

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365466 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/11/2020 |
| NAME OF PROVIDER OF SUPPLIER THE LAURELS OF HEATH | | STREET ADDRESS, CITY, STATE, ZIP 717 SOUTH 30TH STREET HEATH, OH 43056 | |
| 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 | Provide and implement an infection prevention and control program. Based on observation, staff interview and guidance from the Center for Disease Control (CDC) for reprocessing eye protection, the facility failed to ensure infection control standards were maintained when a nurse failed to clean the goggles used during care for a resident in isolation precautions to prevent the spread of COVID-19. This affected one resident (#53) of one resident observed for infection control using personal protective equipment. Findings include: On 06/10/20 at 12:25 P.M. of Registered Nurse (RN) #1 was observed exiting Resident #53's room. The resident was identified to be in isolation precautions at the time of the observation. RN #1 was observed removing personal protective equipment (PPE) when exiting the resident's room. However, there was no evidence RN #1 properly cleaned/sanitized the re-useable goggles after removing them. The RN was observed to place the goggles in a plastic container inside the isolation cart that was located outside of the resident's door. A lid was placed on the container. The nurse was asked if she should clean the goggles after use. She confirmed she had not cleaned them and looked to the Director of Nursing (DON) for guidance, who was standing in the hall at the time. The DON then stated they should be cleaned with disinfectant. At this time, the DON confirmed there was no sanitizer/disinfectant in the isolation cart at the door. She stated the nurse could have grabbed the disinfectant from the cart across the hall. She was asked why the cart didn't have this available for the staff to use. She stated they may have not had enough to place it in all the carts since there were so many. She stated she thought they had enough disinfectant in the facility as a whole. Review of the Strategies for Optimizing the Supply of Eye Protection for COVID-19 published by the CDC and provided by the DON revealed to adhere to recommended manufacturer instructions for cleaning and disinfection. When manufacturer instructions for cleaning and disinfection were unavailable such as for single use disposable face shields, consider the following: 1. While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe. 2. Carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution. 3. Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue. 4. Fully dry (air dry or use clean absorbent towels) 5. Remove gloves and perform hand hygiene. | | |
| 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.