STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365351	A. BUILDING _____ B. WING _____	06/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SIGNATURE HEALTHCARE OF GALION	935 ROSEWOOD DR GALION, OH 44833

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** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, review of the facility Novel Coronavirus (COVID-19) policy, review of the facility Isolation-Categories of Transmission -Based Precautions policy, review of the Department of Health and Human Services Center for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 03/13/20), review of the World Health Organization (WHO) hand hygiene brochure, and review of the Center for Disease Control and Prevention (CDC) guidelines, the facility failed to implement their infection control policy by ensuring visitors were screened using appropriate infection control standards, ensuring staff consistently implemented hand hygiene, ensuring staff appropriately wore facemask's, and ensuring staff implemented resident isolation precautions appropriately to potentially prevent the spread of COVID-19. This had the potential to affect all 52 residents residing in the facility. Facility census was 52. Findings include: 1. Upon arriving at the facility, observation of the outside smoking area on 06/09/20 at 1:17 P.M. revealed Resident #5 was smoking, and staff was sitting with the resident in a chair directly in front of the resident. Further observations revealed the staff member was not wearing a facemask. At approximately 1:19 P.M. another staff member was witnessed to come outside, walk to the staff observing the resident smoke, lean down say something into the staff's ear and then leave. After the staff left the staff who was sitting and observing the smoking was noted to place a surgical mask on her face over her mouth and nose. During an interview with the staff observing smoking, State tested Nursing Assistant (STNA) # 200 on 06/09/20 at 1:20 P.M. verified the staff member did not have a facemask on when she was observing Resident #5 smoke. STNA #5 stated the facility told staff they need to wear a mask, but further stated when she's outside she does not feel like she should have to wear the mask. 2. On 06/09/20 at 1:32 P.M. upon entering the facility the Director of Nursing (DON) performed visitor screening on the surveyor in the ante room prior to entrance to the main facility. The DON removed a thermometer from her scrub jacket pocket placed it on the left side of the surveyor's forehead, then stated the surveyor's temperature and returned the thermometer into her scrub jacket pocket. The DON then began to question the surveyor about signs and symptoms of COVID-19 and travel history. The DON cleansed her hands with sanitizer and began to enter the facility. The surveyor asked the DON about the thermometer and stated the thermometer had not been cleansed prior to placing it on the surveyor's forehead, nor had the DON cleansed the after the temperature had been obtained by placing it directly on the surveyor's skin. The DON verified she had not cleansed the thermometer prior to or after taking the surveyors temperature. The DON verified she just placed the thermometer back in her scrub jacket. Further interview with the Administrator following the observation revealed a [MEDICATION NAME] thermometer was available and should be used to check temperatures. 3. During an observation with the Administrator on 06/09/20 at 1:35 P.M. revealed STNA #300 coming out of Resident #15's room. Resident #15 was identified as being on 14-day quarantine due to being newly admitted . The observations revealed STNA #300 left the room with her surgical mask below her nostrils. The staff was observed to walk down the hallway and into another resident room. While the staff was walking down the hallway the Administrator instructed the staff member to ensure her mask was over her nose and not below her nostrils. STNA #300 was observed to adjust her mask to the proper position. The Administrator was asked if and where the STNA had completed hand hygiene. The Administrator verified STNA #300 did not completed hand hygiene and the Administrator instructed STNA #300 to complete hand hygiene prior to leaving a quarantine room. 4. Observation of Resident #4 on 06/09/20 at 1:42 P.M. with the Administrator revealed the resident was in his dual occupancy room and his roommate was also present in the room. The room divider curtain was not pulled separating the resident spaces. Outside the room revealed an isolation cart with personal protective equipment for staff to utilize and by the door of the room was the isolation trash and linen containers. The Administrator was asked if both residents were in isolation and it was revealed Resident #4 had been out to the hospital and was in his 14-day quarantine period after returning to his regular room. The Administrator was asked if the other resident residing in the shared room (Resident #3) had been out of the facility and was also in a quarantine period and the Administrator stated no. The Administrator did not know why the residents were living in the same room except for the explanation Resident #4 had previously lived in the room prior to going outside of the facility. 5. Observations with the Administrator on 06/09/20 at 1:45 P.M. Resident #6 pushing the wheelchair of Resident #7 to the front lobby. Resident #7 had a surgical mask in place and Resident #6 did not have any facial covering in place. Once Resident #7 was in the lobby Resident #6 returned to their shared room. Observation of the shared room with the Administrator revealed there was an isolation cart outside the door of the room. The Administrator confirmed Resident #6 was in the 14-day quarantine period as the resident had been out of the facility to a physician appointment. The Administrator verified Resident #6 did not have a mask on and in place when the resident was out in the hallway and in the common space pushing the wheelchair. Observation of the room revealed there were no isolation linen or trash receptacles present near the door and the room had a shared bathroom with the adjoining room. The Administrator verified Resident #10 who resides in the adjoining room also uses the bathroom that Resident #6 uses and had continue to use during the 14-day quarantine period Resident #6 was in. The Administrator explained Resident #6 and Resident #7 were related and desired to remain in the same room, despite the quarantine status. 