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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>366106</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                  | (X3) DATE SURVEY COMPLETED<br><b>06/04/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>FAIRFAX HEALTH CARE CENTER</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>9014 CEDAR AVE<br/>CLEVELAND, OH 44106</b> |   |
| 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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Many             | <b>Provide and implement an infection prevention and control program.</b><br><br>Based on record review and staff interview the facility failed to provide education to their employees regarding coronavirus (COVID-19). This has the potential to affect 57 out of 57 residents residing in the facility. The facility census was 57. Findings Include: On 05/26/20 at 11:59 A.M. the Director of Nursing (DON), who was also the facility's Infection Preventionist, and the Administrator were requested to provide all education provided to staff from 03/01/20 through the present regarding COVID-19. Review of the in-service documents revealed 34 employees were trained on handwashing, COVID-19 general precautions, and how to put on/remove personal protective equipment (PPE) on 03/27/20. On 05/27/20 an in-service was held for five housekeepers on cleaning isolation rooms. An interview with the DON on 05/28/20 at 2:33 P.M. revealed the handwashing in-service on 03/27/20 lasted 15 minutes and 34 employees were trained. The DON confirmed it was a mandatory in-service for all employees and the facility had more than 34 employees at the time of the in-service. The DON said she would check with Human Resources to determine how many people were employed as of that date. Make-up in-services were held on a one to one basis. The DON confirmed there were no other COVID-19 in-services completed except one for housekeeping staff regarding isolation room cleaning held on 05/27/20. As of 06/04/20 no further information was received from the DON regarding employee training. |   |   |

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.