

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER BETHESDA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 600 N BRUSH ST FREMONT, OH 43420	
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 staff interviews, review of the employee Wellness Screening Tool, review of Guidelines for Wellness Screening, and review of the Wellness Screening policy, the facility failed to properly follow their screening procedures to prevent one staff member with potential signs and symptoms of Coronavirus Disease 2019 (COVID-19) from providing resident care. This affected two (#301, #200) staff and nine (#1, #4, #5, #6, #7, #8, #9, #10, and #11) of 18 residents residing on the 100 wing. The facility census was 65. Findings include: Review of the Guidelines for Wellness Screening dated 04/13/20, revealed if an employee answered yes to any of the employee screening questions then a nursing supervisor should be contacted for further instruction. Further review revealed employees could not work if they had a fever greater than 99 degrees Fahrenheit in the previous 72 hours or if it had been less than seven days since the onset of symptoms. Additionally, an employee with potential exposure could only work if they were not within six feet of an individual for more than ten minutes without a mask AND had not had symptoms. Review of a Wellness Screening Tool dated 05/11/20, revealed Registered Nurse (RN) #300 checked yes, she had experienced a fever, chills or temperature over 99 degrees Fahrenheit in the previous 72 hours. RN #300 checked yes, she had been in contact with someone with a confirmed [DIAGNOSES REDACTED]. #300 also checked yes, she had been in contact with someone who was under investigation for COVID-19. Review of RN #300's timecard revealed she worked on 05/11/20 from 5:56 P.M. to 9:38 P.M. Interview on 05/18/20 at 2:00 P.M. with Human Resource Manager (HRM) #80, revealed RN #300 called on 05/11/20 and asked if she should work since she had contact with a person who had tested positive for COVID-19. HRM #80 revealed RN #300 indicated she had no signs or symptoms of [MEDICAL CONDITION]. In consultation with her corporate office, HRM #80, revealed RN #300 could work wearing a mask if she had no signs and symptoms. HRM #80 revealed on 05/11/20 around 8:30 P.M., RN #300 revealed she was not feeling well during her work shift and was going to go home. HRM #80 revealed she received a voicemail on 05/18/20 from RN #300 indicating she had tested positive for COVID-19. Interview on 05/18/20 at 4:37 P.M. with RN #300, revealed she developed a fever after she had talked to HRM #80 on 05/11/20. RN #300 revealed she screened herself when she got to work on 05/11/20. RN #300 revealed she indicated on the wellness form she had a fever in the previous 72 hours. RN #300 also revealed she indicated on the wellness form she had been in contact with a person who had tested positive for COVID-19. RN #300 stated she had close contact, without a face mask, for an extended time period with a person who had tested positive for COVID-19. RN #300 revealed she had not notified a nursing supervisor she had a fever prior to starting her work shift. RN #300 stated she had not thought about notifying the facility because the fever went away before work. RN #300 stated prior to leaving work due to feeling ill on 05/11/20, she had been in contact with (#1, #4, #5, #6, #7, #8, #9, #10, #11) residents during medication administration and two staff members (Licensed Practical Nurse #200 and RN #301) Interview on 05/18/20 at 5:05 P.M. with the Director of Nursing (DON), revealed according to the criteria in the wellness screening guidelines, RN #300 should not have worked if she had a fever in the previous 72 hours. Further interview on 05/19/20 at 10:50 A.M., the DON verified she was the on-call supervisor on 05/11/20. The DON verified RN #300 had not notified her she had a fever prior to starting work. Review of the facility policy titled, Wellness Screening for Nursing Facilities dated 04/13/20, revealed during the COVID-19 Pandemic and until further notice, all individuals seeking entrance to the facility would be screened for risk factors and signs/symptoms of infection. Only individuals who pass the screening and/or were approved by the Nursing Supervisor on duty would be allowed to enter the building. Further review of the policy revealed the screening tool was put in place to reduce the risk of the spread of COVID-19 to residents and staff. Entrance screening was a regulatory requirement of skilled nursing facilities. The importance of completing this screening could not be over emphasized and the procedure must be strictly followed as a standard of practice. Continued review of the policy revealed if any sections of the screening were marked yes, the screener stops the individual from entering the building and immediately notifies the Nursing Supervisor.</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.