was told about the information on them.</p> <p>Interview on 09/29/2020 at 1:36 P.M. with Staff Development #262 verified staff was trained within the past week on the screening process, and managers review all staff symptoms which would be indicated on the screening sheets and indicate whether the staff are sent home.</p> <p>Interview with the Administrator on 09/29/2020 at 4:11 P.M. and 10/22/2020 at 8:55 A.M. verified the previous findings relative to documentation on the facility screening logs ("Focused Employee Temperature and Signs/Symptoms Log" and "Authorized Visitors Screening Temperature and Sign/Symptoms Log")</p> <p>Observation on 09/24/2020 at 8:35 A.M. revealed the following sign posted on the facility entrance doors of the lobby: "Attn:: Staff -Staff must have a mask on when entering the building!! No EXCEPTIONS!!!"</p> <p>Observation on 09/24/2020 at 2:35 P.M. revealed Dietary Staff #261 entered the facility lobby without wearing a mask and conducted screening procedures with Receptionist #262 and Receptionist #209. Afterward, Dietary Staff #261 exited the facility through the first set of lobby doors.</p>	F 0880		

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F 0880	<p>Continued From page 16</p> <p>Interview with Dietary Staff #261 at the time of the observation confirmed Dietary Staff #261 discarded his mask prior to leaving the kitchen and verified he did not wear a mask after leaving the kitchen, during the screening process, and while exiting the facility as required.</p> <p>Interview on 09/24/2020 at 2:41 P.M. with Receptionist #262 and Receptionist #209 confirmed Dietary Staff #261 did not wear a mask while in the facility as required, and further verified it was not addressed during the screening process.</p> <p>Observation on 09/24/2020 at 3:00 P.M. revealed STNA #203 entered the first floor hallway from the secured employee area with a mask positioned underneath his chin and not covering his mouth or nose, and walked toward the facility elevators.</p> <p>Interview on 09/24/2020 at 3:21 P.M. revealed STNA #203 verified he had placed the mask underneath his chin and did not wear it appropriately as required. STNA #203 further verified wearing a mask was required in all areas of the facility except the employee breakroom while eating, and it must cover the mouth and the nose.</p> <p>Observation on 09/30/2020 at 8:33 A.M. revealed Lab Technician (LT) #260 conducted the screening process at the facility front desk with Receptionist #262, while talking on a cell phone with a mask</p>	F 0880		

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F 0880	<p>Continued From page 17</p> <p>placed underneath their chin. The Administrator was observed monitoring the screening process. LT #260 was observed to complete the screening process with Receptionist #262, and with the mask still placed underneath the chin, LT #260 walked away from the front desk toward the facility elevators. Interview with LT #260 at the time of the observation confirmed the mask was underneath their chin and LT #260 said the mask would be worn as she liked. Interview with Receptionist #262 at the time of the observation verified LT #260's mask was not covering the mouth or nose and Receptionist #262 did not address it during the screening process.</p> <p>Interview on 09/30/2020 8:50 A.M. with Administrator and DON confirmed LT #260 did not wear the mask as required, responded inappropriately, and was educated to correctly wear a mask while in the facility.</p> <p>Interview on 09/30/2020 at 9:13 A.M. with RN #102 revealed wearing PPE (mask) was required while in the facility, and if staff had symptoms during screening, they must be symptom free for three days or cleared to return to work.</p> <p>Interview on 09/30/2020 at 1:32 P.M. with RN #263 revealed the facility had a COVID-19 outbreak in mid-August and the facility started losing staff and residents.</p>	F 0880		

