

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365963	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER GOOD SHEPHERD HOME		STREET ADDRESS, CITY, STATE, ZIP 725 COLUMBUS AVE 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 - 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, Centers of Disease Control (CDC) review and policy review, the facility failed to follow infection control practices for residents in contact isolation. This affected one Resident (#221) of three residents reviewed for infection control. This had the potential to affect 14 Residents (#217, #219, #221, #223, #225, #227, #229, #231, #233, #235, #237, #239, #241 and #243) who resided on the same corridor. The census was 117. Findings include: Review of the medical record for Resident #221 revealed an original admission date of [DATE] and a readmission on 10/15/19. The resident was hospitalized from [DATE] to 10/15/19. [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #221 had severely impaired cognition and was not in isolation at the time of the assessment. Review of the care plan dated 09/24/19 revealed Resident #221 was at risk for change in psychosocial well being due to restrictions on visitation and/or cancellation or modification of group activities in response to [MEDICAL CONDITION] outbreak. Length of pandemic issue is uncertain. This focus care plan was for the time we are under quarantine from the government and social distancing in place. A paper care plan dated 08/06/20 for possible [MEDICAL CONDITION] (C. diff), a stool infection, revised on 08/09/20 for positive [DIAGNOSES REDACTED] revealed for the resident to be on isolation. The paper care plan was located at the nurses station, and was not part of the electronic medical record. Review of physician orders [REDACTED], diff. Observation on 08/12/20 at 9:55 A.M. revealed State tested Nurse Aide (STNA) #300, walked into Resident #221's room, there was an isolation cart outside the door with a sign posted on the door with instructions for contact precautions. STNA #300 did not wash her hands and did not put on gloves. STNA #300 was wearing a mask due to the COVID-19 pandemic. STNA #300 had a surgical mask in her hand and placed in on the face of Resident #221. She washed her hands in the bathroom and pushed the resident, who was sitting in his wheelchair, out into the hallway. STNA #300 indicated the resident was on isolation for [DIAGNOSES REDACTED]. She indicated he was on contact precautions and verified she did not wash her hands or put on gloves before entering the room. She verified she had touched Resident #300 by applying a mask to his face when she entered his room. Observation on 08/12/20 at 10:12 A.M. revealed STNA #310 went into room [ROOM NUMBER] and removed a tray from the bedside table. There was signage on the door that indicated to Stop and apply PPE before entering or to contact a nurse. There was also an isolation cart outside the doorway. STNA #310 was not wearing gloves when she entered the room or when she picked up the tray. STNA #310 carried the tray through a common area to the kitchen and placed the tray on a small cart. She went into the bathroom and washed her hands with soap and water. STNA #310 verified the resident in room [ROOM NUMBER] was on isolation. She indicated that normally there was a cart outside in the corridor of the unit for the trays, but the kitchen staff knew the little cart, in the kitchen, was from the isolation rooms. Review of a CDC article entitled FAQs for Clinicians about [DIAGNOSES REDACTED] dated 03/27/20 indicated to wear gloves and gowns when treating patients with [DIAGNOSES REDACTED], even during short visits. Gloves are important because hand sanitizer doesn't kill [DIAGNOSES REDACTED] and handwashing might not be sufficient alone. Review of the policy titled Transmission Based Precautions-Infection, revised/reviewed 04/2020 revealed it is the policy of the facility to take appropriate precautions to prevent transmission of infectious agents. Transmission-based precautions are additional controls based on a particular infectious agent and the agent's mode of transmission. These precautions are to be used in adjunct with standard precautions. For training and quick referencing purposes, a summary of precautions is contained at the end of this policy. Policy Explanation and Compliance Guidelines: Contact Precautions- a. Intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. b. Make decisions regarding private room on case-by-case basis, balancing infection risks to other residents, the presence of risk factors that increase the likelihood of transmission, and the potential adverse psychological impact on the infected or colonized resident. c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination e. PPE will not be used in common areas (ie: gloves, gown, etc.). Resident is to remain in their room for duration of isolation except when warranted (ie: needed appointments). i. In this instance, staff is to wash hands after contact with the resident or the resident's environment (ie: wheelchair, paperwork, etc.).</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.