

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER HYDE PARK HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 4001 ROSSLYN DRIVE CINCINNATI, OH 45209	
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, policy review, and review of Centers for Medicare and Medicaid Services (CMS) Memos, the facility failed to ensure staff wore face masks appropriately to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). This had the potential to affect all 93 residents residing in the facility. In addition, the facility failed to maintain social distancing between residents who were observed dining in the dementia care unit in order to potentially prevent the spread of COVID-19. This affected nine (#4, #5, #6, #7, #8, #9, #10, #11 and #12) out of 22 residents observed dining in the dementia care unit. The facility census was 93. Findings include: 1. Observation on 06/23/20 at 12:00 P.M. revealed Receptionist #100 was acting as the screener for any individual entering the facility and was wearing a facemask which was pulled down and exposed her nose and mouth. Further observation revealed Receptionist #100 encouraged the use of hand sanitizer, asked for identification, and requested to take visitor temperatures. Further observation of Receptionist #100 revealed she did not pull her mask up over her mouth and nose until requested to do so by the surveyor prior to permitting receptionist/screener to take body temperature. Interview with Receptionist #100 on 06/23/20 at 12:05 P.M. confirmed her mask was below her nose and mouth during the time in which she greeted the surveyor, encouraged hand sanitization, and took identification (business card). Receptionist #100 confirmed she pulled her mask up over her mouth and nose once verbally prompted to do so by the surveyor. Interview with Registered Nurse (RN) #200 on 06/23/20 at 12:10 P.M. confirmed all staff are required to wear face coverings while in the facility when face to face contact with other persons was likely. RN #200 further confirmed facemask's should cover the mouth and nose to be effective at preventing the spread of COVID 19. The facility confirmed failing to wear a face mask appropriately had the potential to affect all residents. Review of the facility policy titled Personal Protective Equipment-Using Face Masks dated September 2010 revealed facemask's should cover the nose and mouth. Review of CMS memo QSO-20-30-NH titled Nursing Home Reopening Recommendations for State and Local Officials dated 05/18/20 revealed all staff should wear facemask's or cloth face coverings in the facility to prevent the spread of coronavirus. 2. Observation of the dementia care dining area on 06/23/20 at 12:15 P.M. revealed nine (#4, #5, #6, #7, #8, #9, #10, #11 and #12) residents eating lunch. The residents were sitting together at tables closer than six feet apart. Tables were small, square, and would only accommodate seating for up to four residents. Three residents were sitting together at one table in the Cottage wing and two residents were at another table. Four residents were sitting together at one table in the Garden wing. Interview with RN #200 and Licensed Practical Nurse (LPN) #300 on 06/23/20 at 12:20 P.M. confirmed the nine (#4, #5, #6, #7, #8, #9, #10, #11 and #12) residents in the dementia care unit were engaging in communal dining and not farther than six feet apart. Staggered dining times had been attempted, but residents continued to come out of their rooms to dine. Review of the facility policy titled Infection Control COVID-19 Policy dated 03/11/20 revealed the facility would education and train staff and residents to maintain social distances, when possible, of six feet or greater. Review of the CMS memo titled QSO-20-28-NH revealed the following: Residents are not forced to eat in their rooms. Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. We note that social distancing should be practiced at all times (not just while dining). We further note that eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of a respiratory infection, and without a confirmed [DIAGNOSES REDACTED].</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.