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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>105302</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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BUILDING _____<br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><b>07/29/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>OAK HAVEN REHAB AND NURSING CENTER</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| F 0880<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews, and review of facility policy, the facility failed to maintain infection control standards related to sanitary conditions and proper use of Personal Protective Equipment (PPE) on 1 (400 unit) of 2 wings of the building. Findings included: A tour was made on 07/29/2020 at 10:10 AM of the facility's COVID-19 isolation unit. Signage was posted on the outside of the unit indicating that the residents on the unit were under droplet and contact isolation precautions. A red biohazard container was observed at the back exit of the unit. The biohazard bin appeared full with used isolation gowns spilling over the sides of the biohazard container. A regular trash can was observed outside of the exit door to the unit, which contained numerous used isolation gowns and appeared to be full and overflowing as well. An interview was conducted on 07/29/2020 at 10:40 AM with Staff Member's A and B, Certified Nurse's Aides (CNA), on the facility's COVID-19 isolation unit. Staff A stated that her and Staff B work as a team and provide care for residents in both of their assignments together. Both Staff A and Staff B were observed wearing a N95 mask, a surgical mask over their N95 mask, a face shield, and a disposable isolation gown. Staff A and Staff B, both stated that they were not sure of what residents on their assignment were positive for COVID-19, which residents on the unit were negative for COVID-19, or which residents on the unit were considered to be a Person Under Investigation (PUI). Staff A stated they won't tell us when referring to the COVID-19 status of residents in her assignment. Staff A and Staff B, both stated during the interview that they did not change out their isolation gown or sanitize their face shields when caring for different residents. Staff A stated that they were told to treat all the residents as being positive for COVID and therefore did not need to change out their isolation gown. Both Staff A and Staff B stated that they have received education regarding donning and doffing of PPE in designated isolation areas. An interview was conducted on 07/29/2020 at 11:11 AM with the facility's Director of Nursing (DON). The DON stated that the COVID-19 unit contains 3 residents who have tested negative. The reason those residents were housed on the COVID-19 unit was because they refused to move rooms. The DON stated that she would expect staff to change out their isolation gown and sanitize their face shield before caring for a resident that had tested negative for COVID-19. The DON also stated that staff should be aware of what residents in their assignment were positive for COVID-19, negative for COVID-19, and those residents that were under investigation. Staff have been given a roster that was placed at the nurse's station of the unit and was updated as needed to reflect the current status of the residents on the unit. An interview was conducted on 07/29/2020 at 12:58 PM with Staff C, Licensed Practical Nurse (LPN)/Unit Manager. Staff C stated that staff on the COVID-19 isolation unit should be aware of the infection status of their residents and should implement proper infection control measures. Staff should be changing out of their gowns and donning a clean gown as well as sanitizing their face shields when moving in between residents that are PUI, COVID-19 positive, or COVID-19 negative. Staff C stated that housekeeping staff was tasked with emptying the biohazard container when it appears full as well as the outside trash cans and should be checking on them throughout the day. Nursing staff should notify housekeeping if they notice that a trash can needed to be emptied. A follow-up interview was conducted with the DON on 07/29/2020 at 4:14 PM. The DON stated that she expected staff on any unit in the facility to receive report from the off-going shift before caring for residents in their assignment, which would include the COVID-19 status of the residents. If staff was unsure about the infection status of a resident then they are to ask the nurse, the unit manager, or the DON to help identify them. The DON stated that the maintenance staff in the building had been assisting with emptying the red biohazard barrel on the COVID-19 unit due to the barrel being very heavy. She stated that it was checked often to ensure that it did not require emptying. The DON also stated that staff should be disposing of used isolation gowns in the red biohazard barrel and not in the regular trash can outside. She confirmed that used PPE should be contained in the biohazard bin and should not be overflowing out. A review of the facility's COVID-19 policy, revised 07/09/2020, revealed the following resident categories and uses of PPE within those categories: The facility has identified three categories for the delivery of care amidst the COVID 19 pandemic. They are: - Confirmed COVID-19 positive as evident by testing - Presumed COVID-19 positive as evident by COVID-19 related symptoms - Asymptomatic/Non-COVID Use of PPE - No Healthcare Personnel (HCP) will provide care for more than one of the categories above using the same PPE's. PPE reuse: - Employee may wear a surgical gown or disposable isolation gown to provide care to resident on the same unit and in the same category. - For example, an employee can use the same gown to provide care for residents who are in Category 1 and should not continue gown use on a resident in any other category. - Employee may wear the same face shield and mask for the same category of patients. Photographic evidence obtained.</p> |                                                                                             |                                                 |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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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.