

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER SOLOIN POINTE AT EMERALD RIDGE		STREET ADDRESS, CITY, STATE, ZIP 5625 EMERALD RIDGE PARKWAY SOLOIN, OH 44139	
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, interview, record review and review of the facility's policies and procedures, the facility failed to ensure transmission-based precautions were implemented for one (Resident #47) of three sampled residents (Resident #13, Resident #46 and Resident #47). The facility census was 57. Findings include: Record review revealed Resident #47 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission Minimum Data Set (MDS) 3.0 assessment is still in progress. Review of the admission assessment, dated 07/03/20, revealed that Resident #47 required one-person physical assist for activities of daily living except eating which was set-up only. Resident #47 was admitted to the facility and tested negative for the COVID-19 virus and had no signs and symptoms of infection. The facility posted a sign on the resident's private room door for staff notification for the need to follow the 14-day precautions for contact and droplet precautions required for a new admission to the facility. The facility had active COVID-19 residents on a separate unit. Review of the most recent COVID-19 assessment, dated 07/14/20 at 10:27 A.M., revealed Resident #47's monitoring and isolation precautions were to be maintained. During the facility tour with the Director of Nursing (DON) on 07/14/20 from 12:13 P.M. through 12:45 P.M., observation at 12:35 P.M. revealed the facility's Director of Activities #100 standing at the bedside of Resident #47 in room [ROOM NUMBER] providing meal set-up to the resident. The Director of Activities #100 was observed wearing a face mask and gloves, but no gown while providing the services to the resident. The Director of Activities #100 made no contact with the resident. Resident #47 was observed with no signs or symptoms of coughing or sneezing. The observation revealed PPE was located outside the door, and the required signage was posted on the door. Interview on 07/15/20 at 10:34 A.M. with Director of Activities #100 revealed Resident #47 motioned for her to assist him so he could eat. She stated that she went into the room and repositioned his tray and did not think of putting on PPE because Resident #47 needed her. She verified she should have been wearing all the required PPE. Review of the facility policy titled, Care for the Patient with Suspected or Confirmed Coronavirus Disease (COVID-19), dated 03/2020, revealed the facility's policy stated, residents with suspected or confirmed COVID-19 infection are placed in a private room and staff will follow isolation precautions. The policy further stated, standard precautions assume that every person is potentially infected. Attention should be paid to proper donning (putting on) and doffing (taking off), and disposal of any PPE. Facility staff who enter the room of a patient with known or suspected COVID-19 should adhere to standard precautions and use a respirator or facemask, gown, gloves and eye protection.</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.