

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER LANFAIR CENTER FOR REHAB & NSG CARE INC		STREET ADDRESS, CITY, STATE, ZIP 1590 CHARTWELL STREET LANCASTER, OH 43130	
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 - Few	<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 observation, staff interview and review of facility policy, the facility failed to post a door sign to notify visitors and staff that Resident #24 was on contact isolation precautions. This affected one of one residents identified as being on contact isolation precautions. The facility census was 79. Findings Included: Review of Resident #24's medical record revealed an initial admission date of [DATE] and a readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #24's Minimum Data Set ((MDS) dated [DATE] revealed the resident was cognitively intact with a Brief Interview of Mental Status (BIMS) of 15. The MDS further revealed Resident #24 required extensive assistance of one person for bed mobility, transfer, dressing, toileting, and hygiene needs. Review of Resident #24's physician order dated 03/02/20 revealed the resident was on contact isolation related [MEDICAL CONDITION]. Review of Resident #24's care plan dated 03/03/20 for infection and interventions of staffing to maintain contact isolations precautions. Review of Resident #24's progress notes revealed a note dated 03/07/20 that the resident continued on isolation [MEDICAL CONDITION] and note dated 03/12/20 revealed Resident #24 continued on contact isolation. Observation of Resident #24's room on 03/12/20 at 3:00 P.M. revealed a plastic box containing gloves, gowns, hand sanitizer and items needed for contact isolation. There was not a sign on the door informing visitors or other staff to see the nurse upon entering the room. Interview with Licensed Practical Nurse (LPN) #223 on 03/12/20 at 3:02 P.M. confirmed that the resident did not have a sign located outside of his room to notify visitors and staff of Resident #24 being on contact isolations. LPN #223 stated that they put a sign on the door to notify staff and visitors that the resident is on precautions and to see the nurse before entering. Review of the facility policy titled Transmission-Based Precautions: Contact Precautions, dated November 2019, revealed a sign is placed on the resident's room to instruct visitors of appropriate personal protection equipment (PPE) to wear prior to entering the residents' room. This deficiency is cited as an incidental finding to Complaint Number OH 609.</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.