

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365673</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WOODVIEW CARE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2770 CLIME ROAD COLUMBUS, OH 43223</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 - Many</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 medical record review, observations, staff interviews, review of Centers for Disease Control (CDC) guidelines, and facility policy review, the facility failed to implement infection control measures in order to potentially prevent the spread of COVID-19. This had the potential to affect all 51 residents in the facility. Findings include: 1. On 09/02/20 at 11:06 A.M., telephone interview with the Administrator revealed the facility census was 51, and six Residents (#45, #40, #50, #55, #80 and #85) were under quarantine status. She revealed there were no current cases of COVID-19 in the building, and their COVID unit has been closed. Medical record review revealed Resident #40 was readmitted to the facility on [DATE]. Resident #40 was cognitively intact and a smoker. On 08/31/20 Resident #40 visited her dentist and had an appointment with a physician for an upcoming surgery. When she returned to the facility, she was placed under quarantine status for 14 days due to possible exposure while in the community. Observation on 09/03/20 at 10:35 A.M., revealed Resident #40 was in the designated smoking area with Residents #60, #65 and #70 smoking. Observation on 09/03/20 at 10:40 A.M., revealed Resident #55 who was cognitively intact was wheeling herself down the hallway pushing her intravenous (IV) pole. The Resident did not have a mask on. She revealed she was headed to the smoking area to have a cigarette. Resident #55 had been admitted to the facility from the hospital on [DATE] for skilled services. On 09/03/20 at 9:45 A.M. interview with the Administrator and the Director of Nursing (DON) revealed all new admissions or residents who leave the facility for outside appointments and return are required to quarantine for 14 days for possible exposure. The residents were placed in private rooms on droplet and airborne isolation. They confirmed Residents #40, #45, #55, #80 and #85 had been recently out of the facility for appointments and Resident #55 was a new admission. On 09/03/20 at 11:26 A.M., interview with Registered Nurse (RN) #105, the DON, and the Administrator confirmed residents #40 and #55 were out on the patio in the designated smoking area with three other Residents (#60, #65, and #70) who were not on quarantine status. The Administrator confirmed the facility required all smokers to be supervised. They confirmed there was no separate smoking times for the quarantined residents. On 09/03/20 at 12:15 P.M., interview with Resident #40 revealed she went out to smoke with her friends every day. She denied having been told she could not go out with her friends because she was under quarantine status. Per the CDC guidelines, Quarantine is meant to keep someone who might have been exposed to COVID-19 away from others. The resident should stay in their room and separate themselves from others. Review of the facility's policy titled, Care for the Patient Suspected or Confirmed Coronavirus Disease (COVID-19) policy and procedures (undated) revealed the facility was to prevent the spread of infection in accordance with the CDC guidelines. The facility should limit transport and movement outside of the residents' rooms. Residents should wear a facemask to contain secretions during transport. If the resident cannot tolerate a facemask, they should use tissues to cover their mouth and nose. 2. Observation on 09/03/20 from 11:30 AM to 12:30 P.M., revealed Residents #40, #55 and #80 who were on quarantine status for 14 days received their lunch meal on a tray, with metal silverware, porcelain plates, and plastic cups. On 09/03/20 interview at 12:10 P.M., with the Dietary Manager (DM) #120 revealed when a tray was retrieved from an isolated/quarantined room, the staff would put their Protective Personal Equipment (PPE) on and retrieve the tray. If the tray and utensils were reusable, it was the responsibility of the staff to place the tray and its contents into a biohazard bag to return it to the kitchen for sanitizing. DM #120 denied using any paper products for residents who were on isolation or quarantine status. On 09/03/20 at 12:30 P.M. to 12:40 P.M., interview with State tested Nursing Assistant (STNA) #115 and Licensed Practical Nurse (LPN) #125 revealed if a resident was in isolation, the resident received their meals on disposable dinnerware. When meal times were over, the staff discarded the dinnerware into the waste basket prior to exiting the resident's room. On 09/03/20 at 1:30 P.M., interview with the Corporate RN #100 and the Administrator revealed they did not have a policy for dietary to follow when a resident was on droplet or airborne isolation. Review of the facility's Dietary Services and Isolation Precautions dated 09/03/20 revealed, for any isolation beyond standard precautions, the facility would implement products for any rooms that require isolation (greater than standard) or quarantine precautions. Direct care staff will dispose the items inside the rooms.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.