

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER HYDE PARK HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 4001 ROSSLYN DRIVE CINCINNATI, OH 45209	
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 - Few	<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 interview, review of facility policy, and review of online resources from the Centers for Disease Control and the Ohio Department of Health (ODH), the facility failed to ensure a staff wore a facemask while in a resident common area to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). This had the potential to affect one (#42) randomly observed resident who was seated near a staff member who was not wearing a facemask. The census was 95. Findings include: Review of the medical record for Resident #42 revealed an admission date of [DATE] with a [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) for Resident #42 dated 07/30/20 revealed resident was cognitively impaired and required extensive assistance of one staff with activities of daily living. Observation on 10/08/20 at 10:10 A.M. revealed Resident #42 was seated in front of the nurses station in a wheelchair and was wearing a facemask pulled down below her chin. Licensed Practical Nurse (LPN) #100 was seated at desk behind the nurses station facing Resident #42 and was wearing a facemask which covered her nose, mouth, and chin. State tested Nursing Assistant (STNA) #125 was standing behind LPN #100 at a distance of less than six feet and was not wearing a facemask. Interview on 10/08/20 at 10:12 A.M. with STNA #125 confirmed she was not wearing a facemask. STNA confirmed she had taken her mask off approximately two minutes prior to the interview because she was hot and wanted a break from her mask. STNA confirmed she would not remove her mask while she was caring for a resident but otherwise she would remove her mask momentarily as needed anytime she felt hot. Interview on 10/08/20 at 10:14 A.M. with LPN #100 confirmed STNA #125 had entered the nurses's station at approximately 10:08 A.M. and removed her mask. LPN #100 confirmed if she needed to remove her mask for any reason she would do so away from residents and other individuals to prevent the spread of COVID-19. Interview on 10/08/20 at 1:30 P.M. with Registered Nurse (RN) #150 who was also the Infection Preventionist (IP) for the facility confirmed staff should wear facemask's in resident areas including the nurses' station and that if a staff member had to remove their mask for any reason they should go to a non-care area and should not remove their mask around other employees. Review of the facility policy titled COVID 19 Infection Prevention Plan undated revealed the Infection Control Coordinator and the Director of Nursing (DON) would monitor public health advisories on a weekly basis or more often if necessary and would continuously update the facility's readiness to prevent COVID-19 as directed by the CDC and the ODH. Review of online resource from the ODH (https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system) on 10/08/20 revealed (NAME) County, the county in which the facility was situated, was experiencing a very high exposure and spread of COVID-19 and individuals were advised to limit activities as much as possible. 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. Review of the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) revealed social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing masks, and wearing a mask was not a substitute for social distancing. This deficiency represents ongoing noncompliance from the survey dated 09/15/20.</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.