

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365738</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WOODRIDGE HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3801 WOODRIDGE BOULEVARD FAIRFIELD, OH 45014</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and review of facility emergency preparedness program and review of Centers for Disease Control (CDC) article the facility failed to appropriately use personal protective equipment (PPE) to prevent the spread of the [MEDICAL CONDITION] (COVID 19). This had the potential to affect 21 Residents (#43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62 and #63) that resided on the 100 hallway. The facility census was 80. Findings include: Observation of the 100 hallway on 06/29/20 at 1:53 P.M. revealed State tested Nurse Aide (STNA) #1 went in and out of rooms on the collecting lunch trays. STNA #1 was observed wearing her N95 respirator mask below her nose. Interview with the Administrator on 06/29/20 at the time of the observation verified STNA #1 had her N95 respirator mask below her nose. Review of the facility's COVID 19 Emergency Preparedness Program and Plans policy dated March 2020 revealed all staff should wear a surgical type or homemade type masks at all times when there were no suspected cases of COVID-19 in the facility. Review of the CDC and Prevention's article titled Respirator on/respirator off dated 06/09/20 revealed respirators should be positioned correctly and checked for seal to protect from COVID 19. The instructions included to place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.		

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.