

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER HARMONY CENTER FOR REHABILITATION AND HEALING		STREET ADDRESS, CITY, STATE, ZIP 164 OFFICE PARK DRIVE XENIA, OH 45385	
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, and review of the facility policy, the facility failed to ensure masks were worn at all times by staff members. This had the potential to affect 16 (#17, #27, #101, #102, #103, #104, #105, #106, #107, #108, #109, #110, #111, #112, #113, #114) of 16 residents who reside on the south hall. In addition, the facility failed to ensure a blood pressure cuff and pulse oximetry was sanitized between resident to resident contact. This had the potential to affect one (#21) of one reviewed for blood pressure cuff and pulse oximetry sanitization. The facility also failed to ensure one staff member sanitized/washed their hands between resident to resident contact. This affected one (#17) of one reviewed for hand washing. The total facility census was 66. Findings include: 1. Observation on 06/24/20 at 7:40 A.M., upon entrance to the facility, revealed Certified Occupational Therapist Aide (COTA) #46, was walking in the hallway coming from the south nurses station and then went down the north nurses station without wearing a mask Interview on 06/25/20 at 1:24 P.M. with COTA #46, revealed she had let herself in the door of the therapy room at the middle of the south hall. She stated she did not wear a mask into the facility and there wasn't any in the therapy room and verified she walked down the south hall to the north hall nurses station looking for masks. She indicated she didn't know she couldn't let herself into the therapy room upon entrance to the facility until she was educated on 06/25/20. She verified she should have had a mask on when entering the building and entered through the front door. Review of the facility policy titled, Coronavirus Prevention and Management, dated 05/02/20, revealed the facility will make every attempt to ensure one point of entry into the facility. The policy further indicated all facility personnel shall wear a face mask while in the facility for the duration of the State of Emergency. 2. Observations of State tested Nursing Aide (STNA) #42 on 06/24/20 at 7:48 A.M., revealed the STNA was not observed sanitizing her hands and did not have gloves on before going into Resident #17's room. She delivered the breakfast tray and set it on the bedside table. She continued to take a used cup and various trash off of the bedside table and rolled the top of a bag of potato chips. She then left the room and walked down the hall to get assistance to reposition Resident #17 in bed. She re-entered the room again, without sanitizing her hands, to reposition the resident. She proceeded out of the room and was not observed to sanitize her hands. Interview with STNA #42 on 06/24/20 at 7:55 A.M., verified she didn't sanitize or wash her hands when going into Resident #17's room or when she left the room. She admitted she should have sanitized or washed her hands when going into and out of a resident's room. Review of the facility policy titled, Handwashing Guidelines, revised 08/01/19, revealed staff should wash their hands on a regular basis, including before and after providing care for a resident, when visible soiling was present, before and after the use of gloves, and as needed to assure clean hands. In general, hands should be washed when leaving a resident's room. The use of hand sanitizers do not replace hand washing, but were a supplement to good infection control practices. 3. Observations of Licensed Practical Nurse (LPN) #38 on 06/24/20 at 7:55 A.M., revealed she didn't have a blood pressure machine so she went to the memory care unit to obtain one. The blood pressure machine had a white cuff already attached to the machine, was sitting in the hall on the memory care unit. The observation further revealed the LPN didn't ask if anyone had cleaned the cuff that was attached to the machine or the pulse oximetry. This machine was taken to room [ROOM NUMBER] and left there. At 8:00 A.M., LPN #38, took the blood pressure machine into the Resident #21's room and the blood pressure and pulse oxygen saturation was taken. The blood pressure machine was then taken out of the room and placed in the hallway. Interview with LPN #38 on 06/24/20 at 8:10 A.M., verified she didn't ask anyone on memory care unit if the blood pressure cuff had been sanitized. She verified she should have sanitized it to ensure it was clean when she used the cuff on a resident. She further stated she should have sanitized the pulse oximetry as well. Review of the facility policy titled, Environmental & Equipment Cleaning Policy, dated 12/01/15, revealed non-critical blood pressure cuffs and pulse oximetry should be cleaned after every resident use.</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.