

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LUTHERAN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1036 SOUTH PERRY STREET NAPOLEON, OH 43545</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>Based on observations, staff interviews, review of Centers for Disease Control and Prevention (CDC) guidelines, and facility policy, the facility failed to ensure new resident admissions were put on transmission-based precautions for the recommended 14 days. In addition, the facility failed to ensure N95 respirators were not re-used greater than five days. This had the potential to affect 55 residents (Resident #22 was residing on the facility COVID 19 unit). The facility census was 56. Findings Include: 1. Observations on 07/29/20 between 9:00 A.M. and 9:30 A.M. of the facility revealed no isolation carts outside the rooms of newly admitted Resident #24 and Resident #30. No signs were observed on resident doors regarding transmission-based precautions being in place. Telephone interview on 07/28/20 at 2:35 P.M. with Registered Nurse (RN) #111 verified the facility does not have a dedicated unit to house new admissions for a fourteen day observation. RN #111 stated the admitted residents are placed in a private room. Interview on 07/29/20 at 9:05 A.M. with Licensed Practical Nurse (LPN) #240 verified Resident #24 and Resident #30, who were new admissions, were not on transmission-based precautions. Review of CDC guidelines at <a href="http://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>, dated 04/30/20, revealed facilities will need to create a plan for managing new admission and readmission whose COVID-19 status is unknown. All recommended COVID-19 personal protective equipment (PPE) should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. 2. Interview on 07/29/20 at 9:05 A.M., LPN #240 stated she is given a new N95 respirator every week and stores her N95 respirator in a bag in her locker. Interview on 07/29/20 at 9:10 A.M., Housekeeper #302 stated she is given a new N95 respirator every Monday. Interview on 07/29/20 at 9:13 A.M., State tested Nursing Assistant (STNA) #455 stated he is issued a new N95 respirator every Monday. Interview on 07/29/20 at 9:15 A.M., RN #111 verified N95 respirators are used by each employee for one week and the employees are responsible for the storage of their masks. Review of facility policy titled Reuse of Personal Protective Equipment (PPE), dated May 2020, revealed, PPE can be reused when PPE is difficult to acquire related to a shortage by spraying the PPE with Hydrogen Peroxide (H2O2) and/or by utilizing UV Lighting for cleansing purposes. When utilizing the H2O2 for cleaning purposes, PPE will be rotated on a 72-hour basis. Masks and Tyvek Suits that are rotated on a 72-hour basis can be utilized for up to 5 uses per mask and suit. Review of CDC guidelines at <a href="http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy">www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy</a>, dated 06/28/20, revealed under limited reuse of N95 respirators: Re-use refers to the practice of using the same N95 respirator by one Health Care Professional for multiple encounters with different patients but removing it (i.e. doffing) after each encounter. This practice is often referred to as limited reuse because restrictions are in place to limit the number of times the same respirator is reused. It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model. If no manufacturer guidance is available, data suggest limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin.</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.