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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/29/2020 |
| NAME OF PROVIDER OF SUPPLIER CONCORD CARE CENTER OF TOLEDO | | STREET ADDRESS, CITY, STATE, ZIP 3121 GLANZMAN RD TOLEDO, OH 43614 | |
| 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 - Many | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview, review of the Centers for Disease Control and Prevention (CDC) guidelines, and review of the Ohio Public Health Advisory System, the facility failed to ensure staff providing resident care were utilizing eye protection as recommended by the CDC. This affected all 79 residents residing in the facility. Findings include: Observation upon entrance to the facility on [DATE] at 9:11 A.M. revealed none of the observed staff who were providing resident care were wearing eye protection. Interview on 09/29/20 at 9:11 A.M., the Administrator revealed the county the facility was located in was identified as an orange county on the Ohio Public Health Advisory System. The Administrator confirmed knowledge of the CDC recommendation for healthcare personnel (HCP) to wear eye protection but stated the facility did not have a COVID-19 outbreak and they were waiting for clarification from the Ohio Health Care Association, an organization that provides supports to long-term care providers, on whether the CDC guidance applied to nursing homes. The Administrator confirmed eye protection was not implemented while the facility was waiting for confirmation. Review of the CDC guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 07/15/20, revealed HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with COVID-19 infection. The guidance further noted HCP should also wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Review of the CDC guidance Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services, Appendix 2 Terminology, dated 2019, revealed the CDC defined HCP as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. It further defined healthcare settings as places where healthcare is delivered and includes, but not limited to acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities. Review of the Ohio Public Health Advisory System, published date 09/24/20, revealed a system to assess the degree of Coronavirus spread in Ohio and to provide guidance as to the severity of the problem in the individual counties. The county of the facility was identified as an orange county (Level 2) on the advisory system. Further review revealed Level 2 is categorized as a public emergency with increased exposure and spread and a high degree of caution should be exercised.</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.