

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER LEXINGTON COURT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 DELAWARE ST LEXINGTON, OH 44904	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews, observations, staff interviews and review of facility policies, the facility failed to ensure Coronavirus Disease 2019 (COVID-19) screening was completed for all staff, visitors and vendors for signs and symptoms of COVID-19 transmissions prior to facility entry. The facility also failed to ensure staff was provided with N95 masks while working directly with one (#4) resident diagnosed with [REDACTED]. Findings include: 1. Observations and interview on 09/21/20, of entry screening procedures at 7:47 A.M., revealed only times, temperatures, handwashing requests and names of visitors were screened in the Employee Sign In/Out log. Activities #10 asked employees and visitors their name and wrote down temperatures and times onto the Sign in/Out log. Staff and visitors to the facility were not asked any screening questions. The facility screening form contained check boxes which were not completed for the following screening questions: recent fever, chills, muscle pain, new loss taste/smell, sore throat, cough, shortness of breath, travel/cruise last 14 days, and contact with someone with COVID-19 were incomplete for the entire log. The log was also used to screen all staff reporting for duty. Interview on 09/21/20 at 7:47 A.M. with Activities #10, revealed she was not asking the screening questions for staff, visitors and vendors and not allowing self assessment of these questions on the screening form to monitor for signs and symptoms of COVID-19. Interview 09/21/20 at 7:48 A.M. with Director of Nursing (DON)/Infection Control Preventionist (ICP) #100, revealed none of the signs and symptoms screening questions on the screening form were completed by Activities #10 (recent fever, chills, muscle pain, new loss taste/smell, sore throat, cough, shortness of breath, travel/cruise last 14 days, and contact with someone with COVID-19). DON/ICP #100, verified that none of the boxes with screening questions on the form had been checked for the log on 09/21/20, but stated the questions should have been asked of each staff/visitor entering the facility. Observations of Visitor and Vendor Log in the main entrance on 09/21/20 at 8:34 A.M., revealed the sign in sheet for all visitors and vendors dated 08/07/20 through 08/19/20. The form was not filled in for any of the screening questions, only the times, temperatures and hand hygiene. The following screening questions: recent fever, chills, muscle pain, new loss taste/smell, sore throat, cough, shortness of breath, travel/cruise last 14 days, and contact with someone with COVID-19 and were unmarked for the entire log. Interview 09/21/20 at 8:34 A.M. with Receptionist #600, revealed the main entrance to the facility had not been used lately. Receptionist #600 verified the screening form dated 08/07/20 to 08/19/20, was the form used to screen those coming into the building for COVID-19, prior to entering the facility. Interview on 09/21/20 at 09:15 A.M. with DON/ICP #100, revealed the facility used to fill out the signs and symptoms portion of the screening questionnaire for all entering the facility. DON/ICP #100 stated the reason they had stopped screening completely was due to the issue of not being able to sanitize the pen each time. She stated, at one time, we were signing our own questionnaires/answering the questions and marking the boxes, but due to the pen not being sanitized, we were not doing that and verified they should be. Review of Employee Sign In/Out Logs from July to September 21, 2020, revealed there had been no completed screening questions for staff for the following questions prior to entering facility: recent fever, chills, muscle pain, new loss taste/smell, sore throat, cough, shortness of breath, and travel/cruise last 14 days. Review of Visitor and Vendor Logs for August, 2020, revealed there had been no completed screening questions for visitors and vendors for the following questions prior to entering facility: recent fever, chills, muscle pain, new loss taste/smell, sore throat, cough, shortness of breath, and travel/cruise last 14 days. Review of the facility COVID Policy, dated 07/20, revealed the facility was to have a screening station and questions for signs and symptoms for all staff and visitors. The facility COVID Policy referred to Centers for Disease Control recommendation of public health entry screenings for [MEDICATION NAME] with signs and symptoms of illness, fever, cough, or difficulty breathing as part of their policy model. 2. Observations of the COVID-19 isolation unit on 09/22/20 at 11:29 A.M., revealed KN 95 masks with ear loops were in the supply cart for staff to utilize while providing direct care on the unit. Further observation of State tested Nursing Assistant (STNA) #50, revealed she was wearing a KN 95 mask when caring for Resident #4. Further observation of the unit revealed Resident #4 was the only resident on the isolation unit. Interview on 09/22/20 at 11:29 A.M. with STNA #50, revealed she had worked directly with Resident #4 since 10:00 P.M. on 09/21/20, and worked the third shift. STNA #50 stated she did not know what kind of masks were to be worn while working directly with COVID-19 positive residents. She revealed she got her KN95 mask from the supply cart and stated KN 95 and N95 masks were the same. Further interview with two (Licensed Practical Nurse (LPN) #20 and State tested Nurse Aide (STNA) #40) staff on 09/21/20 from 8:05 A.M. to 8:20 A.M., revealed when caring for residents on the isolation unit they were to wear N 95 masks. Telephone interview on 09/22/20 at 11:32 A.M. with the Administrator, revealed he was unaware KN 95 masks were being used by staff on the COVID-19 isolation unit.</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.