

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER MENORAH PARK CENTER FOR SENIOR		STREET ADDRESS, CITY, STATE, ZIP 27100 CEDAR RD BEACHWOOD, OH 44122	
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 - Some	<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 observations, staff interview, review of the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 3/13/20), review of the World Health Organization (WHO) hand hygiene brochure, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure hand hygiene was consistently implemented to potentially prevent the spread of COVID-19 infections. This had the potential to affect 68 residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64, #65, #66, #67 and #68) of 314 residents residing in the facility. Findings include: Observation on 06/22/20 at 12:40 P.M. in the Shaker Pavilion revealed State tested Nursing Assistant (STNA) #10 walking in the hallway, wearing disposable gloves, and carrying a lunch tray. STNA #10 entered resident room [ROOM NUMBER], placed the tray on the bedside table, and touched the resident on the arm while assisting the resident with their meal set up. STNA #10 walked out of the room, did not change gloves, use hand sanitizer, or wash her hands. STNA #10 walked to the meal cart, picked up another tray and walked to resident room [ROOM NUMBER]. STNA #10 delivered the lunch tray, walked out of the room, and did not change her gloves, use hand sanitizer, or wash her hands. Interview on 06/22/20 at 12:43 P.M. with STNA #10 confirmed she did not change gloves, wash her hands, or use hand sanitizer after assisting residents in rooms #119 and #121. STNA #10 also confirmed that she entered at least 3 other resident rooms without changing her gloves, using hand sanitizer, or washing her hands while passing lunch trays. Observation on 06/22/20 at 12:51 P.M. in the Weinberg Pavilion revealed STNA #12 moving around the common area assisting residents with their lunch trays. STNA #12 walked to a resident sitting at a table in the common area with a lunch tray in front of her. STNA #12 patted her arm reassuringly and helped the resident with her food tray. STNA #12 walked away from the resident and went to a cart with wheels that had a blue bin sitting on top of it. The bin had juice, milk and ginger ale inside surrounded by ice. STNA #12 reached inside the bin and pulled a bottle of ginger ale out, poured a glass of ginger ale, put the ginger ale back in the bin, and delivered the glass to another resident sitting in the common area. STNA #12 walked back to the drink bin, adjusted the drinks inside, then walked to the meal cart, touched a food tray, and proceeded to pull the meal cart to another location in the nursing unit. STNA #12 did not use hand sanitizer, wash her hands, or put disposable gloves on at any time during the observation. Interview on 06/22/20 at 12:55 P.M. with STNA #12 verified she did not use hand sanitizer, wear gloves, or wash her hands. Review of the facility Coronavirus (COVID-19) mandatory education titled Responding to Respiratory Illness-A Direct Approach Mandatory, dated 05/20/20 stated under the heading Protecting Yourself at Work, use alcohol-based hand rub or wash hands with soap and water before touching a patient, after touching a patient, and after touching patient surroundings. Review of CMS policy memo QSO-20-14-NH revised 3/13/20 titled, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revealed facilities were to Increase the availability and accessibility of alcohol-based hand rubs, and to reinforce strong hand-hygiene practices. Review of the Centers for Disease Control and Prevention (CDC) training titled, Hand Hygiene in Nursing Homes, dated 02/25/19 revealed hand hygiene was an element of standard precautions. It was an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene was a simple and effective method for preventing the spread of pathogens by direct and indirect contact. The hands of staff members may become transiently contaminated with pathogens after touching a resident or surfaces in their environment. Staff members can transfer those pathogens to themselves and they can also transfer those pathogens to other residents or surfaces. Performing hand hygiene removes pathogens and protects both staff and residents. Since staff cannot tell whether their hands have been contaminated with a pathogen, hand hygiene should be consistently performed. Review of the World Health Organization (WHO) Hand Hygiene brochure titled Hand Hygiene: Why, How, and When?, revised August 2009, revealed hands are the main pathways of germ transmission during health care and hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections. The brochure further revealed hand hygiene is indicated after touching any object or furniture when leaving the patient surroundings to protect the health-care environment against germ spread.</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.