

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365911	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER WINCHESTER TERRACE		STREET ADDRESS, CITY, STATE, ZIP 70 WINCHESTER RD MANSFIELD, OH 44907	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interview, and review of the Center for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure staff wore approved facemask's when working in resident care areas and ensure residents wore facemask's when out of their room to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). This had the potential to affect all 37 residents in the facility. Facility census was 37. Findings include: Observation of the entrance of the facility with the Administrator and the Director of Nursing (DON) on 06/11/20 at approximately 2:20 P.M. revealed a three drawer plastic storage bin in the front entry next to the COVID-19 screening station. When asked what the container held the Administrator stated mask for staff. The Administrator further stated the staff can choose to wear surgical, N95, or cloth facemask. The Administrator stated many cloth facemask had been donated and some staff prefer to wear them. Observation of the facility revealed the residents were encouraged to remain in their rooms, however if the residents were out of their rooms they were not wearing facemask's. This was verified in an interview with the DON and the Administrator on 06/11/20 at approximately 2:25 P.M. On 06/11/20 at 2:30 P.M. observation of staff in the resident care areas confirmed the information regarding facemask as staff were noted to be wearing a variety of mask including cloth face coverings. Registered Nurse (RN) #1 was wearing a surgical mask, Licensed Practical Nurse (LPN) #2 was wearing a surgical mask and State tested Nursing Assistant (STNA) #3 was wearing a cloth face covering. During an interview with the DON on 06/11/20 at 2:30 P.M. verified the facility allowed the staff to choose what type of face covering they wear when they were working with residents in the facility including cloth face coverings. The DON verified there were currently floor staff working on 06/11/20 who were wearing cloth face coverings instead of surgical mask or N95 mask which were available for their use. Review of an online resource from the CDC (https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care-strategies.html) revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required.</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.