

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER XENIA HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 126 WILSON DRIVE XENIA, OH 45385	
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 observation, staff interview, facility policy review and review of Center for Disease Control (CDC) information the facility failed to ensure staff wore personal protective equipment (PPE) correctly in order to prevent the spread of COVID-19. This had the potential to affect 14 Residents (#07, #08, #09, #10, #11, #12, #13, #14, #15, #16, #23, #24, #25, and #26) who resided on the facility's Emerald Unit. The facility reported none of the residents on the Emerald Unit had tested positive for COVID-19. Also none of the staff who worked that unit had tested positive for COVID-19. The facility currently had a total of 13 residents who resided on the Ruby Unit that was dedicated for COVID-19 positive residents. The Ruby Unit also had dedicated staff. The facility census was 33. Findings include: Interview with the Administrator and the Director of Nursing (DON) on 09/10/20 at 10:25 A.M. revealed all staff were initially tested for COVID-19 on 08/28/20, the staff were retested on [DATE] and are to be tested again this week. Both the Administrator and the DON verified only staff who tested negative could work on the Emerald Unit. Observation of the Emerald Unit on 09/10/20 at 10:52 A.M. revealed State tested Nursing Assistants (STNA) #11 and #14 came out of Resident #25 and Resident #26's room. Both STNA's had a N-95 face mask on, the top strap was secured around the staffs head and the bottom strap was noted dangling unsecured in front of the staffs neck. Interview on 09/10/20 at 10:58 A.M. with STNA #11 verified the N-95 mask was worn incorrectly. She stated she removed the bottom strap because her ears were sore. STNA #11 further reported she removed the bottom strap for about 30 minutes at a time and continued to work with the residents while the strap remained unsecured. Observation on 09/10/20 at 11:00 A.M. revealed STNA #11 went back into Resident #25 and Resident #26's room with the bottom strap of the N-95 mask unsecured. Interview on 09/10/20 at 11:05 A.M. with STNA #14 verified the N-95 mask was worn incorrectly upon entering Resident #25 and Resident #26's room. Review of facility policy titled Facility Pandemic Respirator Fit Testing, dated 05/2020, revealed directions of how to properly don an N-95 respirator included pull the top strap over the head and place it under the crown of the head and above the ears and pull the bottom strap over the head and place it at the back of the neck. Review of the CDC and Prevention's article, Using PPE, dated 08/19/20 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html) revealed the respirator should be extended under the chin. Both the mouth and nose should be protected. The article also indicated the respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). This deficiency substantiates Complaint Number OH 651.</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.