

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365976</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PROVIDENCE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2025 HAYES AVENUE SANDUSKY, OH 44870</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on review of the nursing and nursing assistant schedules, staff interviews, review of the facility policy and the Centers for Disease Control (CDC) guidelines, the facility failed to ensure there was dedicated nursing staff for the two designated Coronavirus Disease 2019 (COVID-19) rooms on the Meadowbrook wing and Rehabilitation wing. This had the potential to affect 51 (#1, #2, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) residents who reside on the Meadowbrook wing and the Rehabilitation wing. The facility census was 126. Findings include: Review of the licensed nursing and nursing assistant staffing schedules from 07/26/20 through 08/04/20, revealed there was no dedicated staff assigned to the COVID-19 designated rooms on the Meadowbrook unit and on the Rehabilitation Unit. Staff assigned to these two units provided care for residents in the COVID-19 rooms and for residents in the non-COVID-19 rooms during the same shift. Further review of the staffing schedules revealed from 07/26/20 through 08/04/20, 16 nurses (Registered Nurse (RN) #301, RN #302, RN #303, Licensed Practical Nurse (LPN) #200, LPN #201, LPN #202, LPN #203, LPN #204, LPN #205, LPN #206, LPN #207, LPN #208, LPN #209, LPN #210, LPN #211, LPN #212) and 15 Stated tested Nursing Assistants (STNA) #102, STNA #104, STNA #121, STNA #122, STNA #123, STNA #124, STNA #125, STNA #126, STNA #127, STNA #128, STNA #129, STNA #130, STNA #131, STNA #132, and STNA #133 worked in both the COVID-19 rooms and the non-COVID-19 rooms during their shift. Telephone interview on 08/03/20 at 2:00 P.M. with the Unit Manager RN #300 revealed staff cared for both COVID-19 positive and non-COVID-19 positive residents during the same shift. Telephone interview on 08/03/20 at 2:14 P.M. with STNA #102 revealed she provided care for both a COVID-19 positive resident and for non-COVID-19 residents during the same shift. Telephone interview on 08/03/20 at 2:22 P.M. with STNA #104 revealed she provided care for both a COVID-19 positive resident and for non-COVID-19 residents multiple times throughout her shift. Telephone interview on 08/03/20 at 2:28 P.M. with LPN #200 revealed she provided care for both a COVID-19 positive resident and non-COVID-19 residents during the same shift. LPN #200 revealed she completed assessments every four hours for a resident with COVID-19. Telephone interview on 08/03/20 at 2:37 P.M. with the Administrator verified there was no dedicated staff for the two residents who tested positive for COVID-19. The Administrator stated both residents were asymptomatic. Review of the facility policy Infection Prevention and Control Policy [DIAGNOSES REDACTED]-CoV-2, Coronavirus Disease 2019 (COVID-19) Version-6 last revised 07/27/20 revealed for patient placement as a measure to limit healthcare personnel exposure and conserve personal protective equipment (PPE), facilities are to identify a certain number of rooms within the facility with dedicated healthcare personnel, to care for patients with known or suspected COVID-19 or exposure. Dedicated means that healthcare personnel are assigned to care only for these patients during their shift. Review of the Centers for Disease Control and Prevention (CDC) website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) updated 04/15/20, revealed per CDC information and guidelines: Given the high risk of spread once COVID-19 enters a nursing home, facilities must take immediate action to prevent residents, families and healthcare personnel (HCP) from severe infections, hospitalization s and death .Dedicate Space in the Facility to Monitor and Care for Resident with COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Assign dedicated HCP to work only in this area of the facility.</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.