

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365898	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER DIVINE REHABILITATION AND NURSING AT SYLVANIA		STREET ADDRESS, CITY, STATE, ZIP 5757 WHITEFORD RD SYLVANIA, OH 43560	
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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), observation, interview and record review, the facility failed to adhere to the following recommended infection control practices for preventing the spread of infections such as COVID-19: 1. Proper use of face masks, 2. Adherence to social distancing guidelines, 3. Proper storage of face shields after use, 4. Proper use of gloves, 5. Adherence to hand hygiene guidelines, 6. Proper disinfection of shared medical devices. Findings include: 1. A. On 4/29/20 at 1:25pm, with mask resting on her chin, the Dietary Aide (E1) was observed inside the dish room talking to another Dietary Aide (E2). E2 was observed not wearing a face mask. The distance between E1 and E2 was approximately four feet. During interview with the Director of Nursing (DON) on 5/5/20 at 3:41pm, when asked about her expectation from staff regarding social or physical distancing and mask use, the DON stated, Well, I expect my staff when at work, to stay at least six feet away but it may be difficult sometimes when you need to care for residents and they need to wear their N95 at all times. The DON further stated, It (mask) should cover their nose and mouth. Yes, absolutely N95 (mask) at all times throughout the building. B. On 4/29/20 at 1:40pm, while in the COVID unit, the State tested Nursing Assistant1's (STNA1) face shield was observed laying on top of the nurse's station desk. There was no barrier or covering under STNA1's face shield. The DON was present during this observation. The DON stated that STNA1 took it off when STNA1 was not in resident's room providing care. When asked if the face shield should be without barrier or covering, the DON stated, Right, it should be not be there. Review of facility's policy titled Infection Control Policy/Procedure Manual dated 5/5/2017 under Procedure #2. Personal Protective Equipment (PPE) revealed, .d. Wear appropriate face and eye protection (such as face shield, goggles, and mask) when splashes, sprays, spatters, or droplets of blood or OPIM (other potentially infectious materials) pose a hazard to the eye, nose or mouth .j. contaminated goggles and utility gloves may be reusable based on manufacturer guidelines. If so, they are decontaminated for reuse. Decontamination will occur in the soiled utility room. In a CDC article titled Operational Considerations for Personal Protective Equipment in the Context of Global Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic: non-US Healthcare Settings dated April 30, 2020 under PPE-Specific Strategies revealed, Eye Protection, 1) Limited Supplies .Reuse: Reprocessing and reusing disposable face shields for one HCW (health care worker) to use on multiple patients with COVID-19 for a limited time-period (multiple shifts). This strategy is not consistent with best practices and therefore not recommended, but if adopted: A face shield should be dedicated to one HCW. They should be immediately reprocessed when they are visibly soiled, whenever they are removed such as when leaving the isolation area, and at least daily (after every shift) prior to putting them back on .After reprocessing, a face shield should be stored in a transparent plastic container and labeled with the HCW name to prevent accidental sharing between HCW. https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/emergency-considerations-ppe.html 2. A. On 4/29/20 at 1:48pm, while in the COVID unit, the Activity Staff (E3) was observed pulling the big trash bin with her bare hands, and E3 touched and opened the soiled plastic bag inside the bin. The DON was present during this observation and verified that the trash bin was used to dispose soiled items including used personal protective equipment (PPE) like gloves and gowns. Prior to touching the trash bin again, E3 donned a clean pair of gloves without performing hand hygiene. B. On 4/29/20 at 3:14pm, the Licensed Practical Nurse1 (LPN1) checked R3's blood pressure and temperature. LPN1 then removed her gloves and left R3's room without performing hand hygiene. When asked, LPN1 stated, I wash my hands after I disinfect the equipment. During interview with the DON on 5/5/20 at 3:41pm, when asked if staff should perform hand hygiene before leaving a resident's room, the DON stated, Yes, hand washing or use a hand sanitizer. The DON stated that staff should wash their hands prior to putting on gloves and caring for patients. The DON also stated that when contaminated surfaces were touched, the staff were expected to wash their hands. Review of facility's policy titled Infection Control Policy/Procedure Manual dated 5/5/2017 under Procedure 1. Hand Hygiene revealed, a. during the delivery of resident care services, avoid unnecessary touching of surfaces in close proximity to the resident to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces .c. if hands are not visibly soiled and the resident does not have [DIAGNOSES REDACTED]icile or Bacillus anthracis, decontaminate hands using an alcohol based hand rub (ABHR). In a CDC article titled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated 4/13/20 under 2. Adhere to Standard and Transmission-Based Precautions revealed, Hand Hygiene-HCP (health care personnel) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process .HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html 3. On 4/29/20 at 4:30pm, in the Willow Unit, the Registered Nurse1 (RN1) was observed checking R2's blood glucose using the Assure Platinum glucometer. After the procedure, RN1 wiped the glucometer using the Sani-Cloth Germicidal disposable cloth (a low level disinfectant) for six seconds. When asked how long the recommended contact or wet time, RN1 stated, three minutes. During interview with the DON on 5/5/20 at 3:41pm, when asked about her expectation from staff when disinfecting a glucometer after use on a resident, the DON stated, Yes, they (staff) should follow the recommended contact time. Review of facility's policy titled Infection Control Policy/Procedure Manual dated 5/5/2017 under Procedures #3 Surfaces and Resident-Care Equipment revealed, .b. ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed and single used items are properly discarded . Review of the Sani-cloth Plus germicidal disposable cloth information sheet revealed, .Sani-cloth Plus benefits .pre-saturated with the correct amount of germicidal solution - reduce waste and save time. Contact time (minutes) disinfects in 3 (three) minutes. Effective against 16 microorganisms in 3 (three) minutes . https://pdihc.com/wp-content/uploads/2018/08/PDI-655-Plus-Drop-Sheet-4.pdf Review of article titled Cleaning and Disinfecting your Assure Platinum Blood Glucose Meter dated May 2014, revealed, Option 1 Cleaning and disinfecting can be completed by using a commercially available EPA-registered disinfectant detergent or germicidal wipe .Option 2 To clean, wipe meter down with soap and water or [MEDICATION NAME] alcohol. To disinfect, use a 1:10 concentration of sodium hypochlorite (bleach) solution. https://reconnectdocuments.s3.amazonaws.com/Arkray/Brilliance-Newsletter_May-2014.pdf In a CDC article titled Infection Prevention during Blood Glucose Monitoring and Insulin Administration dated 3/2/2011 revealed, CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements .whenever possible, blood glucose meters should not be shared. If they must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions.</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.

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