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F 0880	<p>Continued From page 18</p> <p>RN #263 verified staff were required to wear PPE (mask) while in the facility, and if staff had symptoms during screening, they were sent home immediately with a note written on the screening sheet.</p> <p>Interview on 09/30/2020 at 2:01 P.M. with STNA #265 revealed PPE (masks) were worn everywhere in the facility except when eating lunch in the break room. STNA #265 was unable to recall the last training on the screening process.</p> <p>Interview on 09/30/2020 at 2:29 P.M. with RN #266 revealed there was a COVID-19 outbreak in August 2020 which made staffing a problem and care took longer. RN #266 verified PPE (masks) were worn while in the facility, training on screening was completed within the last few days, and if staff indicated symptoms, they were sent home and Human Resources approved them to return to work.</p> <p>Interview on 09/30/20 at 3:04 P.M. with STNA #219 revealed PPE (masks) were worn while in the facility except when eating in the break room. STNA #219 said she had tested positive for COVID-19 and believed she caught it from a resident who was positive and only surgical masks were worn at the time.</p> <p>Interview on 09/30/20 at 3:17 P.M. with STNA #100 confirmed she had tested positive for COVID-19 in August 2020 and</p>	F 0880		
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F 0880	<p>Continued From page 19</p> <p>many staff had been off for two weeks, which made work take longer. STNA #100 verified she reported symptoms and was told to work since she had no fever but kept reporting symptoms to the interim Director of Nursing but when her positive COVID-19 test results returned then she was removed from work. STNA #100 indicated training on the screening process was completed on 09/12/2020.</p> <p>Review of facility policy, "Standard Precautions," dated 05/2013, revealed "wear mask, eye protection or face shield to protect mucous membranes of the eyes, nose and mouth."</p> <p>Review of facility policy, "Coronavirus Disease 2019 (COVID-19)," dated 08/14/2020, revealed employees with symptoms who have confirmed direct exposure to the Coronavirus Disease 2019 (COVID-19) and who were not wearing appropriate PPE at the time of exposure should be referred to their Health Care Provider or COVID-19 testing location for COVID-19 antigen testing, and those employees will be placed on a quarantine from the time of their last known exposure until results of their test are known.</p> <p>Review of the Department of Health and Human Services, Centers for Medicare and Medicaid (CMS) Memo QSO 20-20-ALL dated 03/03/2020 revealed CMS is committed to taking critical steps to</p>	F 0880		
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F 0880	<p>Continued From page 20</p> <p>ensure America's healthcare facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). As part of CMS guidance, the Focused Infection Control Survey was made available to every provider in the country to make them aware of infection control priorities during this time of crisis, and providers may perform a voluntary self-assessment of their ability to meet these priorities. The Quality, Safety and Oversight Group (QSO) Memo included additional instructions to nursing homes. "We are disseminating the Infection Control survey developed by CMS and Centers for Disease Control (CDC) so facilities can educate themselves on the latest practices and expectations. We expect facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19. We also encourage nursing homes to voluntarily share the results of this assessment with their state or local health department Healthcare-Associated Infections (HAI) Program. Furthermore, we remind facilities that they are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, and when and whom possible incidents of communicable diseases or infections should be reported (42 CFR 483.80 (a) (2) (i) and (ii)."</p>	F 0880		
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F 0880	<p>Continued From page 21</p> <p>Review of the Centers for Disease Control (CDC) "Strategies to Mitigate Healthcare Personnel Staffing Shortages," updated 07/17/2020, revealed if healthcare personnel develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing."</p> <p>This deficiency substantiates Complaint Numbers OH00111786, OH00111716, and OH00111238.</p>	F 0880		
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F 0921 F 0921 SS=E	Continued From page 22 483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure soiled linens were kept off of the floor. The facility also failed to ensure a persistent urine odor was eradicated from the second floor resident living area. This had the potential to affect 26 residents residing on the Arcadia unit, three residents on the Courtside unit, and 20 residents living on the second floor. The facility census was 91 residents. Findings include: 1. On 09/23/2020 at 10:00 A.M. the surveyor and RN #102 observed the donning room on the second floor Courtside (COVID) unit. Several soiled gowns were observed on the floor in a pile near the window. Observation of the soiled utility room revealed one clear bag of soiled linen on the counter and two clear bags of soiled linen on the floor. RN #102 said she did not know why the soiled gowns were on the floor. On 09/23/2020 at 11:28 A.M., the surveyor and RN #122 observed the Arcadia	F 0921 F 0921	F921 Safe/Functional/Sanitary/Comfortable Environment The facility will provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. I Courtside COVID unit linens were picked up at time of observation and disposed of properly by facility staff on 9/23/20 Soiled utility room on Courtside COVID unit bags of soiled linen were disposed of properly by facility staff at the time of identification on 9/23/20. Arcadia COVID unit linens in the central bathroom and in the toilet, room were disposed of properly by facility staff on 9/23/20. Rooms mentioned in 2567 were listed as 235 and 236 but urine odor detected from rooms 237 and 238. Room 237 and 238 strong urine odor detection- mattresses were replaced on 10/13/2020. Cushions to wheelchairs were replaced on 10/13/2020. Deep clean of room 237 completed on 11/16/2020. Deep clean of room 238 will be completed on 11/24/2020. II To identify like areas, the LNHA will complete an Environmental QAPI audit on or before the date of compliance to ensure linen is not on the floor and is disposed of properly throughout the facility and to ensure foul odors are addressed and eliminated.	12/14/2020

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F 0921	<p>Continued From page 23</p> <p>(COVID) unit on the first floor. In the central bathroom where the soiled laundry barrels were stored, one very large bag of soiled linens and a small clear bag of personal clothes were observed on the floor. In the toilet room there were three more clear plastic bags containing soiled linens on the floor. RN #122 said she didn't know where the soiled laundry barrels were at, and asked the STNAs on the unit, who said the barrels had not been on the unit for a couple of days.</p> <p>2. During observation of the second floor during the initial tour on 09/18/2020 at 4:15 P.M., the surveyor noticed a strong urine odor in the area between Rooms #235 and #236. This strong urine odor was also present during additional observations on 09/22/2020 at 8:12 A.M. and 1:54 PM; 09/23/2020 at 9:58 AM and 1:20 P.M.; 10/07/2020 at 6:50 A.M.; and 10/13/2020 at 2:15 P.M. and 3:30 P.M. Interview with the Director of Nursing on 10/13/2020 at 3:45 P.M. revealed she was unaware of where the strong urine odor was coming from.</p> <p>This deficiency substantiates Complaint Number OH 00111786.</p>	F 0921	<p>III To ensure the deficient practice does not recur, the LNHA will educate the housekeeping department on the resident room, daily cleaning policy on or before the date of compliance.</p> <p>To ensure the deficient practice does not recur, the DON will educate the nursing department on the Linen Handling policy on or before the date of compliance.</p> <p>IV To monitor compliance, the LNHA will complete an Environment QAPI audit weekly x 4 weeks to ensure that linen is handled appropriately and not stored on the floor or counters and will also ensure foul odors are controlled in the center.</p> <p>All components of the plan of correction will be addressed by the facilities QAA process.</p>	