

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER ROSARY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6832 CONVENT BOULEVARD SYLVANIA, OH 43560	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to failure to 1) remind four (R1, R2, R3, and R4) residents of social distancing; failure to perform hand hygiene; 2) properly disinfect shared equipment (glucometer, hoyer lift) between use by different residents (R5, R6 and R7); and 3) properly store clean linens. Findings include: 1. A. On 4/28/20 at 6:05pm, R1 and R2 were observed talking while sitting on a small sofa on the third floor TV room. R2 was observed wearing a face mask but the face mask was resting underneath R2's chin and was not covering R2's mouth and nose. R1 was not wearing a face mask. R1 and R2 were approximately two to three feet away from each other at the time of the observation. Staff were present in the unit while R1 and R2 were visiting with one another. B. On 4/28/20 at 7:06pm, R3 and R4 were observed inside R3's room, watching TV. R3 was sitting in her chair while R4 was sitting on his wheelchair. There was approximately two to three feet distance between R3 and R4, and neither R3 nor R4 were wearing face masks. This was confirmed by Licensed Practical Nurse1 (LPN1). Review of R3's Minimum Data Set (MDS, a federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes) with Assessment Reference Date (ARD) of 1/16/20, under C. Cognitive Patterns - C0500 BIMS (Brief Interview for Mental Status checks the cognitive status in elderly patients) revealed a score of 15, indicating that R3 was cognitively intact. Review of R3's Social Service Note dated 4/17/20 at 10:00am revealed, Quarterly review for (R3) who is alert and oriented. She exhibits no mood or behavior problems and is most always happy and in good spirits when speaking with her. She did state that she feels a little down sometimes from the quarantine due to the coronavirus. She has been keeping active in her room watching TV and doing word puzzles in her room. She has also been doing some coloring. She walks the halls daily for exercise. She likes her quiet time as well. Review of R3's progress notes between 3/4/20 to 4/27/20 did not reveal any documentation that R3 was encouraged or reminded on social distancing. Review of R4's MDS with ARD of 3/6/20, under C. Cognitive Patterns - C0500 BIMS revealed a score of 11, indicating R4 had moderate cognitive impairment. Review of R4's Social Service Note dated 3/11/20 revealed, Quarterly review for (R4) who had a slight decline in his cognition but it is nothing significant at this time. His cognition fluctuates at times and this will be monitored. Review of R4's progress notes revealed that R4 was able to perform his own activities of daily living (ADLs). Progress notes from 3/1/20 to 4/25/20 did not reveal any documentation that R4 was encouraged or reminded on social distancing. During interview with the Director of Nursing (DON) on 5/1/20 at 9:22am, when asked if she expected staff to practice physical distancing and to encourage the residents as well, the DON stated, Yes. We do encourage them. According to QSO-20-14-NH Guidance for Limiting the Transmission of COVID-19 for Nursing Homes. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care. Additional guidance: 1. Cancel communal dining and all group activities, such as internal and external group activities. 2. Implement active screening of residents and staff for fever and respiratory symptoms. 3. Remind residents to practice social distancing and perform frequent hand hygiene. In a CDC article titled Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) dated April 15, 2020 under #3. Prevent spread of COVID-19 revealed, Actions to take now: Cancel all group activities and communal dining. Enforce social distancing among residents. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html In a CDC article titled Social Distancing dated May 6, 2020, revealed, Limiting face-to-face with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). Social distancing, also called physical distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing. Stay at least 6 feet (about 2 arms' length) from other people. