

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365398	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER BEST CARE NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 2159 DOGWOOD RIDGE ROAD WHEELERSBURG, OH 45694	
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 and facility policy review the facility failed to ensure interventions to prevent the spread of infection were implemented. This had the potential to affect all 19 residents (#12, #16, #17, #22, #24, #31, #33, #45, #46, #50, #55, #51, #58, #62, #65, #67, #71, #75 and #78) residing on Unit 3. The facility census was 80. Findings include: On 08/25/20 between 8:00 A.M. and 8:30 A.M. interview with the Administrator revealed Rooms 53 to 66 and room [ROOM NUMBER] on Unit 3 were for residents who were new admissions or readmissions to the facility. These residents were on contact and droplet precautions for 14 days due to potential COVID 19 virus infection/exposure. The remaining rooms on Unit 3, (the other half of the unit) consisted of Rooms 67-80. These rooms were for residents with no suspicion of COVID 19. On 08/26/20 at 1:20 P.M. State tested Nursing Assistant (STNA) #100 was observed to enter Resident #46's room, a room on the side of the unit for new admissions/readmissions with COVID precautions. The resident was identified to be on contact and droplet precautions due to potential COVID 19 virus infection. STNA #100 was observed wearing a mask and face shield but did not put on a gown over her clothing before entering the room. When STNA #100 exited the room, she stated she had assisted Resident #46 onto the bed pan. STNA #100 confirmed she did not wear an isolation gown over her clothing when providing direct care to Resident #46. She stated she was not sure if staff were supposed to wear gowns to provide care to residents on this unit or not. STNA #100 was also not observed to clean her face shield after exiting Resident #46's room. On 08/26/20 at 1:25 P.M. STNA #100 and STNA #101 were observed to enter Resident #78's room. This resident was identified as being on contact and droplet precautions due to potential COVID 19 virus infection. Both STNA's put gowns on over their clothing prior to entering the room. They both also had on masks and face shields. Upon exiting the room, STNA #101 stated she had made the resident's bed and bagged up trash and dirty linens while in the room. STNA #100 and #101 removed their gowns and sanitized their hands but were not observed to clean their face shields after exiting Resident #78's room. On 08/26/20 at 1:41 P.M. observation revealed STNA #101 then obtained clean linen from the linen closet and entered Resident #45's room. This resident was not identified as being on any transmission based precautions and was without suspicion of COVID 19. Upon exiting Resident #45's room at 2:00 P.M., STNA #101 stated she had turned the resident and fixed his bed linens. She stated she was not aware staff were to clean their face shields after providing direct care to a resident. She confirmed she did not clean her face shield after providing care to Resident #78, who was on contact and droplet precautions or before providing care to Resident #45 who was not on contact or droplet precautions. Review of the facility policy titled Pandemic Disease, Prevention and Control, dated 03/11/20 revealed traditionally, influenza and other potentially [MEDICAL CONDITION] have been thought to spread from person to person primarily through large particle respiratory droplet transmission (when an infected person coughs or sneezes near a susceptible person). All respiratory secretions and bodily fluids were considered to be potentially infectious, however, the risk may vary by strain. The policy stated gowns would be worn for any resident care activity when contact with blood, body fluids, secretions (including respiratory) or excretions were anticipated. Review of the COVID 19 Education, Prevention, and Response Guide, dated 08/10/20 revealed personal protective equipment such as goggles or face mask that were not disposable should be cleaned with 62% alcohol based solution wipe on the outside and fully air dried between uses. On 08/26/20 at 2:05 P.M. interview with the Director of Nursing confirmed staff were to wear gowns over their clothing when providing direct care to residents on contact isolation. She further confirmed staff were to clean their face shields after providing care to a resident.</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.