

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365654</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AUSTINWOODS REHAB HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4780 KIRK RD AUSTINTOWN, OH 44515</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 - Few</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, interview and record review the facility failed to ensure contact and droplet isolation precautions were followed for Resident #2. This affected two residents (Resident's #2 and #3) of three residents reviewed for infection control. The facility census was 84. Findings include: Resident #2 was admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. This infection required contact isolation precautions to prevent the bacterial infection, Extended Spectrum Beta-Lactamase (ESBL) from spreading to others. The resident was also in a 14 day quarantine (droplet precautions) for COVID 19 due to being a new admission. Review of the baseline care plan revealed Resident #2 was to be in contact isolation for ESBL in her urine. Review of the physicians orders dated 06/13/20 revealed Resident #2 was to receive an intravenous (IV) antibiotic three times a day for a total of 20 doses. On 06/17/20 at 11:00 A.M., observation of Resident #2's outside doorway had signs for contact and droplet isolation precautions with a bin containing personal protective equipment (PPE). A sign read to not enter room without having on the following PPE: gown, gloves, masks and/or face shield. Looking into the room revealed State tested Nurse Aide (STNA) #5 was at Resident #2's bed side and picked up a Styrofoam cup with a straw in it and exited the room. STNA #5 only had on a home made face covering which was not secured around his nose, exposing his nose. STNA #5 was observed walking down the hall and then returned to Resident #2's room with the same Styrofoam cup with the straw still in the lid and placed the cup on the resident's bed side table without donning any PPE. STNA #5 then left the room and entered Resident #3's room which was across the hall, put on gloves, grabbed Resident #3's walker and assisted the resident to the bathroom, removed his gloves and exited the room, never washing or sanitizing his hands at any point during the entire observation. On 06/17/20 at 11:10 A.M., interview with STNA #6 revealed Resident #2 was in isolation but she thought she only needed to don PPE when performing care and could enter the room for other reasons without donning any PPE. STNA #6 had on a home make face covering that was not secure around her nose. On 06/17/20 at 11:12 A.M., interview with the Director of Nursing (DON) verified Resident #2 was in contact isolation for ESBL and droplet isolation due to being a new admission and monitoring for COVID 19. The DON verified any time anyone entered the room they needed to don full PPE as the sign indicated to prevent the transfer of the ESBL infection and preventative for COVID 19. The surveyor informed the DON of the above observation and interview. On 06/17/20 at 11:15 A.M., interview with STNA #5, with the DON present, verified his home made face covering did not fit properly and he was not able to keep his nose covered. The DON requested STNA #5 remove the mask and obtain a surgical mask to ensure both his mouth and nose were covered at all times. The surveyor reviewed the above observations and STNA #5 verified he took the used Styrofoam cup to the ice bin and filled it with ice using another Styrofoam cup that was near the bin, then replaced the used lid and straw and returned the used Styrofoam cup to Resident #2 without wearing gloves or washing his hands at any point. STNA #5 verified as he was returning the cup to Resident #2, Resident #3's call light was activated and he entered Resident #3's room without washing or sanitizing his hands, put on gloves and assisted Resident #3 to the bathroom, removed his gloves and still did not wash his hands and his home made face covering was not covering his nose at any point when he was in contact with both residents. STNA #5 verified he entered Resident #2's room multiple times without donning any PPE because he thought he only needed to when performing care. On 06/17/20 at 11:25 A.M., interview with Licensed Practical Nurse (LPN) #7 verified any time anyone enters Resident #2's room they should have on full PPE including a surgical mask and not a home made face covering. Review of the 02/26/20 contact precautions policy revealed for any known infection anyone entering the room should wear a gown, gloves and change the gloves when come in contact with the infective materials. Also perform hand hygiene prior to leaving the room. Review of the 02/26/20 droplet precautions policy revealed for any suspected infections anyone entering the room should wear disposable gown, gloves and surgical mask, remove the PPE and perform hand hygiene prior to leaving the room. Review of the updated policy, 03/16/20, for COVID 19 revealed anyone admitted to the facility would be placed in quarantine and placed on droplet precautions for 14 days, anyone entering the room should don PPE as above and also including face shield and/or goggles and use disposable plates and cups.</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.