

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365990</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW DAWN REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>865 EAST IRON AVENUE DOVER, OH 44622</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, review of guidance from the Centers for Disease Control and Prevention (CDC) for Nursing Homes and Long Term Care Facilities guidelines and interview, the facility failed to ensure the appropriate infection control procedures were maintained while caring for residents residing on the COVID-19 unit. This finding affected three residents (Residents #9, #15 and #16) and had the potential to affect the 13 additional residents residing on the COVID-19 unit including Residents #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12, #13 and #14. The facility census was 58. Findings include: 1. Review of Resident #16's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #16's physician order [REDACTED]. Review of Resident #9's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #9's physician order [REDACTED]. Observation of the COVID-19 unit on 08/19/20 at 9:38 A.M. revealed State tested Nursing Assistant (STNA) #801 was observed in Resident #16's room providing care to the resident. STNA #801 was observed wearing a KN95 mask, a surgical gown and prescription glasses, which were sitting on top of her head. She put on clean gloves as she entered the resident's room but did not put on a face shield or goggles as required. STNA #801 removed her soiled gloves and sanitized her hands. Further observation on 08/19/20 at 9:45 A.M. revealed STNA #801 went into Resident #9's room wearing a KN95 mask, gown and gloves and adjusted the resident's overbed tray. The STNA was observed with her glasses on top of her head at the time of the observation and she did not put on a face shield or goggles while in the resident's room. Interview on 08/19/20 at 9:47 A.M. with STNA #801 confirmed she usually removes her prescription glasses from the top of her head and places them on her nose when caring for a resident so she could see properly. She said she forgot to wear her face shield when caring for both Residents #9 and #16. STNA #801 verified the facility had an adequate supply of N95 masks and had just grabbed a KN95 mask. Review of the CDC guidelines for Nursing Homes and Long Term Care Facilities updated 06/25/20 confirmed residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. 2. Review of Resident #15's medical record revealed the resident was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident was readmitted to the COVID-19 unit. Review of Resident #15's physician order [REDACTED]. Review of Resident #15's physician order [REDACTED]. Observation on 08/19/20 at 10:15 A.M. of the COVID-19 unit revealed Licensed Practical Nurse (LPN) #802 was observed going into Resident #15's room wearing a gown, gloves, N95 mask and prescription glasses on her nose. LPN #802 removed her gown and gloves upon completion of the resident's care, rolled the gown into a ball and walked it down the hall past four resident rooms containing six residents to the covered dirty laundry basket which was located against the wall in the hallway. Interview on 08/19/20 at 10:22 A.M. with LPN #802 confirmed Resident #15 was in isolation precautions for [MEDICAL CONDITION] as well as COVID-19. She verified she removed the contaminated surgical gown from the resident's room following care of the resident to discard the gown in the linen basket at the end of the hall. LPN #802 also confirmed she did not wear the appropriate protective eye wear which included goggles or a face shield when caring for the resident. Review of the CDC guidelines for Nursing Homes and Long Term Care Facilities updated 06/25/20 confirmed residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown.</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.