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html 2. On 4/28/20 at 6:11pm, with the hoyer lift (an assistive device that allows patients to be transferred between a bed and a chair), State tested Nursing Assistant1 (STNA1) was observed going into room [ROOM NUMBER] to transfer R7 back to bed, with the help of another unnamed staff. After the procedure, STNA1 left the hoyer lift inside R7's room. On 4/28/20 at 6:26pm, with bare hands, STNA1 was observed pushing the recliner chair of R5 towards room [ROOM NUMBER] to assist R5 with personal care. STNA1 immediately came out of the room to ask for help from another staff. STNA1 failed to perform hand hygiene. She then went to room R7's room to get the hoyer lift and brought it to room [ROOM NUMBER] to use on R5, with the help of another unnamed staff. When STNA1 was asked what she missed, STNA1 was not able to provide an answer. When further asked, STNA1 confirmed she did not perform hand hygiene. When STNA1 was asked what she did with the hoyer lift after use on R7, STNA1 responded, I wiped it down with a washcloth. STNA1 then showed the brand Stay Dry moistened, disposable washcloth. Review of the ingredients contained in the Stay Dry disposable washcloth revealed the product was designed to be gentle on the skin but did not contain disinfectants, and therefore, was not suitable for disinfecting resident care equipment such as the Hoyer lift. When STNA1 was asked if she disinfected the equipment before using on R5, the STNA1 stated, No. Interview with the DON on 5/1/20 at 9:22am, when asked about her expectation on how often staff should disinfect the equipment, the DON stated, Take Micro-Kill in between use to wipe it down. When asked if she expected staff to perform hand hygiene before leaving a resident's room, the DON further stated, Yes. Review of facility policy titled Hand Washing Technique dated 2/1/01 revealed under Purpose, 1. To prevent spread of infection. NOTE: Hands serve as the common vehicle in almost every transfer of potential pathogens. Because of this, hand washing is the single most important measure for preventing infection. Under Procedure, revealed, 15. Wash your hands before starting any sterile procedure, between every resident contact, after handling contaminated articles, or whenever your hands are grossly contaminated. Review of facility policy titled Disinfection of Healthcare Equipment dated 2/1/01 revealed under Lifts, This equipment is to be cleaned nightly by the midnight nurse aides or more often as needed. Spray disinfectant can be found in the soiled utility rooms. In a CDC article titled Hand Hygiene Guidance dated [DATE] revealed, The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient. After touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces. https://www.cdc.gov/handhygiene/providers/guideline.html In a CDC article titled Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes dated April 15, 2020, under Things facilities should do now revealed,</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices .Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow frequent cleaning of high-touch surfaces and shared resident care equipment. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html In an article by the Agency for Healthcare Research and Quality (AHRQ), an official website of the Department of Health and Human Services, titled, A Unit Guide To Infection Prevention for Long-Term Care Staff dated March 2017, revealed under Environmental Cleaning and Disinfection, All staff have a role in keeping the facility and equipment clean and disinfected. All surfaces and equipment must be routinely cleaned and disinfected, including between use on each resident, to prevent the spread of germ and diseases. https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#prevention In an article by American Nurse, the official Journal of the American Nurses Association (ANA) titled, Infection control for lifts and slings dated Sept. 11, 2007, under cleaning lift hardware revealed, Mobile lifts should be cleaned regularly or according to the manufacturer's instructions. Normally, this means cleaning all external surfaces, using your institution's procedures for wiping down moveable medical equipment. A mobile lift should be cleaned before each patient uses it, particularly if the previous patient had a communicable disease or an infection, or if there's a risk of gross contamination. At a minimum, all surfaces that could have been touched by the previous patient- including the boom and mast, strap, sling bar, and hand control-should be wiped down with a chemical germicide registered by the EPA as a hospital disinfectant. Leave the solution in place for the prescribed time. Then, before the next patient uses the equipment, clean the disinfected surfaces a second time to remove traces of the disinfecting solution. If a non-portable overhead motor is moved from room to room, it may become contaminated by contact with ambient surfaces and by the person carrying the motor. Treat the motor casing, strap, sling bar, and