

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366474	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER VIOLET SPRINGS HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 603 DILEY ROAD PICKERINGTON, OH 43147	
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 - Some	<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, medical record review, facility policy review and staff interview the facility failed to maintain acceptable infection control practices related to isolation precautions and handwashing for Resident #6 to prevent the spread of infection. This affected one resident (#6) and had the potential to affect five additional residents (#4, #5, #7 and #8) who resided on the same hall. The facility census was 8. Findings include: Record review revealed Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the the Minimum Data Set (MDS) 3.0 assessment, dated 03/31/20 revealed the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 13. Record review revealed the resident was placed on droplet isolation precautions on 05/26/20 due to being exposed to the coronavirus while residing in the facility. On 06/02/20 at 7:15 A.M. observation of Resident #6's room revealed there was personal protective equipment (PPE) placed outside of his room. However, there was no signage on the door or in the area directing staff or visitors to see the nurse before entering (to note the need for precautions). On 06/02/20 at 8:02 A.M. State tested Nursing Assistant (STNA) #101 was observed to remove her gown and gloves into hazardous containers within Resident #6's room. After doing this, she walked out of Resident #6's room and walked down the hallway. She did not first wash her hands inside Resident #6's room before leaving. Interview with STNA #101 on 06/02/20 at 8:05 A.M. confirmed she took her PPE off in the resident's room, but left the room and walked down the hall without first washing her hands before leaving the resident's room. The STNA also confirmed she did not use hand sanitizer prior to leaving the room. Interview with Assistant Director of Health Services (ADHS) #102 on 06/02/20 at 7:20 A.M. confirmed there was no sign outside Resident #6's door to indicate that those who wished to enter the resident's room needed to see the nurse prior to entering for any necessary safety/infection control purposes. Review of facility Guidelines for Contact Precautions policy, dated 05/22/18 revealed in the procedures for isolation precautions the facility was to post a sign at the resident's door to advise visitors to report to the nurse's station before entering the room. Review of facility Guidelines for Contact Precautions policy, dated 05/22/18 revealed in the procedures for precautions visitors should be encouraged to wash their hands upon leaving the residents room to prevent the spread of diseases between the community and the campus. The policy also stated to remove gown, if applied, before leaving the resident's room and wash hands immediately with antimicrobial soap or a waterless sanitizing agent.</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.