

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365904	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER SAINT JOSEPH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2308 RENO DRIVE NE LOUISVILLE, OH 44641	
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 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review and staff interview the facility failed to readmit a COVID-19 positive resident, Resident #61, after hospitalization. This affected one (Resident #61) of four residents reviewed for COVID infections. Findings include: Review of Resident #61's medical record revealed an admission date of [DATE] and readmission on 02/10/20 with [DIAGNOSES REDACTED]. Further review of the medical record revealed Resident #61 was tested on [DATE] for COVID-19. On 07/21/20 Resident #61 was sent to the local hospital due to a fever and the family's request. The COVID-19 test returned positive while Resident #61 was in the hospital. Interview with Registered Nurse (RN) #70 and Staff #27 on 07/28/20 at 8:15 A.M. revealed Resident #61 was currently on a bedhold due to testing positive while at the hospital and is unable to be readmitted until testing negative. Review of the facility policy COVID-19 Response Plan with a revision date of 07/20/2020 failed to provide details about admitting or readmitting COVID-19 residents. Interview with the facility Administrator on 07/29/20 at 9:57 A.M. verified the facility COVID-19 policy did not provide specific instructions related to denying admission or readmission of COVID-19 positive residents. She further indicated it was a verbal policy conveyed to family members. This deficiency substantiates Complaint Number OH 130.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, Local Health Department employee interview, employee interview and policy review, the facility failed to ensure residents testing positive for COVID-19 were reported timely to the Local Health Department. This affected six (Residents #20, #56, #61, #64, #65 and #66) of six residents reviewed for COVID-19 positive cases. The facility also failed to ensure the Local Health Department was notified in a timely manner of residents expiring from COVID-19. This affected two (Resident #64 and #65) of three residents reviewed for COVID-19 deaths. The facility identified 18 total COVID-19 positive residents and five COVID-19 deaths. Findings include: 1. Review of Resident #61's medical record revealed a positive COVID-19 test result received by the facility on [DATE]. Resident #61 transferred out to the local hospital on [DATE] and did not return to the facility. No evidence was found of the Local Health Department (LHD) being notified of the positive COVID-19 test. 2. Review of Resident #56's medical record revealed a positive COVID-19 test result received by the facility on [DATE]. Email communication from the facility to the LHD revealed the LHD was informed of the COVID-19 positive test on [DATE]. 3. Review of Resident #20's medical record revealed a positive COVID-19 test result received by the facility on [DATE]. Email communication from the facility to the LHD revealed the LHD was informed of the COVID-19 positive test on [DATE]. 4. Review of Resident #64's medical record revealed a positive COVID-19 test result received by the facility on [DATE]. Email communication from the facility to the LHD revealed the LHD was informed of the COVID-19 positive test on [DATE]. Further review of Resident #64's medical record revealed Resident #64 expired on [DATE] from COVID-19. Further review of the email communication to the LHD revealed the LHD was notified Resident #64 expired from COVID-19 on [DATE]. 5. Review of Resident #65's medical record revealed a positive COVID-19 test result received by the facility on [DATE]. Email communication from the facility to the LHD revealed the LHD was informed of the COVID-19 positive test on [DATE]. Further review of Resident #65's medical record revealed Resident #64 expired on [DATE] from COVID-19. Further review of the email communication to the LHD revealed the LHD was notified Resident #64 expired from COVID-19 on [DATE]. 6. Review of Resident #66's medical record revealed a positive COVID-19 test result received by the facility on [DATE]. Email communication from the facility to the LHD revealed the LHD was informed of the COVID-19 positive test on [DATE]. 7. On [DATE] at 10:34 A.M. phone interview with three employees of the (NAME) County LHD department of infectious disease indicated that all Class A diseases [MEDICAL CONDITION], including COVID-19, are to be reported to them within 24 hours of the result received. They further indicated the facility has not been reporting COVID-19 positive test results or deaths in a timely manner. Interview with Registered Nurse (RN) #70 on [DATE] at 10:45 A.M. verified she did not notify the LHD within 24 hours for COVID-19 positive test results or deaths. She further added she was emailing the LHD twice weekly with any updates and thought the lab was notifying the LHD of any results immediately. Review of the facility policy titled, COVID-19 Response Plan, with a revision date of [DATE] did not cover informing the LHD of test results or resident deaths from COVID-19. This deficiency substantiates Complaint Number OH 130.		

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.