

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER WAYSIDE FARM INC		STREET ADDRESS, CITY, STATE, ZIP 4557 QUICK RD PENINSULA, OH 44264	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and review of the the facility policy and review of the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-30-NH, the facility failed to ensure social distancing was consistently implemented to potentially prevent the spread of Covid-19 infections. This had the potential to affect all 93 residents residing in the facility. Findings include: Observation on 06/04/20 at 11:05 A.M. revealed residents sitting at tables in the dining room eating their meal. There were twelve round tables with four residents seated at each table for a total of 48 residents. The residents were sitting one to two feet apart, and were being served by facility staff. There were four to five staff members standing together at the front of the room approximately one foot apart. There were several other staff moving around the room assisting the residents with their meal. No observations of staff reminding residents to stay at least six feet apart. Interview on 06/04/20 at 11:05 A.M. with the Director of Nursing (DON) confirmed the residents were seated one to two feet apart. The DON stated we made the decision to not change the routine of the residents so they still eat in the dining room. Some of the residents have a psych history, and it would be disruptive for them. Observation on 06/04/20 at 11:25 A.M. revealed residents in the 100-hall day area. There were nine residents in the area with a couple residents sitting in chairs, and the other residents were standing about a foot apart. Two staff members were in the nurses station across from the day area. There were no observations of staff reminding residents to stay at least six feet apart. Observation on 06/04/20 at 11:35 A.M. revealed approximately 25 residents in the outside smoking area sitting about one foot apart. There were four to five staff members present. There were no observations of staff reminding residents to stay at least six feet apart. Interview on 06/04/20 at 1:16 P.M. with Licensed Practical Nurse (LPN) #80 verified residents tend to congregate in groups close together in the 100-hall day area. Interview on 06/04/20 at 1:23 P.M. with LPN #81 revealed part of her assignment was supervision of the residents while they smoked. LPN #81 confirmed the residents sat about one foot apart while they smoked and stated there is not room to place the chairs six feet apart. LPN #81 further stated if the chairs were further apart the residents would trip on them. Review of the CMS policy memo QSO-20-30-NH titled, Nursing Home Reopening Recommendations for State and Local Officials revealed communal dining limited (for COVID 19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). Review of the facility policy from the United States Center for Disease Control (CDC), titled Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID 19, dated 5/08/20, revealed The areas assessed include: Ensuring adherence to recommended infection prevention and control (IPC) practices.</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.