

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365714	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER ST LEONARD HCC		STREET ADDRESS, CITY, STATE, ZIP 8100 CLYO ROAD CENTERVILLE, OH 45458	
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 medical record review, observation, interview, review of facility policy and review of Center for Disease Control (CDC) and Prevention article the facility failed to separate newly admitted residents from residents who were admitted greater than 14 days and also failed to use appropriate personal protective equipment (PPE) with newly admitted residents in order to prevent the spread of the coronavirus (COVID-19). This affected two Residents (#103 and #105) out of two residents reviewed for being newly admitted to the facility. The facility identified eight Residents (#103, #105, #106, #113, #114, #115, #116 and #120) who were admitted to the San Damiano Residence (SDR) Unit in the past 14 days. The facility census was 107. Findings include: 1. Review of the medical record revealed Resident #103 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of Resident #103's admission Minimum Data Set (MDS) assessment dated [DATE] was not completed. Review of Resident #103's baseline care plan dated 09/05/20 revealed the resident was unable to easily communicate with staff but did understand the staff. Resident #103's baseline care plan also indicated the resident required one-person physical assist for eating, personal hygiene, toileting, dressing, and bathing and two or more persons physical assist for bed mobility and transferring. Review of Resident #103's care plan revealed resident was at risk for COVID-19 and isolation should be completed per facility policy. Further review of Resident #103's medical record revealed no physician orders for droplet precautions. Review of Resident #103's vital signs revealed Resident #103's temperature was taken daily from 09/06/20 to 09/16/20 with all temperatures being between 96.8 and 98.2 degrees Fahrenheit (F). Review of Resident #103's physician note dated 09/07/20 revealed the resident was negative for COVID-19 on 09/04/20, prior to admission. 2. Record review of the medical record revealed Resident #105 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of Resident #105's admission MDS assessment dated [DATE] revealed the assessment was not completed. Review of Resident #105's baseline care plan dated 09/11/20 revealed the resident was able to communicate easily with staff and understood staff. Resident #105's baseline care plan also indicated the resident required set up help only with eating, personal hygiene and dressing. Resident #105 did not require any set up or physical help with toileting, bed mobility and transfers. Review of Resident #105's care plan revealed the resident was at risk for COVID-19 and isolation should be completed per policy. Review of Resident #105's vital signs revealed Resident #105's temperature was taken daily from 09/11/20 to 09/16/20 with all temperatures being between 97 and 98.3 degrees F. Further review of Resident #105's medical record revealed no physician orders for droplet precautions. Review of Resident #105's labs revealed Resident #105 tested negative for COVID-19 on 09/10/20, prior to admission. Observation of the facility's SDR unit during the initial tour of the facility on 09/15/20 at 10:14 A.M. revealed there was no signage on any of the doors on that hallway nor PPE located inside or outside of the doors. Interview with the Administrator at the time of the observation revealed all newly admitted residents from the hospital resided on the SDR unit. The Administrator verified there wasn't any signage on any of the resident doors on the SDR hallway to indicate the residents were newly admitted or on precautions. The Administrator also verified there was no PPE located inside or outside of the resident rooms on the SDR hallways. The Administrator stated all staff who worked on the SDR unit wore a surgical mask but did use any additional PPE when caring for the newly admitted residents. The Administrator also verified there were both residents who had been admitted greater than 14 days ago and residents who had been admitted within 14 days cohorted on the same hallway with no designation of which residents were newly admitted to the facility and under observation for COVID-19. The Administrator also confirmed that the facility did not use designated staff to care for newly admitted residents during their 14-day observation period on the SDR hallway. Observation of State tested Nurse Aide (STNA) #201 and Licensed Practical Nurse (LPN) #202 and #203 on 09/15/20 between 10:15 A.M. and 10:30 A.M. revealed they wore surgical masks on the SDR unit. Interview with STNA #201 on 09/15/20 at 10:20 A.M. revealed he wore a surgical mask and gloves in rooms of the residents who were admitted in the last 14 days. STNA #201 further stated newly admitted residents and residents who were admitted greater than 14 days resided on the same hallway and he cared for both. STNA #201 indicated he did not do anything different when caring for them. Interview with LPN #202 on 09/15/20 at 10:23 A.M. revealed Residents #103 and #105 were new admissions within the past 14 days. LPN #202 stated new admissions (less than 14 days) and residents admitted greater than 14 days resided on the same hallway and she did not do anything different when caring for the residents. LPN #202 stated she wore a surgical mask when caring for all residents on the hallway. Interview with LPN #203 on 09/15/20 at 10:27 A.M. revealed she wore a surgical mask and gloves when caring for residents who were admitted within 14 days and beyond 14 days. Telephone interview on 09/16/20 at 8:23 A.M. with Local Health Department #200 revealed new admissions to the facility should be treated as if they have COVID-19 and staff should wear full PPE for at least 14 days. Telephone interview on 09/16/20 at 10:27 A.M. with LPN #209 revealed new admissions were admitted to the SDR Unit and this is where they were quarantined. LPN #209 further reported the new admissions stay on that beyond 14 days. LPN #209 indicated the facility has stopped transferring them off the unit after the 14 days due to the COVID-19 outbreak. Review of the facility's policy titled Infection Prevention and Control Policy last updated 09/12/20 revealed residents admitting to the facility from the hospital or another facility who are negative, asymptomatic and not suspected of COVID-19 will have individual isolation carts with appropriate PPE. admitted residents who are under observation will remain on the isolation unit until they remain asymptomatic for a minimum of 10 days. Review of the Centers for Disease Control and Prevention (CDC)'s article Responding to COVID-19 in Nursing Homes article (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) dated 04/20/20 revealed the facility should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. The article also stated all recommended COVID-19 PPE should be worn during care of residents under observation, which included use of an N95 or higher-level respirator, eye protection, gloves, and gown. Further review of the article revealed a single negative test upon admission did not mean that the resident was not exposed or would not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</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.