

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER COLUMBUS ALZHEIMER'S CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 700 JASONWAY AVENUE COLUMBUS, OH 43214	
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 observation, staff interview, review of the Centers for Disease Control (CDC) guidelines, and facility policy review, the failed to ensure staff completed proper hand hygiene after the removal of Personal Protective Equipment (PPE). The facility further failed to ensure facility staff wore the proper PPE in a COVID-19 unit of the facility while assisting residents. This had the potential to affect all 70 residents of the facility. Findings include: 1. On 09/29/20, at 11:57 P.M. observation of Activity Aide (AA) #50 revealed the AA exited the isolated/COVID unit and removed her PPE. She placed her KN95 mask into a designated brown paper bag. The AA was not observed to wash or sanitize her hands. She then removed a cloth mask from the same brown paper bag, put it on, and walked into the atrium of the facility. AA #50 revealed she had used sanitizer before putting on her PPE, however did not perform hand hygiene after removing the PPE, and placing a cloth mask on. Review of the facility's policy titled, Hand Hygiene, (undated) revealed hands must be washed with soap and water or an alcohol-based hand rub before applying and after removing PPE, including gloves. 2. On 09/29/20, at 12:20 P.M. interview and observation of the COVID-19 unit with the Director of Nursing (DON) revealed Unit Manager, Licensed Practical Nurse (LPN) #30 was not wearing goggles or a face shield while assisting residents with eating. The DON confirmed the LPN was not wearing protective eye covering while assisting residents with eating on the COVID unit. She further revealed staff may use their personal prescription eyeglasses in the place of goggles or a face shield. Review of the CDC guidelines at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, revealed Health Care Professionals (HCP) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also, wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures. Review of the facility's policy titled, Personal Protective Equipment (undated) revealed staff will wear goggles or face shields as added face/eye protection. Personal eyeglasses were listed as not a substitute for goggles. This deficiency substantiates Complaint Number OH 040.</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.