

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365860	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER INDEPENDENCE HOUSE		STREET ADDRESS, CITY, STATE, ZIP 1000 INDEPENDENCE RD FOSTORIA, OH 44830	
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 review of the employee screening log, review of the facility COVID-19 Implementation Plan, staff interviews, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to properly screen staff for signs and symptoms of Coronavirus Disease 2019 (COVID-19). This affected seven staff review for screening and had the potential to affect all 38 residents residing in the facility. Facility census was 38. Findings include: Review of the employee screening log dated 08/09/20 through 09/10/20 revealed there was no documentation of the absence of fever and/or COVID-19 symptoms prior to starting work for two nurses, four nursing assistants and one housekeeper. Further review of the employee screening forms dated 08/09/20 through 09/10/20 revealed there was no documentation the following employees were screened for COVID-19 symptoms: Registered Nurse (RN) #300 on 08/14/20; Licensed Practical Nurse (LPN) #200 on 08/11/20, 08/13/20, 08/18/20, 08/19/20, 08/20/20, 08/22/20, 08/23/20 and 09/10/20; State tested Nursing Assistant (STNA) #100 on 08/15/20, 08/21/20 and 09/10/20; STNA #101 on 08/21/20 and 08/24/20; STNA #102 on 08/23/20 and 09/09/20 and Housekeeper #98 on 08/12/20. Additionally, STNA #103 had no documented temperature recorded on 09/09/20. Review of the information revealed the facility has three halls: Mott, Schoettley and Buckland. Housekeeper #98 worked Mott and Schoettley Halls. LPN #200, STNA #100, STNA #102 and STNA #103 worked Schoettley Hall. STNA #101 worked Buckland Hall. RN #300 was identified as the facilities Infection Control Nurse. Interview on 09/14/20 at 12:25 P.M., the Administrator verified the missing screening documentation for RN #300, LPN #200, STNA #100, STNA #101, STNA #102, STNA #103 and Housekeeper #98. Interview on 09/14/20 at 12:32 P.M., the Director of Nursing (DON) stated the employee screenings were completed and it was a documentation issue. The facility confirmed this had the potential to affect all 38 residents residing in the facility as the different staff identified as not being properly screened worked in different halls in the facility. Interview on 09/14/20 at 12:48 P.M., LPN #200 revealed she had not answered the screening question about signs and symptoms of COVID-19 because she normally had signs and symptoms unrelated to COVID-19. LPN #200 revealed staff were not appropriately educated on how to answer the questions. Review of the facility policy COVID-19 Implementation Plan dated 09/01/20 revealed all staff would have a temperature screening upon entering the building. Further review of the policy revealed there were no guidelines for screening staff for the signs and symptoms of COVID-19. Furthermore, there were no guidelines for documenting employee temperatures or the absence of signs and symptoms of COVID-19 on the employee screening log. Review of the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) updated 06/25/20, Infection Control for Nursing Homes revealed to evaluate and screen all HCP (Healthcare Personnel) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19.</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.