

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365886	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER TOLEDO HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2051 COLLINGWOOD BLVD TOLEDO, OH 43620	
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	Provide and implement an infection prevention and control program. Based on observation, staff interview, and review of the facility's policies, the facility failed to ensure two staff wore personal protective equipment (PPE-face masks) correctly during one of two observation periods on 09/15/20. Failure to wear PPE correctly provided a mode of cross contamination with the potential for the spread of COVID-19, which could negatively impact all 85 residents residing at the facility. Findings include: Review of the facility's policy titled, Facemask Do's and Don'ts, dated 06/02/2020, revealed the following, When putting on a facemask clean your hands and put on your facemask, so it fully covers your mouth and nose. Observation on 09/15/20 at 12:45 PM to 1:00 PM on the 200 Hall during meal pass revealed State tested Nursing Assistant (STNA) 6 was wearing a face mask incorrectly during delivery of trays to residents in Rooms 202, 207, 210, 211, and 222. STNA6 was wearing her mask with her nares (nostrils) exposed. Observation on 09/15/20 at 1:05 PM on the 400 Hall revealed the Dietary Manager (DM) was observed wearing a face mask incorrectly while pulling a food cart onto the elevator. The DM was wearing her mask pulled down on her chin with her nose and mouth exposed. Interview with the Director of Nursing (DON) on 09/15/20 at 4:30 PM revealed staff should be wearing their masks correctly any time when in the facility. The DON stated, The nose and mouth should always be covered when wearing a mask. Interview with the Administrator on 09/15/20 at 4:50 PM revealed the expectation was for all staff to wear masks correctly. The Administrator stated, The mask should cover the nares and the mouth if they are worn properly. When not worn properly, could potentially spread the Coronavirus.		
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.