

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER NORTHCREST REHAB AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 240 NORTHCREST DRIVE NAPOLEON, OH 43545	
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 review of the medical record, observation, staff interviews, review of facility notice to staff, and review of facility policy, the facility failed to follow their policy for use of personal protective equipment (PPE) when staff did not use clean gloves when providing a meal to one (#135) resident. Additionally, staff did not follow facility guidelines for proper use of PPE to prevent the spread of COVID-19 for 23 residents (#140, #141, #142, #143, #144, #145, #146, #147, #148, #149, #150, #151, #152, #153, #154, #155, #156, #157, #158, #159, #160, #163, and #164) residing on the 300 Hall, identified for non-COVID-19 infected residents. The facility census was 76. Findings include: 1. Observation on 08/31/20 at 9:20 A.M. revealed Licensed Practical Nurse (LPN) #302 working the 300 Hall, which housed non-COVID-19 residents, wearing two surgical masks. Interview on 08/31/20 at 9:21 A.M. with LPN #302 verified she was not wearing a N95 or KN95 mask. LPN #302 stated she was told the facility did not have any extra N95 or KN95 masks, therefore she wore two surgical masks. Review of an undated facility notice to staff documented All staff need to wear KN95 while in the building. Interview on 08/31/20 at 10:36 A.M. the Administrator verified effective approximately on 07/11/20 all staff were to wear a KN95 mask when in the building. The facility identified 23 residents (#140, #141, #142, #143, #144, #145, #146, #147, #148, #149, #150, #151, #152, #153, #154, #155, #156, #157, #158, #159, #160, #163, and #164) who reside on the 300 Hall. 2. Review of medical record for Resident #135 revealed an initial admission date of [DATE] and re-entry on 07/25/20. [DIAGNOSES REDACTED]. Review of Resident #135's most recent Minimum Data Set (MDS) assessment, dated 08/01/20, revealed the resident was cognitively intact. Observation on 08/31/20 at 11:34 A.M. revealed State tested Nurse Aide (STNA) #207 to don PPE to enter Resident #135's room to deliver the meal tray. Observation of STNA #207 revealed the staff was already wearing a KN95 mask and eye goggles. STNA #207 first put on gloves then a gown. While wearing the gloves, STNA #207 opened four bins containing PPE which were located outside of room [ROOM NUMBER], #203, #204, and #209. STNA #207 was provided booties from STNA #205 and with the gloved hands, STNA #207 placed foot booties on STNA #205. With unchanged gloved hands STNA #207 then took Resident #135 the meal tray and opened the cups and food container. Interview on 08/31/20 at 11:37 A.M., STNA #207 verified opening PPE compartments to locate foot booties, placing foot booties on STNA #205, and then delivering and opening Resident #135's meal items all while wearing the same gloves. Review of the undated facility policy titled Personal Protective Equipment Using Gloves verified gloves are used to prevent the spread of infection and gloves are placed after putting on the gown. This deficiency substantiates Master Complaint Number OH 5322 and Complaint Number OH 5328.</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.