

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365875	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER CRESTMONT NORTH NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 13330 DETROIT AVE LAKEWOOD, OH 44107	
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 - Many	<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 interview, record review, review of Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 03/13/20), review of the facility's census, and review of the facility's policies and procedures, the facility failed to ensure self-quarantine precautions were implemented. This affected for residents (Resident # 4, #64, #15 and Resident #42) and had the potential to affect all 66 residents that resided in the facility. The facility had no active COVID-19 residents. Findings include: 1. Review of resident's medical record revealed Resident #4 was admitted on [DATE] with [DIAGNOSES REDACTED]. Resident # 4's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact and required supervision with one person for most activities of daily living (ADL). Resident #4 was admitted to the facility and tested negative for the COVID-19 virus on 04/28/20 and had no signs and symptoms of infection. The facility admitted Resident #4 in a semi-private room with Resident #64. Resident #64 was admitted to the facility on [DATE]. Resident #4 had no sign on the door for staff notification for the need to follow the 14-day self-quarantine precautions or evidence that self-quarantine measures were implemented. Review of the facility's census for 05/11/20 revealed that Resident #4 resided in a semi-private room with Resident #64 who was admitted to the facility on [DATE]. 2. Review of resident's medical record revealed Resident #42 was admitted on [DATE] with [DIAGNOSES REDACTED]. Resident # 42's comprehensive MDS 3.0 assessment dated [DATE] revealed the resident was cognitively impaired and required extensive assistance with one person for most ADL. Resident #42 was admitted to the facility and tested negative for the COVID-19 virus on 05/18/20 and had no signs and symptoms of infection. The facility admitted Resident #42 in a semi-private room with Resident #15. Resident #15 was admitted to the facility on [DATE]. Resident #42 had no sign on the door for staff notification for the need to follow the 14-day self-quarantine precautions or evidence that self-quarantine measures were implemented. Review of the facility's census for 05/24/20 revealed that Resident #42 resided in a semiprivate room with Resident #15 who was admitted to the facility on [DATE]. 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, Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on a short-term rehab floor or returning to long-stay original room). Review of the undated facility policy titled, Crestmont North COVID-19 Supplemental Procedures - Admission Procedures revealed that new admissions will remain quarantined for 14 days upon admission and have vital signs monitored and observed for potential symptoms. During this period if the resident remains asymptomatic and the vital signs are within normal ranges, the quarantine will be removed. Interview on 06/11/20 at 9:03 A.M. with State tested Nursing Assistant (STNA) #100 revealed that new admits are to be quarantined for 14 days set apart from other residents. Interview on 06/11/20 at 9:12 A.M. with STNA #101 revealed that new admits are to reside in separate room for 14 days. Interview on 06/11/20 at 9:31 A.M. with Licensed Practical Nurse (LPN) # 102 revealed that new admits are to be isolated for 14 days and vital signs and screenings done every shift. Interview on 06/11/20 at 9:39 A.M. with Registered Nurse (RN) #103 revealed that new admits are to be quarantined for 14 days and vital signs and screenings done every shift. An interview was conducted with the Director of Nursing (DON) on 06/11/20 at 3:00 P.M. The DON indicated she was the primary staff member responsible for the facility's infection prevention and control program currently because her infection control nurse left last month. The DON stated Resident #4 and Resident #42 were admitted to the facility and tested negative for the COVID-19 virus prior to admission and neither showed any signs or symptoms. If any residents had COVID-19, the resident would be transferred to a sister facility.</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.