

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365747	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER ASTORIA PLACE OF WATERVILLE		STREET ADDRESS, CITY, STATE, ZIP 555 ANTHONY WAYNE TRAIL WATERVILLE, OH 43566	
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 - Some	<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 medical record review, observation, staff interviews, COVID-19 lab testing, review of the facility's policy and Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to change gowns between providing care for confirmed COVID-19 and non-confirmed COVID-19 residents. This affected one (#159) of three residents reviewed for COVID-19. This had the potential to effect 16 residents on the Parkside resident hallway (Resident #104, #119, #124, #127, #131, #138, #140, #143, #148, #154, #156, #161, #169, #170, #171 and #174). The facility census was 76. Findings include: Review of the medical record for Resident #159 revealed the resident was initially admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 07/31/20, revealed the resident was severely cognitively impaired. Review of the resident's COVID-19 lab testing revealed the resident tested positive for [MEDICAL CONDITION] on 08/01/20. Observation on 08/11/20 at 10:20 A.M. revealed no personal protective equipment outside Resident #159's door. Interview on 08/11/20 at 10:25 A.M. with Licensed Practical Nurse (LPN) #301 revealed personal protective equipment, including gowns, were not changed between providing care for COVID-19 positive residents and non-confirmed COVID-19 residents. Interview on 08/11/20 at 9:20 A.M. with the Administrator and Assistant Director of Nursing (ADON) verified the only confirmed COVID-19 positive present at the facility was Resident #159. Subsequent interview on 08/11/20 at 11:00 A.M., the Administrator and ADON stated they had plentiful supply of personal protective equipment, including gowns and were able to access more when needed. Interview on 08/11/20 at 10:50 A.M. with Corporate COVID-19 Consultant #400 stated the nursing staff should wear the same personal protective equipment, including gown, when providing care to residents on the isolation hall. Corporate COVID-19 Consultant #400 stated the residents were only being tested if exhibiting symptoms and not all residents on the hall have been tested. Review of the facility's policy titled Infection Control Prevention Program, dated 12/2019, revealed the facility will utilize current Centers for Disease Control and Prevention (CDC) guidelines for current infection control monitoring and guidance. Review of the CDC guidelines, last updated 06/25/20, revealed if extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections. This deficiency substantiates Complaint Number OH 812.</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.