

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOWS OF OTTAWA THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>147 PUTNAM PARKWAY OTTAWA, OH 45875</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<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, staff interview and facility policy review, the facility failed to follow their infection control policy for hand hygiene and droplet isolation precautions. This had the potential to affect 51 residents that reside in the 300 hall. The facility census was 69. Findings include: 1. Observation on 10/22/20 at 7:50 A.M., of Registered Nurse (RN) #400 in room [ROOM NUMBER] administering medications to a resident in droplet precautions. RN #400 had proper personal protective equipment (PPE) on including a gown, N95 face mask, face shield, and gloves. RN #400 removed the PPE correctly, but there was no place for RN #400 to put the dirty gown in the room and RN #400 was observed walking into the hallway with the dirty gown and walked approximately 100 feet in the hallway to a trash bin in the hallway with a lid by room [ROOM NUMBER] and then put the gown into the trash bin. Interview on 10/22/20 at 7:52 A.M., with RN #400 verified she walked out into the hallway out of an isolation room with a dirty gown and had to walk down the hallway to put the dirty gown into the trash bin. RN #400 stated they had been questioning that and thought there should be a trash can in the residents room to dispose of the gowns. RN #400 denied bringing her concern to management. Is this a COVID Unit? 2. Observation on 10/22/20 at 7:55 A.M., of Housekeeping #410 coming out of a residents room in droplet precautions and placed a dirty gown in the hallway trash bin. Housekeeper did not perform hand hygiene after disposing the dirty gown. Housekeeping #410 then took her cart and sweeper and went down the hall. Housekeeper #410 then went to an isolation cart holding PPE and got a new gown and put it on and put on gloves to go into another room. Interview with Housekeeping #410, at the time of the observation, verified she did not perform hand hygiene her hands leaving an isolation room and disposing of a dirty gown into trash bin in the hallway. 3. Observation on 10/22/20 at 8:02 A.M., of RN #420 standing at a medication cart preparing medications, when Resident #37 came rolling up to the medication cart in his wheelchair. RN #420 asked Resident #37 to pull his mask up and Resident #37 complied. Resident #37 then grabbed a roll of trash bags that was sitting along the hand rail. RN #420 took the trash bags from Resident #37 and then placed them back. She rolled Resident #37 back to his room doorway, which is an isolation room with droplet precautions. RN #420 then went back to the medication cart and put on gloves and took her medications and started to walk down the hall. Interview with RN #420, at the time of the observstion, verified did not perform hand hygiene after touching Resident #37 and the wheelchair and then putting on gloves to give medications to another resident. RN #420 verified she did not perform hand hygiene after touching Resident #37 who was in droplet precautions. Did she touch the resident???? or his chair, cuz this observation does not say she touched the resident Review of the policy titled Guideline for Facemask's and PPE During COVID-19, revised, 10/14/20, revealed disposable gowns should be removed and placed in the appropriate receptacle after every resident encounter. If crisis strategies are in place, gowns may be removed and placed on a hook directly inside the resident's room for re-use. Only one gown per resident, per staff member, per shift may be re-used. At the end of the shift, disposable gowns should be placed in the trash receptacle inside the resident's room. Washable gowns should be placed in the washable receptacle inside the resident's room. Review of the policy titled Guideline for Handwashing/Hand Hygiene, revised 03/12/20, revealed handwashing is the single most important factor in preventing transmission of infections. Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). Health Care Workers shall use hand hygiene at times such as: a. Reporting to work; before/after eating; after smoking, toileting, blowing nose, coughing, sneezing, etc. b. Before/after preparing/serving meals, drinks, tube feedings, etc. c. Before/after having direct physical contact with residents. d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc.</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.