hand control as you would treat a mobile lift. https://www.myamericannurse.com/infection-control-for-lifts-and-slings/ 3. On 4/28/20 at 6:24pm, Licensed Practical Nurse2 (LPN2) was observed going into R6's room to check her blood glucose. LPN2 used the Assure Platinum glucometer. Using the Micro-Kill bleach disinfecting wipe, LPN2 wiped the top, sides and bottom of the glucometer for approximately six to seven seconds and disposed the disinfecting wipe in the trash bin. LPN2 did not provide adequate wet time. When asked if the disinfecting wipe needed to have more contact time, LPN2 was unsure. Review of R6's medical record revealed [DIAGNOSES REDACTED]. With Type 2 diabetes, your body either resists the effects of insulin or doesn't produce enough insulin to maintain normal glucose levels) with [MEDICAL CONDITION] (high blood sugar). Review of the Assure Platinum Glucometer Manual under Guidelines for Cleaning and Disinfecting the Assure Platinum Meter revealed, The meter should be cleaned and disinfected after use on each patient .ARKRAY has tested and validated the durability and functionality of the Assure Platinum meter with the most commonly used EPA-registered wipes. Our testing confirmed the wipes listed below will not damage the functionality or performance of the meter through 3,650 cleaning and disinfecting cycles. Please read the manufacturer's instructions before using their wipes on the meter. ARKRAY recommended using these wipes to clean and disinfect the Assure Platinum meter: Clorox Healthcare Bleach Germicidal Wipes, Dispatch Hospital Cleaner Disinfectant Towels with Bleach, Super Sani-Cloth Germicidal Disposable Wipes and Metrex Research CaviWipes. Under Cleaning and Disinfecting Procedures revealed, Step 6. Treated surface must remain wet for recommended contact time. Please refer to wipe manufacturer's instructions. DO NOT WRAP THE METER IN A WIPE. Review of Micro-Kill Bleach Wipes Kill times revealed,</p> <p>Kill (i.e. contact) time for a disinfectant is the amount of time a surface must remain wet with the product to achieve disinfection. The manufacturer's directions further revealed the required contact times for the Micro-Kill Bleach Wipes to be effective: As an example, the following common micro-organisms, including the Human coronavirus, required 30 seconds or more of wet contact time for the wipes to be effective. Avian Influenza [MEDICAL CONDITION] (H5N1) 30 seconds Escherichia coli 30 seconds [MEDICAL CONDITION] Virus 30 seconds Human Coronavirus 30 seconds Human Immunodeficiency Virus Type 1 30 seconds Influenza [MEDICAL CONDITION] (Novel H1N1) 30 seconds [MEDICAL CONDITION] (MRSA) 30 seconds Norovirus (Feline Calicivirus) (Norwalk Virus) 30 seconds Respiratory [MEDICAL CONDITION] 30 seconds [MEDICAL CONDITION][MEDICATION NAME] 1 min [MEDICAL CONDITION] 2 min [MEDICAL CONDITION] spores 3 min In a CDC article titled Infection Prevention during Blood</p> <p>Glucose Monitoring and Insulin Administration dated March 2, 2011 revealed, The Centers for Disease Control and Prevention (CDC) has become increasingly concerned about the risks for transmitting [MEDICAL CONDITION] virus (HBV) and other infectious diseases during assisted blood glucose (blood sugar) monitoring and insulin administration. CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements .Whenever possible, blood glucose meters should not be shared. If they must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions . https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html 4. On 4/28/20 at 7:09pm, two towels were observed on the floor and a blanket was touching the floor inside the fourth floor clean storage room. This was confirmed by LPN1. When asked if clean linens should be touching the floor, LPN1 stated No. Review Of Facility's Policy Titled, Handling Of Linens And Laundry dated 4/17/20, revealed, under Purpose, To ensure that linens are handled in an appropriate manner in order to maintain a safe and clean environment for our residents and prevent the spread of infectious diseases and other microorganisms. Under Procedure, the policy revealed, 18. Clean linens are protected from dust and soil in the clean utility rooms. If linens become soiled for any reason while in the clean utility rooms, they must be washed. In a CDC article titled Appendix D- Linen and Laundry management dated March 27, 2020 under Best practices for management of clean linen revealed, .Sort, package, transport, and store clean linens in a manner that prevent risk of contamination by dust debris, soiled linens or soiled items. https://www.cdc.gov/hai/prevent/resource-limited/laundry.html</p>		