6. Observation of the secured dementia unit with the Administrator on 06/09/20 at 1:50 P.M. revealed Resident #16 had been out to the hospital for acute care after a fall and the resident was in the 14-day quarantine period. Observation of Resident #16 revealed the resident was sitting in the common day room with his eyes closed, and his mouth wide opened. Resident #16 did not have a mask on nor was a mask noted to be in the resident general vicinity. Further observations revealed other residents were present in the day room and some residents had mask on and some did not. All staff who were present on the secured dementia unit did have surgical mask in place. The Administrator stated the staff attempt to have Resident #16, who is on a 14-day quarantine period, remain in his/her room and to wear mask, however with their disease process the residents are not always compliant. Resident #16's room was observed with the Administrator and the observations revealed the isolation linen and trash receptacle present was not in close proximity to the exit of the room and staff would have to walk through the entire room without PPE in place to exit the room. The bathroom was situated in the middle of the room and there was no hand sanitizer present to perform hand hygiene upon exit of the quarantine isolation room. The Administrator verified the receptacles were not present and should be present in the room, and there was no hand sanitizer available to provide hand hygiene close to the exit of the room. The Administrator was asked if the responsible parties for the residents who reside on the secured unit had agreed to have residents who were in a 14-day quarantine period out in the day room in a congregate setting with other residents on the secured unit and if there was evidence the facility had discussed this with the responsible parties and the Administrator stated if there was that information the Social Service Designee (SSD) would have that. During an interview with SSD #500 on 06/09/20 at 2:00 P.M. verified the resident's responsible parties had not been informed or signed agreeing to have residents who were on a 14-day quarantine to be in the common areas with no mask in place. SSD #500 stated the resident's care plans do indicate they are not compliant with the quarantine measures the facility has put in place. Further record review revealed the facility identified Resident #4, #6, #9, #11, #13, and #15 as being on a 14-day quarantine as these residents were newly admitted and/or had been out of the facility to an

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 -** Many	(continued... from page 1) appointment. Further medical record review for Resident #4, #6, #9, #11, #13 and #15 revealed the residents medical record did not contain orders, care plans and/or documentation indicating the residents were in a 14-day quarantine or when the 14-day quarantine would end. On 06/09/20 at 2:40 P.M. an interview with the Administrator 2:40 P.M. verified the Resident #4, #6, #9, #11, #13 and #15's medical records did not contain orders, care plans and/or other documentation for 14-day quarantine and the orders should be present in the medical record. Review of the policy titled: Isolation-Categories of Transmission-Based Precautions dated 2001 and revised 10/2018 revealed Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk for transmitting the infection to other residents. Transmission-Based Precautions are additional measures that protect staff, visitors, and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet and airborne. Droplet precautions may be implemented for an individual documented of suspected to be infected with microorganisms transmitted by droplets (large-particle droplets (larger than five microns in size) that can be generated by the individual coughing sneezing talking, or by the performance of procedures such as suctioning). Residents on droplet precautions will be placed in a private room if possible. If the resident can tolerate a mask and control respiratory secretions some activities outside the room may be acceptable. Review of the Novel COVID-19 policy dated 03/04/20 with the last revision date of 06/01/20 revealed the purpose of this guideline is to provide clarification for steps the facility will take regarding the novel Coronavirus (COVID-19) and ensure the health and safety of the facility's residents to meet the standards required to help each resident attain or maintain their highest level of wellbeing. Anytime a resident goes out of the facility for an appointment, [MEDICAL TREATMENT], ER visit etc., the resident will be placed in isolation for 14 days upon return to the facility. Under the section titled Admission/Readmission the policy indicated if the facility has adequate supply of PPE and can accommodate, all new residents/patients admitted to the facility will be placed in droplet isolation precautions (in a single room if possible) for the duration outlined below and/or per the admission decision tree. For resident admitted to a facility whose COVID status is unknown/they have not been tested ; the following will occur resident/patient placed in droplet precautions for 14 days. At day 14 the clinical team and physician will review the resident's status to determine if further isolation is needed. The resident cannot have documentation of temperature at or greater than 100.0 degrees Fahrenheit and administration of fever reducing medications or any documented respiratory symptoms. If fever or respiratory symptoms are documented, the resident/patient's droplet isolation precautions will continue. Review of an online resource from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html) revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required. Review of CMS policy memo QSO-20-14-NH revised 03/13/20 titled, Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes, revealed facilities were to Increase the availability and accessibility of alcohol-based hand rubs, and to reinforce strong hand-hygiene practices. Review of the CDC training titled, Hand Hygiene in Nursing Homes, dated 02/25/19, revealed hand hygiene is an element of standard precautions. It is an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene is a simple and effective method for preventing the spread of pathogens by direct and indirect contact. The hands of staff members may become transiently contaminated with pathogens after touching a resident or surfaces in their environment. Staff members can transfer those pathogens to themselves and they can also transfer those pathogens to other residents or surfaces. Performing hand hygiene removes pathogens and protects both staff and residents. Since staff cannot tell whether their hands have been contaminated with a pathogen, hand hygiene should be consistently performed. Review of the WHO Hand Hygiene brochure titled Hand Hygiene: Why, How, and When?, revised August 2009, revealed hands are the main pathways of germ transmission during health care and hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections. The brochure further revealed hand hygiene is indicated after touching any object or furniture when leaving the patient surroundings to protect the health-care environment against germ spread.