

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365844	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER AURORA MANOR SPECIAL CARE CENT		STREET ADDRESS, CITY, STATE, ZIP 101 BISSELL RD AURORA, OH 44202	
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 interviews, observations and record review, the facility failed to implement infection control policies and procedures when testing for Legionella. This had the potential to affect all 52 residents residing in the facility at time of survey. Findings Include: Interview on 09/02/20 at 8:26 A.M., the Administrator stated that the Maintenance Director called off due to an illness. The Administrator stated that she received a call a few days later from Maintenance Director's niece stating that Maintenance Director was diagnosed with [REDACTED]. The Administrator stated that she called the testing center to review the results of the water test completed April 2020. The Administrator stated that the testing center never received water samples in 2020, and the water samples were later located under the maintenance desk dated 04/28/20. The Administrator stated that the facility must test for Legionella annually per corporate policy. Interview on 09/02/20 at 11:57 A.M. with the lab technician at the testing center verified that no water samples were received in 2020; the most recent sample was logged in on 08/25/20 but was not submitted to the lab at this time. Interview on 09/02/20 at 1:17 P.M., with an employee for county health department verified that they received a call from the hospital confirming the [DIAGNOSES REDACTED]. Interview on 09/02/20 at 2:39 P.M., the Maintenance Director could not verify whether or not he sent the water samples in April. The Maintenance Director stated that he started to feel ill on 08/19/20, was admitted to the hospital and discharged on [DATE] with a [DIAGNOSES REDACTED]. The MD stated that he was working on the air conditioning units prior to feeling ill. The MD stated that the units were frozen but could not get service in due to the pandemic. Observations on 09/02/20 at 1:00 P.M. revealed six water samples dated for 04/28/20, the Administrator verified that the samples were not submitted for testing. Review of the facility Legionella Assessment and Control Form dated 08/26/20, the facility is required to test for Legionella annually. This deficiency substantiates Complaint Number OH 443.</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.